CONNECTING ADOLESCENT GIRLS AND YOUNG WOMEN (AGYW) FOR HIV PREVENTION PROJECT

BASELINE STUDY REPORT

ACKNOWLEDGEMENTS

The Study was commissioned by Development Agenda for girls and Women in Africa (DAWA) and My Age Zimbabwe. Acknowledgements are extended to the staff members from the two organisations. Their technical and administrative support ensured that the study was executed successfully. Acknowledgements are also extended to Populations Solutions for Health, Masvingo District Nursing Officer and Mwenezi District AIDS Coordinator. Their inputs as respondents for the Key Informant Interviews were invaluable. Finally, the study is grateful to the Adolescent Girls and Young Women who took time to respond to the questionnaire and participate during the Focus Group Discussions. Without their input the study would not have succeeded.

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AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immuno-Deficiency Syndrome
ART	Anti-Retroviral Therapy
CSO	Civil Society Organisation
DAWA	Development Agenda for girls and Women in Africa
DREAMS	Determined, Resilient, Empowered, AIDS Free, Mentored and Safe
DNO	District Nursing Officer
FGD	Focus Group Discussion
GBV	Gender Based Violence
HIV	Human Immune Virus
MoHCC	Ministry of Health and Child Care
NAC	National AIDS Council
PEP	Post Exposure Prophylaxis
PrEP	Pre Exposure Prophylaxis
PSH	Population Solutions for Health
SAYWHAT	Students And Youth Working on reproductive Health Action Team
SRH	Sexual and Reproductive Health
SRHR	Sexual Reproductive Health and Rights
STIs	Sexually Transmitted Infections
SYP	Safeguard Young People Programme
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organisation

EXECUTIVE SUMMARY

Demographics

The majority of respondents (58.06%) were aged 24, with the youngest age being 18 (3.223%). The age distribution is consistent with the programmatic data collected by the organisations which disaggregates AGYW reached with interventions. The highest level of education completed by the respondents was University (35.48%) followed by Secondary School and High School which were both tied at 22.58%. Among the 15 respondents (51.62%) who were not currently in school, the majority cited 2 reasons which were dropping out of school due to lack of school fees (42.86%) and preferring work over school (42.86%). The majority of participants (89.29%) were single, which is a positive finding given the negative association between child and youth marriages and HIV transmission in Zimbabwe. The majority (55.17%) of respondents indicated living with parents/guardians while the rest of the respondents (44.83%) rented. The majority of respondents (51.72%) undertake some activities to earn a living. An overwhelming 84.62% consider themselves self-employed, while the remaining 23.08% engage in sex work for a living. Among the household items owned, the majority own a mobile phone (81.48%) followed by 44.44% who own a television and 37.04% who own a computer. 26 out of the 27 respondents for the question confirmed having access to both shelter and health care services. Access to internet services had the least score (66.67%) which is in tandem with known factors such as cost of data, availability of both power and efficient services from providers

Comprehensive HIV and AIDS Information and Risk Perception

The majority of respondents 23 out of 27 (85.19%) confirmed possessing comprehensive HIV information. The majority of respondents cited discussion forums (62.96%) and Clinic/Hospital (Health Facility) (51.85%) as their sources of information on HIV and AIDS. An average of 14 respondents (51.85%) identified all correct ways in which one can contract HIV. Unprotected sexual intercourse was selected by the 25 out of the 27 (92.59%) respondents. The majority of respondents identified correct and consistent use of condoms for act of sexual intercourse (85.19%) as one of the ways to avoid contracting HIV followed avoiding sex completely/abstinence (81.48%). The majority of AGYW (59.26%) indicated they were at risk of contracting HIV, while 40.74% said they were not. The majority of respondents (50.00%) noted their reason for being at risk as having partners who have other partners. 41.67% of the respondents felt they were not at risk of contracting HIV because they always use a condom while 37.50% attributed their lack of risk to recently testing negative for HIV.

HIV Combination Prevention Services and Interventions

The majority (84.62%) of AGYW benefited from or participated in HIV Education Campaigns followed by HIV testing and counseling (69.23%). The majority of AGYW (65%) have ever accessed HIV Combination Prevention services from a health facility while the remaining 35% have never accessed services. 37.50% AGYW who never accessed any services did not need any service. 25% of the respondents did not access any services because they were not comfortable going to a health facility while the same number cited having no specific reason for not accessing services from a facility. The majority of the AGYW accessed services from a hospital (47.06%) followed by 41.18% who accessed services from an NGO Clinic. The majority of AGYW (82.35%) accessed HIV testing and counseling followed by condoms (58.82%).

AGYW Support

Health institutions are still trusted as reliable sources of help by 84.00% of the AGYW who responded. The majority of the AGYW (56%) feel very confident to go to a health facility and access any of the HIV Combination Prevention services. Only 8% of the AGYW had no confidence at all to access the services. 41.67% of the AGYW talk to their female friend about HIV, AIDS and other STIs. This reinforces the existence of AGYW programs which utilize peer led approaches.

Geographic Analysis

The FGDs clarified that the 2 districts have varying circumstances in relation to accessing HIV Combination prevention services. For instance, Masvingo has more health facilities which are twice the number of those in Mwenezi which differentiates physical access for the 2 districts. Another variation is that the schedules confirmed for outreach services provided by PSH and other organisations reach AGYW widely in Masvingo compared to Mwenezi. AGYW who participated during the FGDs also confirmed that there are more organisations supporting AGYW programs in Masvingo District compared to Mwenezi District. AGYW in Mwenezi relies more on Village Health Workers given the long distance to facilities while those in Masvingo have access to Peer Educators, Village Health Workers, outreach services and MoHCC through public campaigns. The realities of the 2 districts show variations which programme implementation should take note of in order to realize significant results.

Recommendations

I. Develop programs targeting AGYW that are strategically linking CSOs and other ministries at both operational and policy level for improved impact. This emanates from the gap identified by the FGDs and KIIs citing that only health facilities will provide detailed information to AGYW yet there are other spaces not being fully utilized like schools and other CSOs working in other wards and locations;

II. Review policies around assent and consent to SRH services to allow service providers to make discretionary decisions based on the health needs of AGYW without fear of victimisation or professional rebuke. This recommendation addresses the challenges cited by KIIs regarding AGYW who live with parents and are unable to access services due to consent requirements mandated by laws and policies;

III. Fundraise to expand program reach, targeting hotspots and underserved areas, as current coverage is inadequate. For example, My Age can source for funding to scale their programs to serve more than the 6 areas they cover out of the possible 53;

IV. Engage health facilities on the prospects of them recruiting Village Health Workers who are younger or trained in youth friendly service provision. That will relieve the burden of the old aged Village Health Workers who beyond covering large catchment areas in Mwenezi, are also deemed as unable to treat young people as clients and not their own children or grandchildren ;

V. Customise programs for the different localities as AGYW in Mwenezi and Masvingo have different health needs based on their varying contexts. For example, Masvingo District has a total of 383 800 with 22% of these being AGYW who have heterogeneous needs because the district has both a rural and urban population.

SECTION ONE: INTRODUCTION

Report Overview

This report provides findings, conclusions and recommendations from a baseline survey for the Connecting Adolescent Girls and Young Women (AGYW) For HIV Prevention Project targeting adolescent girls and young women (15-24 years). The baseline study was conducted in Masvingo and Mwenezi Districts between April and May 2024. Sections below will provide the relevant context for the study by sharing the project overview, study purpose, objectives, methodology, data collection and limitations.

Project Overview

DAWA and My Age are implementing the Connecting Adolescent Girls and Young Women (AGYW) For HIV Prevention Project funded by ViiV Healthcare Positive Action Programme. The goal of the project is "Positive health outcomes for adolescent girls and young women between the ages of 15 to 24 in their diversity in Masvingo Province." The project is being implemented in Ward 2 of Mwenezi District by DAWA and all the 10 urban wards of Masvingo District by My Age Zimbabwe. Masvingo and Mwenezi Districts have populations of 383 800 and 209 327 people respectively. Overall the project seeks to contribute to lowering new HIV infections amongst AGYW in their diversity from Masvingo. Additionally, it will contribute towards increased health-seeking behaviour among adolescent girls and young women, a decrease in new HIV infections amongst adolescent girls and young women, and increased knowledge of HIV and AIDS. This will be achieved through innovative information sharing, demand generation, and community mobilization to improve access, utilization, and retention of HIV combination prevention methods. The project shall be implemented grounded in the 6 objectives listed below;

1. To increase the knowledge of 1500 adolescent girls and young women on ARV based HIV prevention technologies in Masvingo by December 2025
2. To improve capacity of 500 community members that support AGYW ranging from parents, peers, guardians from Masvingo towards supporting AGYW in their HIV prevention journey by December 2025
3. To increase capacity of AGYW advocates to develop and implement community based HIV prevention advocacy and accountability plans by December 2025
4. To facilitate access to PrEP, PEP, (Dapivirine ring and CAB LA when approved) for 500 adolescent girls and young women in Masvingo by December 2025
5. To increase health seeking behaviours on ARV based HIV prevention technologies of 300 adolescent girls and young women in Masvingo by December 2025
6. To increase participation of 15 AGYW from Masvingo in key HIV prevention decision making spaces by 2025

In order to guide the project, the baseline was therefore conducted with the purpose below.

Baseline Study Purpose

The baseline survey played a pivotal role in providing invaluable insights into the current health landscape, thereby shedding light on existing challenges and identifying areas necessitating intervention. By establishing a baseline, DAWA and My Age can accurately measure the project's impact and make well-informed decisions grounded in evidence. In the context of evaluating the project's influence on the health outcomes of Adolescent Girls and Young Women (AGYW) in Masvingo, DAWA and My Age outlined the fundamental justifications for conducting this essential survey.

