



#EndAdolescentAIDS



**GUIDANCE DOCUMENT ANNEX**

# **STRENGTHENING THE ADOLESCENT COMPONENT OF NATIONAL HIV PROGRAMMES THROUGH COUNTRY ASSESSMENTS**

Adolescent Assessment and Decision-Makers' (AADM) Tool



**United Nations Children's Fund, Strengthening the Adolescent Component of National HIV Programmes through Country Assessments, UNICEF, New York, 2015.**

Front Cover Photo: Nasma Rajabu throws a football that has been donated by UNICEF at the PASADA projec that is supported by UNICEF, in Dar es Salaam, Tanzania Wednesday, April 2, 2014. Nasma is HIV positive and is supported by PASADA.(Kate Holt/ UNICEF Photo/)

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**JUNE 2015**

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# ABBREVIATIONS AND ACRONYMS

<b>AADM</b>	Adolescent Assessment and Decision-Makers' Tool
<b>ACT</b>	Accelerating Children's HIV/AIDS Treatment (initiative)
<b>AIDS</b>	acquired immune deficiency syndrome
<b>AIS</b>	AIDS Indicator Survey
<b>ALHIV</b>	Adolescents Living with HIV
<b>ANC</b>	Antenatal Care
<b>ART</b>	Antiretroviral Therapy
<b>ARV</b>	Antiretroviral (drug)
<b>CBO</b>	Community-based Organization
<b>CHW</b>	Community Health Worker
<b>CSO</b>	Civil Society Organization
<b>DHS</b>	Demographic and Health Survey
<b>DREAMS</b>	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (life)
<b>EMIS</b>	Education Management Information System
<b>EGPAF</b>	Elizabeth Glaser Pediatric AIDS Foundation
<b>GARPR</b>	UNAIDS Global AIDS Response Report
<b>GBV</b>	Gender-based Violence
<b>GFATM</b>	The Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>HIV</b>	Human Immunodeficiency Virus
<b>HCT</b>	HIV Counselling and Testing
<b>HMIS</b>	Health Management Information System
<b>NA</b>	Not applicable
<b>ND</b>	No data
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>MNCH</b>	Maternal, Newborn and Child Health
<b>PEPFAR</b>	The U.S. President's Emergency Plan for AIDS Relief
<b>PMTCT</b>	Prevention of Mother-to-child Transmission (of HIV)
<b>PEP</b>	Post-exposure Prophylaxis
<b>PrEP</b>	Pre-exposure Prophylaxis
<b>SRH</b>	Sexual and Reproductive Health
<b>STI</b>	Sexually Transmitted Infection
<b>TB</b>	Tuberculosis
<b>UNAIDS</b>	Joint United Nations Programme on HIV and AIDS
<b>UNDP</b>	United Nations Development Programme
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>UNJT</b>	United Nations Joint Team on HIV and AIDS
<b>UN Women</b>	United Nations Entity for Gender Equality and the Empowerment of Women
<b>VL</b>	Viral Load
<b>WHO</b>	World Health Organization
<b>VMMC</b>	Voluntary Medical Male Circumcision

# All In to #EndAdolescentAIDS

All In is a collaborative platform aimed at driving better results for adolescents (aged 10-19 years) through critical changes in programmes and policy. It seeks to engage adolescents and unite actors across sectors to accelerate reductions in AIDS-related deaths by 65% and new HIV infections among adolescents by 75% by 2020, thus setting the global AIDS movement on track to end the AIDS epidemic among adolescents by 2030.

Convened by a leadership group including UNICEF, UNAIDS, UNFPA, WHO, PEPFAR, GFATM, MTV Staying Alive Foundation and adolescent leaders, the platform focuses on driving forward four key action areas:

## 1. Engage, mobilize, and support adolescents as leaders and agents of social change

- Ensure adolescents' realities shape national responses to AIDS through deliberate strategies to increase meaningful adolescent participation in decision-making and in the full programme cycle
- Collaborate with, and mobilize adolescent groups to advocate for the review of laws on the age of consent for sexual and reproductive health (SRH) and HIV information and services
- Support adolescent-led social movements to address the socio-economic and policy contexts that increase adolescent HIV risk and vulnerability and provoke stigma, discrimination, and harmful gender norms

## 2. Sharpen adolescent elements of national AIDS programmes through improved data collection and analysis

- Identify opportunities to link adolescent-focused HIV programming to other national commitments on adolescent health and development
- Build on existing reviews and conduct new assessments to confirm priority geographic areas and adolescent populations most at risk and inform priority actions to better reduce new infections, mortality and morbidity
- Refine national strategies for priority HIV services and access to information for adolescents through strategic partner engagement and cross-sectoral linkages
- Engage national leadership to coordinate, support and lead assessments and implement prioritised adolescent elements of national programmes.

## 3. Foster innovative approaches for improved adolescent engagement and increased impact of prevention, treatment and care programmes

- Expand partnerships between the public and private sectors for HIV-related service delivery
- Establish continuous review mechanisms for promising approaches in scaling up programmes for adolescents
- Develop innovative community monitoring and accountability systems by and for adolescents by leveraging online technology and encouraging innovation
- Strengthen community support for adolescents living with HIV and adolescents vulnerable to HIV infection

## 4. Advocate at all levels to position adolescent AIDS on the agenda; communicate needs and successes effectively; and mobilize resources for efficient adolescent programmes

- Facilitate global, regional and national inter-generational dialogue between policymakers and adolescents to strengthen adolescent networks and leadership, as well as motivate positive social change to reduce HIV risk
- Conduct data-driven advocacy to optimize resource allocation, including resource gap mapping and expenditure tracking to ensure effective investments in the fight to end the AIDS epidemic among adolescents



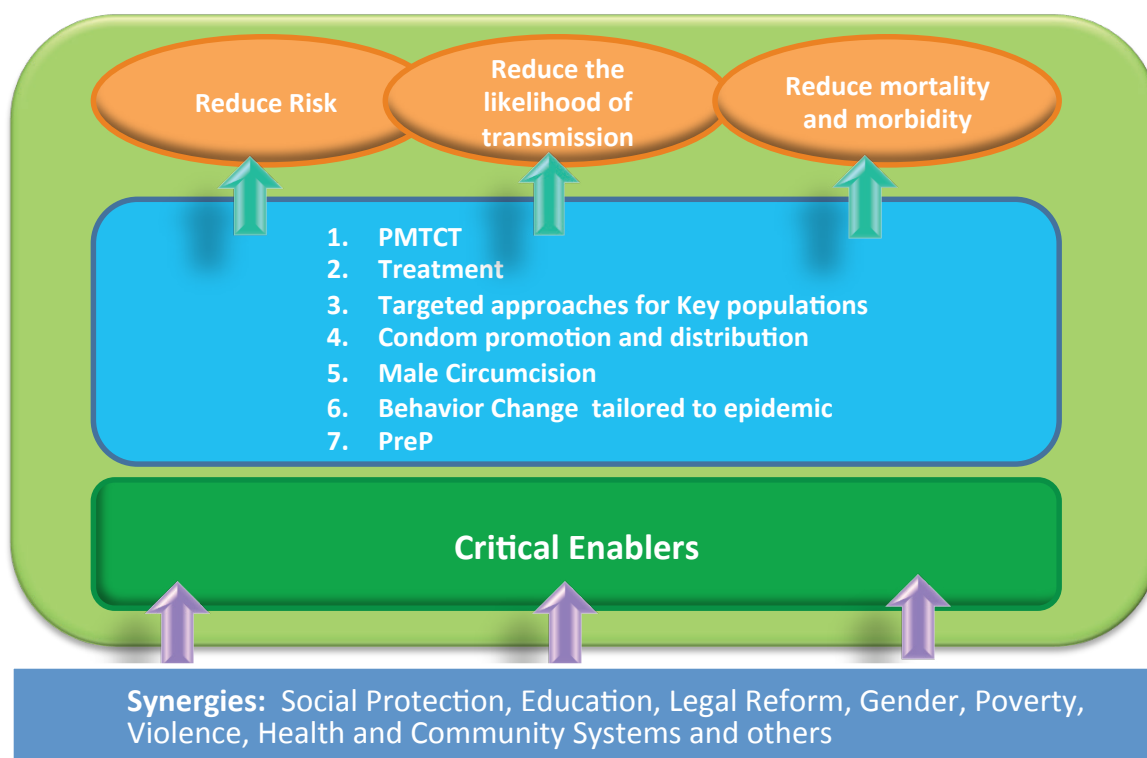
# ANNEX 1: COUNTRY ASSESSMENT CONCEPTUAL FRAMEWORKS

The country assessment builds upon the HIV investment framework,<sup>1</sup> the All In strategic framework<sup>2</sup> and the UNAIDS modelling for the Fast Track Initiative to End AIDS by 2030.<sup>3</sup>

## HIV Investment Framework

The HIV investment framework<sup>4</sup> (figure 1) is based on evidence for impact and modelling. The premise is that HIV programmes are most efficient and have the greatest impact on HIV incidence, morbidity and mortality when investments are focused on proven high-impact interventions (basic programmes), critical enablers or programmes that help delivery and uptake of basic programmes, as well as catalytic actions addressing structural factors linked to other sectors (e.g., education, child protection, social protection) creating synergies with HIV programmes. Based on the HIV investment framework the country assessment approach promotes cross-sectoral adolescent programming ensuring countries purposely strengthen efforts to build on the synergies across different sectors. This approach is inclusive of programme areas in adolescent health (including sexual and reproductive health), gender-based violence, social protection, education, programming for adolescent key populations and risk-informed programming.

