

Assessing the Vulnerability and Risks of Adolescent Girls and Young Women in Eastern and Southern Africa: A Review of the Tools in Use

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Author: B. Jane Ferguson, independent consultant.

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For additional information please contact:

Alice Armstrong
Adolescent and HIV/AIDS Specialist
UNICEF Eastern and Southern Africa Regional
Office (ESARO)
aarmstrong@unicef.org

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Acronyms

ABYM	adolescent boys and young men
AGYW	adolescent girls and young women
DHIS2	District Health Information Software 2
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
ECHO	Evidence for Contraceptive Options and HIV Outcomes
ESAR	Eastern and Southern Africa Region
ESARO	Eastern and Southern Africa Regional Office
GBV	gender-based violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
LMICs	low- and middle-income countries
NGO	non-governmental organization
PEPFAR	The President's Emergency Plan for AIDS Relief
PMTCT	prevention of mother to child transmission
SDGs	Sustainable Development Goals
SOPs	standard operating procedures
SRHR	sexual and reproductive health and rights
STIs	sexually transmitted infections
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
vAGYW	vulnerable adolescent girls and young women

Executive summary

Adolescent girls and young women (AGYW)ⁱ in the Eastern and Southern Africa Region (ESAR) face serious challenges to fulfilling their sexual and reproductive health and rights (SRHR), including vulnerability to HIV, sexually transmitted infections (STIs) and unintended and unsafe pregnancy. The adolescent birth rate in ESAR is twice the global rate, at 92 births per 1,000 girls, and AGYW continue to be at higher risk of HIV compared to adolescent boys and young men (ABYM).



The adolescent birth rate in ESAR is twice the global rate, at 92 births per 1,000 girls, and AGYW continue to be at higher risk of HIV compared to adolescent boys and young men.

The region must accelerate the reduction of new HIV infections; achieve the elimination of mother-to-child-transmission of HIV and syphilis; and decrease unwanted, unsafe adolescent pregnancies. While there are domestic and external resources available to support adolescent health, there is a need to increase and make more effective use of that funding. Investments in available data and evidence to strengthen AGYW programmes; and for implementing SRHR strategies at scale are also critical.

To this end, a number of organizations have developed tools to help customize and target HIV and SRHR programme approaches for AGYW. However, this is an emerging area of work and there was a need to map the various tools to identify common themes and learn from their use and application, in order to use them at scale.

This review identified 40 tools, studies and policy/programming documents that focus on appraising the vulnerability and risk of AGYW in relation to SRHR outcomes. The review included both a desk review and field review of 10 countries. The majority of the tools obtained in the field review were being used by implementing partners in-country within ESAR (Eswatini, Kenya, Mozambique, Namibia, South Africa, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe). In addition, 35 key stakeholders were interviewed as part of the field review, including tool developers, implementing partners, funders, and national programme managers.

The review reveals areas of commonality and difference, in terms of tool content, application and challenges, and provides a series of discussion and action points in order to improve the tools and their use in programming. Being able to target and tailor interventions based on an understanding of vulnerability and risk, and identify those AGYW who will benefit most from them, is the common feature in the literature, tools and experiences reviewed in this assignment.

An analysis of the topics covered in the field-level tools showed they primarily served to establish an individual's eligibility for or continuation in a programme; establish the need of an individual to receive additional support and/or interventions; and to record the eligibility (risk) criteria for an individual's subsequent service plan. Over half of the tools sought to assess the circumstances of the AGYW in terms of their behavioural, biological and structural risk factors, schooling and personal situation. However, there is considerable diversity in the manner in which these questions are framed and great variety in the other subjects covered.

ⁱ An adolescent is aged 10-19 years and young people are those aged 10-24 years; in this report adolescent girls and young women, and adolescent boys and young men are those aged 10-24 years.

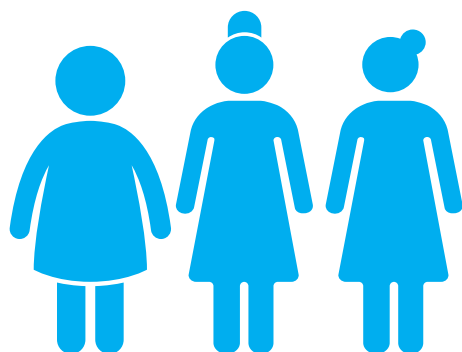
There were clear gaps in the tools identified, with the majority devoted to HIV prevention with limited attention to pregnancy prevention, and none to STI prevention or prevention of mother to child transmission (PMTCT) of HIV. There was limited information about the effectiveness of tools in assessing the vulnerability and risk of AGYW. However key informant interviews pointed to examples such as a tool piloted that successfully identified AGYW who were likely to discontinue school in Eswatini, and a tool used to gain an in-depth understanding of adolescents' needs, barriers and motivations to use contraceptives in Ethiopia.

Communities were frequently engaged in the AGYW assessment processes in a variety of ways – from proposing young women as mentors to inputting into research about the situations of AGYW in countries. Community involvement was raised several times in stakeholder interviews as an indication of how concerned communities were to have the needs of their AGYW addressed.

The use of data sets was highlighted as a key resource for coverage estimates and in further defining the at-risk population at district level. However, context and other factors that create vulnerability to SRHR risks for AGYW change over time, and this needs to be taken into consideration with new data collection approaches.

The health and other sectors are challenged by disparate data sources, with harmonization required to enable the collection and use of information on AGYW populations from various sources and to monitor the variety, frequency, and locations of services that an individual AGYW receives.

Several stakeholders were concerned that disclosure in relation to sexual behaviour could create stigma. As one stakeholder put it, "it is difficult to identify risk without creating new risk for the young woman". This is addressed in the training and supervision of those administering the tools in order that they 'do no harm'.



In terms of next steps, the review proposed eight actions:

- **Contribute to government leadership** on standardizing AGYW tools to reduce the fragmentation and duplication of tools and efforts.
- **Agree on core minimum content** for AGYW tools with a suggested repository of questions, for use through programme phases, and across sectors.
- **Fully understand the data that is already being collected.** Available data may already provide sufficient data for targeting and will help to determine the "value add" of any additional tools.
- **Strengthen national information systems** including aligning with global efforts to standardize the definition and measurement of core indicators of adolescent health to provide greater consistency and validity.
- **Focus the timing and content of tools** to align with the programme and target group, especially as the vulnerability and risk factors for HIV and pregnancy may differ between and even within countries.
- **Learn about the perceptions of AGYW and ABYM** as a crucial part of understanding the local context of vulnerability and risk. There is a need to create and utilize tools for AGYW and ABYM to understand and reflect upon their own circumstances.
- **Encourage good practice throughout the assessment processes** including through the development of standard operating procedures (SOPs) aligned with government guidelines.
- **More effort is needed to formally determine if risk and vulnerability assessments of AGYW are beneficial,** both in terms of increasing access and uptake of services and whether these are the right services.

This review is key to making the best use of available resources, responding to the issues of equity and universal health coverage, and ultimately to supporting the fulfilment of the SRHR of AGYW throughout ESAR.



1. Context

Most AGYW in ESAR live in families and communities struggling with persistently poor socio-economic conditions, inequities and socially constructed gender roles that undermine their health. Their well-being and prospects are further undermined by vulnerability to HIV, STIs and unintended and unsafe pregnancy.

Their exposure to these risks include the behavioural (such as unprotected sex), biomedical (such as current or previous pregnancy and/or STI) and structural (such as low school attendance, harmful social norms). Many of these factors are also highly relevant to the health and rights of ABYM, which in turn impact the outcomes for AGYW.

Between 2010 and 2017, there was a 19% decline in new HIV infections among adolescent girls (10–19 years old) globally¹. 2019 estimates for ESAR indicate that adolescent girls account for 83% of new HIV infection among 10-19 year olds², and AGYW continue to be at higher risk of HIV compared to ABYM³.

