
Technical Brief
HIV Programming for Adolescent Girls and Young
Women in High-HIV Burden Settings

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1. Background

Adolescent girls and young women (AGYW) continue to be disproportionately at risk of HIV infection. HIV infections among young women aged 15-24 years globally are 60% higher than among young men of the same age.¹ Every week, about 6200 young women aged 15-24 years are infected with HIV worldwide.² In sub-Saharan Africa, AGYW aged 15-24 years represent 10% of the total population, but account for about 25% of all HIV infections.³ In eastern and southern Africa, the sub-region most greatly affected by the epidemic, there were 2.4 HIV infections among young women 15-24 years for every one infection among young men of the same age.⁴

The increased vulnerability of AGYW to HIV risk is linked to several inter-related biological, behavioral and structural factors. These include: biological susceptibility to HIV infection, age-disparate relationships with unequal power dynamics that may prevent safer sex, transactional sex, lack of schooling and economic empowerment, gender-based violence including intimate partner violence, harmful traditional practices, and institutional or socio-cultural barriers to providing comprehensive sexuality education and sexual health services for adolescents and young women. A regional analysis in high-HIV burden countries conducted by UNAIDS found that service coverage gaps for AGYW remain large, and services offered are far from being fully comprehensive.⁵

While acknowledging that women are at higher risk of HIV infection compared to their male counterparts, there is evidence that men are less likely to take up an HIV test, are less likely to access and adhere to antiretroviral therapy and more likely to die from AIDS-related illnesses than women. The *Blindspot Report* by UNAIDS shows that globally less than half of men living with HIV are on treatment, compared to 60% of women.⁶ Studies show that men are more likely than women to start treatment late, to interrupt treatment and to be lost to treatment follow-up. In sub-Saharan Africa, men accounted for 41% of people living with HIV and 53% of AIDS-related deaths in 2016.

There is an **urgent need to scale up well-designed and effective programs that meet the HIV prevention needs of AGYW beyond the health sector** and address the remaining structural challenges and barriers to reduce HIV incidence among this group. The Sustainable Development Goals (SDGs) place a core emphasis on promoting gender equality by addressing the needs of women and girls through multiple commitments across interrelated SDGs that are to be achieved by 2030.⁷ The United Nations Political Declaration on Ending AIDS adopted in June 2016 set the target to reduce new HIV infections among AGYW aged 15-24 years from 390,000 in 2015 to fewer than 100,000 by 2020; yet in 2017, as many as 340,000 still became newly infected with HIV. With Africa's youth population projected to

¹ UNAIDS (2019). Global AIDS Update 2019

(https://www.unaids.org/sites/default/files/media_asset/2019-global-AIDS-update_en.pdf)

² UNAIDS (2019). Global HIV & AIDS Statistics – 2019 fact sheet

(<https://www.unaids.org/en/resources/fact-sheet>)

³ UNAIDS (2018). Global AIDS Update 2018

(https://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf)

⁴ UNAIDS (2019). Women and HIV: A spotlight on adolescent girls and young women.

(https://www.unaids.org/sites/default/files/media_asset/2019_women-and-hiv_en.pdf).

⁶ UNAIDS (2017). Blind Spot. Reaching out to men and boys: Addressing a blind spot in the response to HIV

(https://www.unaids.org/sites/default/files/media_asset/blind_spot_en.pdf)

⁷ The United Nations (2015). The Sustainable Development Goals.

(<https://www.un.org/sustainabledevelopment/sustainable-development-goals/>)

increase by 40% over the next decade, failure to act decisively could lead to a reversal of gains achieved to date. Progress towards reducing new HIV infections among AGYW would be greater if more men were reached by preventive strategies and comprehensive health services. Deconstructing harmful gender norms and stereotypes among men and boys is critical as it improves their risk perception as well improves health-seeking behavior. Further, reducing HIV infection among men and ensuring they have good quality and treatment has benefits for their sex partners, including women and girls.

There has been **growing momentum** in the last few years to accelerate progress for AGYW and address the persistent gender inequalities that influence their opportunities and risks in relation to their health, education and empowerment. Several countries in sub-Saharan Africa have developed enhanced national strategies and plans for AGYW; moving beyond pilot projects towards large-scale, well-defined programs that are supporting AGYW with a range of interventions and using data to guide programming. Updated normative guidance, tools and technical assistance are available from partners including UNAIDS, WHO, UNICEF, UNFPA and UN Women.⁸ The United States President's Emergency Fund for AIDS Relief (PEPFAR) is providing extensive support for combination prevention programs in high-burden countries through the DREAMS initiative.⁹ The Global HIV Prevention Coalition established in 2017 brings multiple stakeholders together to sustain political commitment and accountability, including for AGYW; and scaling up comprehensive prevention for AGYW and their male partners in high-prevalence locations is one of its five central prevention pillars.¹⁰

The **Global Fund is committed** to working alongside countries and partners to continue to support these national efforts through comprehensive, evidence-based and high-quality programs, and to advance gender equality and human rights. The Global Fund Strategy 2017-2022 includes a specific commitment to scale up programs that support AGYW, including programs to advance sexual and reproductive health and rights. The Global Fund has already increased its investments in these programs more than five-fold in priority high-burden countries over the course of the 2017-2019 funding cycle; which has further helped to catalyze the national prioritization of AGYW programs in these countries.^{11,12}

This **Technical Brief provides updated guidance** to Global Fund applicants and implementers to leverage Global Fund financing that will further advance progress in scaling up effective programming for AGYW, in line with global partner guidance and global targets and initiatives such as the *Start Free, Stay Free, AIDS Free Joint Agenda* and the *Global HIV Prevention Coalition Agenda*.^{13,14}

⁸ See Annex 2 of this Technical Brief for a list of useful guidelines and tools.

⁹ PEPFAR (2017) DREAMS Fact Sheet (<https://www.pepfar.gov/documents/organization/252380.pdf>)

¹⁰ HIV Prevention Coalition (2017). HIV Prevention 2020 Roadmap: Accelerating HIV prevention to reduce new infections by 75% (https://hivpreventioncoalition.unaids.org/wp-content/uploads/2018/03/JC2909_INCLUSION-GAP_013_En-2.pdf)

¹¹ While the efforts to scale up comprehensive services for AGYW extends across the Global Fund portfolio and disease components, the Key Performance Indicator target of reducing HIV incidence among AGYW by 58% by 2022 is focused on a sub-set of 13 high-burden countries in sub-Saharan Africa: Botswana, Cameroon, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

¹² The Global Fund. 2017-2022 Strategic Key Performance Indicator Framework.

(https://www.theglobalfund.org/media/4230/bm35_07a-2017-2022keyperformanceindicatorframeworknarrative_report_en.pdf?u=636488964120000000)

¹³ Start Free, Stay Free, AIDS Free: A super fast-track framework for ending AIDS in children, adolescents and young women by 2020. (<https://free.unaids.org>)

¹⁴ HIV Prevention Coalition (2017). HIV Prevention 2020 Roadmap: Accelerating HIV prevention to reduce new infections by 75% (https://hivpreventioncoalition.unaids.org/wp-content/uploads/2018/03/JC2909_INCLUSION-GAP_013_En-2.pdf)

2. Scope

This technical brief provides guidance to Global Fund applicants and implementers to **strategically invest Global Fund resources towards their national response to AGYW in the 2020-2022 funding cycle**, replacing previous guidance issued in 2017. It reflects new evidence, updated normative guidance, and lessons learned from current programs.¹⁵

Objectives:

- To place Global Fund's support for AGYW within the broader national response for this group, ensuring Global Fund grants effectively contribute to national programs.
- To provide a summary of the latest normative guidance and tools from technical partners for the design, delivery and M&E of investments for AGYW.
- To provide practical considerations for including and implementing AGYW-focused activities in Global Fund grants, and addressing common challenges based on learnings from Global Fund-supported AGYW programs over the last two years.
- To highlight opportunities for leveraging Global Fund funding to support AGYW programs in the 2020-2022 funding cycle.
- To highlight opportunities for stronger engagement of AGYW throughout the country dialogue process in Global Fund-supported programs.

Box 1: Key definitions

Adolescent Girls and Young Women - Adolescent Girls and Young Women (AGYW) are females aged 10-24 years. Programming may also target older women (25-29 years) based on incidence levels, risk and needs in a context.

Epidemiological context – This document is intended for programs that aim to reduce HIV incidence among AGYW in national and sub-national high-HIV burden settings, i.e. where HIV prevalence among AGYW is above 1%.¹⁶

Diversity among AGYW sub-populations – AGYW are not a homogenous group. This brief emphasizes the importance of tailoring the response to the diverse and multifaceted profiles, vulnerabilities and needs of sub-populations of AGYW based on various population characteristics that are relevant in a particular program context. These are: country context, geographic location, age (e.g. 10-14, 15-19, 20-24 years), marital or partnership status, childbearing, HIV status, school attendance, socio-economic status, experience of gender-based violence, population mobility, and others. Further, these vulnerability criteria are dynamic and evolve over time and life course. Specific needs of young key populations should also be considered. These are young sex workers, young women who inject drugs, young transgender women, young women who have sex with women and young women in closed

Specific needs of young key populations should also be considered. These are young sex workers, young women who inject drugs, young transgender women, young women who have sex with women and young women in closed settings. The vulnerability to HIV of these

¹⁵ Global Fund (2017). Adolescent Girls and Young Women in High-HIV Burden Settings. Technical Brief.

¹⁶ UNAIDS (2016). HIV Prevention Among Adolescent Girls and Young Women (https://www.unaids.org/sites/default/files/media_asset/UNAIDS_HIV_prevention_among_adolescent_girls_and_young_women.pdf).

groups is further exacerbated by punitive laws, stigma and social exclusion. Programming for key populations should be coordinated with these groups as relevant.

Adolescent boys and young men, including sex partners of AGYW - While technical guidance on adolescent boys and young men is outside the scope of this technical brief, some considerations for linking AGYW programming with that for adolescent boys and young men are provided in Section IV.

Audience:

The audience for this brief includes all stakeholders implementing AGYW programs supported by Global Fund grants (including Principal Recipients, sub-Recipients and other stakeholders); Global Fund Country Coordination Mechanisms (CCMs); government agencies, policy makers and program planners working on processes and interventions to support the health and well-being of adolescents and young people; civil society and community-based organizations advocating for, engaging in or implementing policies and programs relevant for adolescents and young women's health and well-being; and technical partners and agencies providing technical assistance to countries to strengthen national Global Fund-related processes for developing funding requests and implementing programs.

Structure:

The subsequent sections of the Technical Brief are structured as follows:

- Section II emphasizes six core guiding principles for all AGYW-related programming;
- Section III presents the overall strategic investment approach, based on normative guidance from technical partners, to:
 - Understand the epidemic and response, and identify AGYW most in need;
 - Design the optimal mix of biomedical, behavioral and structural interventions;
 - Deliver services through multiple service delivery channels; and
 - Measure and sustain the response.
- Section IV provides additional considerations for program quality and management.

Under each section, the Technical Brief highlights commonly-occurring operational challenges encountered by Global Fund applicants, implementers and stakeholders in the planning, management and delivery of AGYW activities; and presents some practical tips to address these challenges based on experiences of Global Fund-supported AGYW programs during the 2017-2019 Global Fund funding cycle. Although each individual country and program context is unique and the challenges and solutions will differ, some common findings could serve as a useful reference in the next phase of funding.

This brief is not exhaustive and **should be read in conjunction with other related documents** including technical briefs and information notes from Global Fund and key technical and policy guidance documents from technical partners. Further, while this brief focuses primarily on HIV prevention among AGYW, it should be kept in mind that adolescents have comprehensive health needs that must also be addressed through strengthening broader people-centered primary health care. The key reference technical materials are noted throughout the document as relevant, and a full list is provided in Annex I.

Box 2: Icons to help navigate this information note

!	Key changes and additions for the 2020-2022 allocation cycle
⚙️	Practical tips from country experiences in previous allocation cycles
📎	Links to key materials and technical guidance

3. Guiding principles

The following overarching guiding principles are critical to ensure the effectiveness and impact of the response for AGYW and should form the basis of all planning and implementation of these activities in Global Fund-supported programs.¹⁷

Figure 1: Guiding principles for effective AGYW programs

III.1 AGYW-centered	III.2 Gender-responsive and rights-based	III.3 Country-led and community-driven	III.4 Partnership-based with strong national coordination	III.5 Evidence-informed and accountable	III.6 Sustainable
Placing AGYW in the lead to design and deliver programs that are relevant for their health and well-being.	Including clear measures to address gender-related inequities and barriers and protect and promote human rights.	Strongly anchored with national programs and guidance documents with the meaningful engagement of beneficiary communities.	Multi-sectoral partnership-based with strong national coordination to ensure harmonization and complementarity of efforts.	Informed by sound situation analyses that optimize the use of resources to achieve maximum impact, with mechanisms for accountability.	Sustaining program gains with a long-term view by building on national strategies and systems.

3.1 Adolescent girls and young women-centered

People-centered approaches empower AGYW and place them in the lead to design and deliver programs that are relevant for their health and well-being. Such approaches, strongly supported by the Global Fund, ensure that:¹⁸

- The development, implementation and oversight of strategies, policies and programs for AGYW are driven by the **active and meaningful engagement of AGYW** at all stages.
- **AGYW are empowered**, through education and support, to take charge of their own health and to make and enact decisions in relation to their health and sexuality.
- The **needs and realities of AGYW are placed at the center** of biomedical, behavioral and structural interventions that seek to improve their health and well-being; and services are delivered effectively through people-centered approaches.
- Box 3 below provides some examples of tools from different partners to help design and deliver such approaches.

¹⁷ Adapted from Every Woman Every Child. The Global Strategy for Women’s, Children’s and Adolescents’ Health 2016-2030 (<https://www.who.int/life-course/partners/global-strategy/globalstrategyreport2016-2030-lowres.pdf>).

¹⁸ Adapted from WHO, what are integrated people-centered health services? (<https://www.who.int/servicedeliverysafety/areas/people-centred-care/ipchs-what/en/>), and The Global Fund (2019). Investing in the Future: Women and Girls in All Their Diversity. (https://www.theglobalfund.org/media/8484/crg_investinginthefuturewomengirls_report_en.pdf).