**FIGURE 1** HIV Investment Framework



Source: Schwartlander B, et al. The Lancet, 377 (9782), 2011

1 Schwartländer, B. et al., 'Towards an Improved Investment Approach for an Effective Response to HIV/AIDS'. Lancet, vol. 377, 2011, pp.2031 – 41.

2 United Nations Children's Fund and Joint United Nations Programme on HIV/AIDS, 'All In to End Adolescent AIDS', Launch document, 2015.

3 Joint United Nations Programme on HIV/AIDS. 'Fast Track Initiative to End AIDS by 2030', 2014, [www.unaids.org/en/resources/documents/2014/JC2686\\_WAD2014report](http://www.unaids.org/en/resources/documents/2014/JC2686_WAD2014report)

4 Discussion Paper: What is the Investment Framework for HIV/AIDS and what does it mean for the Alliance? <http://www.riatt-esa.org/sites/default/files/files/resources/AllianceDiscussion-paper-investment-framework.pdf>



## All In Strategic Framework

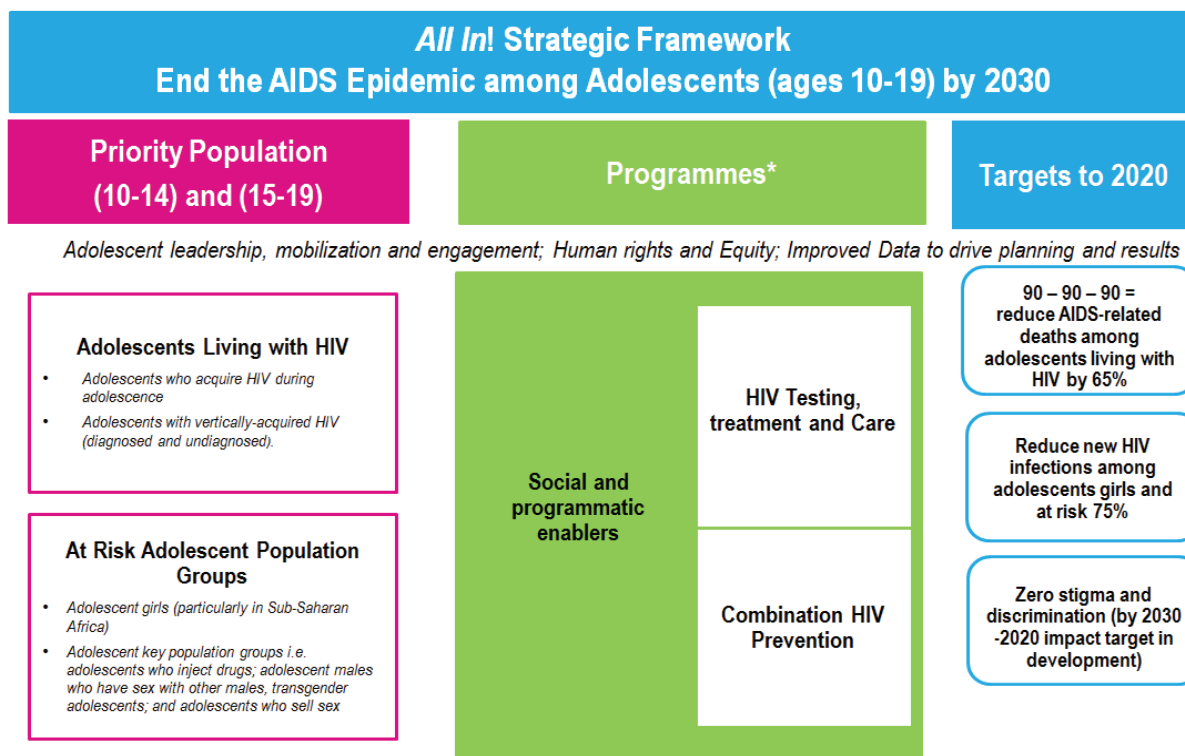
The All In strategic framework (figure 2) directs countries to focus on those adolescent populations most at risk for HIV infection or AIDS-related death and include:

1. Adolescents living with HIV (ALHIV), i.e., adolescents with vertically-acquired HIV and those who acquire HIV during adolescence (diagnosed and undiagnosed).
2. Adolescent population groups at highest risk of exposure to HIV infection, i.e., adolescent girls (particularly in sub-Saharan Africa); adolescents who inject drugs; gay, bisexual and transgender adolescents; and adolescents who sell sex (including adolescents sexually exploited<sup>5</sup> in the sex industry through the selling of sex).

The All In strategic framework allows country teams to objectively review progress in relation to the global targets (linked to AIDS-related deaths, new HIV infections and stigma and discrimination). Additionally the framework serves as the foundation for the country assessments: the country team is able to focus on how to improve equity in HIV programming and development for adolescents by defining the most vulnerable populations, the most deprived or most poorly performing locations and identifying the appropriate mix of programme actions to address these equity gaps.

**FIGURE 2** All In Strategic Framework

**Vision: ZERO New Infections; ZERO Deaths; ZERO Discrimination**



\*PACKAGE appropriate mix of proven programmes for each defined adolescent population group based on epidemiological context

Source: All In! Global Strategy Consultation Report (draft), 2015

<sup>5</sup> McClure, Craig, Caitlin, Chandler, and Susan Bissell, "Responses to HIV in Sexually Exploited Children or Adolescents Who Sell Sex", *Lancet*, vol.285, no. 9963, 10 January 2015, pp.97-99 on-line edition: [http://dx.doi.org/10.1016/S0140-6736\(14\)60979-X](http://dx.doi.org/10.1016/S0140-6736(14)60979-X)

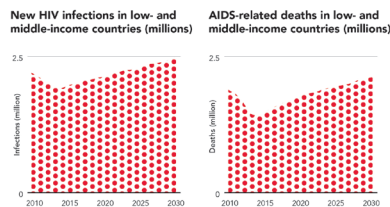
## The UNAIDS modelling for the fast track initiative to end AIDS by 2030

UNAIDS and co-sponsors have outlined strategies to fast track ending AIDS by 2030 (figure 3). The impact and outcome targets included in the fast track modelling were incorporated into the design of the country assessments to align national efforts with global 2030 targets. The country assessments therefore provide country teams with the opportunity to validate global targets and the progress of the national response to HIV among adolescents.

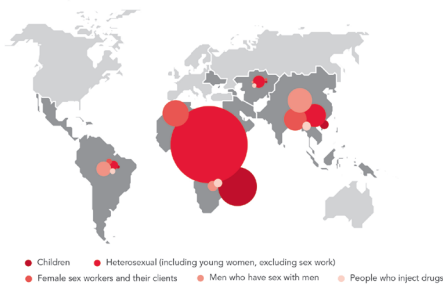
**FIGURE 3** UNAIDS Fast Track Initiative

### The Fast-Track

**NO SCALE-UP**—maintain 2013 coverage levels



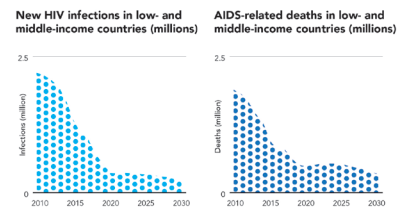
New HIV infections in different population groups, low- and middle-income countries, 2030



**2030** Without scale-up, the AIDS epidemic will continue to outrun the response, increasing the long-term need for HIV treatment and increasing future costs.