Further, although globally the adolescent birth rate is declining (at around 44 births per 1,000 girls aged 15-19 years in 2018), the rate in ESAR is more than twice that, at 92 births per 1,000 girls⁴. While there has certainly been progress in terms of

2019 estimates for ESAR indicate that adolescent girls account for

83%

of new HIV infection among 10-19 year olds

access to HIV prevention activities and contraceptives among adolescents in ESAR⁵, these high birth rates exacerbate the risk of maternal morbidity in AGYW, and are a manifestation of their unmet need for contraception⁶.

Despite the high coverage of treatment among pregnant women living with HIV in ESAR (95 per cent), missed opportunities for prevention of mother-to-child transmission (PMTCT) have resulted in continued transmission rates of 8 per cent, with wide variation across countries and only four countries achieving the target rate below 5 per cent in 2019.⁷ Moreover, available information indicates lower uptake of PMTCT services for HIV-infected pregnant and breastfeeding adolescents than adult women⁸. Many of their children will survive into adolescence living with HIV.

2. Review rationale

Adolescence is a period of development for both girls and boys, with changes in the brain, body and in behaviour. Faced with new contexts and expectations, adolescence is a time of both vulnerability and opportunity (**Box 1, Table 1**).

Available guidance⁹ and reviews of experiences¹⁰ are contributing to improved programming for adolescents and young people. However, the need remains to accelerate the reduction of the number of new HIV infections; achieve the elimination of mother-to-child-transmission of HIV and syphilis; and decrease unintended, unsafe pregnancies to improve the health and well-being of adolescents and ensure they reach their full potential.

At the same time, there are calls to increase and make more effective use of external and domestic funding; improve available data and evidence to strengthen programmes; and manage the implementation of SRHR strategies at scale with quality and equity¹¹.

Tools are needed to help programmers customize and target their approaches, based on different groups of AGYW, and the factors that make them vulnerable and exacerbate their risks of acquiring HIV and STIs, and becoming pregnant when it is unintended and/or unsafe.

While a number of organizations have developed such tools, this is an emerging area of work, and there was a need to map the disparate tools and approaches in order to identify common themes and learn from their use and application.

BOX 1

Risk and vulnerability defined

- **Risk factors** limit the likelihood of successful development¹². Potential deterrents to development considered in this review include HIV, STIs and early unintended, unwanted and/or unsafe pregnancy, with the common proximal factor being unprotected sex.
- **Vulnerability** is the degree to which an individual is likely to experience the risk due to exposure to individual, household, community and structural characteristics. “Vulnerability can be thought of as a transactional relationship between the context in which a girl lives and a set of factors that put her ‘at-risk’ for negative outcomes”¹³.

Table 1 gives examples of these factors.

Table 1 Factors which put AGYW at greater risk

The rights of AGYW	Factors that make AGYW vulnerable to risk and the inability to fulfil their rights
Access to education, information and opportunities to develop life skills	<ul style="list-style-type: none"> • Not being in school including due to gender norms, child marriage and early pregnancy • Lack of access to age- and gender-appropriate information through schools, the media, and other sources • Lack of opportunities to develop self-efficacy
Access to health and SRHR services	<ul style="list-style-type: none"> • Lack of services that meet their needs including as a result of stigma, service provider bias and discrimination • Lack of support by partners, families, and communities to support AGYW use of services
Safe and supportive environments	<ul style="list-style-type: none"> • Harmful laws and practices in relation to early and child marriage, sexual practices • Social and gender norms around relationships, sexuality, and marriage (power dynamics, acceptability of early marriage, concurrent relations, gender-based violence, inter-personal violence) • High incidence of HIV in district of residence • Lack of parental/caregiver presence/support
Participation in the making of decisions that affect their lives	<ul style="list-style-type: none"> • Lack of advocacy/activist/community organizations working with and for AGYW • Lack of opportunities to participate in programmes that affect their lives • Lack of acceptance by families and communities of young people and girls speaking up on matters that are important to them

Source: Adapted from USAID. Young people most at risk of HIV: a meeting report and discussion paper. Research Triangle Park, USA: UNAIDS and Family Health International; 2010. With inputs from UNAIDS. HIV prevention among adolescent girls and young women. Geneva, Switzerland: UNAIDS; 2016

3. Objectives

The overall goal of the review was to document the experiences of assessing risk and vulnerability to strengthen risk-informed programming for AGYW in relation to the prevention of HIV, unintended pregnancy and mother-to-child transmission of HIV and syphilis.

Specific objectives were to:

- Identify available programming tools and associated implementation approaches, which support the identification of vulnerability among AGYW to SRHR risks.
- Analyse the identified programming tools and implementation approaches.
- Synthesise available evidence of relevance, efficiency, effectiveness, and sustainability of the identified programming tools and approaches.

- Provide a set of key considerations and recommendations for effective implementation and scale-up of the tools and good practices identified.

The ultimate aim of the review is to facilitate the scaling of simple and effective tools to identify and reach AGYW in ESAR who are most in need of support. Including ABYM in these approaches is vital.

It is intended that this review be used by a wide range of stakeholders, to reflect on the knowledge and resources available, in order to support their policy making and programme implementation.



4. Methodology

A mixed-methods approach was used to identify existing English language tools and approaches for risk and vulnerability assessments of AGYW in relation to SRHR, and to analyse their characteristics and the experiences of using them (Table 2).

This review included a desk review of the scientific literature between 2010-2019 and online resources, and a field review of 10 countries^{iv} by means of virtual interviews with 35 key stakeholders across various stakeholder functions (Table 3). These included tool developers, implementing partners, funders, and national programme managers. In analysing stakeholder

interviews, a qualitative content analysis was conducted reviewing key themes.

In total, 40 resources were identified through the desk and field reviews, that were used to assess AGYW vulnerability and risk to HIV and unintended, unsafe pregnancies.

The analysis of the tools was undertaken in two phases, first the analysis of those identified through the literature searches, and secondly of those identified from the interviews with stakeholders.

Table 2 Overview of review methods

	Source of information	Search criteria	Output ⁱⁱ
Desk review		Tools/approaches assessing risk and/or vulnerability and/or adolescents/young people and/or prevention and/or determinants of HIV/STIs and/or pregnancy and low- and middle-income countries (LMIC) ¹	13 tools, studies and policy / programme documents
Field review		Experience in the use of tools/approaches to assess risk and vulnerability of AGYW	27 tools, studies and policy/ programme documents
			40 total

Table 3 Stakeholder interviews during field review of 10 countries

Stakeholder function	Focus of enquiry	No. of interviews
Tool developers	<ul style="list-style-type: none"> • availability of tools • availability of results of testing/use • expectations about when and why the tools should be used • resources (technical, financial) needed to use tools 	3
Programme supporters	<ul style="list-style-type: none"> • which tools and approaches are recommended to assess risk and vulnerability and why • how they build capacity to use the tools 	15
Researchers	<ul style="list-style-type: none"> • which tools/methods have they used and would recommend for programme staff and why • names of people to speak to who have used tools for purposes other than research 	4
Users of tools	<ul style="list-style-type: none"> • purpose of the tool • experiences with its use • resources needed • recommendations 	13
		35

ii See Annex A List of tools and studies

iii Search strategy Mar2020 (((assessing[All Fields] AND ("risk"[MeSH Terms] OR "risk"[All Fields]) AND Adolescent[MeSH Terms] OR youth OR young OR teenage* OR child* OR adolescent* OR young adult*)) AND ((hiv[MeSH Terms] OR hiv[tw])) OR "Sexually Transmitted Diseases, Viral"[MeSH:noexp] OR AND becoming[All Fields] AND ("pregnancy"[MeSH Terms] OR "pregnancy"[All Fields]) AND ((Eastern and Southern Africa OR ESA OR Burundi OR Botswana OR Ethiopia OR Kenya OR Lesotho OR Malawi OR Mozambique OR Namibia OR Rwanda OR South Africa OR Swaziland OR Tanzania OR Uganda OR Zambia OR Zimbabwe)) not HIV/STI treatment; care; adults; published before 2010; and language other than English

iv Eswatini, Kenya, Mozambique, Namibia, South Africa, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe.