The survey yielded a comprehensive understanding of the prevailing health conditions, behaviours, and knowledge levels among AGYW in Masvingo. It enabled the project to collect essential data on key health indicators encompassing reproductive health, HIV prevention, mental well-being, and other critical domains. Furthermore, it provided a benchmark against which the project can meticulously gauge and evaluate progress over time. This benchmark furnished DAWA and My Age with a starting point from which to assess the effectiveness of interventions and systematically track advancements toward desired health outcomes. Below were the study objectives

Study Objectives

- To assess the current health status, behaviours, and knowledge levels of AGYW (15 - 24 years) in Masvingo
- To identify the barriers and challenges that AGYW faces in accessing healthcare services and adopting healthy behaviours.
- To establish baseline indicators to measure the effectiveness of the project in improving health outcomes for AGYW and develop a theory of change which will be evaluated at the end of the 2 years.
- To inform the development of evidence-based interventions and strategies to address the identified gaps

Methodology

A quasi-experimental, participatory, mixed methods study design was used for the baseline study. The quasi-experimental component facilitated integration with an appreciation of complexities emerging out of social science research. The participatory component of the design facilitated dialogue and engagement between the researcher(s) and respondents at different levels. The instruments utilized in data collection as part of the methodology are shared below.

Data Collection

Data collection was conducted using Individual Questionnaires administered to AGYW, Key Informant Interviews with strategic level respondents within NAC, PSH and MoHCC. Focus Group Discussions were also conducted with AGYW and these ensured unstructured dialogue with respondents within group settings. Discussions provided ACYW with spaces to articulate challenges based on their experiences. Group settings further allowed for enriched conversations as well as instant correction and validation of facts. Discussions included a minimum of eight (8) and a maximum of 12 participants. A total of 2 FGDs and 3 KIIs were conducted. Despite being able to collect the data, the study was not without limitations. The study limitations are shared below.

Limitations

- Limited access to internet and poor connectivity compromised the collection of responses for the questionnaire which was generated using Survey Monkey
- Getting consent and ascent for adolescents below 18 was challenging resulting in the researcher only recruiting participants aged 18 and older

SECTION TWO: FINDINGS

Demographics

Age Distribution

The majority of respondents (58.06%) were aged 24, with the youngest age being 18 (3.223%). The age distribution is consistent with the programmatic data collected by the organisations which disaggregates AGYW reached with interventions.

Education

The highest level of education completed by the respondents was University (35.48%) followed by Secondary School and High School which were both tied at 22.58%. There were no respondents who ended their education at primary school level which was a positive sign as existing evidence shows a positive relationship between attainment of education and the adoption of healthy seeking behaviours among AGYW. Among the 15 respondents (51.62%) who were not currently in school, the majority cited 2 reasons which were dropping out of school due to lack of school fees (42.86%) and preferring work over school (42.86%). The dropout rate due to lack of fees aligns with the 2022 report by the Ministry of Primary and Secondary Education which noted that out of the 10 reasons cited for young people dropping out of school, financial had the highest score among male 39.23% and female 53.63%. The reason of not being currently in school in preference for work over school is justified by the current reality of unemployment in Zimbabwe. During the FGD in Masvingo, the AGYW confirmed that they would prefer to work over school because the mainstream education route is providing limited options for them due to the high unemployment rate in Zimbabwe.

Marital Status

The majority of participants (89.29%) were single, which is a positive finding given the negative association between child and youth marriages and HIV transmission in Zimbabwe. As shall be discussed in sections below, religion has a huge bearing on sexual and reproductive health and rights hence the inclusion of the question which noted that 92.86% were Christians. The table below shows part of the demographic information.

Table 1: Demographics

Characteristic	Percentage	Respondents
Age		
18	3.23%	1
19	3.23%	1
20	6.45%	2
21	6.45%	2
22	9.68%	3
23	12.90%	4
24	58.06%	18
	Answered	**31**
Education Completed		
Primary School	0.00%	0
Secondary School (Form 4)	22.58%	7
High School (Form 6)	22.58%	7
College	19.35%	6
University	35.48%	11
	Answered	**31**

Currently in School		
Yes	48.39%	15
No	51.61%	16
	Answered	**31**
Reasons for not being currently in school		
Dropped out due to marriage	14.29%	2
Dropped out due to lack of fees	42.86%	6
No desire to continue with school	0.00%	0
Preferred working over school	42.86%	6
	Answered	**14**
Marital Status		
Single	89.29%	25
Married (Traditional or Customary)	3.57%	1
Civil Partnership (Cohabiting)	3.57%	1
Divorced	3.57%	1
	Answered	**28**
Religion		
Christianity	92.86%	26
African Traditional Religion	7.14%	2
Apostolic Sect	0.00%	0
Muslim	0.00%	0
Buddism	0.00%	0
Non-believer	0.00%	0
	Answered	**28**

Socio-Economic Status

Living and Working Arrangements

The majority (55.17%) of respondents indicated living with parents/guardians while the rest of the respondents (44.83%) rented. While the respondents had all reached the age of legal majority, living with parents/guardians is evidentially linked to limited access to sexual and reproductive health and services in general and HIV Combination Prevention services in particular as issues of socio-cultural values preservation take precedence over comprehensive sexuality education regardless of the actual age of the AGYW. The majority of respondents (51.72%) undertake some activities to earn a living. An overwhelming 84.62% consider themselves self-employed, while the remaining 23.08% engage in sex work for a living.

> *"It's not easy to go to a clinic when you still live with parents. They monitor where you go, what time you come home and what you do when you are at home."* **FGD respondent, Mwenezi**

Household Property Ownership and Access to Basic Needs

Among the household items owned, the majority own a mobile phone (81.48%) followed by 44.44% who own a television and 37.04% who own a computer. These findings are coherent with the 2022 National Population and Housing Census which noted that there was 87% household ownership of mobile phones followed by radio and television at 36.2% and 32.6% respectively. Focus Group Discussions affirmed the ownership of mobile phones among AGYW as both an opportunity and threat to accessing comprehensive information on HIV Combination Prevention. Respondents were

also asked on their access to basic human needs as drawn from human development frameworks. 26 out of the 27 respondents for the question confirmed having access to both shelter and health care services. Access to internet services had the least score (66.67%) which is in tandem with known factors such as cost of data, availability of both power and efficient services from providers.

Table 2: Socio-Economic Characteristics

Characteristic	**Percentage**	**Respondents**
Living Arrangements		
Renting	44.83%	13
House Owner	0.00%	0
Living with Parents/Guardians	55.17%	16
Cohabiting	0.00%	0
	Answered	**29**
Undertake activities to earn a living		
Yes	51.72%	15
No	48.28%	14
	Answered	**29**
What I do to earn a living		
Self-employed	84.62%	11
Miner/Mining industry	0.00%	0
Farmer	0.00%	0
Domestic worker	0.00%	0
Trucker/Transport Business	0.00%	0
Sex Work	23.08%	3
	Answered	**13**
Owned Household Items		
Radio	18.52%	5
Television	44.44%	12
Motor Vehicle	25.93%	7
Motorcycle	0.00%	0
Mobile Phone	81.48%	22
Computer	37.04%	10
Bicycle	14.81%	4
	Answered	**27**

Access to Basic Human Needs	***Yes***		***No***		***Total***
Clean Water	81.48%	22	18.52%	5	27
Daily Meals	81.48%	22	18.52%	5	27
Education	70.37%	19	29.63%	8	27
Health care services	96.30%	26	3.70%	1	27
Shelter	96.30%	26	3.70%	1	27
Internet Services	66.67%	18	33.33%	9	27
				Answered	**27**

Comprehensive HIV and AIDS Information

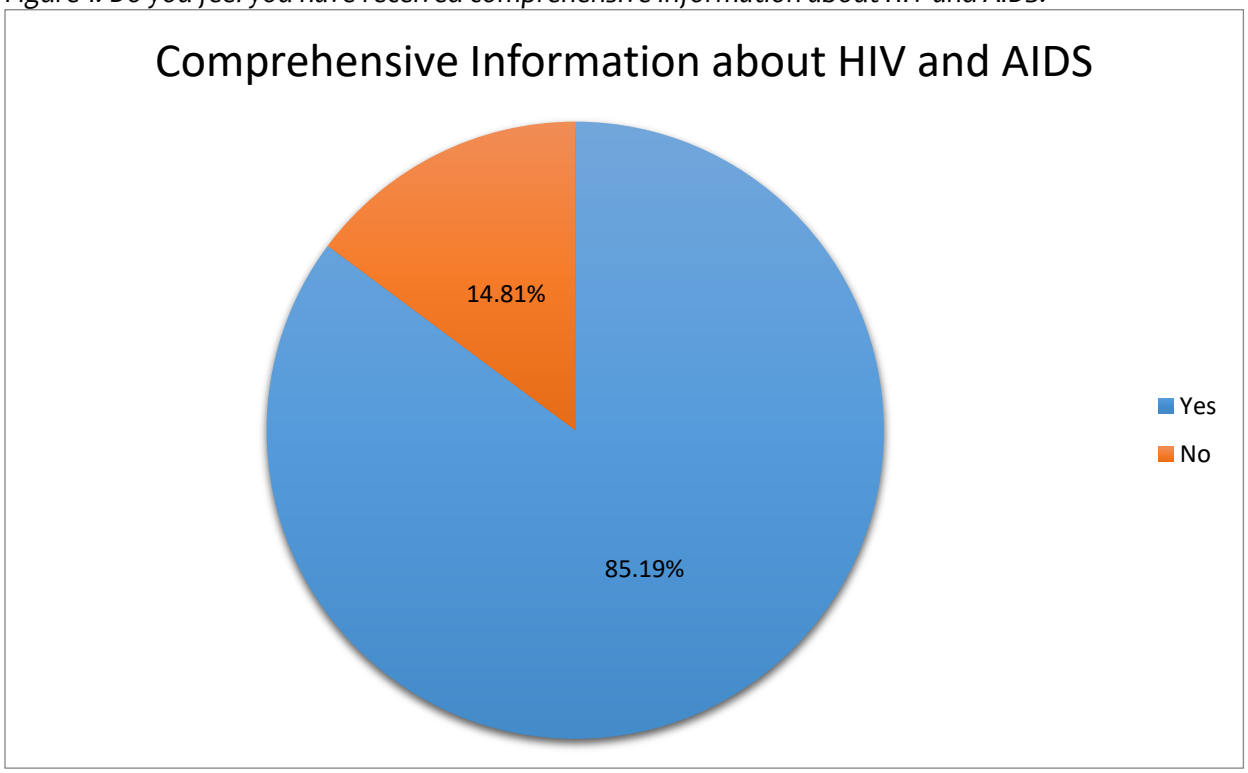
Self-Reported Comprehensive HIV and AIDS Knowledge

The majority of respondents 23 out of 27 (85.19%) confirmed possessing comprehensive HIV information. The high knowledge levels provide a good foundation upon which the project can be implemented to deliver optimal results pivoting from existing knowledge among the AGYW. The FGDs also confirmed that knowledge existed among their peers due to several factors as discussed in the section below. One key Informant interviewee reiterated the same notion by highlighting that one key advantage for them as organisations working with AGYW is their access to information on various platforms. During one FGD, a participant provided a scenario which explains the 14.81% who indicated not having received comprehensive information.