2015

**RAPID SCALE-UP**—achieve ambitious targets



MAJOR BENEFITS:

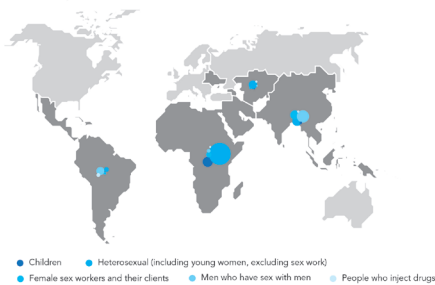
**21 MILLION**  
AIDS-related deaths averted by 2030

**28 MILLION**  
HIV infections averted by 2030

**5.9 MILLION**  
infections among children averted by 2030

**15-FOLD**  
return on HIV investments

New HIV infections in different population groups, low- and middle-income countries, 2030



**2030** Rapid scale-up of essential HIV prevention and treatment approaches will enable the response to outpace the epidemic.

## ANNEX 2: THE ADOLESCENT ASSESSMENT AND DECISION MAKERS' (AADM) TOOL

AADM is an MS-excel based analytical tool to assist with all Phases of the country assessments. The tool is linked to the UNICEF global database and is comprised of three key interfaces:

1. The data entry fields where country teams can review and validate pre-loaded global datasets and make relevant changes to the available information based on recent reports of population- based surveys, civil registration and vital statistics systems, HIV surveillance or other relevant reports.
2. The interactive dashboard is intended for use during country dialogue to inform decision- making. This dashboard also provides countries with the opportunity to monitor progress by tracking key indicators against validated national targets.
3. The report modules are a print version of the dashboard and micro-plans intended to support on-going dialogue and engagement with partners. In addition, the report modules are supplemented outside of the AADM by the analytical reports for Phases 1 and 2 outlining the rationale, methodology, key findings, recommendations, conclusions and limitations of the assessment. See Annexes 12 and 13 for the reporting formats.

### Stepwise application of AADM

#### PHASE 1: RAPID ASSESSMENT - NATIONAL ADOLESCENT PROGRAMME CONTEXT ANALYSIS

##### Step 1.1: Cover page

- Select the name of the country to automatically pre-populate the tool with available information about the country. This action automatically generates a status report in the programme overview dashboard that can be used to initiate country-level dialogue.

STEP 1.1

Cover Page

### Adolescent HIV Prevention, Treatment and Care Programme

#### Adolescent Assessment and Decision Makers Tool

Eastern\_and\_Southern\_Africa

Select Year

Select Month (MM)

Select Date (DD)

**Estimated number of adolescents (ages 10-19) living with HIV globally in 2013**

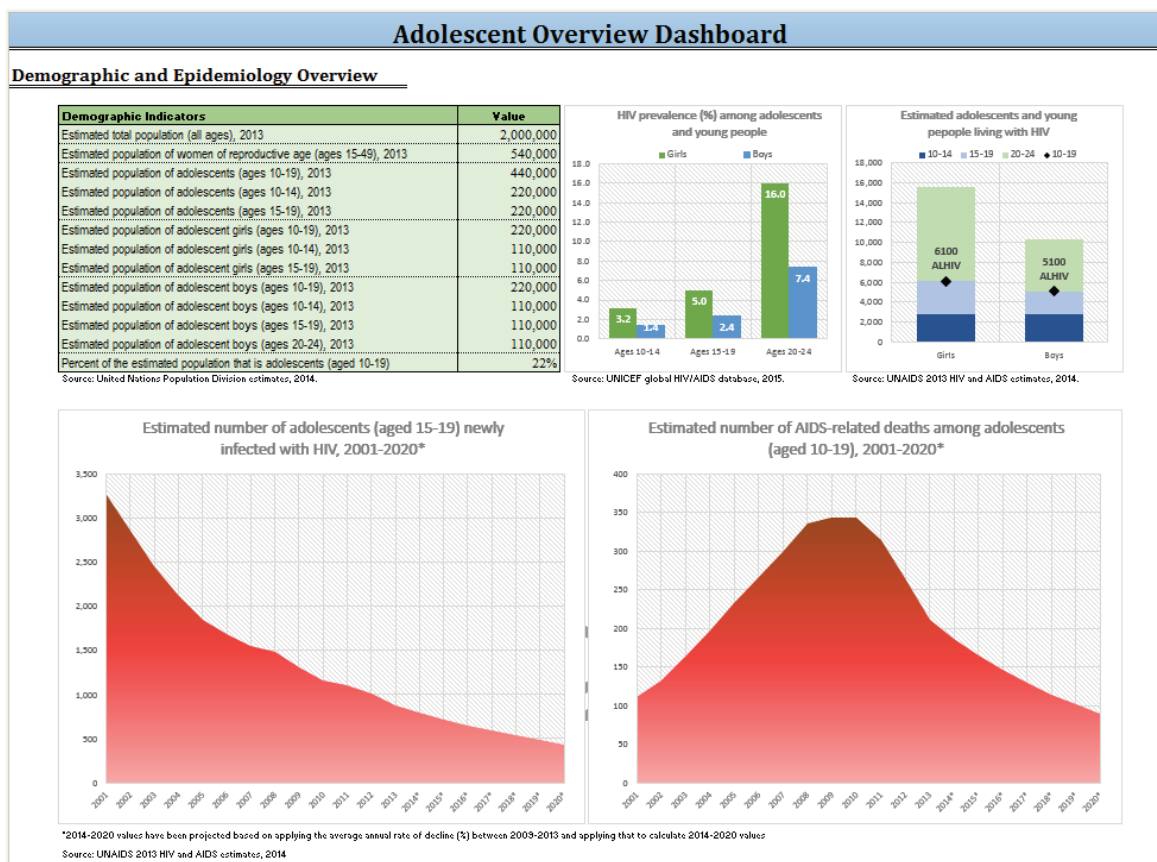
Note: The boundaries and the names shown and the designations used on this map does not imply official endorsement or acceptance by the United Nations

Source: UNAIDS, 2013 HIV and AIDS estimates, July 2014.

## Step 1.2: Programme overview dashboard

- Review the status report for the country on HIV and adolescents in the programme overview dashboard.
- Information on the dashboard includes basic demographic information about adolescents, HIV prevalence, trends in new HIV infection and AIDS-related deaths among adolescents including national gaps towards 2020 targets; outcome-level indicators for HIV basic programmes and gaps towards global targets; and the current status of other adolescent programmes.

### STEP 1.2 Programme overview dashboard



**Step 1.3: Demographic and epidemiology worksheet**

- Validate the information on the dashboard by reviewing the data set in the demographic and epidemiological worksheet. When there are updated data, input the data against the relevant indicators in the appropriate column in the tool.
- In the same worksheet, provide the available sub-national data set for each of the indicators.
- Note at this stage, decisions on priority populations and geographic locations are to be made during the stakeholders' meeting. National age-specific HIV prevalence (in the general population and among the adolescent key population) is provided as default as an indicator in the tool. However, the country team may wish to focus the assessment on a lower-level, sub-national province or region and so instead can use sub-national HIV prevalence (for the general population/key populations) for decision-making on prioritization within that region or province. The rationale for such a decision should be documented for future reference.