Box 3: Examples of tools to help design AGYW-centered approaches

Guidance and tools from various technical and implementing partners demonstrate how people-centered approaches can work in practice and be applied successfully to programming for AGYW.



Some examples include:

- **UNAIDS** has developed [Guidance on HIV prevention among adolescent girls and young women](#), to provide policy-makers, planners and implementers of HIV prevention programs across multiple sectors, including organizations led by young people, with programming guidance to understand the epidemic situation, design effective responses, deliver programs, and measure and sustain impact.¹⁹
- **UNICEF promotes girl-centered design** by incorporating girls into every step of the program planning and implementation process.²⁰ UNICEF-supported programs are using open-source social media tools such as [“U-Report”](#) to gather information from girls on the real challenges faced by them in relation to common issues such as menstrual hygiene to seek their inputs for program design and delivery.²¹ Other examples include mobile applications to raise awareness on menstruation, and a social platform for girls to discuss the topic with their peers, track their cycles, and link them to relevant information on medical follow-up.²²
- **IDEO.org’s tool on [“Designing for and with Girls”](#)** provides extensive practical tips to engage adolescent girls effectively in designing sexual and reproductive health programs across five main factors – ‘*relevance*’ (understanding what matters to the girls), ‘*acceptance*’ (building support among parents, teachers, peers and others around them); ‘*confidence*’ (equipping girls with information to understand their options); ‘*guidance*’ (building empathy among providers) and ‘*access*’ (ensuring that services respond to girls’ needs and lifestyle).²³
- The [Adolescents 360](#) initiative implemented by **Population Services International (PSI)** provides a range of open-source tools for programs to “*Get Girl-Centered*” throughout the four stages of a program – ‘*inquiry*’ (conducting formative research in partnership with young people), ‘*insight synthesis*’ (translating insights into meaningful interventions), ‘*prototyping*’ (testing ideas with young people), and ‘*adaptive implementation*’ (using data and feedback from young people to continuously improve programs as they scale).²⁴
- **The Population Council provides a Toolkit on [Girl-Centered Program Design](#)**, with practical suggestions on how to undertake needs assessments, determine program structure

¹⁹ UNAIDS (2016). HIV Prevention Among Adolescent Girls and Young Women (https://www.unaids.org/sites/default/files/media_asset/UNAIDS_HIV_prevention_among_adolescent_girls_and_young_women.pdf).

²⁰ Design for girls, by girls – Period. UNICEF 2018 (<https://www.unicef.org/innovation/U-Report/design-for-girls-by-girls-pakistan>)

²¹ Phillips-Howard PA, Otieno G, Burmen B, Otieno F, Odongo F, Odour C, et al. Menstrual Needs and Associations with Sexual and Reproductive Risks in Rural Kenyan Females: A Cross-Sectional Behavioral Survey Linked

²² U-Report: Empowering and connecting young people around the world to engage with and speak out on issues that matter to them. UNICEF 2018 (<https://www.unicef.org/innovation/U-Report>)

²³ Designing for and with girls. IDEO.ORG (<http://www.designkit.org/resources/10>)

²⁴ Adolescents 360 Open Source (<https://a360learninghub.org/open-source/>)

and content using the 'safe spaces' model, recruit the girls into the program, and monitor and implement programs.²⁵

- ***Be Girl*** is a social marketing and design approach being used to support menstrual hygiene education and another approach being used in several countries for menstrual hygiene education and products that support, enhance and enable women's autonomy and confidence.²⁶

- ***Let Girls Lead: Guide to Girl-Centered Advocacy*** is a full capacity-building curriculum that engages girls and their allies in strategic advocacy to improve girls' lives around the world. Let Girls Lead believes that girls have the power to transform their own lives, families, communities, and the world.²⁷

3.2 Gender-responsive and rights-based

The Global Fund strongly promotes gender-responsive and rights-based programming for AGYW. **Gender-responsive approaches and interventions** raise awareness on gender norms and gender-related inequalities and barriers and include clear measures to actively address them.²⁸ The Global Fund emphasizes the importance of evidence-based analyses to understand the inequities that undermine the access of AGYW to health and social services and their root causes, and to define the most appropriate policy and programmatic responses based on this analysis. Further details on such situation analyses are provided in Section IV.1 of this technical brief.²⁹

The Global Fund also strongly advocates for **programs that protect and promote human rights and remove human rights-related barriers** to HIV and other health services for the underserved. These barriers include stigma and discrimination, including in the health care setting; punitive practices, policies and laws; coercive practices such as lack of informed consent or confidentiality; and sexual and gender-based violence. The Global Fund supports seven program areas for a rights-based approach - including stigma and discrimination reduction; training of health care workers; sensitization of law-makers and law enforcement agents; legal literacy; HIV-related legal services; policy and legal reform; and reducing discrimination against women in the context of HIV.³⁰

3.3 Country-led and community-driven

National leadership, with strong political commitment and country ownership, is a critical factor for a successful response. The Global Fund strongly supports the alignment of its investments with national plans and systems. AGYW programs must be **strongly anchored to national strategic plans and related national guiding documents** that address the needs and realities of AGYW, such as national policies and program packages related to HIV (or HIV prevention more specifically), gender, women's health, adolescent health and well-being, and others. Program design and implementation should **build on national systems** for delivery

²⁵ Population Council (2016) Building Girls' Protective Assets: A collection of tools for program design. (https://www.popcouncil.org/uploads/pdfs/2016PGY_GirlsProtectiveAssetsTools.pdf)

²⁶ www.begirl.org

²⁷ Let Girls Lead (2016) Guide to Girl-Centered Advocacy. (<https://www.girlsnotbrides.org/resource-centre/let-girls-lead-girls-advocacy/>)

²⁸ The Global Fund (2019). Investing in the Future: Women and Girls in All Their Diversity. (https://www.theglobalfund.org/media/8484/crg_investinginthefuturewomengirls_report_en.pdf).

²⁹ Also refer to the Global Fund Technical Brief on Addressing Gender-Inequalities and Strengthening Responses for Women and Girls (https://www.theglobalfund.org/media/5728/core_gender_infonote_en.pdf).

³⁰ Further information can be found in the Global Fund Technical Brief on Human Rights (https://www.theglobalfund.org/media/6348/core_hivhumanrightsgenderequality_technicalbrief_en.pdf).

and monitoring, and on existing efforts. Local authorities and sub-national structures at the implementation level must be closely involved.

Strong AGYW programs are also **community-driven** with the meaningful participation, voice and leadership of AGYW in policy development, program design, implementation and monitoring. The Global Fund expects applicants and implementers to ensure that AGYW communities are a strong participant in Country Coordinating Mechanisms (CCMs) and national country dialogue processes. The Global Fund also supports investments in community systems strengthening for AGYW-led and -driven responses; such as investments in community-based monitoring; community-led advocacy and research; social mobilization, building community linkages, collaboration and coordination; and institutional capacity building, planning and leadership development.³¹

Support to institutional and organizational capacity development for AGYW leaders and AGYW-focused community-based organizations that are led, managed and staffed by AGYW representatives is also encouraged. Measures to ensure the safeguarding of younger constituents, and to prevent their sexual exploitation and abuse within the context of their engagement with national structures and processes should be included. This is especially critical for AGYW who further identify as a key population for HIV, facing increased stigmatization, discrimination, marginalization and/or criminalization. Ensuring safety and no harm should be a priority and may require additional actions to provide appropriate and ongoing support.



PRACTICAL TIPS #1: Engaging AGYW communities in Global Fund country dialogue processes

Available data indicates that AGYW do not sufficiently participate in Country Coordinating Mechanisms (CCMs) and country dialogue processes.³²



Several tools and case studies developed by partners can help young people engage more effectively in Global Fund processes, including:

- ***[Making the money work for young people: a participation tool for the Global Fund to Fight AIDS, Tuberculosis and Malaria \(UNAIDS, 2014\)](#)***:³³ This tool is designed for youth organizations and young activists and provides guidance to young people and to CCMs at country level to increase the meaningful participation of young people in Global Fund processes.

- ***[Making the Global Fund work for young people \(Link-Up project, 2016\)](#)***:³⁴ The Link-Up project focuses on the sexual and reproductive health and rights of young people in selected countries and has been implemented by a consortium of partners led by Frontline AIDS. This paper includes some case studies from the project with examples of empowering young advocates through capacity building, technical assistance and mentoring.

³¹ 'Community systems' is a broad term that describes the structures, mechanisms, processes and actors that are needed to support community responses.

³² The Global Fund (2019). Investing in the Future: Women and Girls in All Their Diversity.

(https://www.theglobalfund.org/media/8484/crg_investinginthefuturewomensgirls_report_en.pdf).

³³ UNAIDS (2014). Making the money work for young people: A participation tool for the Global Fund to Fight AIDS, Tuberculosis and Malaria. (https://www.unaids.org/sites/default/files/media_asset/JC2661_part1_en.pdf).

³⁴ Link-Up Project (2016): Making the Global Fund work for young people. (https://frontlineaids.org/wp-content/uploads/old_site/Case_Study_Making_the_Global_Fund_work_for_young_people_original.pdf?1464861559)

Some practical suggestions based on these tools and country experiences include:³⁵

- 1) Advocate with CCMs to allocate at least one seat for AGYW representatives in CCM membership, in high HIV burden contexts, with the support of existing youth support organizations or networks and other partners.
- 2) Invest in building the capacity of AGYW representatives and AGYW-led or AGYW-focused community-based organizations by providing trainings on national policy and planning processes; and on the Global Fund funding cycle and processes.
- 3) Support AGYW representatives to develop community networks and organize community consultations within the constituency.
- 4) Support AGYW-led or AGYW-focused community-based organizations to serve as implementers of peer-based services within Global Fund-supported programs (for example as sub-recipients and sub-sub-recipients), by helping to strengthen their institutional capacity, including governance, financial management, sustainability planning, policy development, leadership development, program management, monitoring systems and data use, evaluation and learning, building and sustaining partnerships, and community organizing and advocacy.
- 5) Facilitate exchange of skills and experiences among networks of AGYW-focused organizations, including supporting mature networks to provide technical assistance to other programs where relevant.
- 6) Support AGYW populations to engage in community-led monitoring and oversight of programs.
- 7) Ensure that a wide range of partners, including technical partners, bilateral partners, and other civil society and community-based organizations with expertise in programming for AGYW and for young people, are involved in Global Fund processes.
- 8) Support young women leaders to play a mentorship and capacity building role to enhance the capacity of key institutions to engage young women and girls in relevant processes.

The Global Fund works with partners to facilitate the engagement of AGYW in these processes through various mechanisms, including:

- The HER Voice Fund, launched in 2017, provides small grants to support AGYW-led groups to support them with administrative and logistical means to engage in Global Fund-related processes. Youth activists have also been identified as HER Voice Ambassadors, to engage in advocacy and mobilization of their peers.
- Since 2014, the Global Fund is also providing technical assistance through the [Community, Rights and Gender](#) Strategic Initiative to community-based organizations to engage with Global Fund-related process.
- The Global Fund works with partners like [UN Women](#) and [Women4Global Fund \(W4GF\)](#) to strengthen the capacity of communities of women and girls to engage in CCMs.³⁶

3.4 Partnership-based with strong national coordination mechanisms

Given the multi-faceted nature of programming for reducing HIV incidence among AGYW, successful responses are strongly partnership-driven and bring together multiple sectors such as health, education, gender, youth, sports, welfare, law enforcement, poverty reduction, labor, finance, industry, and others. The key stakeholders for AGYW programming include national governments, civil society organizations, multilateral partners (such as UN agencies, the Global Financing Facility for Women, Children and Adolescents, GAVI), bilateral partners

³⁵ Also refer to the Global Fund Technical Briefs on Resilient and Sustainable Systems for Health, and on Community Systems Strengthening (https://www.theglobalfund.org/media/4759/core_resilientsustainablestemsforhealth_infonote_en.pdf).

³⁶ Women4GlobalFund (<http://women4gf.org/about-us/>).

(such as the PEPFAR DREAMS initiative), the private sector, and the AGYW community. A review of 12 country case studies by the Partnership for Maternal, Newborn and Child Health (PMNCH) found that the key enabling factors of multi-sectoral collaboration included building on local resources and structures, ensuring a shared understanding of diverse stakeholder interests and contributions, and ensuring relevance and adaptability to context.³⁷

Strong national ownership and national coordination mechanisms are key to ensure that such cross-sectoral action can deliver impact for AGYW. A national convening body for the AGYW response with functioning coordination mechanisms at central and decentralized levels can provide a platform for harmonization and complementarity of efforts across partners. Although the need for strong coordination structures is well-recognized and coordination mechanisms exist in all countries, these structures may not be fully-functional and accountable in practice.



PRACTICAL TIPS #2: Strengthening national coordination mechanisms

- 1) Coordination structures should aim to be country-owned and led.
- 2) Coordination structures should have adequate representation from all relevant stakeholders in the AGYW response; across sectors such as health, education, gender, youth, sports, welfare, law enforcement, poverty reduction, labor, finance, industry, and others.
- 3) AGYW communities should be represented.
- 4) Coordination structures should have clear governance structures, roles and responsibilities, and leadership at the highest levels.
- 5) Coordination structures should have identified sources of funding for their regular administrative functioning.
- 6) Coordination structures should not be limited to the national or central levels but also cascaded to the regional and district/sub-national levels.
- 7) Consolidate duplicative structures if they exist.
- 8) Establish mechanisms to share information among all members on a regular basis.

3.5 Evidence-informed and accountable

Programs for AGYW should be **informed by evidence**, including a thorough analysis of the epidemiological situation, vulnerabilities, barriers, and program needs and gaps. Normative guidance from technical partners provides a comprehensive menu of biomedical, behavioral and structural interventions that could be included in AGYW programs. These interventions are further described in [Section IV](#), with references to the respective normative guidance. The selection of interventions for each country is dependent on the specific national and sub-national context, informed by evidence and research. This is particularly important in a context of limited financial resources which must be invested strategically for maximum impact. The Global Fund expects applicants and implementers to provide clear evidence and data-driven analyses to justify why the interventions proposed for Global Fund financing are the most appropriate to achieve expected outcomes. Further details on such situation analyses are provided in [Section IV.1](#) of this technical brief.