> *"We have access to information yes but we are not sure sometimes what is right and what is wrong. There is a lot of information about HIV and AIDS on WhatsApp, Facebook and other social media platforms which sometimes say different things. So we end up confused and not sure what the correct thing is." Focus Group Discussion Participant - Masvingo*

The FGD probed on comprehensive HIV and AIDS information to distinguish between the different levels of information. The response by the FGD participant on the existence of contridicting information justifies the validity of the question initially and the appropriateness of the 14.81% who indicated not having received comprehensive information. The table below shows the comprehensive knowledge of HIV and AIDS

Figure 1: Do you feel you have received comprehensive information about HIV and AIDS?

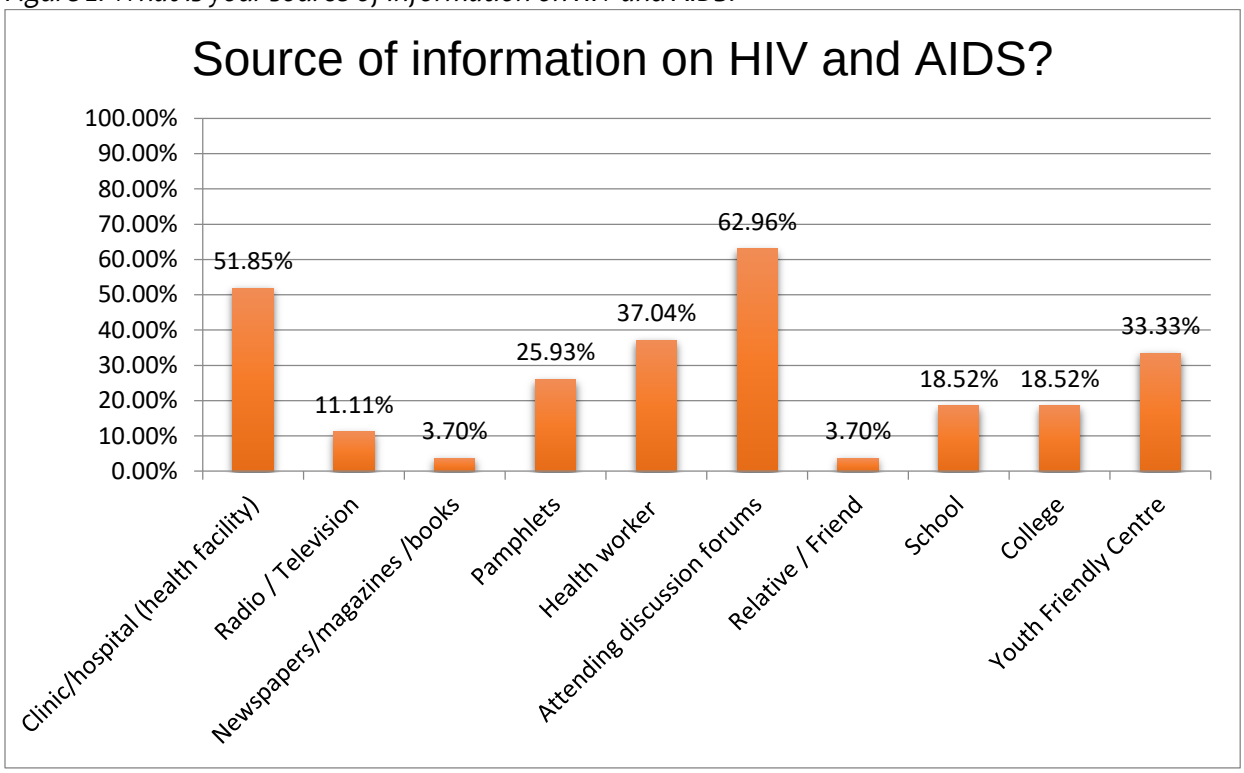


Sources of Comprehensive HIV and AIDS Information

The majority of respondents cited discussion forums (62.96%) and Clinic/Hospital (Health Facility) (51.85%) as their sources of information on HIV and AIDS. This was reinforced by the District Nursing Officer who confirmed that as Masvingo District they serve both rural and urban communities with 53 health facilities. Additionally, PSH confirmed during a KII that they have one New Start Centre in Masvingo Town which serves a huge proportion of AGYW which is complemented by the outreach work they conduct daily using a predetermined schedule for target areas. Both the FGDS and KIIs confirmed the availing of information through discussion forums conducted by organisations such as DAWA, My Age, Africaid and SAYWHAT. The discussion forums were classified as both physical and virtual. Virtual discussions were mostly through WhatsApp groups set up with the support of the aforementioned organsiations. Although scored relatively low by the questionnaire, the Focus Group Discussions indicated that Radio (11.11%) through Hevoi FM hosts regular shows on SRHR which are good as they reach the AGYW with simplified yet comprehensive HIV and AIDS Information. The least used source of information (3.70%) was newspapers/magazines/books which represent the mainstream print media. As a learning point, organisations could consider moving away from using that media medium.

> "We receive information about HIV mostly through WhatsApp groups we have set up with the support of organisations as mentors or peer educators " ***FGD respondent, Mwenezi***

Figure 2: What is your source of information on HIV and AIDS?



Knowledge about HIV Transmission

Table 3: Please mention all the ways in which you know a person can contract HIV

Ways of Contracting HIV	Respondents	
	Percentage	**Number**

Unprotected Sexual intercourse	92.59%	25
Sharing unclean needles/medical equipment	74.07%	20
Blood transfusions	59.26%	16
During pregnancy	51.85%	14
During birth	51.85%	14
Mosquito or other insect bites	7.41%	2
During breast feeding	66.67%	18
Casual contact with infected person (e.g. sharing food, cup or glass; handshake, cough or sneeze)	7.41%	2
	Answered	**27**

To validate the Comprehensive HIV Knowledge, respondents identified ways of contracting HIV. An average of 14 respondents (51.85%) identified all correct ways in which one can contract HIV. Unprotected sexual intercourse was selected by the 25 out of the 27 (92.59%) respondents. Only 2 respondents selected two of the incorrect ways suggested of contracting HIV namely mosquito bites and casual contact. The questionnaire data corresponds with the FGDs where participants also confirmed possessing some of the basic concepts of HIV such as modes of transmission and key drivers of HIV Transmission. The 2 respondents who selected mosquito bites (7.41%) and casual contact (7.41%) as ways of transmitting HIV justify the need for continued awareness among the AGYW despite the knowledge levels being nearly universal on key concepts of HIV prevention. The questionnaire findings were affirmed by the KIIs with the DNO and PSH staff member who indicated that AGYW are receiving comprehensive information through various platforms established by organisations to a point that it's uncommon to find any of them without access to information.

> "Information about HIV is awash through MoHCC and its partners. We encourage young people to find reliable sources of information which makes it easier for them to get verified informartion" ***KII, Masvingo***

Table 4: What can a person do to avoid contracting HIV?

Avoiding Contracting HIV	**Respondents**	
	Percentage	**Number**
Avoid sex completely/ abstinence	81.48%	22
Stay faithful to an uninfected partner	66.67%	18
Encourage partner to stay faithful	55.56%	15
Avoid contaminated blood	48.15%	13
Correct and consistent use of condoms for every act of sexual intercourse	85.19%	23
Avoid sharing needles	66.67%	18
Avoid commercial sex workers	48.15%	13
Avoid several sexual partners	77.78%	21
Voluntary Medical Male circumcision (VMMC)	37.04%	10
Nothing	0.00%	0
Don't Know	0.00%	0
	Answered	**27**

