

UNITED REPUBLIC OF TANZANIA

IMPLEMENTATION STATUS OF HIV INTERVENTIONS AMONG ADOLESCENT GIRLS AND YOUNG WOMEN (AGYW'S)



PRESENTATION OUTLINE



- National AGYW HIV Situation
- > Current AGYW Programs
 - Service DeliveryPackage & Activities
- Successes/
 Achievements
- Barriers & Challenges
- ➤ Next steps



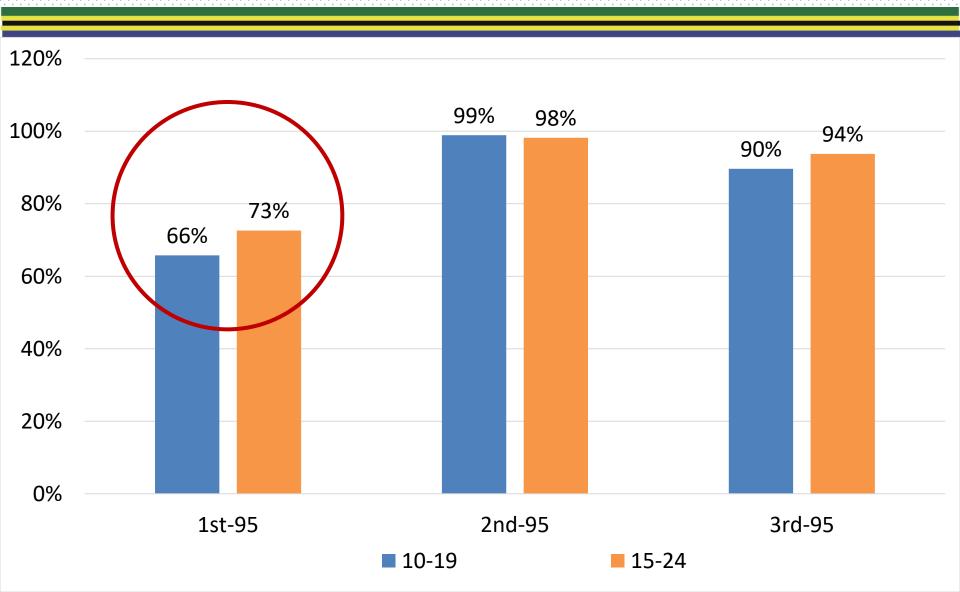


AGYW'S HIV STATUS

- Tanzania has decreased the HIV new infection in general population (from 95,000 in 2010 to 54,000 in 2021), the slow decline has been marked to AGYW's, making them as priority population for HIV prevention efforts
- New HIV cases among AGYW 15- 24 years is 11,448 per year; for the 10-19 year old it's 5,148 cases per year
- It is estimated that 115,324 (15-24) and 53,986 (10-19) AGYW'S are living with HIV; among them, 10% & 7% have high viral load, respectively (Program Data, 2022)
- PrEP; curently **6000 PrEP users**



95-95-95 Targets



Several National Strategies Guiding HIV Primary Prevention Exist

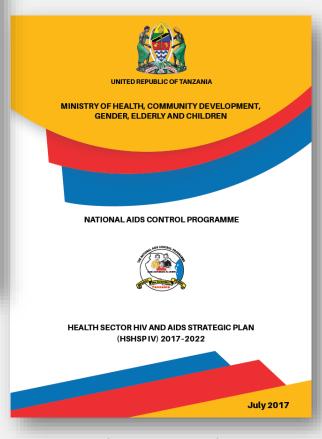


THE UNITED REPUBLIC OF TANZANIA
PRIME MINISTER'S OFFICE

Tanzania National Multisectoral Strategic Framework for HIV and AIDS 2018/19 to 2022/23

November 2018

{Multi-Sectoral}



{Health Sector}



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH, COMMNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

NATIONAL AIDS CONTROL PROGRAMME



NATIONAL GUIDELINE FOR COMPREHENSIVE PACKAGE OF HIV INTERVENTIONS FOR

KEY AND VULNERABLE POPULATIONS

April 2017 Second Edition

{KVP-Focused}

Focus of the National Strategy

The major emphasis of the HIV Prevention Strategy for Tanzania Mainland is to bring to full scale proven and prioritized combination HIV prevention interventions that address the drivers of the epidemic, while ensuring that the disproportionately affected population groups are provided with appropriate HIV prevention efforts.