Accountability frameworks, in line with the principle of national coordination frameworks of the multi-sectoral AIDS response, are equally essential to monitor results, know whether programs are reaching those in need, and allow for course correction where needed. Efficient mechanisms for accountability ensure that all stakeholders have the information they need to

³⁷ Kuruville S. et al. Business not as usual: how multisectoral collaboration can promote transformative change for health and sustainable development. *The BMJ* 2018; 363: k4771.

invest in high impact interventions. Performance and trend data should be utilized to inform programs and should be made available and fed back to communities to complete the feedback loop and ensure a complete accountability chain. Representatives of AGYW populations also have a critical role to play in validating information on AGYW programs and conducting community-led monitoring of programs that are designed and delivered for them. Further information on measurement and accountability is provided in Section IV.4 of this technical brief.

3.6 Sustainability

Ultimately, all programs designed and delivered for AGYW must carry a long-term view that promotes **sustainability and lasting impact**. Sustainability includes financial, political, programmatic and structural aspects. For Global Fund purposes, sustainability is “the ability of a health program or country to both maintain and scale up service coverage to a level that will provide for continuing control of a public health problem and support efforts for elimination, even after the removal of external funding by the donor and other major external donors”.³⁸ Sustainability can be promoted by ensuring the most effective use of Global Fund resources to contribute to strengthening national strategies and systems, including health and community systems, for the AGYW response over the long term. Further, to be sustainable, Global Fund investments must complement and leverage other existing investments for AGYW from domestic resources and other partners.



PRACTICAL TIPS #3: Promoting sustainability through Global Fund investments

- 1) Refer to recent landscape analyses or partner mapping of ongoing projects and initiatives, which can provide up-to-date information on the complete AGYW program in the country, including at the district/sub-national level.
- 2) Global Fund support should be aligned with national policy and guidance documents as well as incidence reduction targets and should contribute to scaling up successful tested models that work, based on evidence and learnings from existing programs.
- 3) Global Fund support should be complementary to national government investments, such as national social protection programs for vulnerable youth, national comprehensive sexuality education programs, and others.
- 4) Coordinate Global Fund support with efforts from other major external partners for the AGYW response, such as PEPFAR ‘DREAMS’, to avoid duplication of efforts.
- 5) Support initiatives that promote sustainability of programs including strengthening of government stewardship, coordination efforts and accountability mechanisms as well as invest in high impact interventions and increased domestic financing towards prevention programs targeting AGYW.
- 6) Develop the Programmatic and Financial Gap Analyses tables (required as part of the Global Fund funding request and grant making documentation) in collaboration with key implementing partners and stakeholders (including government, civil society, bilateral partners, as well as AGYW communities); to jointly assess gaps, discuss scenarios for Global Fund support, and agree on the priorities.
- 8) Continue to explore options for innovative financing.

³⁸ Global Fund (2017). Guidance note on the Sustainability, Transition and Co-financing of programs supported by the Global Fund. (https://www.theglobalfund.org/media/5648/core_sustainabilityandtransition_guidancenote_en.pdf).

4. Strategic investment approach

This section provides an overview of the latest normative guidance from technical partners on programming for AGYW and suggests practical tips to help strategically plan and use Global Fund resources to fill gaps and accelerate progress in the national response for AGYW.

A strategic approach to AGYW investments involves the following steps:

- 1 Understand the epidemic situation and response;
- 2 Design: prioritize the intervention mix for maximum impact;
- 3 Deliver;
- 4 Measure and sustain.

4.1 Understand the epidemic situation and response

There are aspects to consider at the planning stage for an effective response: program teams need to gather and analyze data to understand the HIV epidemic among AGYW, including its patterns, underlying determinants and response to date (see [Box 4](#)). This analysis should then be used to identify appropriate interventions for AGYW in accordance with their risk profiles.

BOX 4: Factors that influence high HIV incidence among AGYW³⁹

The main risk factors that drive HIV acquisition and transmission by and to AGYW can be grouped into three categories:

- *Behavioral factors* – Including age-disparate relationships involving unequal power dynamics that may prevent safer sex, multiple partnerships, transactional sex, sex work, early sexual debut, gaps in knowledge of HIV prevention, risk factors for HIV and health in general, and limited personalized risk perception.
- *Biological factors* – Including higher biological susceptibility of women and specifically of adolescent girls, high HIV viral load among male partners, low prevalence of male circumcision, harmful sexual practices, and the presence of other untreated sexually transmitted and reproductive tract infections.
- *Structural factors* – Including harmful social and gender norms, gender inequality and unequal power dynamics, marriage patterns, low secondary school attendance, barriers to accessing services for HIV and sexual and reproductive health, child sexual abuse, gender-based violence, labor migration and spousal separation, and poverty.

a) Gather and analyze data

Effective program planning requires a wide range of data on epidemic trends, population size and profile, service coverage and outcomes, and underlying risk factors. The main types of information required, and the sources of data are summarized in [Table 1](#).

³⁹ UNAIDS (2016). HIV Prevention Among Adolescent Girls and Young Women (https://www.unaids.org/sites/default/files/media_asset/UNAIDS_HIV_prevention_among_adolescent_girls_and_young_women.pdf).

Table 1: Categories of information required and sources of data

Information category	Description	Sources of data
Epidemiological data	Including data on HIV prevalence, HIV incidence and HIV mortality among AGYW; with disaggregation by sub-age groups (e.g. 10-14, 15-19, 20-24 years), location and other relevant population characteristics.	<ul style="list-style-type: none"> - Routine surveillance and program records from various service delivery points such as health facilities, communities. - Surveys, including national population-based surveys such as the Demographic and Health Surveys (DHS), bio-behavioral surveillance surveys among specific population groups, Violence Against Children (VAC) surveys, and others.
Demographic data and other population characteristics	Including data on the AGYW population size and geographic distribution; school enrollment rates; marital status; childbearing; rates of gender-based violence; economic indicators; population mobility; and others relevant for the program, with relevant disaggregation.	<ul style="list-style-type: none"> - Civil registration and vital statistics, including data on mortality among AGYW. - Program reviews, evaluations and special studies.
Service coverage and outcomes data	<p>Including data on the availability, coverage and outcomes of various interventions delivered to AGYW, including:</p> <ul style="list-style-type: none"> - biomedical (e.g. coverage of HIV testing, HIV treatment; and treatment outcomes such as adherence, retention, and others); - behavioral (e.g. coverage of comprehensive sexuality education programs, coverage of life skills-based education; and outcomes such as knowledge of HIV prevention, condom use, decreased risky sexual behavior, and others.); and - structural (e.g. coverage of gender-based violence related services; social protection interventions; and outcomes such as reduced rates of gender-based violence, reduced school drop-out rates, and others); with relevant disaggregation. 	<ul style="list-style-type: none"> - Qualitative information, including reporting from community-based surveillance. - Data from relevant non-health sectors such as education (e.g. data on school enrolment and drop-out rates), welfare (e.g. data on social protection programs), trade and industry (e.g. data on economic empowerment programs), and others. <p>This data can be obtained through ministries of health, national HMIS, national statistics offices, other related national ministries, technical and implementing partners and community-based organizations.</p>

 A number of **analysis tools** from technical partners are available to support the triangulation and analysis of this data once it has been gathered; for example, the HIV Gender Assessment Tool from UNAIDS that provides guidance to countries in assessing the HIV epidemic, context and response from a gender perspective, is specifically designed to support the development and review of national strategic plans, investment cases and funding

requests to partners such as the Global Fund.⁴⁰ Further details on various aspects of M&E of AGYW programs are also provided in Section IV.4 of this technical brief.

b) Identify and prioritize girls to enroll them in the program aimed at reducing HIV incidence

The second step is to use the data analysis to identify and prioritize the ‘most vulnerable’ or ‘most in need’ AGYW by geographical location, age and other characteristics relevant to the local context; and enroll them into the program to receive the appropriate interventions aimed at reducing HIV incidence.

PRACTICAL TIPS #4: Profiling AGYW sub-populations based on vulnerability and need

! Technical and implementing partners have developed practical tools that can be used to identify the AGYW sub-populations at risk and segment them to facilitate enrollment into the program.

 Some of these tools include:

- **[“The Girl Roster”](#)** (Population Council, 2015): This is a practical tool to help practitioners understand the community and elicit information to identify and intentionally link girls to the resources, facilities and services that they need.⁴¹

- **[“I’m Here: Steps to Reach Adolescent Girls in Crisis”](#)** (Women’s Refugee Commission, 2016): This tool provides a series of steps to produce a context-specific profile of the hardest-to-reach adolescent girls (and boys) in humanitarian settings, identify their needs, and provide services necessary for their safety and well-being.⁴²

These tools, and practical experience from programs, can guide countries to profile and prioritize AGYW sub-populations to enroll them into the right services:

1) Identify the priority geographic areas for the program using available data, such as epidemiological data (e.g. HIV prevalence/incidence) or socio-economic indicators (e.g. school drop-out rates) by location. (Note: HIV incidence surveys are not available in many countries; hence in the absence of these data, programs can use incidence data from cohort studies or modelled estimates. HIV prevalence among young women aged 15-24 years can also serve as a proxy for HIV incidence in the absence of other data but with limitations.⁴³)

2) Enumerate the AGYW in the identified geographic areas by meaningful segments (e.g. by age, schooling, marital or partnership status, childbearing and other characteristics relevant to the context); keeping in mind that AGYW are not a homogenous group. This could be done through paper-based tools or GPS-based technology.

3) Develop locally relevant and inclusive processes for screening the identified AGYW for need and vulnerability. Choose approaches that could be mainstreamed into routine ongoing

⁴⁰ UNAIDS (2018) Gender Assessment Tool: Towards a Gender-Transformative HIV Response. (<https://www.unaids.org/en/resources/documents/2019/unaidsgenderassessmenttool>)

⁴¹ Population Council (2015). The Girl Roster: A practical tool for strengthening girl-centered programming. (<https://www.popcouncil.org/research/girl-roster>)

⁴² Women’s Refugee Commission (2016). I’m Here: Steps to Reach Adolescent Girls in Crisis. (<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=2ahUKEwjKyMKgoZTkAhWxyKYKHw66BYUQFjAAegQIABAC&url=https%3A%2F%2Fwww.womensrefugeecommission.org%2Fresources%2Fdocument%2Fdownload%2F1371&usq=AOvVaw3dz0HqJ7dB10jvZblUuOL7>)

⁴³ UNAIDS (2016). HIV Prevention Among Adolescent Girls and Young Women (https://www.unaids.org/sites/default/files/media_asset/UNAIDS_HIV_prevention_among_adolescent_girls_and_young_women.pdf).

processes within the health, education or social sectors (e.g. through conducting group meetings with AGYW, using assessments completed by teachers or social workers who are in regular contact with AGYW, or using self-assessments by AGYW themselves).

4) Use a combination of recruitment methods to enroll AGYW into the program – such as through schools, parents, community-based groups, media – keeping in mind that each approach may reach a different set of girls. Understand and document what type of girl is likely to be reached or missed by specific recruitment methods. Intentionally recruit those identified as being most in need of an intervention (rather than relying on demand-led recruitment into the program alone).

5) Use venue-based methods to generate insights and data on the community-based locations where girls socialize with their potential sexual partners; particularly for understanding socialization linked to higher risk sex and exposures to risk.

6) Conduct a sub-national (e.g. district) level mapping exercise to identify entities providing interventions for AGYW, to find gaps and support referrals to other services based on need.

7) Elaborate implementation plans that respond to the context-specific profile of girls.

8) Identify safe spaces to deliver the interventions that are accessible, private and secure as perceived by AGYW; and where AGYW can meet regularly with peers and mentors.

8) Recognize that vulnerability is not constant but dynamic, and factors of risk and vulnerability evolve over the life course and age progression of an AGYW. Therefore, programs should adjust and adapt accordingly.

9) Gathering data and document the profile of likely male sexual partners of AGYW is important, including those at higher risk of HIV, to reach them effectively with complementary interventions.

In many settings, the decisions to target sub-populations of AGYW with Global Fund support can involve **complex trade-offs, especially in the context of limited resources**. For example, countries will need to determine how Global Fund resources should be prioritized – such as aiming to reach the most vulnerable girls (or all girls); in selected sub-national areas (or nationally); for selected interventions (or a full package). Such prioritization decisions are fully context-specific and depend on many factors, but some common principles or guiding questions can support the decision-making process. The table below provides some guidance and suggestions.



PRACTICAL TIPS #5: Prioritizing AGYW sub-populations for Global Fund support

While decisions on which sub-populations to target will be context-specific, some suggestions for Global Fund grant applicants and implementers include:

1) Apply existing national criteria or mechanisms to define the vulnerability of young people and their eligibility to receive social protection interventions. Such information may often be available with ministries of social welfare, gender, social protection, and others, and could be adapted/updated if necessary.

2) Focus Global Fund resources in a limited number of high-burden priority geographic areas (e.g. districts/sub-national areas) within the country where Global Fund support can have maximum impact, rather than nationally⁴⁴. The priority areas can be selected using various relevant indicators such as HIV burden, school drop-out rates, teenage pregnancy rates,

⁴⁴ UNAIDS (2013). Location, Location. Connecting people faster to HIV services. (https://www.unaids.org/sites/default/files/media_asset/LocationLocation_en.pdf)

socio-economic indicators, and others, as well as other factors such as the presence of other partners or projects, health and community system capacity, and more.

3) Ensure that Global Fund financing is complementary to other support being provided in other geographic areas through other partners, such as the PEPFAR DREAMS initiative in high-HIV burden countries.