The analyses focused on the purpose and the users of the tools; the resources needed to support their use; the results of using the tools; and overall experiences with their use. A data analysis spreadsheet was prepared to map the findings across the key elements of the review (Box 2).

In addition, an analysis was conducted of topics related to AGYW risk and vulnerability contained in 17 of the 22 tools identified. The tools excluded were either multi-country toolkits or related to service provision.

BOX 2

Themes analysed in the tools identified

- **Tool analysis themes:**
 - Country of implementation
 - Tool developer
 - Tool administrator
 - Target populations
 - Initial geographic selection
 - Community involvement in development and application of the tool
 - Timing of tool use
 - Resources needed for tool development and implementation
 - Processes for verifying results of assessments
 - Effectiveness of tool
 - Challenges encountered in its use.

Limitations

There were several limitations of the methodology:

- Although every effort was made to conduct a systematic and inclusive review, it is likely that there are other tools and methods in use that were not identified.
- In a few cases it was not possible to interview the people who had used the tools.
- Government engagement was sought, but due to pressures of the COVID-19 pandemic there was limited opportunity to gather information on government perspectives and resources.
- The objective of the assignment was to review experiences of using the tools and as such, no perspectives of AGYW who had been assessed by the tools were included.
- Several youth non-governmental organizations (NGOs) were contacted to provide and discuss the tools that they use, although no responses were received.
- The data from the key stakeholder interviews is largely anecdotal and qualitative in nature.



5. Findings




5.1 Overview of the resources identified for assessing AGYW vulnerability and risk

Overall, 40 resources on addressing the vulnerability and risk of AGYW in relation to HIV and unintended, unsafe pregnancies were identified through the desk and field reviews: 22 tools, 13 studies and 5 policy/programme documents. See [Annex A](#) for the total list of tools, studies and documents identified.

There are clear gaps in specific areas of SRHR. Only one tool was identified with a focus on the determinants of, or interventions for, pregnancy prevention, and none were found on STI prevention or PMTCT.

As it was not always possible to derive the explicit purpose of the tools, interpretation was required based on discussions with users. Few of the users of tools interviewed spoke about how the tools they were using had been developed.

Table 4 summarizes a categorization of the resources by purpose and type of resource. The rationale for their categorization is as follows:

- 
Study: use of research methods to develop models/measures; validate tools; and /or quantify population and contextual characteristics
- 
Policy/programme document: articulation of policy and/or for use in programming
- 
Tool: designed for application/ use in programmes to assess risk and/or vulnerability

The most common function of the tools served to:

- Establish an individual's eligibility for a programme and/or continuation in a programme;
- Establish the need of an individual to receive additional support and/or interventions; and
- Record the eligibility (risk) criteria for an individual's subsequent service plan.

Table 4 : Tools and studies identified by their purpose and type of document

	Purpose	Number	Type		
			S	P	T
1	Establish beneficiary eligibility/continuation for programmes	10			10
2	Context analysis & needs assessment to guide programme development	10	8	2	
3	Set up, initiate, and operate programme	3		3	
4	Validation of tool	3	3		
5	Establish need for additional support/interventions	4			4
6	Record of eligibility (risk) criteria at service planning or delivery	2			2
7	Target interventions; assess which aspects of vulnerability to address	2	2		
8	Beneficiary self-assessment	1			1
9	Provide 'baseline' information for use in M & E systems	1			1
10	Enumeration of AGYW at risk in community	1			1
11	Service delivery monitoring	1			1
12	Market segmentation to differentiate strategies for service delivery and/or product use	1			1
13	Routine or clinical enquiry for service provision/referral	1			1
	Total	40	13	5	22

Legend: S – study; P – policy/programme document; T – tool

There was only one indication of the cost involved in undertaking an assessment, estimated at 8-10 per cent of the total budget. Although it may be possible to estimate the cost in some externally funded programmes – e.g. The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) – as assessments may be part of a core initial component with a formula used for budgeting.

Tool utility and effectiveness

The aims of the range of resources outlined above differ, reflecting the differences in the mandates and accountability mechanisms of the organizations initiating, designing, monitoring and funding the programmes.

GFATM provides a limited number of interventions to all AGYW in high-risk districts and uses assessment tools to identify those AGYW who would benefit from additional interventions. For example, educational stipends in Eswatini and Zimbabwe and vocational skills in Uganda. By contrast, the DREAMS programme (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) has a comprehensive set of interventions and uses tools to identify AGYW who are most vulnerable and at-risk, to enrol them into the programme and provide the full set of interventions.

Most of the tools obtained in the field review were being used by implementing partners in-country. Quantitative measures of the tools' efficiencies and effectiveness were not available. There was no documentation found in either the literature nor in the field reviews on the effectiveness of the tools in assessing the vulnerability and risk of AGYW. Although several people interviewed indicated that formal reviews of their assessment tools are planned.

The review's objective to synthesise available evidence of relevance, efficiency, effectiveness, and sustainability of the identified programming tools and approaches was therefore not possible. However, several interviews revealed materials indicating success:

➤ **Eswatini:** The results of piloting a tool that successfully identified AGYW who were likely to discontinue school¹⁴;

➤ **Tanzania:** The results of piloting the Sauti vulnerable adolescent girls and young women (vAGYW) tool that reliably stratified out-of-school AGYW, based on individual and structural HIV risks¹⁵;

➤ **Ethiopia:** The tools used to gain an in-depth understanding of adolescents' needs, barriers and motivations to use contraceptives were summarized in a report on the resulting programme design in Ethiopia¹⁶; and

➤ **Kenya and Zambia:** In the DREAMS programme, it was suggested that the screening tools used were not identifying the AGYW most at risk of HIV, with out-of-school and sexually active AGYW not as well represented amongst the DREAMS programme beneficiaries¹⁷.

In the three studies validating tools, no results were available as yet in one¹⁸, another reported that the tool was not successful in identifying vulnerable AGYW¹⁹ and the other reported success in recruiting high risk AGYW²⁰.

However, despite the lack of formal efforts to assess the effectiveness of the tools being used, people who used the tools were nonetheless unanimous in their perceptions about the utility of the tools for targeting their programmes. Reasons include:

- Identifying AGYW who are most vulnerable;
- Providing a rationale and systematic means of addressing the needs of AGYW;
- Ensuring accountability of data gathered, as those administering the assessments knew that the information collected would be reviewed;
- Facilitating a greater understanding of the vulnerability of AGYW among programme staff and the community; and
- Reducing missed opportunities for addressing AGYW needs.

5.2 Content and characteristics of tools identified

Overview of function and format

The tools to assess vulnerability and risk among AGYW varied considerably in format and content i.e. length, types of questions for AGYW (Box 3), and recording of responses, with some including systems for scoring responses.

An analysis of the topics covered in 17 field-level tools used in 10 countries^v primarily served to:

- Establish an individual’s eligibility for a programme and/or continuation in a programme;
- Establish the need of an individual to receive additional support and/or interventions; and
- Record the eligibility (risk) criteria for an individual’s subsequent service plan.

None of the tools were set up or used in an electronic format. In one case, the assessment was administered after a formal application process by AGYW and ABYM.