**STEP 1.3 Demographic and epidemiology worksheet**

	Standard Indicator	Modified Indicator (if necessary) - use standard indicator if available	Value	Validated Value	Data source/year (if modified)	Comments	Area1	Area2	
Demography	Estimated total population (all ages), 2013		2,000,000						
	Estimated population of women of reproductive age (ages 15-49), 2013		540,000						
	Estimated population of adolescents (ages 10-19), 2013		440,000						
	Estimated population of adolescents (ages 10-14), 2013		220,000						
	Estimated population of adolescents (ages 15-19), 2013		220,000						
	Estimated population of young people (ages 20-24), 2013		220,000						
	Estimated population of adolescent girls (ages 10-19), 2013		220,000						
	Estimated population of adolescent girls (ages 10-14), 2013		110,000						
	Estimated population of adolescent girls (ages 15-19), 2013		110,000						
	Estimated population of adolescent girls (ages 20-24), 2013		110,000						
	Estimated population of adolescent boys (ages 10-19), 2013		220,000						
	Estimated population of adolescent boys (ages 10-14), 2013		110,000						
	Estimated population of adolescent boys (ages 15-19), 2013		110,000						
	Estimated population of adolescent boys (ages 20-24), 2013		110,000						
HIV Epidemiology	HIV prevalence (ages 15-49), %, 2013		22						
	HIV prevalence (ages 15-24), %, 2013		5						
	HIV prevalence among adolescent girls (ages 10-14), %, 2013		4						
	HIV prevalence among adolescent girls (ages 15-19), %, 2013		6						
	HIV prevalence among adolescent girls (ages 20-24), %, 2013		15						
	HIV prevalence among adolescent boys (ages 10-14), %, 2013		5						
	HIV prevalence among adolescent boys (ages 15-19), %, 2013		3						
	HIV prevalence among adolescent boys (ages 20-24), %, 2013		5						
	Estimated number of adolescents living with HIV (ages 10-19), 2013		11,000						
	Estimated number of adolescents living with HIV (ages 10-14), 2013		5,600						
	Estimated number of adolescents living with HIV (ages 15-19), 2013		5,700						
	Estimated number of young people living with HIV (ages 20-24), 2013		15,000						
	Estimated number of adolescent girls living with HIV (ages 10-19), 2013		6,100						
	Estimated number of adolescent girls living with HIV (ages 10-14), 2013		2,800						
	Estimated number of adolescent girls living with HIV (ages 15-19), 2013		3,400						
	Estimated number of young girls living with HIV (ages 20-24), 2013		9,400						
	Estimated number of adolescent boys living with HIV (ages 10-19), 2013		5,100						
	Estimated number of adolescent boys living with HIV (ages 10-14), 2013		2,800						
	Estimated number of adolescent boys living with HIV (ages 15-19), 2013		2,300						
	Estimated number of young boys living with HIV (ages 20-24), 2013		5,200						
	Estimated percentage of adolescents living with HIV (ages 10-19) who were vertically infected, 2013		-						
	Estimated number of adolescents (aged 15-19) newly infected with HIV, 2013		<1,000						
Estimated number of adolescent girls (aged 15-19) newly infected with HIV, 2013		<1,000							
Estimated number of adolescent boys (aged 15-19) newly infected with HIV, 2013		<500							
Percentage of adolescents (aged 15-19) newly infected with HIV who are girls, 2013		65%							
Estimated number of AIDS-related deaths among adolescents (aged 10-19), 2013		<500							
Estimated number of AIDS-related deaths among adolescent boys (aged 10-19), 2013		<200							
Estimated number of AIDS-related deaths among adolescent girls (aged 10-19), 2013		<100							

**Step 1.4: Programme data worksheet**

- Validate the programme outcome information related to HIV and other adolescent programmes in the intervention worksheet. When there are updated data, input the data against the relevant indicators in the appropriate column in the tool. Focus on interventions that have an impact on the priority population identified in the previous step.
- When relevant, indicators for the interventions may be modified based on local context, and the data against the modified indicator should be provided. Always provide the reference for the data source.
- Validate the pre-loaded global targets for HIV programme interventions in the tool against national targets, and input the national targets for other relevant adolescent programme interventions.
- Input data against the indicators for the priority sub-national areas identified in the previous step.
- Note the traffic light coding of programme gaps generated at the national and sub-national levels. Interventions highlighted in “red” are poor performing while those highlighted in “yellow” need to be watched and those shown in “green” are performing well and might have lessons to offer that can be harnessed through documentation and facilitated knowledge transfer. This traffic light should guide the dialogue on key actions and identification of low-performing interventions to be considered for further analysis.

**STEP 1.4 Programme data worksheet**

Country X											On Track	Substantial Progress		
Programme	Intervention	Standard Indicator	Adapted Indicators, if applicable	Data Year / Source	Global Target	Validated / National Target	Current Coverage / Value	ed Coverage / Value	COVERAGE GAP	Comments	Sub-National Coverage			
											Area1	Area2	Area3	Area4
<b>HIV-Specific Adolescent Interventions</b>														
HIV Testing, Treatment and Care	HIV Testing	Percentage of adolescents (aged 15-19) who were tested and received results in the last 12 months, most recent data available	All			95%	-	65%	30%					
			Girls			95%	-	80%	15%					
			Boys			95%	-	50%	45%					
	ART	Percentage of adolescents living with HIV receiving antiretroviral therapy for treatment, 2013	Ages 10-19			35%	-	60%	35%					
			Ages 10-14			35%	-	50%	45%					
			Ages 15-19			35%	-	70%	25%					
PMTCT	Proportion of pregnant adolescents 15-19 years who have been initiated ARV therapy for PMTCT, 2013				35%	-	65%	30%						
Viral Suppression	Percentage of adolescents (aged 10-19) living with HIV who are on ART and are virologically suppressed (VL below 1000 copies), 2013	All			35%	-	80%	15%						
		Girls			35%	-	50%	45%						
Combination HIV Prevention	Condoms	Percentage of adolescents (aged 15-19) reporting multiple sexual partners in the last 12 months who reported using a condom at last sex, most recent data available	Girls			35%	-	50%	45%					
			Boys			35%	-	70%	25%					
	VMMC	Percentage of adolescent males (aged 15-19) who are circumcised, most recent data available				35%	6%	80%	15%					
	Pre-Exposure Prophylaxis (PrEP)	Percentage of eligible sexually active adolescents (aged 15-19) who self-report usage of pre-exposure prophylaxis, most recent data available				35%	-	65%	30%					
	Cash Transfer	Percentage of the poorest households receiving cash transfers in the last 3 months, most recent data available				35%	26%	80%	15%					
	Post Exposure Prophylaxis	Percentage of adolescents (aged 15-19) eligible for post-exposure prophylaxis for HIV that reported usage within 72 hours of sexual violence, most recent data available	Girls			35%	-	50%	45%					
			Boys			35%	-	60%	35%					
	Harm Reduction	Percentage of adolescents (aged 15-19) who inject drugs reporting use of sterile injecting equipment the last time they injected, most recent data available	Girls			35%	-	50%	45%					
			Boys			35%	-	70%	25%					
	Social and Programmatic Enablers	Comprehensive Knowledge about HIV	Percentage of adolescent girls (aged 10-19) with comprehensive knowledge of HIV, most recent data available	Girls 10-14			35%	-	80%	15%				
Girls 15-19						35%	-	65%	30%					
Girls 20-24						35%	-	80%	15%					
Access to Media		Percentage of adolescent boys (aged 10-19) with comprehensive knowledge of HIV, most recent data available	Boys 10-14			35%	-	50%	45%					
			Boys 15-19			35%	-	60%	35%					
			Boys 20-24			35%	-	50%	45%					

**Step 1.5: Programme environment worksheet**

- This worksheet automatically draws information on coverage gaps (at the national level) for the different interventions from the analysis in step 1.4.
- During the national stakeholders’ meeting, review the coverage gaps and answer the multiple-choice questions related to policy, coordination and social norm (stigma) in the programme environment worksheet
- Note the traffic light coding of the programme environment for each of the interventions.
- In this qualitative component of the assessment, it is particularly important for country teams to ensure there are objective mechanisms to gather the input representing different stakeholder groups, particularly civil society and adolescents. The team can modify their response to the multiple-choice questions until group consensus is reached on the programme environment.

**STEP 1.5** Programme environment worksheet

	On Track/excellent (9-10)	Substantial progress/fair (6-8.9)	Very little progress/poor (3-5.9)	Not on track/non (0-2.9)		
<b>Country X</b>	<b>National Programme Environment for Adolescents</b>					
Programme	Government <small>Enter pre-determined score (0-10)</small>	International development partners <small>Enter pre-determined score (0-10)</small>	Civil society/NGOs <small>Enter pre-determined score (0-10)</small>	Adolescents/Youth <small>Enter pre-determined score (0-10)</small>	OVERALL COUNTRY RATING	
Situation analysis: overall rating	9	8	8	6	8.0	
National policies, strategies, plan of action: overall rating	4	7	7	6	5.8	
Coordination: overall rating	6	5	4	4	4.8	
Consultative process: overall rating	8	4	3	3	4.5	
Legislation: overall rating	3	3	3	2	4.5	
Adolescent and youth participation: overall rating	7	0	9	1	4.3	
Resource allocation and mobilization: overall rating	3	6	4	3	7.5	
Monitoring and evaluation: overall rating	10	9	8	10	9.3	

**Step 1.6: The validated programme overview dashboard**

- Following the validation of the data set in the AADM, the updated programme overview dashboard is automatically generated.
- Review the reviewed programme overview dashboard as the final output of Phase 1 and identify:
  - Key priority adolescent population(s)
  - Priority geographic location(s)
  - Priority programmes, with current value, target and gaps
  - Data gaps in the national adolescent programme.