4.2 Design - Prioritize the intervention mix for maximum impact

This section presents an overview of the **key evidence-based biomedical, behavioral and structural interventions for AGYW supported by the Global Fund, based on the latest normative guidance from technical partners** including WHO, UNAIDS, UNICEF, UNFPA and UN Women ^{45,46} to support countries in the design of a national package and strategic mix of interventions. It is also aligned with the Prevention 2020 Road Map of the Global HIV Prevention Coalition, which prioritizes combination prevention for AGYW and their male partners as one of five central pillars of HIV prevention.⁴⁷

Interventions funded under a Global Fund grant are part of a broader national program and complement other investments that seek to reduce HIV incidence among AGYW. Global Fund applicants should propose a prioritized mix of interventions at sufficient coverage and scale, which is expected to accelerate progress in the national response. **Global Fund support should be used to prioritize** interventions that address needs and gaps building on structures already in place.

There are two aspects to consider when prioritizing the strategic intervention mix for AGYW with Global Fund support – layering interventions for AGYW based on needs, and prioritizing interventions based on the pathway of change through which the interventions lead to the desired impact on HIV incidence reduction.

a) Layer interventions based on need

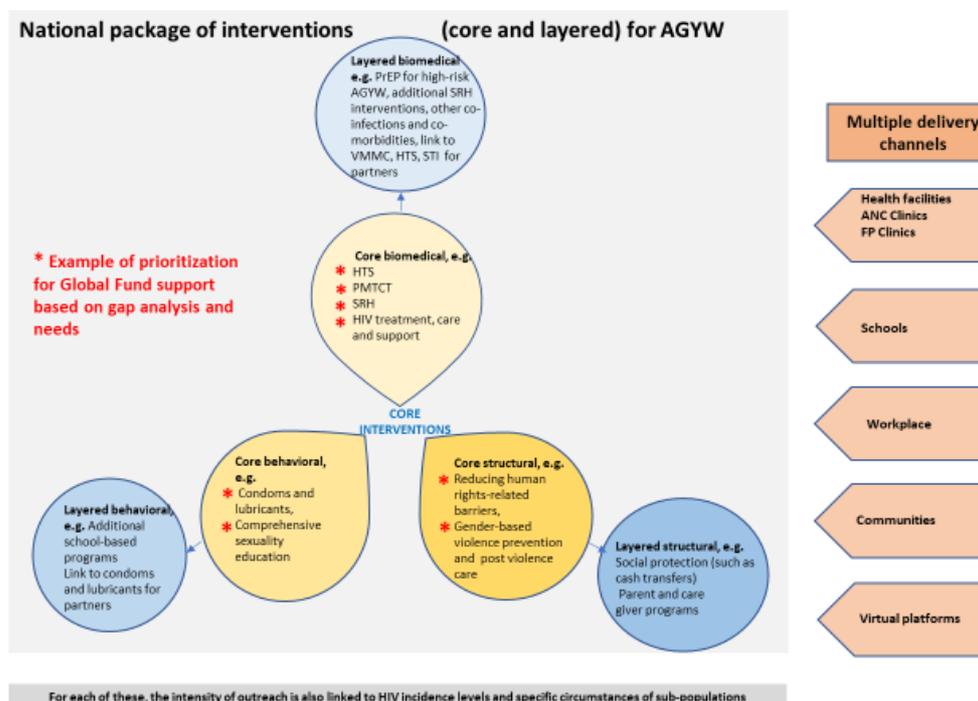
! There is a large range of possible interventions for AGYW to address different needs, gaps in current coverage of interventions, and vulnerabilities; and not all AGYW require the same mix and intensity of services. Further, HIV prevention for AGYW must always be considered as part of their overall health needs, including broader sexual and reproductive health, mental health and other needs. In the context of Global Fund financing, applicants could therefore consider a layered approach to prioritization; with some interventions defined as '**core**' and supported for all AGYW; with other '**layered** interventions to be added depending on the local context.

⁴⁵ UNAIDS (2016). HIV Prevention Among Adolescent Girls and Young Women (https://www.unaids.org/sites/default/files/media_asset/UNAIDS_HIV_prevention_among_adolescent_girls_and_young_women.pdf).

⁴⁶ UNESCO (2018). International technical guidance on sexuality education – an evidence-informed approach. (<https://unesdoc.unesco.org/ark:/48223/pf0000260770>)

⁴⁷ HIV Prevention Scorecards from the HIV Prevention Coalition are available at the following link - <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>

Figure 2: An illustration of a layered package of interventions and prioritization of Global Fund support



PRACTICAL TIPS #6: Defining a layered mix of interventions

Some guiding principles to inform the design of a layered mix of interventions for Global Fund support are summarized below.

1) Consider layering ‘core’ interventions with additional interventions, each delivered through various platforms (see illustration in Figure 2). A tiered approach is beneficial in the context of limited resources. While there is no standard definition of ‘core’ vs. ‘layered’ as these are context-specific, some examples from a country with a generalized epidemic and a high burden among AGYW are illustrated below.

- *Core interventions*: A core or minimum standard package of interventions that all AGYW should have access to; such as comprehensive sexuality education through schools; HIV prevention, testing, treatment and care; STI prevention and treatment, gender-based violence prevention and post-violence care through community setting or health care setting. This core package would be determined by available data and evidence on the drivers of HIV as relevant to the context. Given the recent evidence on the need to ensure that AGYW have access to reproductive health services, including family planning, countries must demonstrate the effective and efficient integration of HIV and reproductive health services for AGYW. Further, countries are strongly encouraged to consider the roll-out of PrEP for at-risk AGYW in line with the national policy framework.

- *Layered needs-aligned interventions*: Additional interventions for AGYW based on specific circumstances, needs and risk; such as pre-exposure prophylaxis for high risk AGYW and social protection for most vulnerable AGYW.

2) Ensure that interventions supported by the Global Fund grant are aligned with, and are contributing to, the larger comprehensive national package of interventions for AGYW.

3) Carefully consider the prioritization and long-term sustainability of enhanced packages before rolling out the interventions, as these may involve higher delivery costs.

4) Keep in mind that the intensity of the interventions may also differ for different sub-populations. Use past program experience, as well as consultations with beneficiary AGYW populations, to determine the optimal dosage or intensity of interventions for the particular context; for example, to identify the frequency of behavior change interventions (such as girls club meetings or counselling sessions) and community-led outreach or referrals (such as mobile or school-based HIV prevention services or HIV testing); or the quantities of commodities provided (such as condoms or dignity packs) and their regularity, and others.

5) Consider the complementary needs of adolescent boys and young men. Further, AGYW programs should link with as well as complement programs adapted to reach high-risk men such as voluntary medical male circumcision (VMMC), differentiated testing, condom promotion, treatment and adherence.

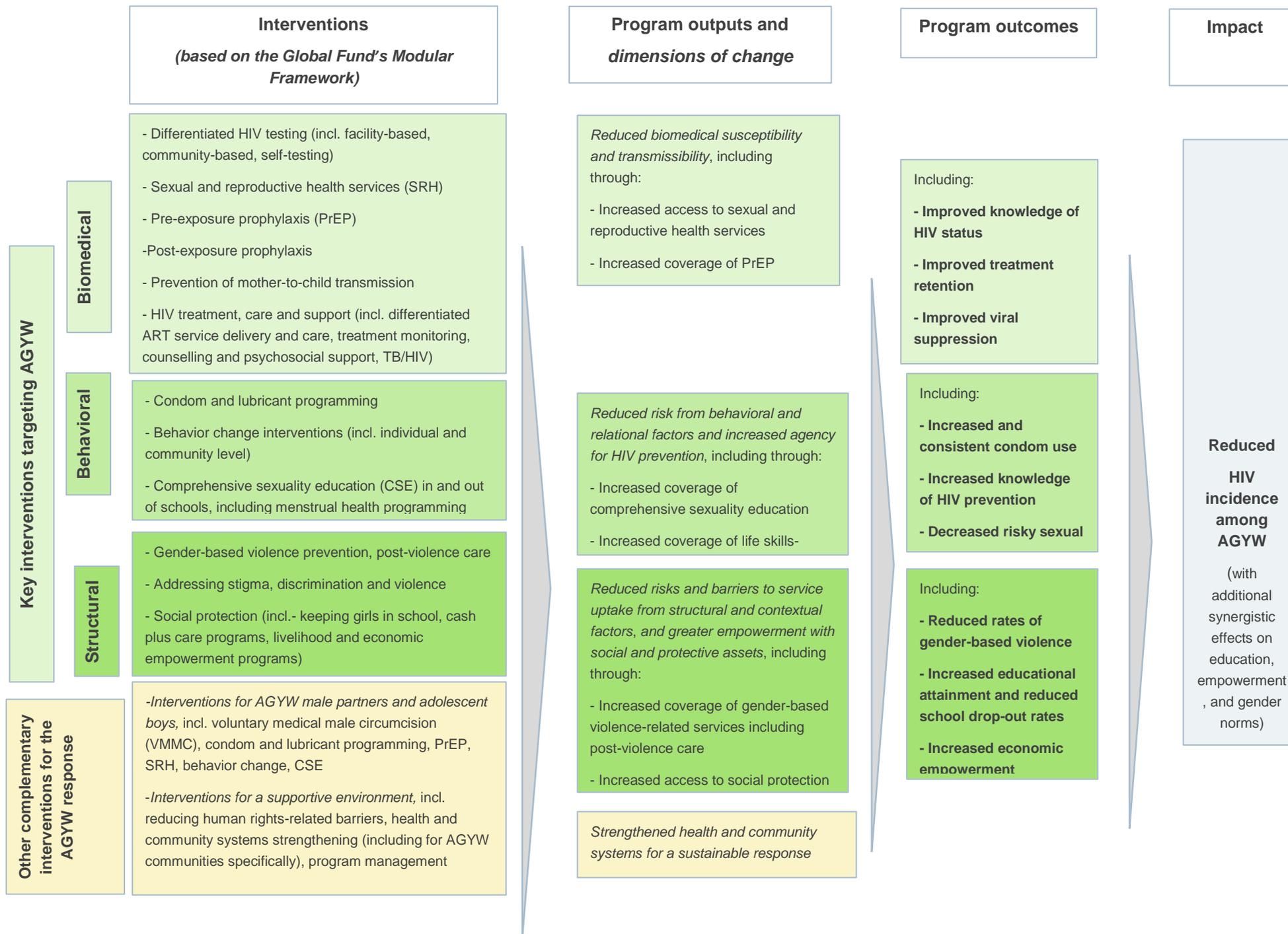
b) Prioritize interventions along the pathway of change for maximum impact

The second aspect of prioritizing interventions for Global Fund support is to ensure that the interventions selected are contributing to the desired overall program impact. It is helpful to apply a **logical framework** for such analysis, using a ‘theory of change’ or ‘pathway of change’ approach which helps to link program objectives with the inputs, outputs and the desired outcomes and impact. [Figure 3](#) below illustrates such a pathway of change.⁴⁸

 **Note:** The categorization of interventions listed in Figure 3 is based on the Global Fund’s **Modular Framework**. The Modular Framework sets out the full list of ‘modules’ or program/intervention areas supported by the Global Fund, with budget categories and indicators for monitoring progress. The modules are meant to be used by applicants and implementers of Global Fund grants, during application, grant making, budgeting and reporting.

⁴⁸ Adapted from UNAIDS (2016). HIV Prevention Among Adolescent Girls and Young Women (https://www.unaids.org/sites/default/files/media_asset/UNAIDS_HIV_prevention_among_adolescent_girls_and_young_women.pdf) and the Global Fund’s Measurement Framework for AGYW programs, 2018 (https://www.theglobalfund.org/media/8076/me_adolescentgirlsandyoungwomenprograms_frameworkmeasurement_en.pdf?u=637044315970000000).

Figure 3: Key interventions for AGYW in high-HIV burden settings: Menu of options and pathways of change



The sections below describe each of these key interventions for AGYW in further detail, following the different sections of the Global Fund’s Modular Framework. Some interventions are specific to AGYW; others are for the general population, but their delivery should still be tailored to the needs of AGYW.

Biomedical interventions

These are interventions that aim to reduce the risk of HIV transmission and ensure adequate treatment and care for AGYW living with HIV, based on medical and clinical approaches. To increase utilization, uptake and retention, interventions and service delivery should be adolescents and youth friendly. Further guidance on delivery is provided in [Section IV.3](#) below.

Differentiated HIV testing services

HIV testing services are an important entry point for other prevention interventions and for treatment and care. Differentiated approaches to HIV testing help to deliver customized interventions that meet the specific needs of people based on their context and environment. Differentiated services include facility-based testing (such as through antenatal/postnatal, family planning, TB, primary health care, sexual and reproductive health and male circumcision services), community-based testing (such as through outreach, door-to-door, fixed community sites, workplace or educational institutions), index-linked testing and self-testing (may also be facility-, community- or social network based). Each of these should be considered for AGYW to define the optimal mix of the most effective testing modalities. Providing evidence-based risk reduction counselling and ensuring that AGYW are linked to the services they need upon receipt of test results, is also critical. HIV service delivery should also be integrated within the context of where various sexual reproductive health (SRH) services, such as family planning and antenatal care, are provided. Innovative testing approaches such as self-testing should be used as method to reach high-risk populations that do not access health services, such as young men, including male partners of AGYW. The WHO HIV self-testing strategic framework provides for a six-step approach to differentiated HIV testing.⁴⁹

Sexual and reproductive health, including for sexually-transmitted infections

Evidence shows that the integration of sexual and reproductive health (SRH) services with HIV services improves cost-effectiveness, uptake, access to and quality of care. Countries should routinely provide HIV prevention services as part of sexual and reproductive health for AGYW. Activities related to SRH services that are supported by the Global Fund include pregnancy testing; screening for sexually transmitted infections; screening for gender based violence and providing post violence care; screening for cervical cancer and HPV; linking HIV prevention activities to HPV vaccine programs as relevant to the country context; providing health care provider training on delivering SRH programs that are AGYW friendly; and removal of legal barriers that prevent access to SRH services for AGYW – according to the Global Fund Co-infections and Co-morbidities framework.^{50,51}

Pre-exposure prophylaxis

Pre-exposure prophylaxis (PrEP) is the use of antiretrovirals by HIV-negative individuals to prevent HIV infection and should be included as an additional prevention choice for AGYW at substantial risk of HIV infection. Normative guidance from WHO recommends PrEP for all people at substantial risk

⁴⁹ WHO Strategic Framework: a guide for planning, introducing and scaling up, which includes a six-step approach to differentiated HIV testing (<https://www.who.int/hiv/pub/self-testing/strategic-framework/en/>)

⁵⁰ The Global Fund (2015). Global Fund support for co-infections and co-morbidities (https://www.theglobalfund.org/media/4167/bm33_11-co-infectionsandco-morbidities_report_en.pdf?u=636917017450000000)

⁵¹ Further information can be found in the Global Fund’s Technical Brief on Strengthening reproductive, maternal, newborn, child and adolescent health (RMNCAH) in funding requests to the Global Fund (https://www.theglobalfund.org/media/8833/core_reproductivematernalnewbornchildadolescenthealth_technicalbrief_en.pdf?u=637066545790000000).

of HIV, including adolescents who may benefit from it. Data thus far indicates that due to poor risk perception, PrEP uptake and its continuation among youth is a challenge. Situating PrEP services in accessible, youth-friendly locations and having structures and plans in place for follow-up, including with the use of social media, may be beneficial and may be offered following normative guidance and national policies.