Tanzania's HIV Combination Prevention Framework

Interventions

(based on the Global Fund's Modular Framework)

- Differentiated HIV testing (incl. facility-based, community-based, self-testing)
- Sexual and reproductive health services (SRH)
- Pre-exposure prophylaxis (PrEP)
- -Post-exposure prophylaxis
- Prevention of mother-to-child transmission
- HIV treatment, care and support (incl. differentiated ART service delivery and care, treatment monitoring, counselling and psychosocial support, TB/HIV)
- Condom and lubricant programming
- Behavior change interventions (incl. individual and community level)
- Comprehensive sexuality education (CSE) in and out of schools, including menstrual health programming
- Gender-based violence prevention, post-violence care
- Addressing stigma, discrimination and violence
- Social protection (incl.- keeping girls in school, cash plus care programs, livelihood and economic empowerment programs)

-Interventions for AGYW male partners and adolescent boys, incl. voluntary medical male circumcision (VMMC), condom and lubricant programming, PrEP, SRH, behavior change, CSE

-Interventions for a supportive environment, incl. reducing human rights-related barriers, health and community systems strengthening (including for AGYW communities specifically), program management

Program outputs and dimensions of change

Reduced biomedical susceptibility and transmissibility, including through:

- Increased access to sexual and reproductive health services
- Increased coverage of PrEP

Reduced risk from behavioral and relational factors and increased agency for HIV prevention, including through:

- Increased coverage of comprehensive sexuality education
- Increased coverage of life skills-

Reduced risks and barriers to service uptake from structural and contextual factors, and greater empowerment with social and protective assets, including through:

- Increased coverage of gender-based violence-related services including post-violence care
- Increased access to social protection

Strengthened health and community systems for a sustainable response

Program outcomes

Impact

Including:

- Improved knowledge of HIV status
- Improved treatment retention
- Improved viral suppression

Including:

- Increased and consistent condom use
- Increased knowledge of HIV prevention
- Decreased risky sexual

Including:

- Reduced rates of gender-based violence
- Increased educational attainment and reduced school drop-out rates
- Increased economic empowerment

Reduced

HIV incidence among AGYW

(with additional synergistic effects on education, empowerment , and gender norms)

Source: Adapted from UNAIDS (2016). HIV Prevention Among Adolescent Girls and Young Women; and the Global Fund's Measurement Framework for AGYW programs, 2018.

Biomedical

Behavioral

Key interventions targeting AGYW

Structural

Other complementary interventions for the AGYW response



Cash Plus

Others

	Severa	l AGYW Pr	ogrammes Exist
S/N	PROGRAM/ PROJECT NAME	PRIMARY FUNDING SOURCE	IMPLEMENTING AGENCIES/ COLLABORATORS
1	TIMIZA MALENGO PROGRAM	GLOBAL FUND	GoT: MOH, PMO (TACAIDS & TASAF), PO-RALG, MOEST, TIE, MOFP DP's/IP's: AMREE, TAYOA