## PHASE 2: IN-DEPTH ANALYSIS OF PRIORITY INTERVENTIONS IN PRIORITY LOCATIONS

### Step 2.1: In-depth analysis data entry worksheet

- Review the in-depth analysis worksheet and select the intervention of interest for the analysis as well as the name of the sub-national location.
- Based on the guidance provided on data collection for Phase 2, input data related to supply (commodity, human resource and accessibility) and demand (utilization, continuous use and quality) of the intervention of interest in the appropriate column.

### STEP 2.1 In-depth analysis worksheet

In-depth Analysis of Low Performing HIV and SRH Interventions										
Priority Geographic Area				Priority Adolescent Population Groups						
Intervention	Delivery Platform	Barriers / Bottlenecks		Indicator	Source	Value	Notes / Assumptions			
		Category	Determinants							
In-school life skills based- HIV prevention and reproductive and sexual health education		Supply	Commodity			32%				
			Human Resource			10%				
			Accessibility			0%				
		Demand	Utilization		Female 10 - 14			60%		
					Female 15 - 19			56%		
					Male 10 - 14			67%		
					Male 15 - 19			78%		
			Continuity		Female 10 - 14				32%	
					Female 15 - 19				31%	
					Male 10 - 14				12%	
					Male 15 - 19				12%	
		Quality		Female 10 - 14				8%		
				Female 15 - 19				8%		
	Male 10 - 14					7%				
			Male 15 - 19			7%				

In-depth Analysis of Low Performing HIV and SRH Interventions							
Priority Geographic Area				Priority Adolescent Population Groups			
Intervention	Delivery Platform	Barriers / Bottlenecks		Indicator	Source	Value	Notes / Assumptions
		Category	Determinants				
Out of school life skills based- HIV prevention and reproductive and sexual health		Supply	Commodity			0%	
			Human Resource			0%	
			Accessibility			0%	

[Overview Dashboard](#)
[Demo&Epi Data](#)
[KeyPops Data](#)
[Programme Data](#)
[Programme Environment Data](#)
[In-depth Analysis](#)

**Step 2.2: Causal analysis of priority barriers / bottlenecks**

- Review the bar chart on the bottleneck analysis worksheet. The charts are based on the data entered in the previous step. In addition, the traffic light coding for the programme environment related to the intervention (from Phase 1 of the assessment) will be populated on this sheet.
- Undertake a causal analysis of the identified gaps for the intervention(s) selected. It is recommended that local teams agree on a limited number of priority gaps to focus on (one or two). The tool (AADM) is pre-populated with common causes of bottleneck for the different levels of analysis (derived from UNICEF global programme experience).<sup>7</sup> However, country teams are encouraged to consult existing behavioural studies, facility reports, expert opinions including adolescents, service providers, implementers and leaders in the local community and when appropriate conduct focus group discussions to assist with the causal analysis.
- Select / input the agreed key cause(s) of the different bottlenecks / gaps into the bottleneck analysis worksheet.

**STEP 2.2 Causal analysis of bottleneck worksheet**

Causal (Qualitative) Analysis of Barriers & Bottlenecks to Coverage of Interventions							
Priority Geographic Area			Priority Adolescent Population Groups				
Intervention	Category	Barriers / Bottlenecks	Level of Disaggregation	Value	Causes of Bottlenecks	Assumptions/ Note	
		Determinants					
In-school life skills based- HIV prevention and reproductive and sexual health education	Enabling Environment	Situation analysis		8.00			
		National policies, strategies, plan of action		5.75			
		Coordination		4.75			
		Consultative process		4.50			
		Legislation		4.50			
		Adolescent and youth participation		4.25			
		Resource allocation and mobilization		7.50			
		Monitoring and evaluation		9.25			
	Supply	Commodity			32%		
		Human Resource			10%		
		Accessibility			0%		
	Demand	Utilization		Female 10 - 14	60%		
				Female 15 - 19	56%		
				Male 10 - 14	67%		
				Male 15 - 19	78%		
		Continuity		Female 10 - 14	32%		
				Female 15 - 19	31%		
				Male 10 - 14	12%		
Quality			Male 15 - 19	12%			
			Female 10 - 14	8%			
	Female 15 - 19	8%					
	Male 10 - 14	7%					
	Male 15 - 19	7%					

Causal (Qualitative) Analysis of Barriers & Bottlenecks to Coverage of Interventions						
Priority Geographic Area			Priority Adolescent Population Groups			
Intervention	Category	Barriers / Bottlenecks	Level of Disaggregation	Value	Causes of Bottlenecks	Assumptions/ Note
		Determinants				
Out of school life skills based- HIV prevention and reproductive and sexual health education	Enabling Environment	Situation analysis		8.00		
		National policies, strategies, plan of action		5.75		
		Coordination		4.75		
		Consultative process		4.50		
		Legislation		4.50		
		Adolescent and youth participation		4.25		
		Resource allocation and mobilization		7.50		

### Step 2.3: Phase 2 micro-planning worksheet

- Review the key causes for the priority bottlenecks in the micro-planning worksheet. The worksheet is similar to the worksheet in the previous step.
- In the multi-stakeholder meeting, discuss key actions that can be undertaken to resolve the identified bottlenecks. It is recommended that the team agree on strategic actions (one or two) to resolve each bottleneck while considering the local programme context and opportunities. While the tool (AADM) is pre-populated with examples of strategic key actions to address the bottlenecks, country teams are encouraged to be guided by in-country programme experience and where needed, modify the actions for each bottleneck as relevant.
- Select/input the agreed key actions against the different bottlenecks/gaps into the micro-planning worksheet. In the last column of this worksheet, select the output result area to which these actions will contribute.
- Both local and national teams are to undertake a review of the micro-plan for the priority interventions.

### STEP 2.3 Micro-planning worksheet

Micro-Plan to Resolve Barriers and Bottlenecks											
Priority Geographic Area			Priority Adolescent Population Groups								
Intervention	Category	Barriers / Bottlenecks		Level of Disaggregation	Value	Causes of Bottlenecks	Corrective Actions	Indicators	Responsible Actors	Assumptions/ Risks	
		Determinants									
In-school life skills based- HIV prevention and reproductive and sexual health education	Enabling Environment	Situation analysis			8.00						
		National policies, strategies, plan of action			5.75						
		Coordination			4.75						
		Consultative process			4.50						
		Legislation			4.50						
		Adolescent and youth participation			4.25						
		Resource allocation and mobilization			7.50						
		Monitoring and evaluation			9.25						
	Supply	Commodity			32%						
		Human Resource			10%						
		Accessibility			0%						
	Demand	Utilization			Female 10-14	60%					
					Female 15-19	56%					
					Male 10-14	67%					
					Male 15-19	79%					
					Female 10-14	32%					
		Continuity			Female 15-19	31%					
					Male 10-14	12%					
			Male 15-19	12%							
			Female 10-14	8%							
			Female 15-19	8%							
Quality			Female 10-14	7%							
			Male 10-14	7%							
			Male 15-19	7%							

Micro-Plan to Resolve Barriers and Bottlenecks											
Priority Geographic Area			Priority Adolescent Population Groups								
Intervention	Category	Barriers / Bottlenecks		Level of Disaggregation	Value	Causes of Bottlenecks	Corrective Actions	Indicators	Responsible Actors	Assumptions/ Risks	
		Determinants									
Out of school life skills based- HIV prevention and reproductive and sexual health education	Enabling Environment	Situation analysis			8.00						
		National policies, strategies, plan of action			5.75						
		Coordination			4.75						
		Consultative process			4.50						
		Legislation			4.50						
		Adolescent and youth participation			4.25						
		Resource allocation and mobilization			7.50						
		Monitoring and evaluation			9.25						
	Supply	Commodity			0%						
		Human Resource			0%						
		Accessibility			0%						
	Demand	Utilization			Female 10-14	0%					
					Female 15-19	0%					
					Male 10-14	0%					
					Male 15-19	0%					
					Female 10-14	0%					
		Continuity			Female 15-19	0%					
					Male 10-14	0%					
			Male 15-19	0%							
			Female 10-14	0%							
			Female 15-19	0%							

### PHASE 3: EVIDENCE-INFORMED PLANNING

- Print and review the log frame worksheet as well as the micro-plan worksheets for the different interventions for consistency at the national level.
- Provide technical assistance to review actions defined in the micro plans (from Phase 2) for relevance (if any) in other programmes or settings in the same priority geographic location. When appropriate recommend these actions for incorporation into the national/sub-national plan.
- Use the existing national planning template to flesh-out a national/sub-national plan with clear results based on both the log frame worksheet and the micro-plan work sheet.