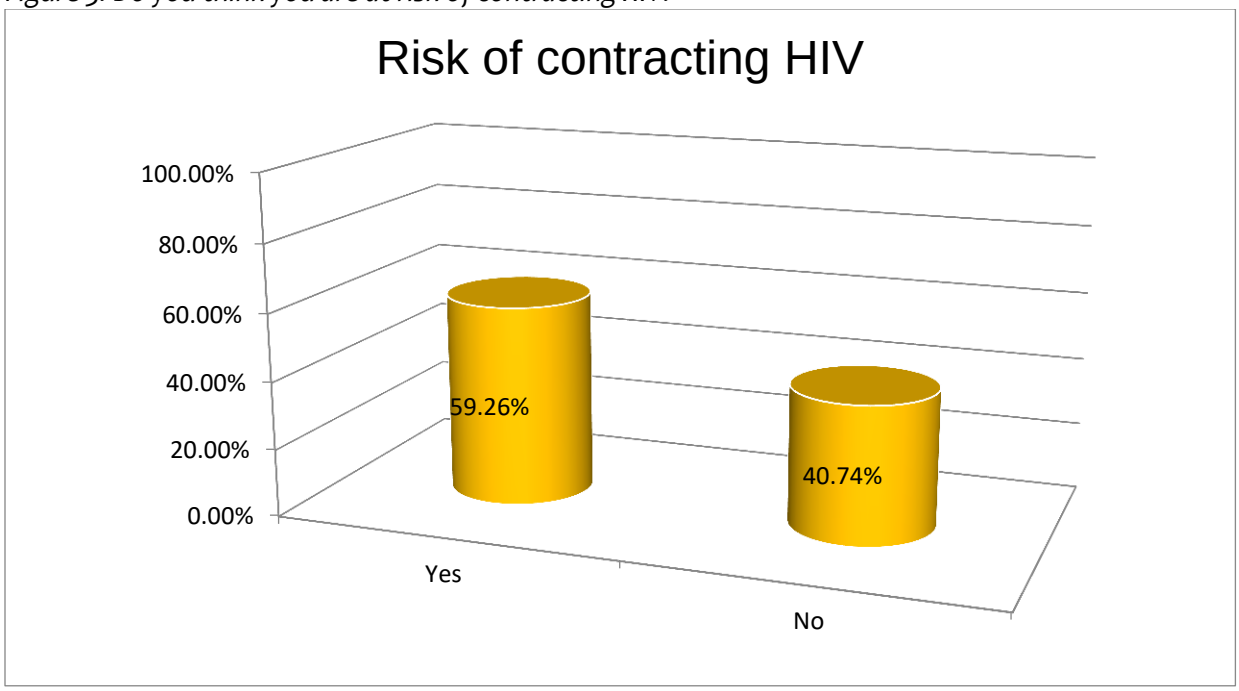
Combination HIV Prevention Strategies

The majority of respondents identified correct and consistent use of condoms for act of sexual intercourse (85.19%) as one of the ways to avoid contracting HIV followed avoiding sex completely/abstinence (81.48%). VMMC was identified by 10 out of 27 respondents (37.04%) as a way of avoiding contracting HIV. 13 out of 27 respondents (48.15%) selected avoiding commercial sex workers and 15 out of 27 (55.56%) cited encouraging partner to stay faithful as ways of avoiding contracting HIV. These are not among the standard package of primary interventions conducted in Zimbabwe to curb HIV transmission but rather implied ways of reducing the risk and exposure. At least 13 out of 27 respondents (48.15%) were able to identify 6 correct ways of avoiding contracting HIV from the 9 options provided. This attests the knowledge gap which still exists among the AGYW of some of the key basic HIV Concepts. These findings also tallied with the responses from the FGDs where the participants identified correct and consistent use as the commonly used approach for avoiding contracting HIV among AGYW. Further information shared during the FGDs was that is easier to use condoms because they are available in most public spaces. Although abstinence was noted during the FGDs as well as a way of avoiding contracting HIV, granular deliberations on HIV prevention noted that it is practically difficult for the AGYW of this generation to practice it hence the dominance of the message of correct and consistent use of condoms.

> *"The truth is abstinence does not exist anymore in church school or families. Everyone is indulging in sex and they hide it because of fear of what our culture says about sex before marriage". **FGD Participant, Mwenezi.***

HIV Transmission and Risk

Figure 3: Do you think you are at risk of contracting HIV?

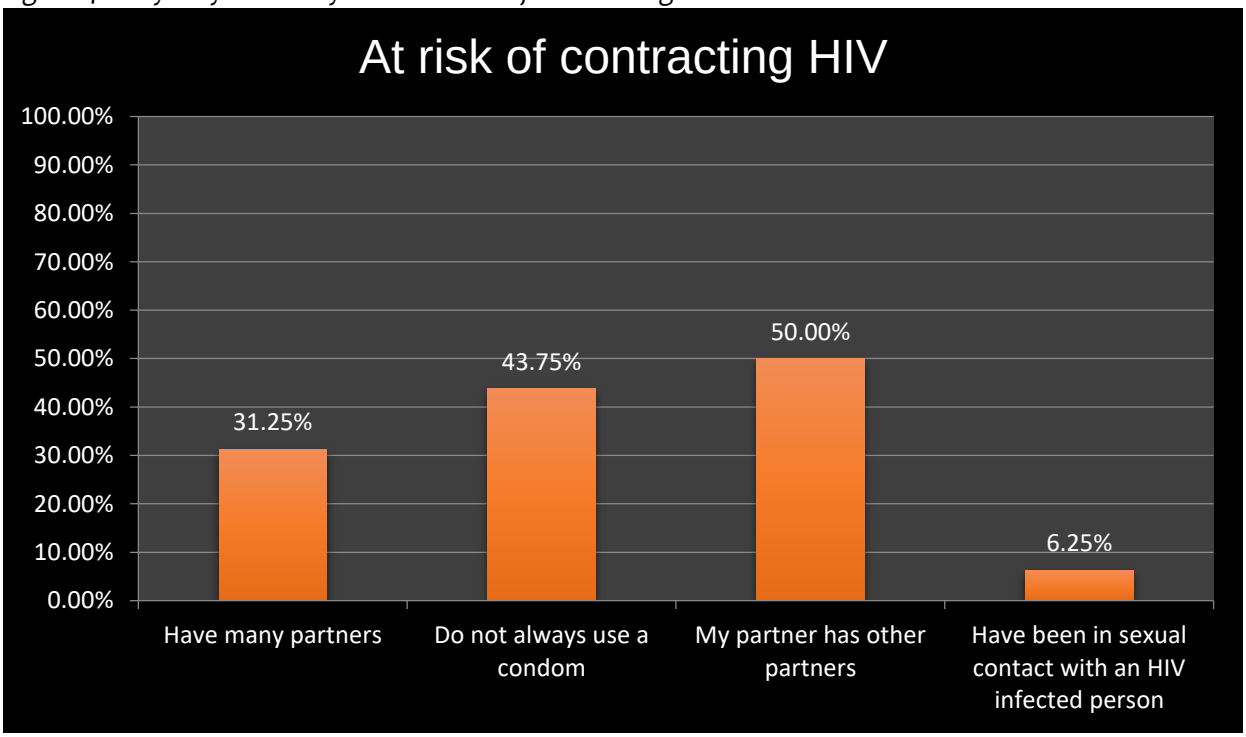


HIV Self-Risk Perception

The majority of AGYW (59.26%) indicated they were at risk of contracting HIV, while 40.74% said they were not. Risk perception among young people fluctuated in previous studies as it is not a consistently measured variable in national HIV studies. However programmatic data from DAWA, My

Age and other AGYW and youth serving organisations shows lower risk perception for HIV transmission compared to pregnancy among the AGYW. The programmatic data on low risk perception can be reinforced by the nearly half of the respondents that indicated not being at risk of contracting HIV.

Figure 4: Why do you think you are at risk of contracting HIV?

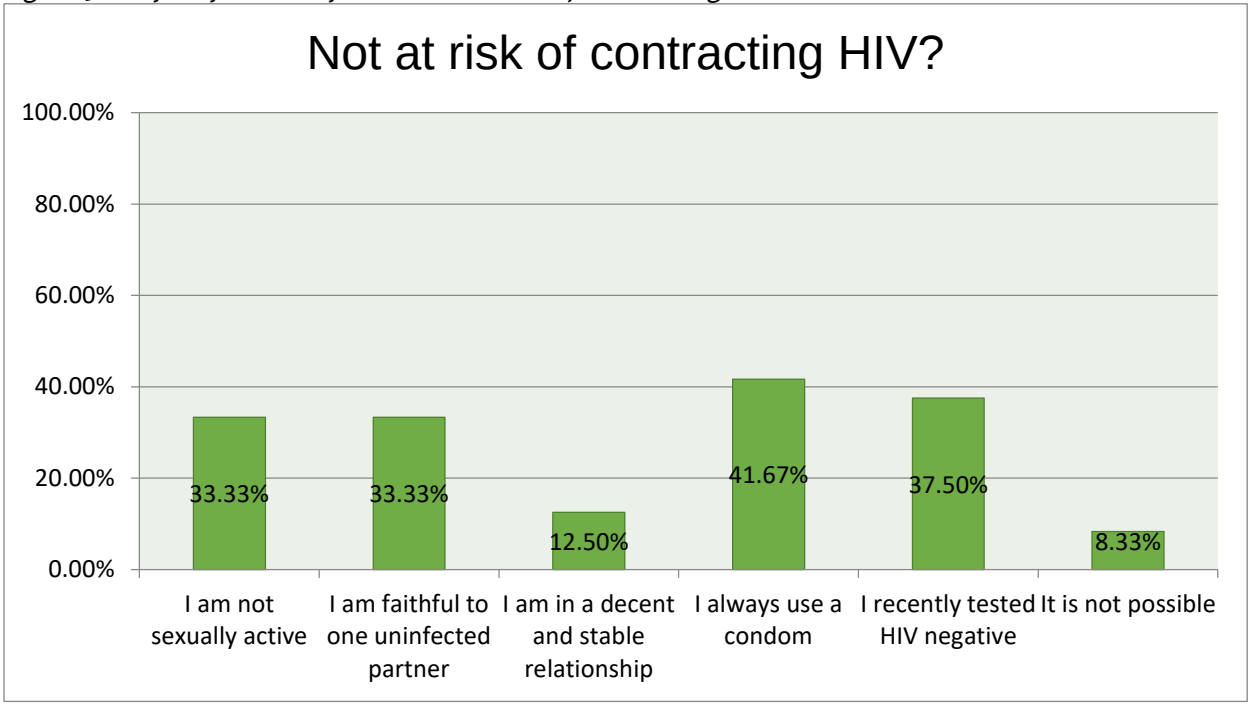


HIV Risk Factors

The majority of respondents (50.00%) noted their reason for being at risk as having partners who have other partners. The reason links with one the ways noted of avoiding contracting HIV which was to avoid several sexual partners (77.78%). This finding is in tandem with the national HIV program which notes one of the key drivers of HIV transmission as multiple concurrent sexual partnerships especially when AGYW are involved as they may also engage in intergenerational sexual relationships. AGYW indicated that their risk also emanated from them not always using a condom (43.75%). The inconsistent use of condoms by the AGYW relates to the programmatic data gathered which shows that AGYW are more fearful of falling pregnant than they are of contracting HIV. The least scoring reason for their risk was being in contact with an HIV infected person. Not being in sexual contact with an HIV infected person would potentially be low among AGYW because of the poor health seeking behavior among males which may mean the AGYW do not know the HIV status of their partners. Acknowledging that their partners have other partners presents an opportunity for DAWA and My Age as it shows that the AGYW understand the magnitude of their risk profile which enables programmes not to target them only but also their partners. One Key Informant Interviewee noted that it is usually AGYW who come to their vans during outreaches asking questions about HIV Transmission and ultimately asking for condoms.