Post-exposure prophylaxis

Post-exposure prophylaxis (PEP) is short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure, either occupationally or through sexual intercourse. The Global Fund supports the provision of post-exposure prophylaxis for post-violence care, along with counselling, support for clinical investigations, medical management, clinical care and psychosocial support (also see gender-based violence prevention and post-violence care under [Section IV.2.3](#) below).

Prevention of mother-to-child transmission

The global community has committed to the elimination of mother-to-child transmission (PMTCT) of HIV and syphilis as a public health problem.⁵² Essential services for PMTCT include a four-pronged approach – primary prevention of HIV infection among women of childbearing age, preventing unintended pregnancies among women living with HIV, preventing vertical transmission from pregnant women living with HIV, and providing treatment, care and support to mothers living with HIV, their children and families. The Global Fund supports these interventions for AGYW in need, to be tailored and delivered in a way that is responsive to their requirements.

Treatment, care and support

Supporting access, retention and adherence of HIV services is critical for AGYW who are HIV-positive, as they are prone to higher rates of loss to follow-up and sub-optimal adherence as compared with older adults.^{53,54} Adolescent-responsive services, through the training of health care providers and the use of community-based approaches, are needed to ensure that AGYW can access and benefit fully from these interventions. Services for AGYW must also consider the transition from pediatric to adult HIV services. Peer-based interventions are particularly well-accepted among adolescents.

Voluntary medical male circumcision and other interventions for male partners

Effective programming for AGYW also includes interventions for male partners of AGYW. Engaging men and boys in sexual and reproductive health and rights and broader gender-transformative programs is not only essential to achieve gender equality for AGYW, but also for positively impacting the health and lives of men and boys themselves. There is evidence that voluntary medical male circumcision (VMMC) (of sex partners of AGYW) contributes towards reducing HIV incidence of AGYW. In addition, there is a need to expand VMMC programs to a more comprehensive service package for adolescent boys and young men, to improve the broader uptake of health services for their own health.

⁵² WHO (2017). Global guidance on criteria and processes for validation: elimination of mother-to-child transmission of HIV and syphilis, 2nd edition. (<https://apps.who.int/iris/bitstream/handle/10665/259517/9789241513272-eng.pdf?sequence=1>)

⁵³ Lamb, Matthew R., et al. "High attrition before and after ART initiation among youth (15–24 years of age) enrolled in HIV care." *AIDS* (London, England) 28.4 (2014): 559. Auld, Andrew F., et al. "Antiretroviral therapy enrollment characteristics and outcomes among HIV- infected adolescents and young adults compared with older adults-seven African countries, 2004-2013." (2014).

⁵⁴ WHO (2015): What's new in adolescent treatment and care. <http://www.who.int/hiv/pub/arv/arv2015-adolescent-factsheet/en/>

BOX 5: Linking with programming for men and boys

Programs targeting AGYW should complement efforts to reach men and boys with comprehensive HIV services that include differentiated HIV testing, condom programming, VMMC, treatment and adherence.

 UNFPA provides technical guidance on how to work with the male sexual partners of AGYW and engaging men and boys more broadly as supporters of gender equality and health. Some key messages are summarized below.⁵⁵

- 1) Engage young men as partners of AGYW in sexual and reproductive health services (such as services for screening for HIV and other conditions; clinical diagnoses and treatment; and information, education and counselling) to promote couple communication and joint decision-making.
- 2) Ensure that men and boys are included in comprehensive sexuality education alongside AGYW, and content is appropriately tailored to their respective needs.
- 3) Provide outreach through components of out-of-school comprehensive sexuality education programs: peer-to-peer education, informal schooling programs and entertainment education programs for boys who have dropped out of school.
- 4) Provide services and support to adolescent fathers and engage boys and men in caregiving.
- 5) Help men and boys understand the negative impacts of traditional ideas of masculinity, and the benefits of ending violence against women.
- 6) Provide information on sexual orientation and gender identity.

Table 2: Biomedical interventions for AGYW supported by the Global Fund

The table below highlights components under biomedical interventions aimed at reducing risk of HIV among AGYW in high prevalence settings that could be funded under Global Fund grants. Interventions that are essential but cannot be funded under Global Fund grants are also highlighted. For ease of budgeting and planning purposes, reference is made to specific sections of the Global Fund's Modular Framework.

Key interventions targeting (or indirectly benefitting) AGYW	Eligibility for Global Fund support	Reference to Global Fund Modular Framework
Differentiated HIV testing services including facility-based testing, community-based testing and self-testing and partner testing	Yes	<p>Disease Component: HIV</p> <p>Module: Differentiated HIV testing services</p> <p>Intervention: Facility-based testing, Community-based testing and Self-testing related activities</p> <p>Target population: Adolescent girls and young women in high-burden setting</p>

⁵⁵ UNFPA and Promundo-US (2016). Adolescent Boys and Young Men: Engaging them as supporters of gender equality and health and understanding their vulnerabilities. (https://www.unfpa.org/sites/default/files/pub-pdf/Adolescent-Boys-and-Young-Men-final-web_0.pdf).

Diagnosis, prevention and co-management of STIs	Yes, in accordance with the Global Fund's Policy on Co-infections and Co-morbidities	Disease Component: HIV Module: Prevention Intervention: Sexual and reproductive health services, including STIs and Prevention and management of coinfections and comorbidities Target population: Adolescent girls and young women in high-burden settings
Family planning counseling and related services including provision of contraceptive commodities and infertility treatment	Yes	Disease Component: HIV Module: PMTCT Intervention: Prongs 1, 2, & 4 Target population: unspecific
Management of unintended pregnancy	No	
Primary prevention of HIV during pregnancy	Yes	Disease Component: HIV Module: PMTCT Intervention: Prong 1 Target population: unspecific
Cervical cancer screening and treatment, as well as the provision of HPV vaccination for prevention	Yes, in accordance with the Global Fund's Policy on Co-infections and Co-morbidities. Countries are encouraged to identify opportunities for co-financing for HPV vaccination activities.	Disease Component: HIV Module: Prevention and Treatment, care and support Intervention: Prevention and management of coinfection and comorbidities Target population: unspecific
Pre-exposure prophylaxis (PrEP) related activities targeting AGYW at substantial risk of HIV infection, such as: designing the implementation of PrEP program, adherence support including peer-led support and peer-led PrEP literacy and awareness (in accordance with national policies and protocols)	Yes	Disease Component: HIV Module: Prevention Intervention: PrEP Target Population: Adolescent girls and young women in high-burden settings
Post-exposure prophylaxis	Yes	Disease Component: HIV Module: Treatment, care and support Intervention: PEP Target Population: Adolescent girls and young women in high-burden settings
PMTCT Prongs 1-4	Yes	Disease component: HIV

		Module: PMTCT Intervention: Prongs 1-4 Target population: unspecific
Voluntary medical male circumcision of AGYW sex partners	Yes	Disease Component: HIV Module: Prevention Intervention: Voluntary medical male circumcision Target population: Men in high-prevalence settings
Treatment, care and support for adolescent girls and young women living with HIV	Yes	Disease Component: HIV Module: Treatment, Care and Support Intervention: Multiple interventions Target population: unspecific
Mental health and psychosocial support for adolescent girls and young women living with HIV	Yes	Disease Component: HIV Module: Treatment, Care and Support Intervention: Counseling and psycho-social support Target population: unspecific

Behavioral interventions

These interventions aim to foster positive behavior change, towards reducing vulnerability to HIV infection for oneself or others, including those that impact on social and sexual behavior change.

Condom and lubricant programming

Condoms, when used consistently and correctly, are highly effective in preventing sexual transmission of HIV and other infections as well as unintended pregnancy. Barriers to condom use among AGYW include gaps in knowledge, skills and empowerment among AGYW; supply side barriers; legal barriers for adolescents to buy condoms; criminalization of the possession of condoms; policy barriers such as prohibition of their distribution in schools; and stigma towards those asking for condoms and a lack of privacy and confidentiality. These should be analyzed, and interventions designed to ensure that AGYW can receive condoms through delivery channels that are accessible to them, and have the knowledge, skills and empowerment to use them correctly and consistently.^{56,57}

Comprehensive sexuality education

Comprehensive sexuality education (CSE) is a curriculum-based process for children and young people to learn about the cognitive, emotional, physical and social aspects of sexuality. It aims to empower them to realize their health, well-being and dignity, develop respectful social and sexual

⁵⁶ UNFPA, WHO and UNAIDS (2015). ([Position statement on condoms and the prevention of HIV, other sexually transmitted infections and unintended pregnancy.](#))

⁵⁷ USAID, PEPFAR, SHOPS (2015): Using Total Market Approaches in Condom Programs.

(http://www.rhsupplies.org/uploads/tx_rhscpublications/Using%20Total%20Market%20Approaches%20in%20Condom%20Programs%20v2-1.pdf)

relationships, and understand and protect their rights.^{58,59,60} CSE is provided through school-based approaches and can also be complemented with out-of-school programs to reach the most vulnerable AGYW. To be effective, CSE content and messaging must be age-appropriate and respond to the specific needs and concerns of children and young people, with attention to the quality and accuracy of materials being provided. Teacher training and supportive supervision is required to ensure that CSE is provided in a secure and adolescent-friendly way. Parents and communities must be proactively equipped to promote their awareness and appreciation of the need for early, preventive intervention. The safe use of information and communication technologies, including social media platforms, can be an effective way to reach AGYW, and innovative approaches should continue to be explored. CSE interventions targeting AGYW should also include adolescent boys and young men and be combined with linkage to services.

Table 3: Behavioral interventions for AGYW supported by the Global Fund

The table below highlights components under behavioral interventions aimed at reducing risk of HIV among AGYW in high prevalence settings that could be funded under Global Fund grants. For ease of budgeting and planning purposes, reference is made to specific sections of the Global Fund’s Modular Framework.

Key interventions targeting (or indirectly benefitting) AGYW	Eligibility for Global Fund support	Reference to Global Fund Modular Framework
Condom and lubricant programming activities related to promotion and distribution of female and male condoms, condom-compatible lubricants, targeted condom distribution and demand creation activities.	Yes	Disease Component: HIV Module: Prevention Intervention: Condom and lubricant programming Target Population: Adolescent girls and young women in high prevalence settings
Comprehensive sexual health education activities in and out of school including development and provision of information, education and communication through various platforms and media	Yes	Disease Component: HIV Module: Prevention Intervention: Comprehensive sexuality education Target Population: Adolescent girls and young women in high prevalence settings
Addressing stigma, discrimination and violence prevention	Yes	Disease Component: HIV Module: Prevention Intervention: Addressing stigma, discrimination and violence

⁵⁸ UNESCO, UNFPA, WHO, UNICEF, UNAIDS, UN Women (2018). International technical guidance on sexuality education. (<https://unesdoc.unesco.org/ark:/48223/pf0000260770>)

⁵⁹ Mason-Jones, Amanda Jayne, Sinclair, David, Matthews, Catherine et al. (2016): School-based interventions for preventing HIV, sexually transmitted infections, and pregnancy in adolescents. Cochrane Database of Systematic Reviews. CD006417. ISSN 1469-493X.

⁶⁰ UNESCO and UNFPA (2015): Emerging evidence, lessons and practice in comprehensive sexuality education. A global review. (<http://www.unfpa.org/publications/emerging-evidence-lessons-and-practice-comprehensive-sexuality-education-global-review>)

		Target Population: Adolescent girls and young women in high prevalence settings
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Structural interventions

Addressing structural drivers is key to reducing the vulnerability to HIV infection and unplanned or unwanted pregnancies as they influence and affect behavior, decisions and interaction with sexual partners as well as uptake of health services. Gender inequality, stigma and discrimination (including in the health care setting), harmful social and cultural practices, limited access to education as well as livelihood options and economic opportunities affect AGYW's health and wellbeing and prevent them from reaching their full potential.

Social norms change interventions

These aim to address harmful social and cultural norms that increase vulnerability to HIV infection and impact. They include primary prevention for gender-based violence (GBV) as well as development and enforcement of laws and policies that strive for gender equality and equity. HIV programs should be integrated with norms changing and GBV prevention programs. The Global Fund supports prevention activities such as empowerment and training on sexual consent, ending early child marriage, and addressing gender norms, through program approaches such as SASA and Stepping Stones^{61,62}. Engagement of men and boys, community and religious leaders, and law enforcement officials is of critical importance and should be part of these interventions.⁶³

Gender-based violence response

Interventions to address gender-based violence (GBV) should be delivered within a continuum of prevention and response. Interventions should focus on strengthening linkages between health, police or law enforcement, and legal sectors as well as creating awareness and availability of emergency medical, psychosocial and legal services. High stigma associated with GBV, a culture of impunity and intimidation with poor legal precedent, as well as limited information on rights and available services within communities leads to under-reporting of cases and late presentation for emergency care. Assessment of risk factors as well as protective factors at the societal, community, interpersonal and individual levels is key to effective programming. Planners and implementers are encouraged to utilize such evidence when designing and responding to GBV.