From the desk review, two articles spoke to tools identified in the field review²¹, another two created indices to assess key aspects of vulnerability in order to target interventions²² and three others validated tools for different purposes though related to AGYW SRHR risks²³.

Administration of the tools

The type of information sought, how it was recorded (and used) and the amount of interpretation required on the part of the person administering the assessments are also important variables. There were significant variations in estimated time needed to administer the assessments, ranging from 10 to 120 minutes, and it was sometimes difficult to account for these differences.

Processes related to the storage of the information collected, as well as other aspects of data management were rarely discussed in the interviews. Unfortunately, SOPs that could provide further clarity about these aspects were available for only five tools.

All but one of the tools were being used in externally funded projects implemented in specific geographical locations i.e. districts. Most often locations were selected by the size of the AGYW population, and HIV incidence and/or pregnancy rates. These were determined through national/district information management systems and/or representative surveys of the population.

There is one example of a government-administered vulnerability assessment tool being used to identify vulnerable households for subsequent support, which has an additional specific assessment tool for adolescent boys and girls.

BOX 3

Types of questions for AGYW found in the tools

Tool questions:

At least 50 per cent (9 of 17) of these tools raised questions about the circumstances of the AGYW in terms of their:

- Behavioural risk factors (sexual activity; transactional sex);
- Biological risk factors (HIV status; ever/current pregnancy);
- Structural risk factors: experiences of abuse and gender-based violence (GBV);

- Schooling (often with several aspects enquired about); and
- Personal situation (parental presence/support).

However, there is considerable diversity in the manner in which these questions are framed and great variety in the other subjects covered.

The number of questions (i.e. from 5 to 73) and style vary, including questionnaires; checklists; scoring matrices; and conversation guides, with probes.

v Eswatini, Kenya, Mozambique, Namibia, South Africa, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe

The point in the programming cycle the assessment tools were used also differed depending on the purpose of the assessment. These included: to enumerate potential beneficiaries in a community; to determine eligibility for entrance into a programme and/or to receive specific interventions; or as part of enrolment, continuation and/or graduation procedures.

The tools were most often administered by mentors - young women who were selected based on defined criteria. Sometimes the tool administration was by teachers and in two instances, by committees with mixed membership – one of the committees included adolescents.

The process of undertaking the assessments most often included procedures for the verification of the results: through the ad hoc participation of supervising programme staff in assessments; regular supervision and training; spot checks; consultations with communities and/or other professionals in the communities (Box 4); and/or reference to health and education records.

Challenges with administering the assessments

The challenges reportedly faced in the use of the tools include:

- The time needed to administer the assessments;
- Pressures to meet recruitment targets;
- Record keeping and data management including the burden of recording, and file maintenance especially as tools are paper-based;
- Uncertainty of the added value of the assessment particularly in relation to other registers kept by public services;
- Lack of perceived reliability of AGYW's answers to sensitive questions, although the stakeholders who used tools indicated that this issue was recurrently emphasized and addressed in training and supervision.

BOX 4

Community engagement in tool use

Community engagement is important for identification of AGYW and in tool use.

Communities were frequently engaged in the AGYW assessment processes in a variety of ways:

- Proposing young women as mentors;
- Suggesting and permitting the use of community venues for activities;
- In the validation the results of assessments;
- Community members were usually included in the key informant interviews as part of research to review the programming context, which took place in six countries;
- Communities were considered to be key 'influencers' through their participation in programme activities to e.g. encourage contraceptive uptake and continuance;
- Tapping into local knowledge held by

traditional leaders as well as community cadres (e.g. community health workers, para social workers) to identify vulnerable villages and families and vet those considered as eligible for programmes post-assessment (e.g. Uganda);

- Functioning as volunteer members of assessment committees (e.g. Zambia); and
- Acting as volunteers to go door to door to complete the assessment tools with households (e.g. on violence), including the Early Warning System questions (in Zimbabwe).

Community validation was raised several times in the stakeholder interviews as an indication of how concerned communities were to have the needs of their AGYW addressed, and how this concern increased the motivation of those carrying out the assessments to be accurate and fair.

5.3 Studies identified that inform AGYW programming

In addition to the assessment tools, there were 13 studies and 5 programming/policy documents identified. These primarily described context and needs assessment to guide programme development. Several programming documents aimed to assist in set up and operations of programmes.

The studies used similar methods including recent literature and government/NGO/civil society organization document reviews; secondary analyses of publicly available government and partner data on determinants, outcomes and intervention coverage; primary data collection through key informant interviews and focus group discussions; and in two countries through interviewing representative samples of AGYW and ABYM.

The challenges inherent in such studies relate to their cost (e.g. persons involved in two studies estimated the costs to be approximately US\$ 200,000-300,000); the availability of age disaggregated data for secondary analysis; the time and expertise required to carry out such studies, and the timing of the study in relation to the findings feeding into programme design.

Study findings and recommendations

The findings from the studies had several common elements: reasons for school drop-out (e.g. poverty; pregnancy; corporal punishment; performance); the influence of culture on norms and behaviours; barriers to health service use; and difficulty in obtaining data about abortion and GBV.

One of the studies developed vulnerability indices at individual, household and community levels, concluding that individual factors contributed most to vulnerability. The most significant factor being that the adolescent was not in school²⁴.

One study had uncommon findings which was that there were mistaken assumptions about factors contributing to HIV i.e. that it was not the out of school and impoverished AGYW who had the highest

HIV prevalence. Another study, that aimed to collect information about awareness, use, and procurement of contraception among young people, showed how relationship dynamics and agency within relationships were of particular importance²⁵.

All the studies proposed recommendations likely to be of use for programming in the respective countries.

Research going forward

Stakeholders proposed several research measures and methodologies that could be useful for exploring risk and vulnerability in AGYW as well as contributing to the design of interventions. These methods aim:

-
- **To measure agency as a dimension of empowerment, gender norms about relationships, and perceptions of relationships** on the part of young adolescents. These concepts and methods have been developed and tested in multiple countries in the Global Early Adolescent Study²⁶;

 - **To explore factors that influence the key proximal determinants of HIV-related risk** as an alternative to asking sensitive questions about individuals' sexual behaviours. Survey data was used in three countries on household characteristics, respondent characteristics, attitudes, and knowledge to create risk profiles of AGYW²⁷;

 - **To carry out formative research involving young people and communities** using an insights generation method. As part of their human-centered design process, Adolescents 360 has used such approaches to understand the context in which girls live and to co-create solutions with them in three countries. This included the development of country (and population segment-specific) user journeys resulting from prototyping, that then drive the nature of interventions available to AGYW to engage and stimulate contraceptive uptake and continuation²⁸.

5.4 The use of datasets for assessing vulnerability and risk

Data on country-specific district HIV incidence estimates generated by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other partners as part of the Global HIV Prevention Coalition, and the delivery of combination prevention interventions by programme partners in priority districts, greatly benefit countries in selecting priority districts for concentrated and accelerated effort for HIV prevention among AGYW²⁹.

There is now also data on the number of AGYW who have been reached by country, from programmes funded by GFATM and the President's Emergency Plan for AIDS Relief (PEPFAR). To improve coverage estimates, UNAIDS is now working with GFATM and UNICEF on a more quantitative approach to estimating denominators for AGYW programmes, including at sub-national level, acknowledging the diversity of the population and varying incidence. This is crucial for estimating the coverage of the uptake of prevention interventions.

There is also an exploration of the use of data sets that could be used to identify the prevalence of certain risk factors to further define the at-risk population in districts. For example, data from the Evidence for Contraceptive Options and HIV Outcomes (ECHO) trial which, was conducted in four African countries, compared HIV risk among women using the three most commonly used methods of hormonal contraception. The study included AGYW as study participants³⁰; In addition, the ALPHA network that assembles and curates individual-level data from different sources, including demographic surveillance, verbal autopsy interviews, serological and sexual behaviour surveys, and individually-linked data from medical facilities³¹ could be a good data source to explore risk factors.