> *"It's rare to find boys and young men attending our outreaches or visiting the New Start Centre.. Mostly AGYW attend and ask a lot of questions. Maybe their fear for falling pregnant pushes them to come to us"*
> **Key Informant: Masvingo**

Figure 5: Why do you think you are not at risk of contracting HIV?



Factors for Low Risk Perception

41.67% of the respondents felt they were not at risk of contracting HIV because they always use a condom while 37.50% attributed their lack of risk to recently testing negative for HIV. As the 2 reasons with the highest scores, the findings are encouraging provided they reinforce the key messages in HIV prevention which promote the correct and consistent use of condoms while getting tested regularly for HIV. AGYW are confirming their adoption of responsible health behaviours as the two most scored reasons have to do with a personal decision to protect oneself and always knowing their status. The KII from Masvingo confirmed that approximately 70% of the HIV tests they conduct for young people are taken by AGYW which verifies the reason of being recently tested for HIV as a factor for their lack of risk. During both of the FGDs participants noted HIV Testing and Counselling among the HIV Combination Prevention services easily available for them in their various localities which affirm their questionnaire response of being regularly tested. 33.33% of the respondents indicated they were not at risk of contracting HIV because they are not sexually and the same number of respondents also felt that they are faithful to an uninfected partner. Sexual inactivity is also consistent with the ways the respondents identified for avoiding contracting HIV. This counters the feedback from the FGDs that abstinence is no longer a viable HIV Prevention approach for AGYW.

HIV Combination Prevention Services and Interventions

The majority (84.62%) of AGYW benefited from or participated in HIV Education Campaigns followed by HIV testing and counseling (69.23%). This finding corroborates the FGDs which also noted that AGYW were benefitting from attending HIV Education Campaigns being hosted by several CSOs such as DAWA, My Age, SAYWHAT, PSH, and Africaid. The DNO for Masvingo also affirmed that out of the 53 health facilities located in Masvingo District (Urban and Rural), My Age were only covering programmes feeding into 6 health facilities. The MoHCC however coordinates the work in the district such that education campaigns are conducted in all the wards of the district. The DNO further noted

"MoHCC tries its level best to avail information to AGYW using appealing approaches like Education Campaigns which may involve edutainment. It is however important for all the other stakeholders who deal with AGYW to get accurate information from MoHCC so that they can help them better like schools, CSOs and community leaders." KII - Masvingo

that MoHCC has decentralized structures that allow for community based cadres such as Community Health Workers to share information at grassroots level which is the ward

Table 5: Which of the following HIV combination prevention activities/services have you participated in or benefited from?

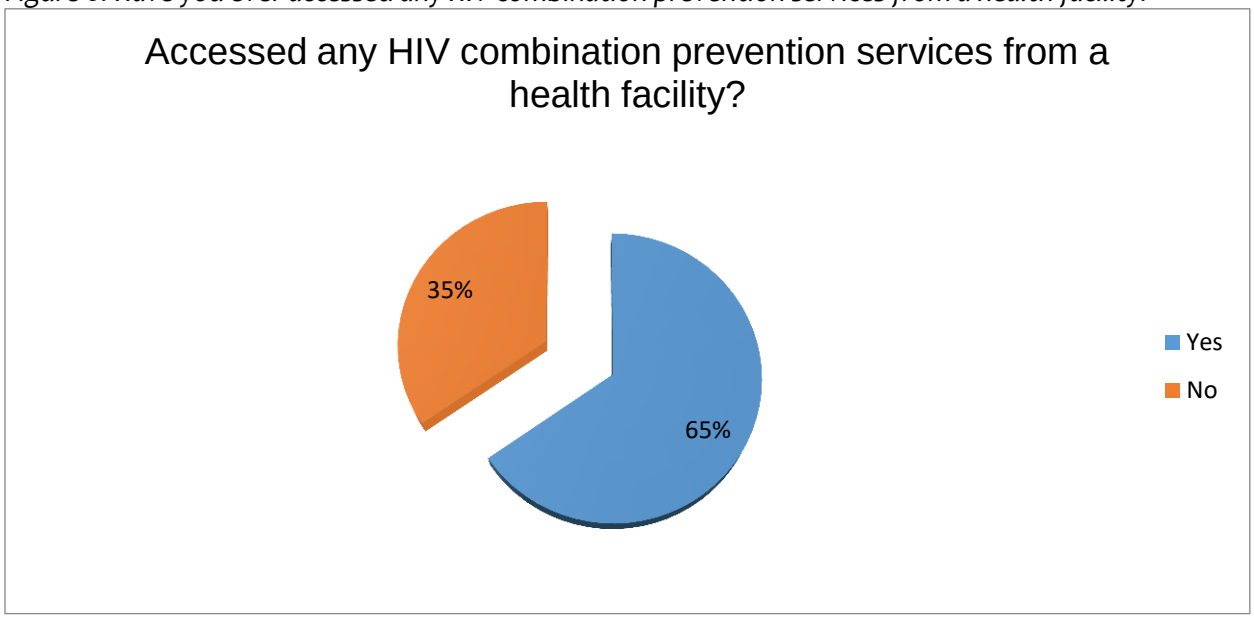
HIV Combination Prevention Activity	Respondents	
	Percentage	Number
HIV education campaigns	84.62%	22
Distribution of Condoms	53.85%	14
HIV testing and counseling	69.23%	18
Pre-Exposure Prophylaxis (PrEP)	30.77%	8
Post Exposure Prophylaxis (PEP)	19.23%	5
Anti-Retroviral Therapy (ART)	11.54%	3
None of the above	3.85%	1
	Answered	**26**
	Skipped	**5**

Only 1 participant out of the 26 had not benefitted from or participated in any of the activities/services. 11.54% had received ART while 19.23% had received PEP. While these finding could denote a lack of need for the specific service, it was also partially clarified in one KII. The DNO noted that some of the facilities in Masvingo District did not have these services required by the AGYW while others did not have personnel trained to provide the services. Examples shared during the KII were that while GZU has staff members providing the services Masvingo Teachers College only had 1 nurse who could not do STI screening or provide other HIV Combination Prevention services because they were not yet trained. This was however addressed through the engagement of external service providers when need arose in the form of outreach services. The relatively lower uptake of PrEP, PEP and ART shown by the findings can be partially explained by the lack of trained personnel or unavailability of the services.

Access to HIV Combination Prevention Services

The majority of AGYW (65%) have ever accessed HIV Combination Prevention services from a health facility while the remaining 35% have never accessed services. While the percentage of AGYW accessing services is encouraging, the gap was also explained during a KII with the DNO who indicated that My Age for example was only covering 6 facilities out of a total of 53 facilities in both the urban and rural areas of Masvingo District. The KII with PSH also affirmed that there is a need to reach wider with services which may account for the 35% who have never accessed. To qualify their responses however, the AGYW were asked why they had never accessed HIV Combination Prevention services from a health facility. The pie chart below shows the percentages of AGYW who accessed services from a health facility.

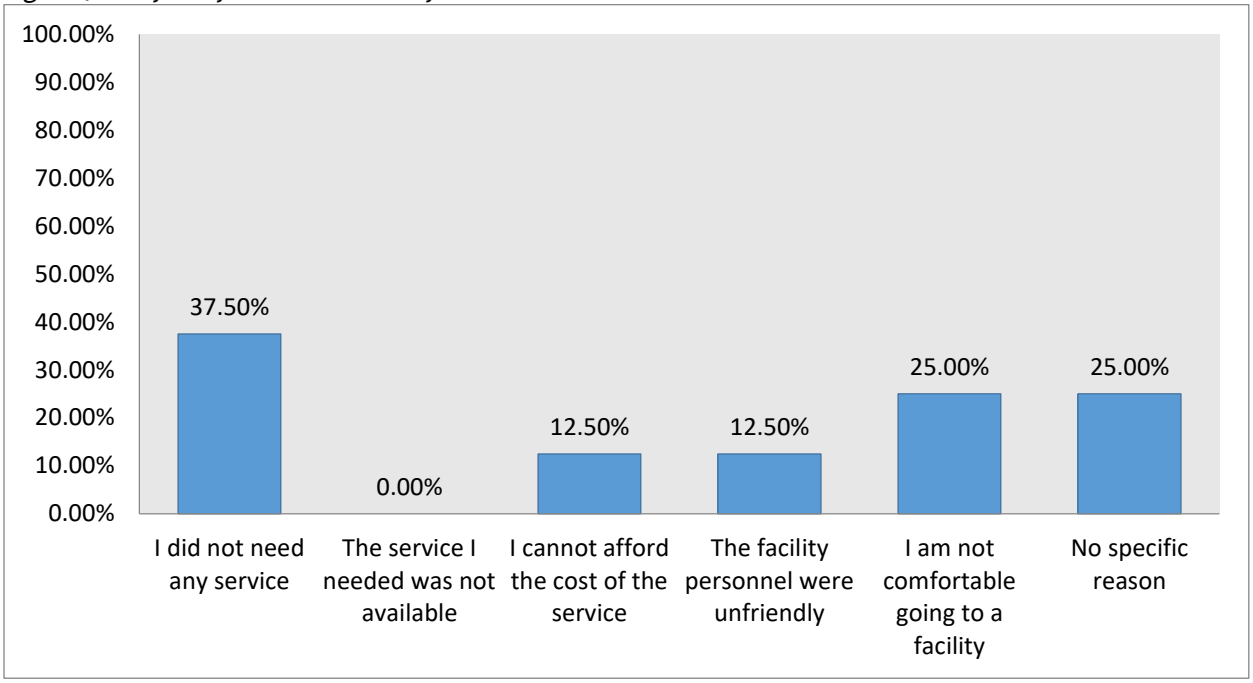
Figure 6: Have you ever accessed any HIV combination prevention services from a health facility?