Social protection interventions

Social protection programs aim to reduce vulnerability and promote individual, household and community resilience to economic shocks and stresses through improved income opportunities and access to basic and social services. Such programs range from cash and in-kind support, social health insurance and economic empowerment interventions. Overall, evidence suggests that cash transfers alone are not enough to empower adolescents and support them to reach their full capabilities. Rather, integrated approaches that combine cash support with other interventions such as safe spaces, life skills, vocational training, and others are more effective.⁶⁴

The Global Fund supports a range of interventions for social protection. Increased school attendance can reduce the risk of acquisition of HIV among adolescents by reducing early marriage and risky sexual partnerships and increasing HIV prevention information and agency for their own health.

⁶¹ SASA! By Raising Voices. A community mobilization approach for preventing violence against women and HIV. (<http://raisingvoices.org/sasa/>)

⁶² Stepping Stones: Training package on gender, HIV, communication and relationship skills. (<https://steppingstonesfeedback.org/training/>)

⁶³ Social Norms: <http://raisingvoices.org/influence/global-dialogue/>

⁶⁴ UN Women (2019) Gender and age-responsive social protection: The potential of cash transfers to advance adolescent rights and capabilities (<http://www.unwomen.org/en/digital-library/publications/2019/03/gender-and-age-responsive-social-protection#view>)

Interventions for keeping girls in school include education subsidies; cash transfer programs; support for education materials and dignity packs; school-based or community-based trainings of teachers and parents to promote keeping girls in school and supporting the transition from primary to secondary school; training of school staff for adolescent-friendly school environments; support for catch-up programs for AGYW who want to return to school and reintegration services for pregnant and parenting girls; and programs to assure safety of AGYW on the way to and from schools.

The Global Fund also supports Cash Plus Care programs, which provide cash payments in combination with complementary support such as health or education services; as well as livelihood and economic empowerment programs like vocational training, loan savings schemes, clubs and savings groups, and others, which are important for girls that are out of school. It also includes ‘second chance’ education and vocational learning programs for women who have missed out on education.

Addressing stigma, discrimination and violence

Programs to prevent and treat HIV must incorporate efforts to address human rights barriers, including stigma and discrimination, that may be limiting access to prevention, treatment, care and support services. Legal and policy environments often create barriers to AGYW receiving services, such as age of consent laws to receive sexual and reproductive health services, or discriminatory school policies that force pregnant girls to drop out of school. Some AGYW, such as those who may be engaged in transactional sex, also face stigma and discrimination in the health care setting. The Global Fund supports a range of activities aimed to challenge and address stigma, discrimination and violence, including training of law enforcement officials to enforce existing laws around equal protection; advocacy and programs to remove punitive laws and practices against AGYW; promoting adolescent-friendly behaviors and attitudes by health workers; educating women, men and communities on the equal rights of women and AGYW; and others.

Table 4: Structural interventions for AGYW supported by the Global Fund

The table below highlights components under structural interventions aimed at reducing risk of HIV among AGYW in high prevalence settings that could be funded under Global Fund grants. For ease of budgeting and planning purposes, reference is made to specific sections of the Global Fund’s Modular Framework.

Key interventions targeting (or indirectly benefitting) AGYW	Eligibility for Global Fund support	Reference to Global Fund Modular Framework
Primary prevention of gender-based violence, engagement of men and boys and other community actors (teachers, elders, religious leaders, police, health workers, parents etc.)	Yes	Disease Component: HIV Module: Prevention Intervention: Gender based violence and post violence care Target population: Adolescent girls and young women in high prevalence settings
Keeping girls in school-related interventions such as provision of education subsidies and supplies, policies and laws reforms, catch up programs including those aimed at supporting the return to school by girls who dropped out; and	Yes	Disease Component: HIV Module: Prevention Intervention: Social protection interventions Target population: Adolescent girls and young

training of community actors (teachers, elders, parents etc.) to ensure girls stay in school		women in high prevalence settings
Cash plus care programs that utilize cash payments in combination with complimentary support such as education subsidies and health services targeting AGYW in impoverished households	Yes	Disease Component: HIV Module: Prevention Intervention: Social protection interventions Target population: Adolescent girls and young women in high prevalence settings
Livelihoods and economic empowerment interventions such as support for vocational training, design of loan and savings schemes, savings clubs and groups	Yes	Disease Component: HIV Module: Prevention Intervention: Social protection interventions Target population: Adolescent girls and young women in high prevalence settings

Other complementary interventions

In addition to complementary interventions for adolescent boys and young men⁶⁵, there are key interventions that support responses for AGYW including programs to reduce human rights-related barriers⁶⁶, community mobilization and community-systems strengthening (including for AGYW communities specifically)⁶⁷, and effective program management.

4.3 Deliver

The large range of interventions for AGYW are delivered through multiple service delivery platforms; therefore, the optimal channels should be context-specific and designed so AGYW can be reached where they are. This includes schools, mobile clinics, antenatal and family planning clinics and community-based centers.

In all contexts, services for AGYW should be **tailored and respond to the needs of AGYW**; i.e. they should be accessible, acceptable, appropriate and effective for AGYW. Some examples of adolescent-friendly service delivery for AGYW include adapting service hours to accommodate school or working hours, providing dedicated safe spaces for adolescents, providing information and signage that is relevant for adolescents, addressing user fees barriers, using digital and other media that have high outreach among AGYW, ensuring that service providers are trained to deliver adolescent-responsive services, or using mobile clinics to deliver services closer to targeted groups of AGYW, such as at schools, shelters or other places where they live and work. The participation of AGYW in the design and delivery of services is critical to making them adolescent-responsive.

The main channels of service delivery to AGYW are listed below.

⁶⁵ Global Fund HIV Information Note (https://www.theglobalfund.org/media/4765/core_hiv_infonote_en.pdf)

⁶⁶ Further information can be found in the Global Fund Technical Brief on Human Rights (https://www.theglobalfund.org/media/6348/core_hivhumanrightsgenderequality_technicalbrief_en.pdf)

⁶⁷ Global Fund Technical Brief on Community Systems Strengthening (https://www.theglobalfund.org/media/4790/core_communitysystems_technicalbrief_en.pdf)

- *Health facility-based interventions:* Many biomedical interventions are provided through health facilities. Programs should explore various approaches to service delivery that are responsive to the needs of AGYW, such as decentralizing services; using mobile clinics, extension workers, mobile-based outlets; reducing the frequency of appointments for antiretroviral drug refills, and others. Health facilities must be adolescent-friendly with trained health workers who are well-equipped to address the needs of AGYW in an acceptable and accessible way.
- *School-based interventions:* Schools are an important and effective delivery channel to reach enrolled AGYW with interventions such as comprehensive sexuality education (including menarche education) and social protection. Depending on the legal, regulatory and socio-cultural environment, health services such as HIV prevention and testing services, sexual and reproductive health services, and referrals, may also be provided within the school setting.
-
- *Community-based and Community-led interventions:* Various interventions such as prevention, testing, treatment and adherence support, behavior change, community mobilization and structural interventions can be delivered through outreach in the communities where AGYW live. This is particularly important for AGYW who are not enrolled in schools, and for young key populations. Community-based and community-led organizations are a key service provider in delivering programs for AGYW and as such, should be part of the service delivery platforms. Community-based health facilities run by local government authorities are also key in the provision of various services and should be part of the service providers either directly or through the referral system.
- *Workplace-based interventions:* Similarly, interventions such as condom distribution, behavior change communication, testing and referrals can also be delivered through work place settings to reach older AGYW in the location where they work.
- *Virtual platforms:* A wide range of virtual platforms, including the use of social media platforms, are also being increasingly used to deliver information and communication interventions to AGYW. Such platforms, when used carefully and safely, provide an additional opportunity to reach large numbers of AGYW.

Further, **linking HIV services with related services** such as those for sexual, reproductive, maternal, newborn, child and adolescent health, TB, cervical cancer, mental health, and gender-based violence can improve cost-effectiveness, uptake, access to and quality of care for AGYW. Examples of integrated programming and delivery include providing HIV services to all antenatal care or sexual and reproductive health clients and vice-versa in high HIV incidence settings; integrating HIV prevention into family planning services; providing regular screening of AGYW living with HIV for TB and cervical cancer. Similarly, integration of HIV prevention with prevention of gender-based violence and post-violence care can also have positive benefits on HIV incidence and gender-based violence. A good referral and linkage system across different service providers is critical to ensure effective people-centered delivery and tracking of multiple services.

4.4 Measure and sustain

Sound monitoring and evaluation (M&E) frameworks for the AGYW response are critical for monitoring progress, ensuring accountability and impact, and continuous learning and improvement. M&E for AGYW programs must be anchored within broader national health information systems to ensure harmonization and sustainability of investments by building on national M&E plans, indicator frameworks and data collection and reporting systems.

The key principles of M&E for AGYW programs are outlined in [Box 6](#).

Box 6: Key principles of M&E for AGYW programs

- Country ownership with programs anchored to national M&E plans, frameworks and data collection and reporting systems at facility and community levels.
- Efforts to strengthen national systems and capacities at facility and community levels, including for routine age and sex disaggregation of data.
- Alignment with international normative guidance on M&E.
- Coordination and harmonization across partner efforts.
- Learning and adaptability to continuously adjust and improve programs.

Programs need to assess the existing national M&E system in relation to the main functionalities required by the AGYW program – such as the mechanisms for identification and enrollment of girls; the availability of indicator definitions, measurement and reporting mechanisms – including disaggregation; systems for tracking and referrals; ways of ensuring unique identification of beneficiaries; data quality assurance mechanisms; and data analysis capabilities – and use the findings of such assessments to identify gaps and inform future system strengthening efforts.

Detailed guidance on strengthening M&E of AGYW programs is provided in the Global Fund's Measurement Framework for AGYW programs.⁶⁸ Some of the more critical aspects are summarized below, with practical tips for Global Fund applicants and implementers.

Aligning with national indicators and targets

M&E-related efforts for AGYW investments should build on existing national M&E frameworks that define the key indicators and targets of the national AGYW program; where this data is collected (including facility- and community-based platforms) and by whom; how frequently this data needs to be available; to whom they need to be reported; and the systems for reporting up the results chain from decentralized to national levels.



PRACTICAL TIPS #7: Indicator selection for Global Fund grants

The Global Fund requires a Performance Framework as part of its grant agreement, which outlines the impact, outcome and coverage indicators that will be used to monitor progress and reported to the Global Fund over the grant period. The Global Fund has identified a core list of indicators for M&E of AGYW programs, derived from global guidance from technical partners. This core list is available in the Modular Framework and listed in [Annex 1](#).

Some practical tips to support indicator selection from the recommended core list include:

- 1) Apply a logic model with a 'theory of change' approach to link the overall objectives of Global Fund-supported programs with the inputs, outputs and expected coverage targets, outcomes and impact.
- 2) Select indicators that are relevant to the national context and aligned to the national M&E plans and measurement frameworks.
- 3) Select indicators that are relevant to the interventions being supported by the Global Fund grant.

⁶⁸

https://www.theglobalfund.org/media/8076/me_adolescentgirlsandyoungwomenprograms_frameworkmeasurement_en.pdf?u=636979130640000000

4) Select indicators that are supported by adequate systems to collect and report the data, including with the relevant disaggregation.

The Global Fund supports investments in M&E system strengthening, including investments in tools and systems, trainings, routine monitoring, surveys, evaluations and operational research. The Global Fund also supports program reviews, program evaluations or evaluations of specific interventions, impact evaluations, as well as operational research for continued accountability, learning and improvement.



PRACTICAL TIPS #8: Setting coverage targets for Global Fund grants

Many factors need to be considered to define the optimal population coverage level of interventions or intervention packages that programs should aim to achieve, to have the desired ultimate impact on reducing HIV incidence among AGYW.

Some aspects to consider while defining coverage targets for Global Fund grants include:

- 1) Align with national coverage targets as defined in national M&E frameworks and plans.
- 2) Ensure the availability of the core data elements required to define coverage targets:

For example, the indicator on the *“Percentage of young people aged 15-24 years reached with HIV prevention programs – defined package of services”* would require

-- the total population in this age group in need (denominator)

-- the target number of the population that will be reached by the defined intervention or package (numerator)

-- the underlying definition of ‘being reached’, i.e. the definition of the package, and the pre-requisites for a beneficiary to be counted as having been reached by the package – i.e. which interventions are measured in the indicator definition, and what is included (for example, a program could determine that an AGYW is considered as having been reached with comprehensive sexuality education in the school setting if she participated in at least 4 sessions in the year).

3) Where resources are limited, and prioritization decisions need to be made on the optimal mix and intensity of interventions, consider developing different coverage scenarios with different targets in relation to the resources available, such as a high-coverage, medium-coverage and low-coverage scenario, to support prioritization and decision-making on the most effective use of available resources.

4) Use mathematical modeling where feasible and appropriate.