US GOVERNMENT/ GoT: MOH, TACAIDS, PO-RALG, MOFP **DREAMS INITIATIVE PEPFAR** DP's/IP's: CDC, USAID, DoD,

UNICEF

Foundations, UN

Agencies, Embassies

GoT: MOH, PMO (TACAIDS & TASAF),

Government (Including Universities

and Research Institutions) & Foreign

PO-RALG, MOEST, TIE, MOFP

DP's/IP's: GF, PEPFAR

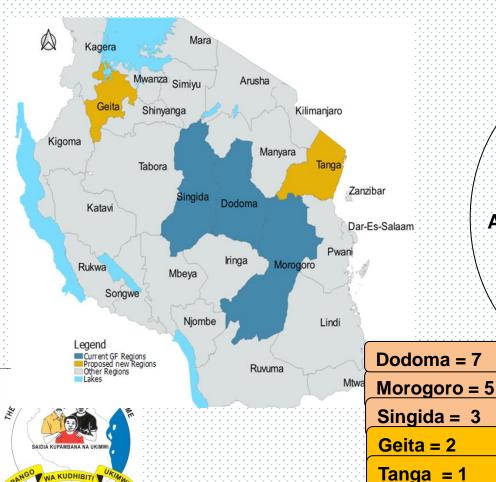
Governments



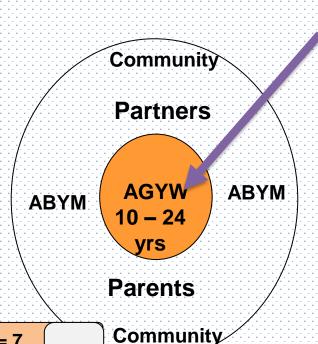
Timiza Malengo Implementation Regions

18

Geographical Coverage

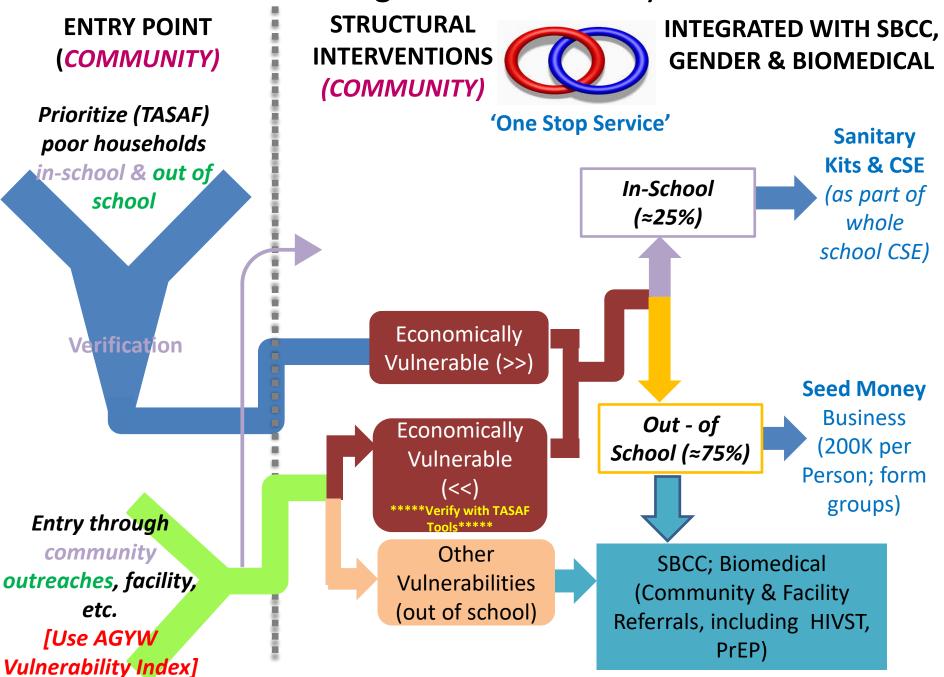


Target Population

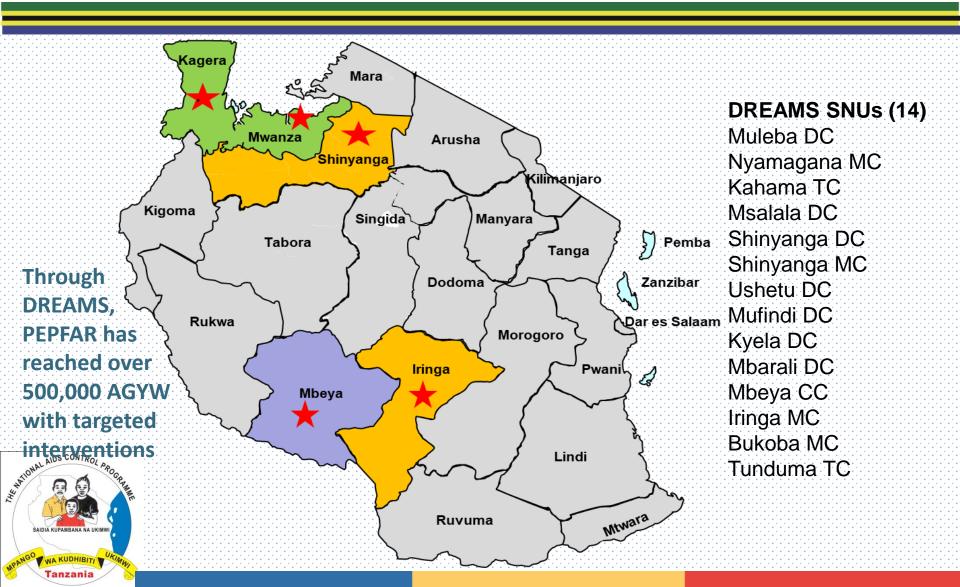


- ✓ Out-ofschool ages 15-24 years
- ✓ In-school aged 10-19 years

Timiza Malengo Service Delivery Model



DREAMS Implementation Regions/Councils





DREAMS Services & Activities Package

Community mobilization and norms change

(SASA!)

10-14 Age band **PRIMARY**

1. Education Subsidies

2. **Integrated HURU** – (Primary prevention of sexual violence and HIV with reusable Menstrual Hygiene Kits)

3. Financial Literacy

SECONDARY

- partner, provision of postviolence care, and HTS
- **Violence Prevention**
- programming (Furaha/Sinovuyu)

15-24 Age band **PRIMARY**

1. HTS

- 2. Condom provision
- 3. Community-based HIV and **Violence Prevention**

(Steppingstones)

4. EE STRENTHENING (Incl Financial Literacy & Savings Groups)

- 1. Referrals to, or if clinical
- 2. IM Safer/IM Power -Sexual
- 3. Parenting and care giver

SECONDARY

- 1. Enhanced Economic Strengthening - WINGS