## ANNEX 3: SELECTED DEMOGRAPHIC, EPIDEMIOLOGIC, AND ADOLESCENT INDICATOR LIST FOR PHASE 1 NATIONAL ASSESSMENT

List of Demographic, HIV Epidemiologic, and Adolescent Indicators included in Phase 1 of the Country Assessments					
Category	Indicator		Definition	Primary Data Source	
Demography	Estimated population (all ages)	-		UN Population Division; Census	
	Estimated population of women of reproductive aged 15 – 49 years	-			
	Estimated population of adolescents	-			
	Estimated population of adolescent girls	10 - 14	-		
		15 - 19	-		
		20 - 24	-		
	Estimated population of adolescents boys	10 - 14	-		
15 - 19		-			
20 - 24		-			
HIV epidemiology	HIV prevalence (%); national; sub-national)	15-49	Percentage of adults aged 15-49 years living with HIV  Numerator: Number of adults aged 15-49 years living with HIV  Denominator: Number of adults aged 15-49 years	Numerator: Modelled HIV estimates; Surveys  Denominator: UN Population Division; Surveys	
		15 - 24	Percentage of young people aged 15-24 years living with HIV  Numerator: Number of young people aged 15-24 years living with HIV  Denominator: Number of young people aged 15-24 years		
	HIV prevalence (%) among adolescent girls and young women	10-14	Percentage of adolescent girls aged 10-14 years living with HIV  Numerator: Number of adolescent girls aged 10-14 years living with HIV  Denominator: Number of adolescent girls aged 10-14 years	Numerator: Modelled HIV estimates; Surveys  Denominator: UN Population Division; Surveys	
		15-19	Percentage of adolescent girls aged 15-19 years living with HIV  Numerator: Number of adolescent girls aged 15-19 years living with HIV  Denominator: Number of adolescent girls aged 15-19 years		
	20 – 24	Percentage of young women aged 20-24 years living with HIV  Numerator: Number of young women aged 20-24 years living with HIV  Denominator: Number of young women aged 20-24 years			

List of Demographic, HIV Epidemiologic, and Adolescent Indicators included in Phase 1 of the Country Assessments					
Category	Indicator		Definition	Primary Data Source	
HIV epidemiology	HIV prevalence (%) among adolescent boys and young men	10-14	Percentage of adolescent boys aged 10-14 living with HIV  Numerator: Number of adolescent boys aged 10-14 years living with HIV  Denominator: Number of adolescent boys aged 10-14 years	Numerator: Modelled HIV estimates; Surveys  Denominator: UN Population Division; Surveys	
		15-19	Percentage of adolescent boys aged 15-19 living with HIV  Numerator: Number of adolescent boys aged 15-19 years living with HIV  Denominator: Number of adolescent boys aged 15-19 years		
		20 - 24	Percentage of young men aged 20-24 living with HIV  Numerator: Number of young men aged 20-24 years living with HIV  Denominator: Number of young men aged 20-24 years		
	Estimated number of adolescent girls and young women living with HIV	All	-	Modelled HIV estimates	
		10-14	-		
		15-19	-		
		20 – 24	-		
	Estimated number of adolescent boys and young men living with HIV	All	-	Modelled HIV estimates	
		10-14	-		
		15-19	-		
		20 – 2 4	-		
	Percentage of adolescents (aged 10–19 years) living with HIV who were vertically infected			Numerator: Number of adolescents (aged 10–19 years) living with HIV who were vertically infected  Denominator: Number of adolescents (aged 10-19 years) living with HIV	Modelled HIV estimates
	Estimated number of adolescents (aged 15-19 years) newly infected with HIV			-	Modelled HIV estimates
	Estimated number of adolescent boys (aged 15-19 years) newly infected with HIV			-	
Estimated number of adolescent girls (aged 15-19 years) newly infected with HIV			-		
Estimated number of AIDS-related deaths among all adolescents (aged 10-19 years)			-		
Estimated number of AIDS-related deaths among adolescent boys (aged 10-19 years)			-		
Estimated number of AIDS-related deaths among adolescent girls (aged 10-19 years)			-		

## List of Demographic, HIV Epidemiologic, and Adolescent Indicators included in Phase 1 of the Country Assessments

Category	Indicator		Definition	Primary Data Source
Adolescent key population groups	Population size estimate of adolescents (aged 10-19 years) who sell sex <sup>6</sup>	Female	-	Modelled size estimates
		Male	-	
		Transgenderers	-	
	Population size estimate of adolescents (aged 10-19 years) who inject drugs	Girls	-	
		Boys	-	
	Population size estimate of gay and bisexual adolescents		-	
	Population size estimate of transgender adolescents		-	
HIV prevalence among adolescents (aged 10-19 years) who sell sex	Female		Percentage of female adolescent sex workers (aged 10-19 years) living with HIV  Numerator: Number of female adolescent sex workers (aged 10-19 years) who test positive for HIV  Denominator: Number of female adolescent sex workers (aged 10-19 years) tested for HIV	Targeted surveys <sup>7</sup> ; Programme data
		Male	Percentage of adolescent male sex workers (aged 10-19 years) living with HIV  Numerator: Number of male adolescent sex workers (aged 10-19 years) who test positive for HIV  Denominator: Number of male adolescents sex workers (aged 10-19 years) tested for HIV	
	Transgenderers	Percentage of transgender adolescent sex workers (aged 10-19 years) living with HIV  Numerator: Number of adolescent transgender sex workers (aged 10-19 years) who test positive for HIV  Denominator: Number of adolescent transgender sex workers (aged 10-19 years) tested for HIV	Targeted surveys; Programme data	
	Girls		Percentage of adolescent girls (aged 10-19 years) who inject drugs living with HIV  Numerator: Number of adolescent girls (aged 10-19 years) who inject drugs who test positive for HIV  Denominator: Number of adolescents girls (aged 10-19 years) who inject drugs tested for HIV	Targeted surveys; Programme data
Boys		Percentage of adolescent boys (aged 10-19 years) who inject drugs living with HIV  Numerator: Number of adolescent boys (aged 10-19 years) who inject drugs who test positive for HIV  Denominator: Number of adolescents boys (aged 10-19 years) who inject drugs tested for HIV	Targeted surveys; Programme data	

<sup>6</sup> This definition includes adolescents aged 10–17 years who are sexually exploited in the sex industry through selling sex.

<sup>7</sup> Targeted survey examples include: Behavioral Surveillance Surveys (BSS) and Reproductive Health Surveys (RHS).



List of Demographic, HIV Epidemiologic, and Adolescent Indicators included in Phase 1 of the Country Assessments			
Category	Indicator	Definition	Primary Data Source
Adolescent key population groups	HIV prevalence among gay and bisexual adolescents (aged 10–19 years)	Percentage of gay and bisexual adolescent males (aged 10-19 years) living with HIV  Numerator: Number of gay and bisexual adolescent boys (aged 10-19 years) who test positive for HIV  Denominator: Number of gay and bisexual adolescents boys (aged 10-19 years) tested for HIV	Targeted surveys; Programme data
	HIV prevalence among transgender adolescents (aged 10-19 years)	Percentage of transgender adolescents (aged 10-19 years) living with HIV  Numerator: Number of transgender adolescents (aged 10-19 years) who test positive for HIV  Denominator: Number of transgender adolescents (aged 10-19 years) tested for HIV	Targeted surveys; Programme data
Percentage of adolescents who sell sex (aged 15-19 years) using a condom at last sex	Female	Numerator: Number of adolescent female sex workers (aged 15-19 years) who reported that a condom was used with their last client  Denominator: Number of adolescent female sex workers (aged 15-19 years) who reported having commercial sex in the last 12 months	Targeted surveys
	Male	Numerator: Number of adolescent male sex workers (aged 15-19 years) who reported that a condom was used with their last client  Denominator: Number of adolescent male sex workers (aged 15-19 years) who reported having commercial sex in the last 12 months	Targeted surveys
	Transgenderers	Numerator: Number of transgender adolescents (aged 15-19 years) who reported that a condom was used with their last client  Denominator: Number of transgender adolescents (aged 15-19 years) who reported having commercial sex in the last 12 months	Targeted surveys
Percentage of adolescents who inject drugs (AWID) aged 15-19 years reporting use of sterile injecting equipment the last time they injected	Girls	Numerator: Number of adolescent girls (aged 15-19 years) who inject drugs who report using sterile injecting equipment the last time they injected drugs  Denominator: Number of adolescent girls (aged 15-19 years) who inject drugs who report injecting drugs in the last month	Targeted surveys
	Boys	Numerator: Number of adolescent boys (aged 15-19 years) who inject drugs who report using sterile injecting equipment the last time they injected drugs  Denominator: Number of adolescent boys (aged 15-19 years) who inject drugs who report injecting drugs in the last month	Targeted surveys
Percentage of gay and bisexual adolescent boys (aged 15-19 years) using a condom at last sex		Numerator: Number of gay and bisexual adolescent boys (aged 15-19 years) who reported that a condom was used the last time they had anal sex  Denominator: Number of gay and bisexual adolescent boys (aged 15-19 years) who reported having had anal sex with a male partner in the last six months	Targeted surveys
Percentage of transgender adolescents (aged 15-19 years) using a condom at last sex		Numerator: Number of adolescents transgender (aged 15-19 years) who reported that a condom was used the last time they had sex  Denominator: Number of adolescents transgender (aged 15-19 years) who reported having had sex in the last six months	Targeted surveys