As shown below, 37.50% AGYW who never accessed any services did not need any service. 25% of the respondents did not access any services because they were not comfortable going to a health facility while the same number cited having no specific reason for not accessing services from a facility. Triangulating with the data from the KII and FGDs, the discomfort of the AGYW with health facilities was because the personnel from the facilities do not provide youth friendly services. That explanation ties to the 12.50% who indicated never accessing any services because the facility personnel were unfriendly. The DNO indicated that some of the facilities do not have personnel trained in youth friendly service provision which turns away the AGYW who may potentially need services. This is buttressed by the KII with PSH who indicated that for their New Start Centre Facility in Masvingo Urban, there is a separate reception specifically for AGYW who require services. Additionally, PSH has adopted an integrated approach of providing Sexual and Reproductive Health services including HIV Combination Prevention services which allows the AGYW to access several services in one free space. Integration is embedded in the Outreach Model and ensures that those AGYW who are not comfortable approaching facilities can access services at more convenient venues. The FGD in Mwenezi also affirmed that the Chingwizi Clinic Staff as well as the Village Health Workers who operate at Ward Level were not friendly which has discouraged a huge proportion of the AGYW from accessing the services from clinics. Other unique reasons for not ever accessing services which were shared during the FGDs though not pronounced in the questionnaire were; long distance to reach the clinic, parents forbid their children to access services, ignorance of health services, lack of knowledge and fear of their status being revealed to others in their communities of residence. 12.50% noted that they never accessed any service because they could not afford the cost of the service. This is in line with the information shared by the DNO about some of the AGYW failing to access services because of the user fees charged for them to access health facilities.

> *"Once the Village Health Worker know that you want a service, somehow they will tell our parents because they see themselves as our parents because of the age difference."*
> *FGD - Mwenezi*

Figure 7: Why did you not access any service?



The majority of the AGYW accessed services from a hospital (47.06%) followed by 41.18% who accessed services from an NGO Clinic. The FGD confirmed that these AGYW were accessing services from the New Start Centre managed by PSH in Masvingo urban hwile for Mwenezi the AGYW would go to facilities closer to their residence with the bulk of those in Ward 2 going to Chingwizi Clinic. This confirms the information provided during the FGDs that AGYW prefer to go to hospitals where there is a wide range of services provided as well as NGO managed clinics because of the perception of confidentiality and privacy which is deemed as lacking in some public health facilities. The least proportion (5.88%) of AGYW accessed services from Private Health Facility which can be attributed to the cost of accessing services as reiterated by the KII with the DNO. The KII with PSH clarified that for all services provided through their New Start Centre or outreach facility are provided free of charge as a way of curbing the challenges of user fees which are beyond the reach of the bulk of the targeted AGYW. Although clinics are the most common type of health facilities in rural areas such as Masvingo Rural portion of the District and Mwenezi, the limited access of Combination HIV Prevention services can be attributed to the perception by the AGYW that their privacy and confidentiality is violated by Health Personnel and Village Health Care Workers who share private information about them with their parents, guardians and relatives. The table below shows the facilities where the AGYW accessed services from.

Table 6: Which facility did you access services from on your last visit?

Facility Accessed Services from	**Respondents**	
	Percentage	**Number**
Hospital	47.06%	8
Clinic	17.65%	3
Private Health Facility	5.88%	1
NGO Clinic (PSH, CeSHHAR e.t.c)	41.18%	7
Mobile Clinic (Outreach)	11.76%	2

Facility Accessed Services from	Respondents	
	Percentage	Number
	Answered	17
	Skipped	14

The majority of AGYW (82.35%) accessed HIV testing and counseling followed by condoms (58.82%). PSH through the KII also confirmed that of all the SRH services they offer to AGYW which include STi screening and Treatment, PrEP, PEP, ART, Counselling for GBV survivors, menstrual health management, mental health support as well as HIV testing and counseling, HTS was the most accessed service. The DNO reiterated the same sentiments by noting that outreaches which include both rapid HIV testing and self-testing has increased the rate of HIV testing among young people generally and AGYW particularly who typically have better health seeking behaviours compared to boys and young men. Both the PSH KII and DNO KII echoed the importance on providing comprehensive information to organisations working with AGYW and community cadres on services with a low uptake such as PrEP and PEP which is validated by the low scores from the questionnaire, 17.65% and 0.00% respectively. The PSH KII noted that one of the key challenges they have with PrEP is ensuring PrEP continuation by the AGYW and they are trying to devise ways of encouraging it as an organisation. Below is a table showing the services accessed from health facilities in the last 12 months.

Table 7: Which of the following services have you accessed in the last 12 months from a health facility?

Services Accessed	Respondents	
	Percentage	Number
Condoms	58.82%	10
HIV testing and counseling	82.35%	14
Pre-Exposure Prophylaxis (PrEP)	17.65%	3
Post Exposure Prophylaxis (PEP)	0.00%	0
Anti-Retroviral Therapy (ART)	5.88%	1
	Answered	17
	Skipped	14

AGYW Support

Health institutions are still trusted as reliable sources of help by 84.00% of the AGYW who responded. This is commendable provided that MoHCC is responsible for directly managing all the public health facilities while overall overseeing other privately owned and CSO managed health facilities. This endorses the trust that AGYW still have for the mainstream healthcare system which is highly encouraging for future programs which are usually coordinated through MoHCC. Community/Village health Workers were identified as the second most utilized source of help (28.00%). This was supported by the FGD in Mwenezi where the participants indicated that the Village Health Workers are the easiest sources of information and help within their respective wards because of the proximity of the health facilities to most of the residential areas in the wards. Although the catchment areas of these community cadres are usually too large for them to comprehensively cover, the FGD participants confirmed that they are still accessible especially in dire needs of the AGYW within the communities. The table below shows where the AGYW get help from

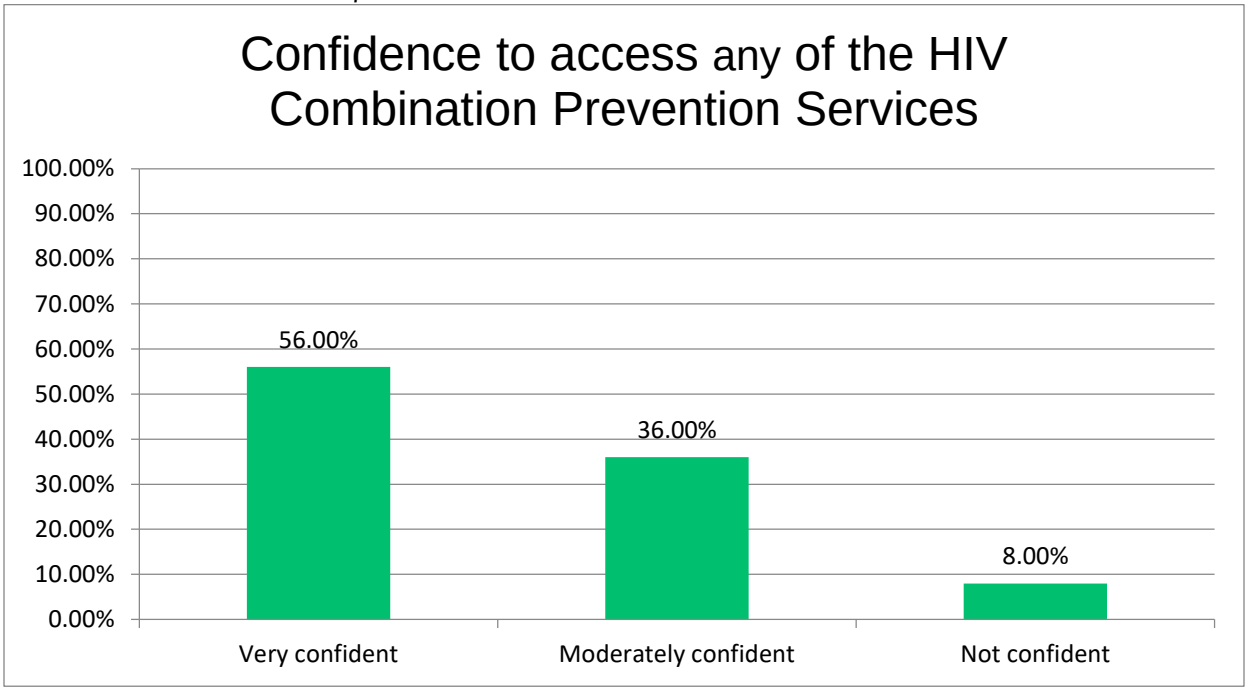
Table 8: Where would you go to seek help in accessing or getting more information about the services listed above?