- 2. Contraceptive method mix (initiation/refill)
- 3. Parenting and care giver programming (Sinovuyu/FMP)
- 4. Referrals to facilities for STI, TB, initiation of FP, ART services, post violence care
 - 5. PrEP, ART (initiation/refill)





AGYW Programming Success and Achievements



Contextual Achievements

- Increased uptake of AGYW services (prevention and treatment)
- Introduction of newer HIV prevention technologies
- Scale up of school based HIV prevention programs (CSE)
- Parental engagement
- Integrating male sexual partners involvement/ engagement



Barriers / Challenges



- Low and declining levels of comprehensive HIV knowledge among AGYW
- Sub-optimal coverage
- Low case identification
- Linkage into HIV services
- STI treatment cost
- Partner coordination
- Inadequate engagement of AGYW in programming





Next Steps

NEXT STEP

- Continue working in collaboration with PEPFAR, GF and other stakeholders to provide services to AGYW
- Continue with discussion and look for opportunities to expand AGYW's Program (DREAMS & TIMIZA MALENGO) to more councils
- Continue working on identifying sustainable working on identifying on identification of identification of

AGYW'S IMPLEMENTING PARTNERS/ STAKEHOLDERS

- PEPFAR Tanzania, USAID, DoD
 & CDC
- MoH (NACP, RCH,)
- Ministry of Community Development, PORALG, TACAIDS & LGA
- UNICEF & UCSF
- FHI360, HJFMR, PACT
- THPS, ICAP & MDH



AHSANTENI SANA