Strengthening data disaggregation capabilities

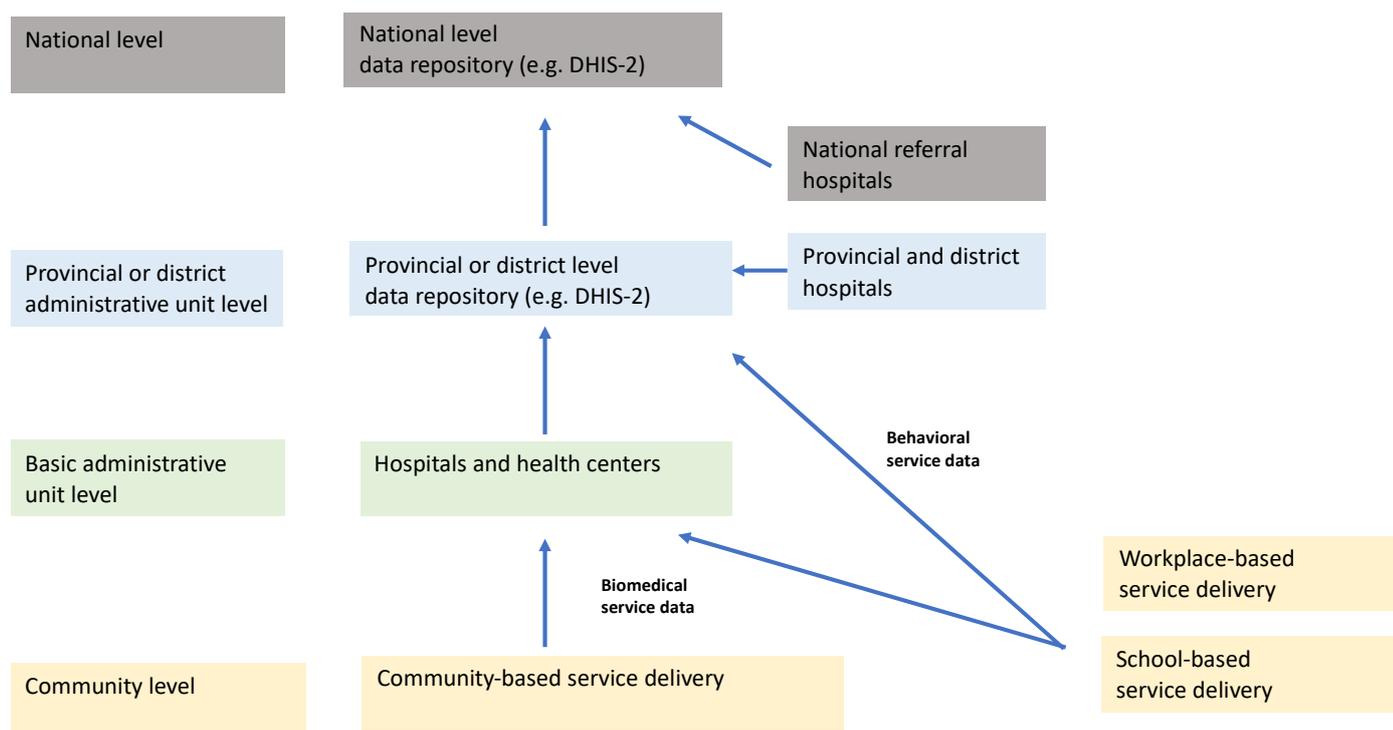
It is critical to invest resources to strengthen the availability and quality of disaggregated data in the national M&E system, by sex and by age. This data is essential to design and deliver an effective response for different sub-populations of AGYW in relation to their needs. The Global Fund’s core indicator list includes requirements for reporting disaggregated data by age groups 15-19 years and 20-24 years and by sex for selected impact, outcome and coverage indicators. Further guidance on disaggregation is provided in the Modular Framework.

Strengthening community-based M&E systems

Many interventions for AGYW are delivered in the community, which often have weaker data systems as compared to those within health facilities. Deliberate efforts are needed to strengthen the linkages between community-provided services, often through community-based organizations, and the more formal health services' M&E systems at national and sub-national levels. This includes efforts to ensure standardized indicator definitions, recording and reporting tools, skills for data collection and analysis, and efforts to ensure data quality.

It is equally critical to **ensure that data collected through community-based service delivery points are linked with and reported through the national health information system**, for example, by incorporating community-based data into the national DHIS-2 system rather than through parallel or stand-alone data collection and reporting channels. Community-based services are typically a mix of prevention services and messages, health service delivery and social services provided through multiple community-based channels, and therefore involve coordination and efficient reporting channels across multiple ministries at the national level. Community-based data collection must have a formal process of linking to the formal facility-based health information system to capture the data elements necessary for the community response and reflect the critical contribution of the community system to the program.

Figure 4: An illustration of linking community-based data into the national health information system



Another important aspect of community-based M&E is improving program quality through **community-led monitoring of the program by AGYW communities themselves**. This is described further in [Box 7](#) below.

BOX 7: Community-led monitoring of AGYW programs

AGYW communities and community-based organizations can be strengthened to independently validate, monitor, document and report information regarding the availability, acceptability and quality of services available to them.

Some examples of the use of such participatory monitoring by AGYWs include the validation of service availability listings; assessment of the actual availability or quality of commodities or services provided in practice; reporting experiences of negative incidents such as stigma and discrimination or other barriers to access; validating official reports; and others. These approaches could rely on simple tools or mechanisms for collection of information which could be shared through existing community-based peer group meetings or digital media. Such efforts strengthen ownership of the response among AGYW communities and promote accountability among stakeholders.

Strengthening referrals across providers at implementation level

AGYW programs are multi-layered. This means that prevention and treatment interventions are delivered across a wide range of stakeholders and service delivery points at different points in time. Each beneficiary then potentially receives multiple interventions based on their individual needs. To sustain program quality, the M&E system for an AGYW program should include good referral and linkage systems across providers within the same ecosystem to track service delivery and avoid double-counting of unique individuals as they move from one service delivery point to another. Where such systems are not in place, it can lead to duplications, gaps and double-counting of some beneficiaries.



PRACTICAL TIPS #9: Strengthening referrals across service providers

- 1) At the start of the grant, ensure that the Principal Recipient has access to a mapping (or undertakes a mapping exercise) of different service providers in the targeted geographic location, to know which services are available and where AGYW may be referred for different needs.
- 2) Use unique identifiers for every AGYW enrolled in the program, using existing administrative ID codes or numbers if these are already available, which can provide a longitudinal record of service provision to beneficiaries, and can be used by all service providers.
- 3) Use confidential identifiers when necessary; such as for tracking service delivery to young key populations who may face stigma and discrimination in service access.
- 4) Use referral forms or referral slips indicating that the beneficiary received the service, which can be shared back with the referring entity to update their records.
- 5) Ensure that client records are updated every time a beneficiary accesses a service; and work with partners to de-duplicate results.
- 6) Plan for program reviews and evaluations for more in-depth understanding of the reach and gaps of the program.

Global Fund-supported AGYW programs should not be delivered in isolation, but rather should be part of the larger ecosystem that offers a comprehensive program to AGYW in a catchment area. These programs should respond to national priorities and contribute to nationally or sub-nationally defined incidence reduction indicators and targets across the various interventions. These programs should form part of a national and sub-national multi-sectoral coordination structure that steers their delivery, quality and progress.

5. Additional considerations for program quality and management

Global Fund support for AGYW programs increased significantly in the 2017-2019 funding cycle. The large scope and multi-sectoral nature of these activities was new for some Global Fund grant recipients with previous primary experience on disease-specific interventions, and several implementers faced operational challenges and delays in getting started. Some of the main challenges encountered are listed below, with practical tips based on the learnings from the 2017-2019 funding cycle.

5.1 Ensuring timely transition from grant-making to implementation

During the 2017-2019 funding cycle, several grants experienced operational delays in moving from grant making to operational plans. Many of these delays were linked to gaps in programmatic and budgetary information, and capacity gaps in implementing organizations to get started.



PRACTICAL TIPS #10: Getting started

- 1) Ensure that Global Fund applicants, implementers and other stakeholders have access to the latest relevant national guiding documents for AGYW programs (such as national strategic plans, national policy documents and national program packages related to HIV or HIV prevention more specifically, gender, women's health, adolescent health, and others) as a basis for planning and delivery. Global Fund support can also be used to update such national documents when necessary.
- 2) Draw lessons from past program experience on implementing AGYW interventions within the country to identify previous operational bottlenecks and propose solutions.
- 3) Develop a program narrative or framework that describes the AGYW program and clearly lays out the interventions, activities, providers and target populations. Such a program narrative would also include operational details of interventions (for example, the geographic scope, delivery modalities, intensity of outreach, and others), and operational definitions for key concepts/terminology for reference to all stakeholders. These include 'safe spaces', 'girls clubs', 'dignity packs' and others, as defined in the particular program context.
- 4) Develop costing assumptions and detailed budgets by intervention and by implementer in line with these program narratives; using reference unit costs from past program experience or normative guidance (for example, the UNAIDS 2016 guidance provides some indicative unit costs for various HIV prevention services that can be used as a reference in absence of national benchmarks).
- 5) Review and optimize service delivery arrangements (for example, by looking into total the number of sub-recipients and sub-Sub-recipients involved in the program and their capacities and comparative advantage in relation to the intervention areas of the program) to ensure the most efficient program and financial management arrangements.
- 6) Develop grant work plans that outline the roles and responsibilities of different stakeholders (including at sub-national/district levels), timelines and deliverables; and validate them during an implementers' meeting at the start of the grant.

5.2 Sustaining program quality

With programs delivered through multiple service providers across multiple sectors, it can be challenging to promote and sustain program quality throughout implementation. It is important that all Global Fund applicants and implementers include adequate processes for program quality monitoring and improvement as part of routine program management.



PRACTICAL TIPS #11: Sustaining program quality

- 1) Ensure that standard reference documents for the program such as Standard Operating Procedures (SOPs), job aids and training manuals are in place, to support implementers to deliver services with consistent approaches. Build on existing documents when available and keep them up-to-date to reflect evolving data and program experience.
- 2) Develop benchmarks for program quality and undertake regular program quality assessments through regular supervision and monitoring of the program, spot checks, and others.
- 3) Ensure that CCMs and Principal Recipients perform regular spot checks and verifications themselves and provide feedback for continuous improvement in program and financial management.
- 4) Support community-led feedback mechanisms and monitoring of programs by AGYW as described in the section on M&E above; and support their capacity development in data analysis and use.
- 5) Undertake risk assessments at the start of the program in collaboration with all relevant stakeholders and identify assurance mechanisms for key risks. Consider innovative approaches to address some risks; for example, to mitigate financial risks, use of 'mobile money' for payments. Giving mobile phone credit in place of cash incentives, have been successfully used in different settings.
- 6) Use national coordinating platforms for the AGYW response to share findings from program quality assessments with national and other stakeholders and jointly define quality improvement approaches.
- 7) Support programs to develop capacity building plans that can help to indigenize and/or institutionalize technical capacity for trainings and quality implementation.

5.3 Leveraging technical assistance

Given the multi-sectoral and context-specific nature of the AGYW response, many countries require dedicated or tailored technical assistance to support program design, implementation, M&E and program quality improvements at all levels. It is important that all Global Fund grant recipients and stakeholders obtain timely technical assistance when required.



PRACTICAL TIPS #12: Obtaining technical assistance to improve implementation quality of Global Fund grants

- Ensure that Global Fund grant recipients and stakeholders have complete information on the different mechanisms and opportunities to receive technical assistance. There are several channels to seek such assistance, including through agreements between Global Fund and WHO, UNICEF, UNAIDS and other partners to provide technical assistance for the design and implementation of Global Fund grants. You may consult with your Global Fund country team for further guidance As well as the CRG Strategic Initiative for meaningful engagement.
- Budget for technical assistance needs within Global Fund grants where feasible.
- Actively reach out to partners and stakeholders to leverage financial support for technical assistance and use Global Fund grant budgets where necessary.
- Ensure that the specific technical assistance needs, and terms of reference are clearly defined, and preparatory work conducted in advance, to ensure that the technical assistance can be effective and meet expectations.
- Explore new partnerships with the private sector where relevant and feasible, for direct support or for support with specific expertise, such as in marketing and communications expertise that could inform demand creation and social and behavior change communication programs; logistics and distribution expertise that could benefit supply management of health commodities such as

condoms; or use of mobile technologies for management and dissemination of information, using apps for digital payments at community level or social media platforms for exchange among AGYW populations and/or with providers, and others.

Annex 1: List of Global Fund's core AGYW indicators

The list below includes the indicators from the Core List of HIV indicators of the Modular Framework that are either specifically related to AGYW in high-HIV burden settings or are general population indicators that are recommended to be monitored with disaggregation by both sex and age. The full list of indicators is available in the Global Fund's Modular Framework.

HIV - Core list of indicators Last updated: 24Jul2019					
Indicators marked with (M) are mandatory indicators for "focused" countries if respective modules are supported by the Global Fund grants.					
Module	Target Population	Type of Indicator	Indicator code	Core list of indicators	Disaggregation category (s)
Impact indicators (All modules)		Impact	HIV I-13	Percentage of people living with HIV	Age (U15, 15+); Gender (female, male); Gender Age* (female 15-19, male 15-19, female 20-24, male 20-24)
		Impact	HIV I-14	Number of new HIV infections per 1000 uninfected population	Age (U15, 15+); Gender (female, male); Gender Age* (female 15-19, male 15-19, female 20-24, male 20-24)
		Impact	HIV I-4	Number of AIDS-related deaths per 100,000 population	Age (U5, 5-14, 15+) Gender (female, male); Gender Age* (female 15-19, male 15-19, female 20-24, male 20-24)
Outcome indicators (All modules)		Outcome	HIV O-1 ^(M)	Percentage of adults and children with HIV, known to be on treatment 12 months after initiation of antiretroviral therapy	Age (U15, 15+); Gender (female, male); Gender Age (female 15+, male 15+) Duration of treatment (24 months after initiation, 36 months after initiation, 60 months after initiation)
		Outcome	HIV O-10	Percent of respondents who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months	Age (15-19, 20-24) Gender (female, male)

	Outcome	HIV O-5 ^(M)	Percentage of sex workers reporting the use of a condom with their most recent client	Age (U25, 25+); Gender (female, male)
	Outcome	HIV O-6 ^(M)	Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	Age (U25, 25+); Gender (female, male)
	Outcome	HIV O-9	Percentage of people who inject drugs reporting condom use at the last sexual intercourse	Age (U25, 25+); Gender (female, male)
	Outcome	HIV O-11 ^(M)	Percentage of people living with HIV who know their HIV status at the end of the reporting period	Gender (female, male)
	Outcome	HIV O-12	Percentage of people living with HIV and on ART who are virologically suppressed	Gender (female, male)
	Outcome	HIV O-13	Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	Age (15-19, 20-24)
	Outcome	HIV O-18	Percentage of women age 15 - 24 who had 2+ partners in the past 12 months	
	Outcome	HIV O-19	Percentage of women age 15-19 who have had a live birth or are currently pregnant	
	Outcome	HIV O-20	Percentage of females aged 15 - 24 who dropped out of school in the last year	
AGYW in high prevalence settings	Coverage	YP-1a	Percentage of young people aged 10–24 years attending school reached by comprehensive sexuality education and/or life skills–based HIV education in schools	Gender (female, male)
AGYW in high prevalence settings	Coverage	YP-1b	Percentage of young people aged 10–24 years reached by comprehensive sexuality education and/or life skills–based HIV education out of schools	Gender (female, male)
AGYW in high prevalence settings	Coverage	YP-2	Percentage of adolescent girls and young women reached with HIV prevention programs-defined package of services	Age (10-14, 15-19, 20-24)