Seek help or more information from	**Respondents**	
	Percentage	**Number**
Health Institution (nurse/ doctor)	84.00%	21
Community/Village Health Worker	28.00%	7
Sexual Partner	12.00%	3
Parents/Guardians	8.00%	2
Relatives	0.00%	0
Friends	8.00%	2
Teacher	0.00%	0
Traditional Healer	0.00%	0
Religious Leaders	0.00%	0
	Answered	**25**
	Skipped	**6**

The majority of the AGYW (56%) feel very confident to go to a health facility and access any of the HIV Combination Prevention services. Only 8% of the AGYW had no confidence at all to access the services. The lack of confidence can be tied to the reasons shared in findings above related to the reasons for the AGYW not seeking services from facilities. Below is the table indicating the level of confidence among all the respondents.

> "The Village Health Workers really try to provide information to us as young people even though they cover very big areas. One Village Health Worker for example may be working in more than 1 ward which makes them difficult to engage every time we want but at least if there are emergencies we always know where to find them." FGD - Mwenezi

Figure 8: How confident are you to go to a health facility and access any of the HIV Combination Prevention Services listed in question 20



41.67% of the AGYW talk to their female friend about HIV, AIDS and other STIs. This reinforces the existence of AGYW programs which utilize peer led approaches. The findings below indicate that AGYW do not talk to their guardians, relatives or male friends. During the KIIs, there was a challenge cited pertaining to AGYW being unable to talk to their families or community members because of issues of culture, gender, religion and social norms. The findings of the KIIs, FGDs and Questionnaire support each other in clarifying this lack of trust between AGYW and their families. Only 1 respondent out of 24 selected a parent among those she could talk to about HIV, AIDS and other STIs. Such a scenario illustrates the value of the Parent to Child Communication programs being currently implemented as part of HIV Prevention in Zimbabwe. Interestingly, 29.17% of the AGYW talk to their sexual partners. This presents an opportunity for organisations such as DAWA and My Age to develop programs that target both the AGYW and their partners as they also discuss the same issues. Additionally, 48% of the AGYW talk to household members about their thoughts and troubles sometimes. One of the HIV Prevention strategies is free and frank discussions about HIV and AIDS which links clearly with the finding that AGYW talks to their household members sometimes. Below is a table showing the disaggregation of whom the AGYW talk to.

Table 9: Support for AGYW

Variable	Percentage	Respondents
With whom do you talk about HIV, AIDS and other STIs?		
Sibling (Brother or Sister)	25.00%	6
Parent (Father or Mother)	4.17%	1
Guardian	0.00%	0
Female Relative	0.00%	0
Male Relative	0.00%	0
Male Friend	0.00%	0

Female Friend	41.67%	10
Church Mate	0.00%	0
Sexual Partner	29.17%	7
	Answered	**24**
	Skipped	**7**
How frequently do you talk with household members about your thoughts and troubles?		
Often	16.00%	4
Sometimes	48.00%	12
Rarely	24.00%	6
Never	12.00%	3
	Answered	**25**
	Skipped	**6**

SECTION THREE: CONCLUSIONS

Demographics

There is access to basic education as all the respondents passed primary school level. In light of the positive association of education and positive health outcomes, the finding is a silver lining for implementing more programs for AGYW as evidenced by previous related programs implemented under DREAMS, SYP and other national programs. Additionally, a large proportion of the respondents were single which reduces the potential negative health outcomes associated with early marriage among AGYW such as increased HIV incidence, teenage pregnancy and contracting of STIs. The study concluded that the demographic profile of the respondents provide a basis for organisations to implement more programs that promote responsible health behaviours building on the variables measured by the study and several other interlinked variables.

Socio-Economic Factors

The majority of AGYW have means of earning a living through self-employment. AGYW who are financially independent have high prospects of participating in programs and adopting responsible health behaviours as their choices are widened. The study concluded that there is a negative link between poverty, lack of access to basic needs, and HIV transmission especially among the AGYW in the rural areas of Masvingo province. The study confirmed that the majority of AGYW prefer going to work over school which is a response to the current economic context of Zimbabwe. The study found that many AGYW own household items like mobile phones and televisions, which promote access to information. The study concluded that AGYW have means of accessing information shared on HIV using the existing platforms and mechanisms.

Comprehensive HIV Combination Prevention Information

There is relatively high level of knowledge of HIV as was demonstrated by the ability of the respondents to identify ways of contracting and avoiding contracting HIV. The knowledge provides a foundation upon which future programs for AGYW can be used as a foundation to provide new knowledge on services which are not widely understood such as PrEP, PEP and ART. The study also identified some existing misinformation, though at lower levels. The study noted that there is need for CSOs, private health care providers, and community cadres to receive more training and information which will enable them to disseminate correct information to the AGYW in their education campaigns.

Risk Perception

There is a slightly higher risk perception among the AGYW in contracting HIV. The reasons for the slightly higher risk perception level were attributed as shown by the study to both personal and interpersonal factors. The slightly lower proportion of AGYW who were documented as no risk of contracting HIV attributed these to personal reasons which reflected their own decision making. While risk perception for contracting HIV has been previously low among AGYW compared to the risk of falling pregnant, the study's finding of relatively higher risk perception among AGYW is a positive indicator of their possible participation in future SRH programs targeting them. The reasons noted for both the absence and presence of perceived risk of contracting HIV by the AGYW relate to their partners. This justifies the need to tailor make programs targeting AGYW which consider how their partners could also be reached in their diversity.

Combination Prevention Interventions

The majority of AGYW participate in HIV education campaigns. The study found that while actual clinical service provision may differ from one geographic area to another, HIV education campaigns are commonly conducted in all the areas hence them attracting higher participation levels from the AGYW. Similarly, HIV Testing and Counselling as an activity targeting AGYW is also documented as receiving high participation. This was affirmed by the respondents, attributing it to the availability of self-testing, outreach services, and youth-friendly approaches. The study concluded that these interventions were very effective based on both the admission of the AGYW themselves as well as the testaments of the KIIs who communicated satisfaction with the progress being made with the interventions for AGYW in their respective localities.

Access to HIV Combination Prevention Services

In their lifetime, the majority of AGYW confirmed ever having accessed HIV Combination Prevention services from a health facility. Factors such as the need for and cost of the service as well as youth friendliness were cited by those who have never accessed services from a heath facility. The study endorsed the viability of hospitals and NGO managed health facilities as the access point for HIV Combination Prevention services. In accessing the aforementioned facilities, the most sought after services as documented by the study are condoms and HIV testing and counseling. The availability of numerous distribution points for condoms has also made it easier for the AGYW to access them as one of the HIV Combination Prevention services.

AGYW Support

The 3 data collection methods as illustrated above by the study show that the AGYW have more support from the clinical health providers and female friends than they do from communities and family. The study concluded that AGYW would seek more information and help about HIV from a health facility as the most preferred source of support. The 2nd and 3rd most utilised sources for help by the AGYW were a community health worker and sexual partner respectively. The study concluded that the clinical service providers have a consensus that the AGYW are not receiving enough support which affects their access to health care out of fear for their parents and guardians.

Geographic Analysis

Mwenezi District has a population of 209 327 people while Masvingo District has a population of 383 800. Masvingo has a total of 53 health facilities while Mwenezi has 24 health facilities. The estimate proportion of AGYW population is 22% in both districts. Mwenezi District has 18 wards while Masvingo Districts has 30 wards (urban 10, rural 20). The geographical spread of the facilities in both districts does not meet the WHO recommended distance to the nearest health facility which is 5kms. Each facility in both districts is strategically established to serve a relatively big catchment area which negatively affects the prospects of AGYW walking to access services. The FGDs clarified that the 2 districts have varying circumstances in relation to accessing HIV Combination prevention services. For instance, Masvingo has more health facilities which are twice the number of those in Mwenezi which differentiates physical access for the 2 districts. Another variation is that the schedules confirmed for outreach services provided by PSH and other organisations reach AGYW widely in Masvingo compared to Mwenezi. AGYW who participated during the FGDs also confirmed that there are more organisations supporting AGYW programs in Masvingo District compared to Mwenezi District. AGYW in Mwenezi rely more on Village Health Workers given the long distance to facilities while those in Masvingo have access to Peer Educators, Village Health Workers, outreach services and MoHCC through public campaigns. The realities of the 2 districts show variations which programme implementation should take note of in order to realize significant results.

SECTION FOUR: RECOMMENDATIONS

VI. Develop programs targeting AGYW that are strategically linking CSOs and other ministries at both operational and policy level for improved impact. This emanates from the gap identified by the FGDs and KIIs citing that only health facilities will provide detailed information to AGYW yet there are other spaces not being fully utilized like schools and other CSOs working in other wards and locations;

VII. Review policies around assent and consent to SRH services to allow service providers to make discretionary decisions based on the health needs of AGYW without fear of victimisation or professional rebuke. This recommendation addresses the challenges cited by KIIs regarding AGYW who live with parents and are unable to access services due to consent requirements mandated by laws and policies;

VIII. Fundraise to expand program reach, targeting hotspots and underserved areas, as current coverage is inadequate. For example, My Age can source for funding to scale their programs to serve more than the 6 areas they cover out of the possible 53;

IX. Engage health facilities on the prospects of them recruiting Village Health Workers who are younger or trained in youth friendly service provision. That will relieve the burden of the old aged Village Health Workers who beyond covering large catchment areas in Mwenezi, are also deemed as unable to treat young people as clients and not their own children or grandchildren;

X. Customise programs for the different localities as AGYW in Mwenezi and Masvingo have different health needs based on their varying contexts. For example, Masvingo District has a total of 383 800 with 22% of these being AGYW who have heterogeneous needs because the district has both a rural and urban population.