It is important to recognize that context and other factors that create vulnerability to SRHR risks for AGYW change over time and during this period of the life course, a point acknowledged by several implementers. This needs to be taken into consideration with data collection approaches and may reduce the value of assessments done at one point in time in an AGYW life.



6. Discussion

6.1 Involving the community in the assessment of vulnerability and risk

Engaging local communities is an important aspect of programmes for vulnerable and at-risk AGYW, and several ways of doing this were described during the interviews and included in the SOPs that were obtained (**Box 4** above).

However, the perspectives of the community can also create problems, for example, if there is pressure to enrol certain AGYW. The opinions of community members can also reinforce discrimination and negative stereotypes of the behaviours and aspirations of AGYW, who seem to challenge traditional norms.

The existence of a tool, with clear criteria and procedures to follow, can counteract pressures for favouritism and provide opportunities to exchange views about social norms.

6.2 Focusing on a key proximal determinant – unprotected sexual activity

Managing the risks of sexual activity is central to the prevention of HIV, STIs and pregnancy, and not surprisingly featured prominently in the tools and studies reviewed.

One interviewee considered it to be “inappropriate to ask AGYW about sexual behaviour the first time we have met her”. Acknowledging the sensitivity of sexuality and the assumed likelihood of false responses on the part of AGYW, interviewees emphasized the importance of adequately training the people who would administer the tools (**Box 5**).

Surprisingly perhaps, people implementing the tool did not perceive sensitivities around sex to be a challenge, and there was considerable variety in the ways that the tools explore sexual behaviour. In the two cases that included self-assessments, the implementers thought that the responses were more honest and were surprised that AGYW acknowledged transactional sex and instances of GBV.

BOX 5

Avoiding stigma

Do no harm and avoiding further risk

In relation to sexual behaviour, one issue that was raised by several stakeholders interviewed concerned the potential for openness around this issue to create stigma. As one person put it, “it is difficult to identify risk without creating new risk for the young woman”.

The need for project staff to adequately train and supervise the people administering the tools in order to ‘do no harm’ was considered essential by most of the tool users interviewed.

Although perhaps more relevant for intervention design than programme recruitment, a more nuanced understanding of AGYW sexual socialization and motivations for engaging in sexual activity was raised by some of the people interviewed. A study in Kenya aiming to understand the awareness, use, and procurement of contraception among young people highlighted the importance of the relationship dynamics and agency within relationships. Some of the literature speaks of the value accorded by AGYW in preserving and managing their sexual relationships, which may supersede considerations of HIV prevention³².

In those contexts in which early childbearing within or outside marriage/union is socially accepted, or even encouraged, early pregnancy could be intended and wanted, which is never the case for HIV/STIs. This further emphasizes that vulnerability and risk for HIV is not always the same as vulnerability and risk for pregnancy. Uncovering the desire to avoid, delay, space, or limit childbearing was therefore central to the formative research undertaken in the ‘inquiry’ phase of programmes aiming to improve contraceptive uptake in Ethiopia, Nigeria and Tanzania. However, in only 5 field-level tools reviewed were there enquiries about the general aspirations of AGYW for the future, let alone reproductive aspirations.

6.3 Record keeping

The burden of maintaining records of assessments was one of the challenges highlighted by several people who used the tools. In all cases but one, which was planning to transfer paper-based records to an electronic system, implementers spoke of the volume of paper, and the inconvenience of storage. This was especially apparent when other screening tools were also being used in the programme, in addition to the initial enrolment, and the difficulties of subsequent retrieval of individual case records.

The importance of tracking and following up on the interventions received by AGYW was well recognized. However, problems with obtaining responses from partners, in particular health facilities and other databases, compromised the tracking, thereby weakening accountability and creating inefficiencies.

Several people who used the tools talked about their ambition and intention to use the information that was collected for programme monitoring, including to see whether initial vulnerability and risks had been mitigated. The ability to attribute outcomes for AGYW from the information collected through the tools was not explored, although this is something that does need to be addressed as there is an expectation from some of the users interviewed that this should be possible. This relates to the overall effectiveness of the tools.

Finally, given the frequent practice of validating the assessments by involving and encouraging feedback from people living and working in the community, measures to ensure confidentiality are vital. Most people interviewed indicated that such measures were in place and that there was routine supervision to make sure that people complied with them.

6.4 Aligning the tools with government practices

Most of the tool implementers referred to other screening tools that were being used, some of which were required by the government (e.g. for HIV testing, or assessments for educational subsidies in Zambia and Zimbabwe). This was sometimes a deterrent to timely completion of the AGYW vulnerability/risk assessment tools due to the replication of questions and procedures. Indeed, several government stakeholders and implementers cited the fragmentation and duplication of tools as being a major concern.

Often, there were reportedly different government vulnerability assessment tools to consider that emanate from different ministries. For example, the Ministry of Health may have a tool focusing on HIV risk assessment linked to the national HIV testing strategy, while the Ministry of Youth or Gender, may have overlapping tools for assessing vulnerability as this relates to orphans and vulnerable children and child marriage.

Tanzania and Uganda are reportedly currently taking action to harmonize tools. One implementer in another country indicated that there was regular updating of assessment tools and procedures to align with government guidelines. GFATM, at least in some countries, has explicitly aligned with national assessment approaches, financially supporting the process if necessary.

6.5 Varying priorities and needs for information

This review contained limited information on government perspectives, but uncovered the potential for differing concerns and priorities. For example, there is a possible reluctance on the part of governments to target specific subpopulations of AGYW on the assumption that most adolescents will be sexually active at some time. The subsequent risk of pregnancy means all AGYW require basic knowledge and access to services. This reflects the “reproductive rights” approach.

Governments may want to have resources more horizontally allocated to reflect an equity perspective (e.g. universal health coverage). Stakeholders also spoke of the debate about absolute or relative equity, especially with respect to population density: one can argue that funding is more efficient if it is used in densely populated areas rather than in areas with dispersed populations, even though the latter might be more marginalized.

Different data are needed to answer different questions about vulnerability, including whether the focus is on identifying vulnerable communities/districts, or vulnerable individuals within social or geographical groupings. In this regard, it is important to recognize the potential use of population-specific aggregate data, such as that derived through national services, and facility-derived information (DHIS2) for strategic and programme planning.

Discussion

This was mentioned by several government respondents, although they also referred to frequent problems with age and sex disaggregation and sample sizes.

Assessments take place at intake in health facilities and screen for the provision of various interventions. The practicality of undertaking a broader assessment of risk and vulnerability in various platforms (such as health facilities and schools) was not explored, but suggested by several stakeholders (government and UN partners).

To report on multisectoral national strategies, there seems to be keen interest on the part of governments to monitor the variety, frequency, and locations of services that an individual AGYW receives. To do this, they are trying to harmonize data from various information systems and are acutely aware of the weaknesses in community level (district, NGO, community-based organization) monitoring and evaluation systems. The latter point was echoed by other stakeholders, who stressed that there is a need for community-based and community-led systems that implementers can use to monitor their activities and that can be shared between different sectors.

Improvement in “programme management as a technical area” was stressed as a requirement to strengthen the oversight and delivery of prevention activities, as there is inadequate comparability in programmes and results, within and between countries.

Data limitations also apply to the health sector which is challenged by a lack of harmonization (Box 6).

BOX 6

Use of health data for AGYW programming

Wealth of health data but with limitations

There are increasing efforts to collect information relevant for health including AGYW populations. These include from:

- Population-based HIV impact assessment (PHIA);
- Demographic and Health Survey (DHS);
- Multiple Indicator Cluster Survey (MICS);
- Global school-based student health survey (GSHS);
- Health behaviour in school-aged children survey (HBSC);
- District Health Information System 2 (DHIS2); and
- Civil registration and vital statistics (CRVS) systems.