Generic Indicators for Selected Intervention Areas					
Category	Indicator		Numerator	Denominator	Primary Data Source
<b>1. HIV prevention, testing, and care</b>					
<b>HIV testing</b>	Percentage of adolescents (aged 15-19 years) who received an HIV test in the last 12 months and know their results	All	Number of adolescents (aged 15-19 years) who have been tested for HIV in the last 12 months and who know their results	Number of adolescents (aged 15-19 years)	Population-based surveys <sup>8</sup> ; HMIS
		Girls	Number of adolescent girls (aged 15-19 years) who have been tested for HIV in the last 12 months and who know their results	Number of adolescent girls (aged 15-19 years)	
		Boys	Number of adolescent boys (aged 15-19 years) who have been tested for HIV in the last 12 months and who know their results	Number of adolescent boys (aged 15-19 years)	
	Percentage of sexually active adolescents (aged 15-19 years) who received an HIV test in the last 12 months and know their results	All	Number of sexually active adolescents (aged 15-19 years) who have been tested for HIV in the last 12 months and who know their results	Number of adolescents (aged 15-19 years) who have had sex in the last 12 months	Population-based surveys; HMIS
		Girls	Number of sexually active adolescent girls (aged 15-19 years) who have been tested for HIV in the last 12 months and who know their results	Number of adolescents (aged 15-19 years) who have had sex in the last 12 months	
		Boys	Number of sexually active adolescent boys (aged 15-19 years) who have been tested for HIV in the last 12 months and who know their results	Number of adolescents (aged 15-19 years) who have had sex in the last 12 months	
<b>ART</b>	Percentage of adolescents and young people (aged 10-24 years) living with HIV receiving antiretroviral therapy for treatment	10-14	Number of adolescents (aged 10-14 years) living with HIV receiving antiretroviral therapy for treatment	Number of adolescents (aged 10-14 years) living with HIV	Numerator: Programme data
		15-19	Number of adolescents (aged 15-19 years) living with HIV receiving antiretroviral therapy for treatment	Number of adolescents (aged 15-19 years) living with HIV	Denominator: Modelled HIV estimates
		20 – 24	Number of young people (aged 20-24 years) living with HIV receiving antiretroviral therapy for treatment	Number of young people (aged 20-24 years) living with HIV	
<b>PMTCT</b>	Percentage of pregnant or breastfeeding adolescents (aged 15-19) living with HIV who received anti-retroviral drugs (ARVs) for PMTCT		Number pregnant or breastfeeding adolescents (aged 15-19) living with HIV who received anti-retroviral drugs (ARVs) for PMTCT	Number of pregnant or breastfeeding adolescents (aged 15-19) living with HIV	Numerator: Programme data Denominator: Modelled HIV estimates
<b>Viral suppression</b>	Percentage of adolescents (aged 10-19 years) living with HIV on ART who are virologically suppressed (viral load (VL) below 1000 copies)	All	Number of adolescents (aged 10-19 years) living with HIV on ART who are virologically suppressed (viral load (VL) below 1000 copies)	Number of adolescents (aged 10-19 years) living with HIV on ART	Numerator: Programme data
		Girls	Number of adolescent girls (aged 10-19 years) living with HIV on ART who are virologically suppressed (viral load (VL) below 1000 copies)	Number of adolescent girls (aged 10-19 years) living with HIV on ART	Denominator: Modelled HIV estimates
		Boys	Number of adolescent boys (aged 10-19 years) living with HIV on ART who are virologically suppressed (viral load (VL) below 1000 copies)	Number of adolescent boys (aged 10-19 years) living with HIV on ART	
<b>2. Combination HIV prevention</b>					
<b>Condoms</b>	Percentage of adolescents (aged 15-19 years) reporting multiple partners in the last 12 months who used a condom at last sex	Girls	Number of adolescent girls (aged 15-19 years) reporting multiple partners in the last 12 months who used a condom at last sex	Number of adolescent girls (aged 15-19 years) reporting multiple partners in the last 12 months	Population-based surveys
		Boys	Number of adolescent boys (aged 15-19 years) reporting multiple partners in the last 12 months who used a condom at last sex	Number of adolescent boys (aged 15-19 years) reporting multiple partners in the last 12 months	

8 Population-based survey examples include: Demographic and Health Surveys (DHS); Multiple Indicator Cluster Surveys (MICS); and the AIDS Indicator Surveys (AIS).

Generic Indicators for Selected Intervention Areas					
Category	Indicator		Numerator	Denominator	Primary Data Source
<b>Voluntary medical male circumcision (VMMC)</b>	Percentage of adolescent males (aged 10-19 years) who are circumcised		Number of adolescent males (aged 10-19 years) who report that they are circumcised	Number of adolescent males (aged 10-19 years)	Population-based surveys
<b>Pre-exposure prophylaxis (PrEP)</b>	Percentage of eligible <sup>9</sup> sexually active adolescents (aged 10-19 years) who self-report usage of pre-exposure prophylaxis		Number of eligible sexually active adolescents (aged 10-19 years) who self-report usage of pre-exposure prophylaxis	Number of eligible adolescents (aged 10-19 years) who have had sex in the last 12 months	Targeted surveys
<b>Cash transfers</b>	Percentage of poorest households receiving cash transfers in the last three months		Number of households in the bottom two wealth quintiles receiving cash transfers in the last three months	Number of households in the bottom two wealth quintiles surveyed	Surveys
<b>Post-exposure prophylaxis (PEP)</b>	Percentage of adolescents eligible <sup>10</sup> for post-exposure prophylaxis (PEP) for HIV who were provided PEP within 72 hours of sexual violence	Girls	Number of adolescent girls eligible for PEP for HIV who were provided PEP within 72 hours of sexual violence	Number of adolescent girls eligible for PEP for HIV	Targeted surveys; Programme data
		Boys	Number of adolescent boys eligible for PEP for HIV who were provided PEP within 72 hours of sexual violence	Number of adolescent boys eligible for PEP for HIV	
<b>Harm reduction</b>	Percentage of adolescents (aged 15-19 years) who inject drugs reporting use of sterile injecting equipment the last time they injected	All	Number of adolescents (aged 15-19 years) who inject drugs reporting use of sterile injecting equipment the last time they injected	Number of adolescents (aged 15-19 years) who report injecting drugs in the last month	Targeted surveys
		Girls	Number of adolescent girls (aged 15-19 years) who inject drugs reporting use of sterile injecting equipment the last time they injected	Number of adolescent girls (aged 15-19 years) who report injecting drugs in the last month	
		Boys	Number of adolescent boys (aged 15-19 years) who inject drugs reporting use of sterile injecting equipment the last time they injected	Number of adolescent boys (aged 15-19 years) who report injecting drugs in the last month	
<b>3. Social and programmatic enablers</b>					
<b>Comprehensive knowledge about HIV<sup>11</sup></b>	Percentage of adolescent (aged 10-19 years) who have comprehensive knowledge of HIV	Girls 10-14	Number of adolescent girls (aged 10-14 years) who have comprehensive knowledge of HIV	Number of adolescent girls (aged 10-14)	Population-based surveys
		Girls 15-19	Number of adolescent girls (aged 15-19 years) who have comprehensive knowledge of HIV	Number of adolescent girls (aged 15-19)	
		Boys 10-14	Number of adolescent boys (aged 10-14 years) who have comprehensive knowledge of HIV	Number of adolescent boys (aged 10-14)	
		Boys 15-19	Number of adolescent boys (aged 15-19 years) who have comprehensive knowledge of HIV	Number of adolescent boys (aged 15-19)	
<b>Access to media</b>	Percentage of adolescents (aged 15-19 years) who, at least once a week, read a newspaper or magazine, listen to the radio, or watch television	Girls	Number of adolescent girls (aged 15-19 years) who, at least once a week, read a newspaper or magazine, listen to the radio, or watch television	Number of adolescent girls (aged 15-19 years)	Population-based surveys
		Boys	Number of adolescent boys (aged 15-19 years) who, at least once a week, read a newspaper or magazine, listen to the radio, or watch television	Number of adolescent boys (aged 15-19 years)	

9 Per WHO guidance, eligible individuals are serodiscordant couples; and men and transgender women who have sex with men at high risk of HIV.