ANNEXES

Annex 1; Informed Consent Form

Introduction and Background

DAWA and My Age Zimbabwe are conducting a Baseline Study for the ***CONNECTING ADOLESCENT GIRLS AND YOUNG WOMEN (AGYW) FOR HIV PREVENTION PROJECT***. The project shall be implemented in Mwenezi Rural and Masvingo Urban Districts targeting Adolescent Girls and Young Women (AGYW). The goal of the project is "Positive health outcomes for adolescent girls and young women between the ages 15 to 24 in their diversity in Masvingo Province." Overall the project seeks to contribute to lowering new HIV infections amongst AGYW in their diversity from Masvingo. Additionally, it will contribute towards increased health-seeking behaviour among adolescent girls and young women, a decrease in new HIV infections amongst adolescent girls and young women, and increased knowledge of HIV and AIDS. This will be achieved through innovative information sharing, demand generation, and community mobilization to improve access, utilization, and retention of HIV combination prevention methods.

Prior to the implementation of the project, a Baseline Survey is being conducted with the objectives below.

- To assess the current health status, behaviours, and knowledge levels of AGYW (15 - 24 years) in Masvingo
- To identify the barriers and challenges that AGYW faces in accessing healthcare services and adopting healthy behaviours.
- To establish baseline indicators to measure the effectiveness of the project in improving health outcomes for AGYW.
- To inform the development of evidence-based interventions and strategies to address the identified gaps.

In light of this background, DAWA and My Age shall facilitate Focus Group Discussions, Key Information Interviews and administer questionnaires. As part of the baseline study, you have been selected and we are requesting for your voluntary participation.

Confidentiality and consent:

Your answers are completely confidential and your names will not be written anywhere, and will never be used in connection with any of the contributions you make. You do not have to answer any questions that you do not want to answer. However, your honest answers to these questions will help us better understand unmet SRHR needs of Adolescent Girls and Young Women. This will inform better design of the BSYS initiative and other similar programmes that contribute to the overall health of Zimbabwe.

Annex 2; Focus Group Discussion Guide

Province: Masvingo | District:
Number of Respondents: | Interview Date:
Start Time: | End Time:

1. Which HIV Combination Prevention Approaches are you aware of being implemented in Zimbabwe targeting AGYW? (Probe beyond listing to explanations on how the approaches are rolled out. Also probe if the group is confident that the knowledge they possess is consistent with their peers)

……
……
……

2. What factors contribute to the effectiveness or failure of the approaches identified above? (Probe on examples to explain the factors they highlight)

……
……
……

3. How would you describe utilisation of HIV combination prevention services within the health facilities by AGYW? (Probe on accessibility, availability, affordability. Also check if that differs based on type of facility e.g clinic, hospital, private, public)

……
……
……

4. In what ways would you describe the support received from family, community, stakeholders and other entities towards AGYW accessing HIV Combination Prevention Services? (Probe on nature of support or hindrances emanating from immediate family, society, community and its structures among others)

……
……
……

5. Which programs or interventions do you and other young people implement to contribute to HIV Combination Prevention in your community? (Ask for descriptions of the programs and likely effects)

……
……
……

6. What can be done by the different stakeholders to improve; the uptake of services, participation of AGYW and adoption of Health Seeking Behaviours

……
……
……

Annex 3; Key Informant Interview Guide

Province: Masvingo | District:
Respondent Designation: | Interview Date:
Start Time: | End Time:

1. Which HIV Combination Prevention Approaches are you aware of being implemented in Zimbabwe targeting AGYW? (Probe beyond listing to explanations on how the approaches are rolled out. Also probe if the group is confident that the knowledge they possess is consistent with their peers)

……
……

2. What factors contribute to the effectiveness or failure of the approaches identified above? (Probe on examples to explain the factors they highlight)

……
……

3. How would you describe utilisation of HIV combination prevention services within the health facilities by AGYW? (Probe on accessibility, availability, affordability. Also check if that differs based on type of facility e.g clinic, hospital, private, public)

……
……

4. In what ways would you describe the support rendered by family, community, stakeholders and other entities towards AGYW accessing HIV Combination Prevention Services? (Probe on nature of support or hindrances emanating from immediate family, society, community and its structures among others)

……
……

5. What can be done by the different stakeholders to improve; the uptake of services, participation of AGYW and adoption of Health Seeking Behaviours

……
……

Annex 4; Questionnaire

IDENTIFICATION	
ID01	Questionnaire No.
ID02	Province
ID03	District

SECTION A

DEMOGRAPHIC CHARACTERISTICS			
Q1	How old are you in completed years?	18 19 20 21 22 23 24	1 2 3 4 5 6 7
Q2	What is the highest level of education you have completed? *(only one response)*	No Education Primary, grades 1-4 Primary, grades 5-7 Secondary College University Other_____	1 2 3 4 5 6 7
Q3	Are you currently attending school?	Yes No	1 2
	Why are you not currently in school?	Dropped out due to marriage Dropped out due to lack of fees No desire to continue with school Preferred working over school	
Q4	What is your Marital Status?	Single Married (Traditional or Customary) Civil Partnership (Cohabiting) Divorced	1 2 3 4
Q5	Which of the following religions do you affiliate with?	Christianity African Traditional Religion Apostolic Sect Muslim Buddhism Non-Believer	1 2 3 4 5 6
Q6	What are your living arrangements?	Renting House Owner Living with Parents/Guardians Cohabiting	1 2 3 4
Q7	Do you undertake any activities to earn a living?	Yes No	1 2
Q8	If you answered, what do you do to earn a living?	Unemployed Miner/Mining industry Farmer Domestic worker Trucker/Transport Business Sex Work Self employed	1 2 3 4 5 6 7

		Other_____	8
Q9	Which of the following items does your household own? (Read out answer choices; Mark all that apply)	Radio Television Motor vehicle Motorcycle Mobile phone Computer Bicycle	1 2 3 4 5 6 7
Q10	Do you have access to the following?	Clean Water Daily Meals Education Health care services Shelter Internet Services	1 2 3 4 5 6

SECTION B

HIV KNOWLEDGE			
Q11	Have you ever heard of HIV and AIDS?	Yes ⟶ **Q12** No ⟶ **Q17**	1 2
Q12	What is your source of information on HIV and AIDS? *(You can select Multiple Responses)*	Clinic/hospital (health facility) Radio / Television Newspapers/magazines / books Pamphlets Health worker (e.g. doctors or nurses) Attending discussion forums Relative / Friend School College Youth Friendly Centre Other_____	1 2 3 4 5 6 7 8 9 10 11
Q13	Please mention all the ways in which you know a person can contract HIV *(Multiple Responses)*	Unprotected Sexual intercourse Sharing unclean needles/medical equipment Blood transfusions During pregnancy During birth Mosquito or other insect bites During breast feeding Casual contact with infected person (e.g. sharing food, cup or glass; handshake, cough or sneeze) Other _____ Don't know	1 2 3 4 5 6 7 8 9 10

Q14	What can a person do to avoid contracting HIV? *(Multiple Responses)*	Avoid sex completely/ abstinence Stay faithful to an uninfected partner Encourage partner to stay faithful Avoid contaminated blood Correct and consistent use of condoms for every act of sexual intercourse Avoid sharing needles Avoid commercial sex workers Avoid several sexual partners Voluntary Medical Male circumcision (VMMC) Nothing Other_____ Don't Know	1 2 3 4 5 6 7 8 9 10 11 12
Q15	Do you think you are at risk of contracting HIV?	Yes →**Q15a** No →**Q15b**	1 2
Q15a	If yes, why?	Have many partners Do not always use a condom My partner has other partners Have been in contact with an HIV infected person Other_____	1 2 3 4 5
Q15b	If no, why do you think you are not at risk? (You can select multiple responses)	I am not sexually active I am faithful to one uninfected partner I am in decent and stable relationship I always use a condom I recently tested HIV negative It is not possible Other_____	1 2 3 4 5 6 7
Q16	Do you know where to go when you want to get tested for HIV?	Yes No	1 2

SECTION C

HIV COMBINATION PREVENTION			
Q17	Which of the following HIV combination prevention activities have you participated in or benefitted from?	HIV education campaigns Distribution of Condoms HIV testing and counseling Pre-Exposure Prophylaxis (PrEP) Post Exposure Prophylaxis (PEP) Anti-Retroviral Therapy (ART) None of the above Other	1 2 3 4 5 6 7 8
Q18	How effective have the activities listed above been?	To a greater extent To a moderate extent To a lesser extent	1 2 3
Q19	Have you accessed any HIV combination prevention services from a health facility?	Yes No	1 2

Q19a	If you answered no on question 19, why did you not access any service?	I did not need any service The service I needed was not available I cannot afford the cost of the service The facility personnel were unfriendly I am not comfortable going to a facility Other	1 2 3 4 5 6
Q19b	If yes which facility did you access services from on your last visit?	Hospital Clinic Private Health Facility NGO Clinic (PSH, CeSHHAR) Mobile Clinic	1 2 3 4 5
Q20	Which of the following services have you accessed in the last 12months from a health facility?	Condoms HIV testing and counseling Pre-Exposure Prophylaxis (PrEP) Post Exposure Prophylaxis (PEP) Anti-Retroviral Therapy (ART)	1 2 3 4 5
Q21	Where would you go to seek help in accessing or getting more information about the services listed above? (You can select multiple responses)	Health Institution (nurse/ doctor) Community/Village Health Worker Sexual Partner Parents/Guardians Relatives Friend Teacher Traditional Healer Religious Leaders Peer at Youth friendly corner Other_____ Don't know	1 2 3 4 5 6 7 8 9 10 11 12
Q22	***How confident are you*** *to go to a health facility and access any of the HIV Combination Prevention Services listed in question 20*	Definitely not Probably not Probably could Definitely could Unsure/don't know	1 2 3 4 5
Q23	With whom do you talk about HIV, AIDS and other STIs? Tick multiple if appropriate.	Sister Brother Mother Father Aunt Uncle Female Cousin Male Cousin Other female relative Other male relative Female friend Male friend Relative of a male friend Relative of a female friend Friend of a male friend Friend of a female friend Sexual partner	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Q24	Do you talk with household members about your thoughts and troubles?	Often Sometimes Rarely Never	1 2 3 4