However, these measurement endeavours have often been poorly coordinated, resulting in duplication in some areas, a lack of interoperability between systems, and persistent measurement gaps. Various indicators for similar domains are used limiting comparability³³.

Moreover, age groupings of adolescents and young people often differ, making it difficult to interpret, compare and use health status and determinants data.

While the prospect in furthering the digital collection and use of data in programming for adolescents is diminished by these weaknesses in aggregate data sets, there are efforts being made to streamline different datasets.



7. Proposed action

➤ **Action 1:** Contribute to government leadership on standardizing AGYW tools

Support governments to work towards standardized tools to reduce the fragmentation and duplication of tools and efforts. Current guidance promotes the principle of harmonizing with statutory systems and those used by technical partners in their monitoring and evaluation frameworks³⁴. It is not more tools that are needed but greater coherence and coverage.

➤ **Action 2:** Agree on core minimum content for AGYW tools across programmes and sectors

Develop a standard content menu with a suggested repository of questions for possible inclusion in vulnerability and risk assessment tools, for use through programme phases, and across sectors. For example: birthdate; sex; address; in education, employment, or training; civil status; presence of supportive adult. Simplify the core content as much as possible: The simpler the tools are, the more likely it will be possible to scale up their use.

➤ **Action 3:** Consolidate, understand and use existing data

A key initial step before developing or introducing a new tool is to fully understand the data that is already being collected. Available data may already provide sufficient data for targeting and will help to determine the “value add” of any additional tools. Therefore, programmes should consider mapping aggregate data that are available nationally across different sectors, including those used for e.g., social protection; education coverage and completion; health service coverage; food security; and livelihood diversification measures for adolescents and their families. Identifying vulnerability data where it is available at district level, could then be averaged and applied to population data to estimate national need and eventually programme targets. In addition, consideration should be given to using vulnerability data from, for example, ad hoc studies, to pinpoint those in need of special attention (e.g. mobile, migrant, stigmatized, persons with disabilities, and associated groups). Other actions such as mapping national data analysis capacities of e.g. government statistical units, academia and technical partners; and the preparation and dissemination of aggregated data summaries as ‘dashboards’ could also contribute to a better understanding of the vulnerability and risk landscape for AGYW.

➤ **Action 4:** Strengthen national information systems

The broader scope and multisectoral approach adopted by the Sustainable Development Goals (SDGs) presents challenges to many LMICs in providing data to inform planning and decision-making. SDG3 on health, with its emphasis on equity and leaving no one behind, calls for the generation of disaggregated data³⁵. Limited age disaggregation has long been a barrier for improved programming for young people, and while improving, requires accelerated efforts at all levels and to be standardized across sectors. Aligning with global efforts to standardize the definition and

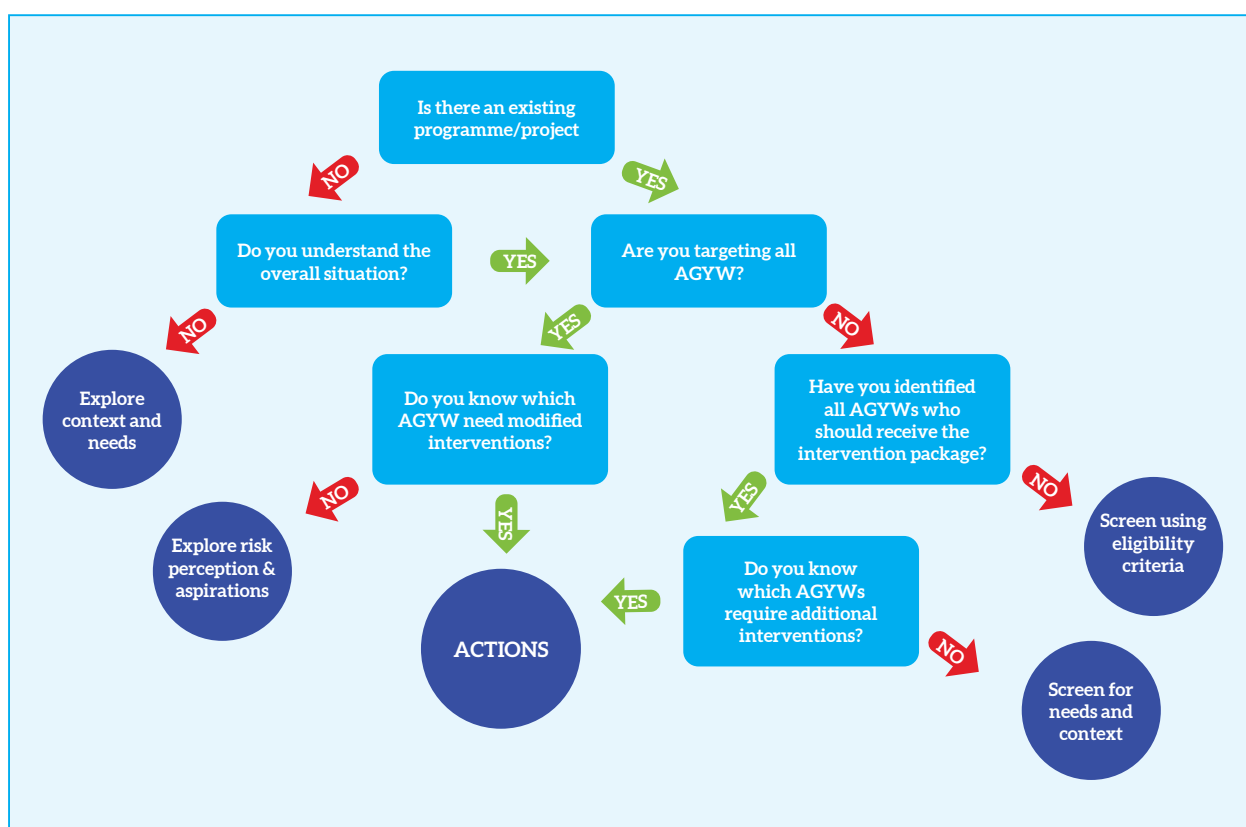
Proposed action

measurement of core indicators of adolescent health^{vi} can provide greater consistency and validity. Information that can be standardized will facilitate its incorporation into the increasing demand for and availability of electronic systems³⁶ for data collection, analysis and synthesis (e.g. smartphones/tablets).

➤ **Action 5:** Focus the timing and content of tools to align with the programme and target group

Tools, including studies, are useful throughout programming. **Figure 1** proposes several questions that could focus the content and timing of assessments. The questions in **Box 7** could further assist in the tailoring of tools. Moreover, the vulnerability and risk factors for HIV and pregnancy may differ, and even the vulnerability for HIV may differ between and even within countries, which needs to inform tool development. Longitudinal cohort studies provide opportunities to explore and understand risk and protective factors and how these evolve over time, however, these are very resource intensive and methodologically challenging³⁷.