	AGYW in high prevalence settings	Coverage	YP-4	Percentage of eligible adolescent girls and young women who initiated oral antiretroviral PrEP during the reporting period	
PMTCT		Coverage	PMTCT-1	Percentage of pregnant women who know their HIV status	HIV test result (positive, negative)
		Coverage	PMTCT-2.1	Percentage of HIV-positive pregnant women who received ART during pregnancy	
		Coverage	PMTCT-3.1	Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth	HIV test result - positive, negative, indeterminate)
		Coverage	PMTCT-4	Percentage of antenatal care attendees tested for syphilis	
Differentiated HIV Testing Services	AGYW in high prevalence settings	Coverage	HTS-2	Number of adolescent girls and young women who were tested for HIV and received their results during the reporting period	Age (15-19, 15-24*, 20-24); HIV test status (positive, negative)
	All people living with HIV	Coverage	TCS-1 ^(M)	Percentage of people living with HIV currently receiving antiretroviral therapy	Age (U15, 15+); Gender (female, male); Gender Age (female 15+, male 15+, female 15-19, male 15-19, female 20-24, male 20-24, female 15-24*, male 15-24*)Target / Risk population group (MSM, PWIDs, sex workers, transgender, prisoners)Newly initiating ART
	All people living with HIV	Coverage	TCS-3.1	Percentage of people living with HIV and on ART, who have a suppressed viral load at 12 months (<1000 copies/ml)	Gender Age* (female 15-19, male 15-19, female 20-24, male 20-24)
TB/HIV		Coverage	TB/HIV-5	Percentage of registered new and relapse TB patients with documented HIV status	Gender (female, male); Age (U5, 5–14, 15+); HIV status (positive, negative)
		Coverage	TB/HIV-6	Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	Age (U5, 5–14, 15+) Gender
		Coverage	TB/HIV-3.1	Percentage of people living with HIV in care (including PMTCT) who are screened for TB in HIV care or treatment settings	Age (U5, 5–14, 15+) Gender (female, male); Pregnancy status

		Coverage	TB/HIV-4.1	Percentage of people living with HIV newly enrolled in HIV care started on TB preventive therapy	Age (U5, 5-14, 15+); Gender (female, male)
* Required disaggregation by age group 15-19 and 20-24 applies only to the following countries- Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, Cameroon, Namibia and Botswana.					

Annex 2: List of useful guidelines and tools

Global Fund documents

- Global Fund Strategy 2017-2022 <https://www.theglobalfund.org/en/strategy/>
- Global Fund Applicant's Handbook https://www.theglobalfund.org/media/4755/fundingmodel_applicanhandbook_guide_en.pdf
- Global Fund Modular Framework Handbook <https://www.theglobalfund.org/en/funding-model/applying/resources/>
- Global Fund HIV Information Note https://www.theglobalfund.org/media/4765/core_hiv_infonote_en.pdf
- Global Fund Information Note on Resilient and Sustainable Systems for Health <https://www.theglobalfund.org/en/funding-model/applying/resources/>
- Global Fund Technical Brief on Addressing Gender-Inequalities and Strengthening Responses for Women and Girls https://www.theglobalfund.org/media/5728/core_gender_infonote_en.pdf
- Global Fund Technical Brief on Addressing Sex Workers, Men who have Sex with Men, Transgender People, People who use Drugs, and People in Prison and Other Closed Settings in the Context of HIV <https://www.theglobalfund.org/en/funding-model/applying/resources/>
- Global Fund Information Note on Strategic Investments for Adolescents in HIV, Tuberculosis and Malaria Programs https://www.theglobalfund.org/media/5955/publication_ierg2015_report_en.pdf?u=637066527930000000
- Global Fund Technical Brief on Community Systems Strengthening https://www.theglobalfund.org/media/4790/core_communitysystems_technicalbrief_en.pdf
- Global Fund Technical Brief on HIV, Human Rights and Gender Equality https://www.theglobalfund.org/media/6348/core_hivhumanrightsgenderequality_technicalbrief_en.pdf
- Global Fund's Measurement Framework for Adolescent Girls and Young Women Programs https://www.theglobalfund.org/media/8076/me_adolescentgirlsandyoungwomenprograms_frameworkmeasurement_en.pdf?u=636979130640000000
- Global Fund's Sustainability, Transition, and Co-Financing Guidance Note <https://www.theglobalfund.org/en/sustainability-transition-and-co-financing/>
- The Global Fund (2015). Global Fund support for co-infections and co-morbidities https://www.theglobalfund.org/media/4167/bm33_11-co-infectionsandco-morbidities_report_en.pdf
- The Global Fund (2019). Investing in the Future: Women and Girls in All Their Diversity https://www.theglobalfund.org/media/8484/crg_investinginthefuturewomensgirls_report_en.pdf?u=637066568260000000

- Global Fund 2017-2022 Strategic Key Performance Indicator Framework (https://www.theglobalfund.org/media/4230/bm35_07a-2017-2022keyperformanceindicatorframeworknarrative_report_en.pdf?u=63648896412000000)
- Global Fund Financial Management Handbook for Grant Implementors (https://www.theglobalfund.org/media/7034/financial_grantimplementersmanagement_handbook_en.pdf?u=63706655672000000)

Key guidelines and tools from technical partners

- UNAIDS (2016). HIV Prevention Among Adolescent Girls and Young Women (https://www.unaids.org/sites/default/files/media_asset/UNAIDS_HIV_prevention_among_a_adolescent_girls_and_young_women.pdf).
- UNAIDS (2019). Fact sheet on Gender. (<https://www.unaids.org/en/topic/gender>).
- UNAIDS (2018) Gender Assessment Tool: Towards a Gender-Transformative HIV Response. (<https://www.unaids.org/en/resources/documents/2019/unaids-gender-assessment-tool>)
- UNAIDS (2019). Women and HIV: A spotlight on adolescent girls and young women. (https://www.unaids.org/sites/default/files/media_asset/2019_women-and-hiv_en.pdf).
- UNESCO (2018). International technical guidance on sexuality education – an evidence-informed approach. (<https://unesdoc.unesco.org/ark:/48223/pf0000260770>)
- UNESCO and UNFPA (2015): Emerging evidence, lessons and practice in comprehensive sexuality education. A global review. (<http://www.unfpa.org/publications/emerging-evidence-lessons-and-practice-comprehensive-sexuality-education-global-review>)
- WHO (2016) Every Woman Every Child. The Global Strategy for Women’s, Children’s and Adolescents’ Health 2016-2030 (<https://www.who.int/life-course/partners/global-strategy/globalstrategyreport2016-2030-lowres.pdf>).
- WHO (2015): What’s new in adolescent treatment and care. <http://www.who.int/hiv/pub/arv/arv2015-adolescent-factsheet/en/>
- WHO (2012): Making health services adolescent friendly: developing national quality standards for adolescent friendly health services.
- WHO and UNAIDS. (2015) Global standards for quality health-care services for adolescents. http://www.who.int/maternal_child_adolescent/documents/global-standards-adolescent-care/en/
- WHO (2015): HIV and adolescents: guidance for HIV testing and counselling and care for adolescents living with HIV: recommendations for a public health approach and considerations for policy-makers and managers. <http://www.who.int/hiv/pub/guidelines/adolescents/en>
- WHO (2016): [Global standards for quality health-care services for adolescents - a guide to implement a standards-driven approach to improve the quality of health-care services for adolescents.](#) (Volume 1: Standards and criteria - Volume 2: Implementation guide - Volume 3: Tools to conduct quality and coverage measurement surveys to collect data about compliance with the global standards - Volume 4: Scoring sheets for data analysis) (2016)
- WHO (2015): [Core competencies in adolescent health and development for primary care providers](#) (2015) WHO: [Financing health care for adolescents: a necessary part of universal health coverage](#)
- UN Women (2019) Gender and age-responsive social protection: The potential of cash transfers to advance adolescent rights and capabilities (<http://www.unwomen.org/en/digital-library/publications/2019/03/gender-and-age-responsive-social-protection#view>)

- UN Women (2019) Promoting gender equality in sexual, reproductive, maternal, newborn, child and adolescent health: Programming guide. (<https://www.unwomen.org/en/digital-library/publications/2019/06/promoting-gender-equality-in-srmncah>)
- UNFPA and Promundo-US (2016). Adolescent Boys and Young Men: Engaging them as supporters of gender equality and health and understanding their vulnerabilities. (https://www.unfpa.org/sites/default/files/pub-pdf/Adolescent-Boys-and-Young-Men-final-web_0.pdf).
- UNAIDS (2018) Social protection: a Fast-Track commitment to end AIDS — Guidance for policy-makers, and people living with, at risk of or affected by HIV (<https://www.unaids.org/en/resources/documents/2018/social-protection-fast-track-commitment-end-aids>)
- UNAIDS (2017) HIV and social protection assessment tool: Generating evidence for policy and action on HIV and social protection (<https://www.unaids.org/en/resources/documents/2017/HIV-social-protection-assessment-tool>)
- WHO (2017) Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to Support Country Implementation (<https://apps.who.int/iris/bitstream/handle/10665/255415/9789241512343-eng.pdf;jsessionid=6F44804BA7485BF856C169700342B37E?sequence=1>)
- UNAIDS (2014). Making the money work for young people: A participation tool for the Global Fund to Fight AIDS, Tuberculosis and Malaria. (https://www.unaids.org/sites/default/files/media_asset/JC2661_part1_en.pdf).
- WHO (2016). [A tool for strengthening gender-sensitive national HIV and Sexual and Reproductive Health \(SRH\) monitoring and evaluation systems](#)
- UNAIDS (2016): [HIV Prevention among adolescent girls and young women - Putting HIV prevention among adolescent girls and young women on the Fast-Track and engaging men and boys](#)
- UNAIDS (2016): [Women and Adolescent Girls on the Fast-Track to Ending the AIDS Epidemic](#)
- UNAIDS (2016): [HIV, HPV and Cervical cancer – Leveraging synergies to save women’s lives](#)
- UNAIDS (2015): [UNAIDS and The African Union. Empower young women and adolescent girls. Fast-Tracking the end of the AIDS epidemic in Africa](#)
- UNAIDS (2014): [Women living with HIV speak out against violence](#)
- UNAIDS (2014): [Adolescent girls and young women GAP report \(2014\)](#)
- UNAIDS (2014): [Gender-responsive HIV programming for women and girls. Guidance note](#)
- WHO (2014): [Adolescent HIV testing counselling and care online implementation tool](#)
- WHO (2014): [Health for the world’s adolescents: a second chance in the second decade](#)
- WHO/UNAIDS (2013): [16 Ideas for addressing violence against women in the context of the HIV epidemic](#)

Other key reference documents

- PEPFAR (2015): Preventing HIV in adolescent girls and young women. Guidance for PEPFAR country teams
- SASA! By Raising Voices. A community mobilization approach for preventing violence against women and HIV. (<http://raisingvoices.org/sasa/>)
- Stepping Stones: Training package on gender, HIV, communication and relationship skills. (<https://steppingstonesfeedback.org/training/>)

- Population Council (2015). The Girl Roster: A practical tool for strengthening girl-centered programming. (<https://www.popcouncil.org/research/girl-roster>)
- Population Council (2010). Girl Centered Program Design: A Toolkit to Develop, Strengthen and Expand Adolescent Girls Programs. (https://www.popcouncil.org/uploads/pdfs/2010PGY_AdolGirlToolkitComplete.pdf)
- Women's Refugee Commission (2016). I'm Here: Steps to Reach Adolescent Girls in Crisis. (<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=2ahUKEwjKyMKgoZTkAhWxyKYKHW66BYUQFjAAeqQIABAC&url=https%3A%2F%2Fwww.womensrefugeecommission.org%2Fresources%2Fdocument%2Fdownload%2F1371&usq=AOvVaw3dz0HqJ7dB10jvZblUuOL7>)
- Designing for and with girls. IDEO.ORG (<http://www.designkit.org/resources/10>)
- Adolescents 360 Open Source (<https://a360learninghub.org/open-source/>)
- Population Council (2016): Building Girls' Protective Assets: A Collection of Tools for Program Design (https://www.popcouncil.org/uploads/pdfs/2016PGY_GirlsProtectiveAssetsTools.pdf)
- Population Council (2016): Investing When It Counts: Reviewing the Evidence and Charting a Course of Research and Action for Very Young Adolescents (https://www.popcouncil.org/uploads/pdfs/2016PGY_InvestingWhenItCounts.pdf)
- CSIS (2015) Addressing HIV risk in adolescent girls and young women (http://csis-prod.s3.amazonaws.com/s3fs-public/legacy_files/files/publication/150410_Fleischman_HIVAdolescentGirls_Web.pdf)
- Children and AIDS (2018) HIV Prevention for and with Adolescent and Young People Key Populations (ayKP Toolkit) (<http://childrenandaids.org/aykpToolkit/about>)
- Journal of International AIDS Society (2015): Adolescent girls and young women: key populations for HIV epidemic control ([https://onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)1758-2652](https://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1758-2652))
- The Global Coalition on Women and AIDS (2014): [Community innovation: achieving an end to gender-based violence through the HIV response](#)
- IAS (2018). Differentiated service delivery for HIV: A decision framework for HIV testing services. (<http://www.differentiatedservicedelivery.org/Portals/0/adam/Content/DCwLmrNFcUuLU4jWitw4-Q/File/DSD%20for%20HIV-%20A%20decision%20framework%20for%20HIV%20testing%20services.pdf>)