

AYA & HIV Prevention: Lessons Learned

HIV prevention policies

AYA has learned that an ASRH package is an acceptable entry point, amongst the religious community, for HIV de-stigmatization and prevention. Using this approach in Uganda, The House of Bishops of the Anglican Church signed a declaration in support of ASRH service provision to young people and reviewed the pre-nuptial counseling guidelines to incorporate voluntary counseling and testing. His Eminence the Mufti of Uganda announced that Muslim couples should use condoms in marriage to prevent HIV/AIDS and other STIs thus providing a gateway for AYA to support condom use interventions by the "Muslim community.

In Botswana, HIV stigma has led to reluctance to discuss issues of HIV, even though Botswana has the highest prevalence rates in the world. Using the same approach, 36 denominations (including the most prominent denominations - the African Methodist Episcopal Church, United Congregational Church of Southern Africa, Anglican Diocese of Botswana, Dutch Reformed Church of Botswana, Assemblies of God Church in Botswana, and the Evangelical Fellowship of Botswana) have agreed and publicly declared to develop policy guidelines for faith-based institutions to support ASRH as a strategy for preventing HIV transmission and all have endorsed implementing ASRH in their churches.

Increased utilization of health services

In Uganda, AYA has learned that the most effective way to increase the number of very young males (10-14) accessing services is through outreach activities. This has proved much more attractive to young males who may be particularly averse/afraid/shy to access static services at their age compared to older males. In 2003, young males, aged 10-14, made 391,981 outreach visits - greater than the combined total of 236,541 outreach visits made by young males aged 15-19 and 20-24.

In Tanzania, AYA has successfully increased the number of young females accessing services through gender specific communication activities (girls only football teams and matches) that first attract young females (typically a hard group to access out of school) and then reach them with behavior change communication messages before the football matches begin. Condoms are also distributed before matches. As a direct result of this approach the number of young girls accessing services has steadily been on the increase.

Condom Use

Through analysis of its baseline data collected from the 4 AYA countries, AYA has learned that attitudes to condoms is the strongest predictor of condom use. Therefore, AYA through its life planning skills training to young people in and out of school, has focused much more on improved attitudes and skills. Activities to increase knowledge of condoms have focused on dispelling myths and fears

about condoms. Anecdotal evidence and process data to date (endline evaluation will not take place till 2005) indicates improved knowledge and attitudes about the pathogenesis and behavior risks of HIV/AIDS, negotiation and use of condoms and an increased belief in the ability to refuse unwanted sex.

Condom Distribution

AYA's has successfully increased access to condoms through creative outreach strategies particularly non-traditional community-based condom distribution networks that is strongly linked with communication and advocacy activities. Consequently, condom distribution through outreach activities (as well as couple years of protection distributed) is more than threefold that of static facilities.

Voluntary Counseling and Testing

AYA has learned that the greatest obstacle to voluntary counseling and testing for young people is not attracting them to the service but rather having enough testing kits to meet the demand and successfully referring those young people who test positive. In Uganda, AYA has carefully coordinated its support for voluntary counseling and testing. First, AYA has ensured a steady supply of kits from the government for AYA-supported clinics. VCT is provided at AYA-supported clinics on a monthly basis. As a build up to this, outreach activities ensure that youth are not only aware of the service but also of its confidentiality. This has significantly increased the number of young people who come for VCT. AYA has also set up functional referral networks to ensure counseling and support.

In Ghana and Tanzania, AYA observed that after school-based ASRH activities (including Life Planning Skills education) 30% of young people reached, report accessing VCT.

Based on these lessons and experience, AYA's VCT effort is based on a strong coordinated and integrated effort including strong outreach, in-school ASRH activities, effective referral networks, and commodity security.