Figure 2: Pathway to help decision-makers ensure interventions reach the most vulnerable and at-risk AGYW



vi WHO, Maternal, Newborn, Child and Adolescent Health and Ageing Data portal, Global Action for Measurement of Adolescent health (GAMA) www.who.int/data/maternal-newborn-child-adolescent/gama/about-gama and UNAIDS, Prevention Scorecards and Posters <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/> accessed 19 January 2021

BOX 7

Questions to consider in the development of tools

Tool development questions:

1. How is the information obtained from the tool going to be used? At what stage of the programme i.e. engagement/recruitment; eligibility; enrollment; individuals' service planning; service delivery (including referral and follow-up); retention; programme monitoring (including quality assurance) and evaluation; and individuals' graduation/exit.
2. Does the use of the tool limit an individual's access to an intervention which may engender social and political opposition?
3. What information will the tool provide that is not already available from other sources?
4. How accurate is the information? Can the information be verified and is it static? (e.g. demographic data are often verifiable but behavioural and environmental information, particularly for adolescents, are subjective and dynamic).
5. What is the strength of the evidence that the topics/factors queried by the tool are related to the risk? Have the tools been validated? (being cognizant of the downside of validation studies i.e. the investment needed and the specificity of results to the population and tools studied)
6. What is the scope for programmes to adapt interventions and/or target groups based on determinants and to respond to changing needs; and can the tools realistically contribute to this?

➤ Action 6: Involve adolescents and young people as their perceptions are crucial

Learning about the perceptions of AGYW and ABYM is a crucial part of understanding the local context of vulnerability and risk. Sources include local media and young people's organizations, as well as engaging adolescents to participate in research activities³⁸. Develop guidance on and opportunities for engaging young people to access self-assessment tools on websites, social media, and youth-oriented magazines, and to review and discuss their utility, validity, and formats. Create and utilize tools for AGYW and ABYM to understand and reflect upon their own circumstances: the challenges and risks they face and their reaction to them; their aspirations, and the opportunities and support they need³⁹. Integrate the use of such tools and experience into programme and intervention development and improvement.

➤ Action 7: Encourage good practice throughout the assessment processes

SOPs aligned with government guidelines should be developed. SOPs should include practices for ensuring confidentiality during assessments; obtaining consent for use of information obtained (including from caregivers in the case of minors); obtaining permission prior to contacting other relevant professionals, such as school or youth organizations; storage of records in a safe and secure environment to safeguard their physical integrity and confidentiality; and steps to ensure that records are protected from theft, loss and unauthorised use or disclosure, including photocopying, modification or disposal. Training and supervision of staff to support the employment of such procedures is crucial.

➤ Action 8: Assess impact of tool use for AGYW

More effort is needed to formally determine if assessments of AGYW make a difference, both in terms of their access and uptake of services and if these are the right services, making a difference to their lives. This requires an exploration of the relationship between factors creating vulnerability with the assessment and effectiveness of interventions. This work can inform the feasibility of tailoring interventions to individual adolescents at scale.

To this end, it may be useful to assemble the vulnerability assessment tools in use for individual AGYW. This can be done by sector at household, community and facility (schools, health) level, with the tools reviewed for their primary purpose, content, format and processes for administration, validation, recording, and linkage of the information collected to programme monitoring and evaluation, as well as district-level registers/records.



Conclusion

There is widespread acknowledgement of the importance of reducing HIV, STIs and unintended unsafe pregnancy among AGYW in ESAR for many reasons, including individual development, public health, and social and economic progress. Fortunately, significant domestic and external resources are being directed to national responses to address these problems, and to achieve a number of related global and national commitments.

Although this is not a comprehensive review, it reveals many commonalities (as well as variations) in the content of the tools that are being used to identify vulnerable AGYW, their purposes, and the benefits and challenges of using them. The review provides a range of experiences from the region to support countries to develop and refine programming for AGYW. It shows that tools and methods are being used to sharpen programming to ensure that those AGYW most in need receive relevant services and support.

With increased interest in the acceleration, effectiveness and efficiency of SRHR programmes designed to meet the needs of AGYW, it is time to consolidate, simplify and standardize tools so that they can be implemented at scale in ESAR.

This means considering the development of a standard menu of content for possible inclusion in vulnerability and risk assessment tools, with a suggested repository of questions that could be aligned with government tools and data.

Countries can expect to benefit from global endeavours to standardize the definition and measurement of core indicators of adolescent health, and these will provide greater consistency and validity to aggregate data about vulnerability and risks. The need to build capacity in the understanding and use of data, including those from programmes at community level is crucial.

During the exercise little was learned about efforts to assess the effectiveness of tools, which is an essential priority going forward. Likewise, routinely collecting perceptions of AGYW and ABYM, is a crucial aspect of understanding the local context of vulnerability and risk. The involvement of young people in the creation of tools to understand and reflect upon their own circumstances is clearly essential for all phases of programming: the challenges and risks they face and their reactions to them; their aspirations, and the opportunities and support that they need.

Annex A: Tools, studies, policy and programming documents identified

The documents, with permission to share, can be accessed in the AGYW programming & implementation repository in folder 7, accessible [here](#). For documents published online the direct URL is also provided. Users are encouraged to reach out to the authors for more information about using the tool.

Repository No.	References*	Theme	Type	Purpose	Available on AGYW repository / published online
BOTSWANA					
1	MoH and NAHPA Botswana. The National HIV/AIDS Programming Framework for Adolescents and Young People in Botswana, 2019 - 2023 . 2019.	HIV	Policy / Programming	Context analysis & needs assessment to guide programme development	
2	NAHPA & UNFPA Botswana. Profiling of Adolescent Girls and Young People (AGYW) and Target Setting in Botswana . 2020.	HIV	Study	Context analysis & needs assessment to guide programme development	https://bit.ly/3wStHq3
3	Avenir health. Goals Age-Sex Model (Goals-ASM) for Analyzing HIV Programs for Adolescent Girls and Young Women in Botswana 2019 . Draft 2019.	HIV	Study	Context analysis & needs assessment to guide programme development	
ESWATINI					
4	UNAIDS. HIV risk reduction in Eswatini . PowerPoint presentation. 2019.	HIV	Policy / Programming	Context analysis & needs assessment to guide programme development; specific BCC intervention	
5	Unicef and Cango. Geographic and Programmatic Scoping for Adolescent Girls and Young Women HIV Programming in Eswatini . Consolidated Report. 2019.	HIV	Study	Context analysis & needs assessment to guide programme development	https://www.unicef.org/eswatini/reports/geographic-and-programmatic-scoping-adolescent-girls-and-young-women
6	The Bantwana Initiative of World Education, Inc. School Drop-Out Early Warning System Screening Tool . DREAMS Innovations Challenge 2017/18; OSISA; 2019.	HIV	Tool	Establishing need for additional support/interventions	https://bantwana.org/wp-content/uploads/2019/04/WEI-B-DREAMS-IC-SWAZI-EWS-One-Page-FINAL.pdf
7	CANGO. Vulnerability Assessment Questionnaire . 2019.	HIV	Tool	Establishing need for additional support/interventions	

Repository No.	References*	Theme	Type	Purpose	Available on AGYW repository / published online
KENYA					
8.1	PEPFAR. Kenya DREAMS Graduation Standard Operating Procedures . 2019	HIV	Policy / Programming	Standard operating procedure to accompany 8.2.	
8.2	PEPFAR. DREAMS Graduation Readiness Assessment Tool (GRAsT) . 2019	HIV	Tool	Establishing beneficiary continuation in or graduation from programmes	
9	Population Council Tool. Girl Roster Kenya Questionnaire LVCTHEALTH . 2015.	HIV	Tool	Establishing beneficiary eligibility	
10	LVCT Health. DREAMS Screening Tool 1.0 LVCT . 2016.	HIV	Tool	Establishing beneficiary eligibility	
11	PEPFAR. DREAMS Enrolment Form . 2016	HIV	Tool	Establishing beneficiary eligibility	
12	International Centre for Reproductive Health-Kenya (ICRHK) & PMA Agile. Nairobi Youth Respondent-Driven Sampling Survey: Final Report . 2020. Performance Monitoring for Action Technical Report. Baltimore, Maryland, USA: Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins University Bloomberg School of Public Health.	SRHR	Study	Context analysis & needs assessment to guide programme development	https://www.pmadata.org/publications/nairobi-youth-respondent-driven-sampling-survey-yrdss-final-report
MOZAMBIQUE					
13	PEPFAR and Jhpiego. Assessment tools efficiencies for clinical HIV outcomes tools . 2017.	HIV	Tool	Record of eligibility (risk) criteria at service delivery	To access the Online Platform, you must be registered on: https://app.dreams.co.mz/backend/web/index.php/user/login.dreams
NAMIBIA					
14	PEPFAR. DREAMS screening and enrolment form . 2019.	HIV	Tool	Establishing beneficiary eligibility	
15	MoHSS. Geographic and programmatic scoping/mapping of available sexual and reproductive health and rights (SRHR), gender-based violence (GBV) and HIV services for adolescent girls and young women . 2020.	SRHR	Study	Context analysis & needs assessment to guide programme development	https://bit.ly/3wStHq3

Review of Tools

for Assessing the Vulnerability and Risks of Adolescent Girls and Young Women in Eastern and Southern Africa

Repository No.	References*	Theme	Type	Purpose	Available on AGYW repository / published online
SOUTH AFRICA					
16	Giovenco D, Pettifor A, MacPhail C, Kahn K, Wagner R, Piwowar-Manning E, Wang J, Hughes JP. Assessing risk for HIV infection among adolescent girls in South Africa: an evaluation of the VOICE risk score (HPTN 068) . Journal of the International AIDS Society. 2019 Jul;22(7):e25359.	SRHR	Study	Validation of tool	https://onlinelibrary.wiley.com/doi/full/10.1002/jia2.25359
17.1	AIDS Foundation South Africa, Beyond Zero, and NACOSA. Standard Operating Procedure. Core Service Adolescent Girls & Young Women Programme . 2019.	HIV	Policy / Programming	Standard operating procedure to accompany 17.2.	https://bit.ly/3wStHq3
17.2	The South African National AIDS Council (SANAC). Self-assessment tool for HIV risk and vulnerability (15-24-year olds) . 2019.	HIV	Tool	Beneficiary self-assessment	https://bit.ly/3wStHq3
18	The Global Fund, AIDS Foundation South Africa, Beyond Zero, and NACOSA and The South African National AIDS Council (SANAC). AGYW programme : enrolment form . 2019.	HIV	Tool	Provide 'baseline' information for use in M & E systems	https://bit.ly/3wStHq3
19	The Global Fund. AGYW programme: core package of services form . 2019.	HIV	Tool	Record of eligibility (risk) criteria at service delivery	https://bit.ly/3wStHq3
20	CAPRISA. Caprisa 082 Baseline behaviour and HIV risk perception assessment . 2015.	HIV	Tool	Eligibility assessment	https://www.prepwatch.org/resource/caprisa082-baseline-behavior-assessment/
SOUTH SUDAN					
21	USAID & Measure Evaluation. South Sudan OVC Household Vulnerability Prioritization Tool .	HIV	Tool	Establishing beneficiary eligibility/ continuation for programmes	https://www.measureevaluation.org/our-work/ovc/2022-orphan-and-other-vulnerable-children-household-vulnerability-prioritization-toolkit/south-sudan-ovc-household-vulnerability-prioritization-tool-pdf/view
22	4Children. HIV Risk Assessment Tool ; South Sudan, May 2018.	HIV	Tool	Routine enquiry for service provision/ referral	https://bit.ly/3wStHq3

Repository No.	References*	Theme	Type	Purpose	Available on AGYW repository / published online
TANZANIA					
23	Gill MM, Jahanpour O, van de Ven R, Barankena A, Urasa P, Antelman G. HIV risk screening and HIV testing among orphans and vulnerable children in community settings in Tanzania: Acceptability and fidelity to lay-cadre administration of the screening tool. Plos one. 2021 Mar 25;16(3):e0248751.	HIV	Study	Validation of tool	https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0248751
24	Jhpiego/PEPFAR. Sauti Project. SAUTI vAGYW INDEX. Standard Operating Procedures of Adolescent Girls and Young Women Vulnerability Index. Version 3.0. 2017.	HIV	Tool	Establishing need for additional support/interventions	
25	Adolescents360. Open source tools for programmes to “Get Girl-Centred” throughout the four stages of a programme. [Website].	SRHR	Tool	Market segmentation to relate to service and/or product use (also Set up, initiate, and operate programme)	https://a360learninghub.org/open-source/
UGANDA					
26	The AIDS Support Organization (TASO) Uganda. Vulnerability Assessment for AGYWs. Version 1. 2019.	HIV	Tool	Establishing beneficiary eligibility	https://bit.ly/3wStHq3
27	MInistry of Health. AGYW implementation assessment and mentorship tool. 2019.	HIV	Tool	Service delivery monitoring	
28	Ministry of Gender Labour and Social development. Adolescent vulnerability assessment tool (AVAT) [OVCMIS FORM 007B]. 2015.	HIV	Tool	Establish need for additional support/interventions	http://jmd.mglsd.go.ug/docs/step2form007b.pdf
29	MoH. Formative Assessment of HIV, Sexual and Reproductive Health and Gender-based Violence Status among Adolescent Girls and Young Women in Uganda. 2019.	SRHR	Study	Context analysis & needs assessment to guide programme development	https://www.academia.edu/39884157/FORMATIVE_ASSESSMENT_OF_HIV_SEXUAL_AND_REPRODUCTIVE_HEALTH_AND_GENDER_BASED_VIOLENCE_STATUS_AMONG_ADOLESCENT_GIRLS_AND_YOUNG_WOMEN_IN_UGANDA
30	Ministry of Health Uganda and UNFPA. Assessment of Adolescent and Youth Sexual Reproductive Health (AYSRH) in Uganda. 2017.	SRHR	Study	Context analysis & needs assessment to guide programme development	
31	Amin, S., Austrian, A., Chau, M., Glazer, K., Green, E., Stewart, D., and Stoner, M. Adolescent Girls Vulnerability Index: Guiding Strategic Investment in Uganda. New York: Population Council. 2013.	SRHR	Study	To target interventions; assess which aspects of vulnerability to address	https://knowledgecommons.popcouncil.org/departments_sbsr-pgy/739/
ZAMBIA					

Scoping Review of Tools

for Assessing the Vulnerability and Risks of Adolescent Girls and Young Women in Eastern and Southern Africa

Repository No.	References*	Theme	Type	Purpose	Available on AGYW repository / published online
32	Ng'andu M, Chipungu J, Rabkin M, Abrams E, Bolton C, Kasonde P, Nkwemu K, Sundano L, Zech J, Buba A, Sharma A1. Recruiting high-risk adolescent girls and young women for short term follow-up after HIV testing: strategies that work. Reviews in Antiviral Therapy & Infectious Diseases; Abstract 68. 2019.	HIV	Study	Validation of tool	http://regist2.virology-education.com/abstractbook/2019/abstractbook_3hivadol.pdf
33	UNAIDS. Report on the National Geospatial Data Analysis on HIV/SRH Risks and Vulnerabilities of Adolescents and Young People in Zambia. 2020.	SRHR	Study	Context analysis & needs assessment to guide programme development	https://bit.ly/3wStHq3
34	Churches Health Association of Zambia (CHAZ). AGAPE product. AGYW assessment tool.	SRHR	Tool	Establishing beneficiary eligibility (for educational support)	https://bit.ly/3wStHq3
ZIMBABWE					
35	UNDP. Sista 2 Sista Club Survey. Zimbabwe. 2013.	HIV	Tool	Establishing beneficiary eligibility	http://procurement-notices.undp.org/view_file.cfm?doc_id=170350
MULTIPLE COUNTRIES					
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UNICEF Eastern and Southern
Africa Regional Office
P.O. Box 44145
Nairobi
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