10 Per WHO guidance, eligible individuals are individuals presenting within 72 hours of a sexual assault.

11 Comprehensive knowledge about HIV and AIDS is defined as correctly identifying the two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), rejecting the two most common local misconceptions about HIV transmission and knowing that a healthy-looking person can transmit HIV.

Generic Indicators for Selected Intervention Areas					
Category	Indicator		Numerator	Denominator	Primary Data Source
Decision-making	Percentage of adolescents (aged 15-19 years) who usually make healthcare decisions for themselves	Girls	Number of adolescent girls (aged 15-19 years) who report usually making health care decisions for themselves	Number of adolescent girls (aged 15-19 years)	Population-based surveys
		Boys	Number of adolescent boys (aged 15-19 years) who report usually making health care decisions for themselves	Number of adolescent boys (aged 15-19 years)	
<b>4. Cross-sectoral adolescent programmes (synergies)</b>					
<b>4.1 Adolescent sexual and reproductive health and other health issues</b>					
Sexually transmitted infections (STIs)	Self-reported prevalence of STIs and/or symptoms of an STI in the last 12 months among adolescents (aged 15-19 years) who ever had sexual intercourse	Girls	Number of adolescent girls (aged 15-19 years) who ever had sexual intercourse self-reporting STIs and/or symptoms of an STI in the last 12 months	Number of adolescent girls (aged 15-19 years) who ever had sexual intercourse	Numerator: Population-based surveys; HMIS
		Boys	Number of adolescent boys (aged 15-19 years) who ever had sexual intercourse self-reporting STIs and/or symptoms of an STI in the last 12 months	Number of adolescent boys (aged 15-19 years) who ever had sexual intercourse	Denominator: Population-based surveys
	Percentage of adolescents with a positive syphilis test who received treatment in the last 12 months	Girls	Number of adolescent girls with a positive syphilis serology who received treatment in the last 12 months	Number of adolescent girls with a positive syphilis serology (aged 15-19 years)	Numerator: Facility records; HMIS
		Boys	Number of adolescent boys with a positive syphilis serology who received treatment in the last 12 months	Number of adolescent boys with a positive syphilis serology (aged 15-19 years)	Denominator: HMIS
Adolescent pregnancy	Percentage of adolescent girls (aged 15-19 years) who have had a live birth or who are pregnant with their first child (began child bearing)		Number of adolescent girls (aged 15-19 years) who have had a live birth or who are pregnant with their first child (began child bearing)	Number of adolescent girls (aged 15-19 years)	Population-based surveys
Family planning	Percentage of adolescents (aged 15-19 years) who are sexually active who have their need for family planning satisfied with modern methods		Number of adolescents (aged 15-19 years) who are sexually active who have their need for family planning satisfied with modern methods	Number of adolescents (aged 15-19 years) who have had sex in the last 12 months	Population-based surveys
Maternal health	Percentage of adolescents (aged 15-19 years) with a live birth in the last two years who attended antenatal care (ANC) with any provider during their last pregnancy at least four times		Number of adolescents (aged 15-19 years) with a live birth in the last two years who attended antenatal care (ANC) with any provider during their last pregnancy at least four times	Number of adolescent girls (aged 15-19 years) with a live birth in the last two years	Population-based surveys
	Percentage of live births to adolescent girls aged 15-19 years attended by a skilled health provider (doctor, nurse, midwife or auxiliary midwife) in the last two years		Number of live births to adolescent girls aged 15-19 years attended by a skilled health provider (doctor, nurse, midwife or auxiliary midwife) in the last two years	Number of all live births to adolescent girls (aged 15-19 years) in last two years	Population-based surveys
Nutrition	Percentage of adolescent girls (aged 15-19 years) with anemia		Number of adolescent girls (aged 15-19 years) with haemoglobin concentration <120 g/L <sup>12</sup>	Number of adolescent girls (aged 15-19 years)	Population-based surveys
Tuberculosis	Prevalence of tuberculosis (TB) among adolescents (aged 10-19 years)	Girls	Number of TB cases <sup>13</sup> among adolescent girls (aged 10-19 years)	Number of adolescent girls (aged 10-19 years)	HMIS
		Boys	Number of TB cases among adolescent boys (aged 10-19 years)	Number of adolescent boys (aged 10-19 years)	
Mental health	Prevalence of suicide attempts among adolescents (aged 10-19) in the past 12 months <sup>14</sup>	10-14	Number of adolescents (aged 10-14 years) attempting suicide in the past 12 months	Number of adolescents (aged 10-14 years)	Survey
		15-19	Number of adolescents (aged 15-19 years) attempting suicide in the past 12 months	Number of adolescents (aged 15-19 years)	

12 Per WHO guidelines.

13 Case definition per HMIS.

14 Most recent data available.

Generic Indicators for Selected Intervention Areas					
Category	Indicator		Numerator	Denominator	Primary Data Source
<b>Human papilloma virus (HPV)</b>	Percentage of 10-15 year old adolescent girls who have received the full dose <sup>15</sup> of the human papilloma virus (HPV) vaccine		Number of 10-15 year old girls who have received the full dose of the HPV vaccine	Number of 10-15 year old girls	Survey
<b>Use of alcohol</b>	Proportion of adolescents (aged 15-19 years) who had at least one alcoholic drink at any time during the last one month	Girls	Number of adolescent girls (aged 15-19 years) who had at least one alcoholic drink at any time during the last one month	Number of adolescent girls (aged 15-19 years)	Population-based survey
		Boys	Number of adolescent boys (aged 15-19 years) who had at least one alcoholic drink at any time during the last one month	Number of adolescent boys (aged 15-19 years)	
<b>4.2 Child Protection</b>					
<b>Child marriage</b>	Percentage of young women aged 20-24 years who were first married or in a union before age 18		Number of young women aged 20-24 years who were first married or in a union before age 18	Number of young women aged 20-24 years	Population-based survey
<b>4.3 Gender-based Violence</b>					
<b>Intimate Partner Violence</b>	Percentage of adolescent girls aged 10-19 who experienced physical or sexual violence from a male intimate partner <sup>16</sup> in the past 12 months	10-14	Number of adolescent girls (aged 10-14 years) who currently have or ever had an intimate partner who report experiencing physical or sexual violence by at least one of these partners in the past 12 months	Number of adolescent girls (aged 10-14 years) who currently have or had an intimate partner	Population-based survey
		15-19	Number of adolescent girls (aged 15-19 years) who currently have or ever had an intimate partner who report experiencing physical or sexual violence by at least one of these partners in the past 12 months	Number of adolescent girls (aged 15-19 years) who currently have or had an intimate partner	
<b>4.4 Social protection</b>					
<b>Social transfers</b>	Percentage of the poorest households who received external economic support in the last three months		Number of households in the bottom two wealth quintiles that received any form of external economic support in the last three months	Number of households in the bottom two wealth quintiles	Survey
<b>4.5 Education</b>					
<b>School Attendance</b>	Secondary school net attendance ratio	Girls	Number of girls of secondary school age currently attending secondary school or higher	Number of girls of secondary school age	Survey; EMIS
		Boys	Number of boys of secondary school age currently attending secondary school or higher	Number of boys of secondary school age	
<b>Sexual and reproductive health education</b>	Proportion of teachers trained (in-service & pre-service) with quality comprehensive sexuality education curriculum <sup>17</sup>		Number of teachers trained (in-service & pre-service) with quality comprehensive sexuality education curriculum <sup>8</sup>	Number of teachers surveyed	ESA Report (UNESCO)
	Percentage of students receiving life skills education		Number of students who received life skills education in the previous academic year	Number of students surveyed	Survey

15 Per national guidelines.

17 An intimate partner is defined as a cohabiting partner, whether or not they had been married at the time.

18 Modified eastern and southern Africa (ESA) target 2.

# ANNEX 4: CHECKLIST FOR COUNTRY ASSESSMENT MONITORING

Date: dd/mm/yyyy

## SUMMARY OF PROGRESS

*Overview of progress since the start of the country assessment*

## DETAILED PROGRESS UPDATE

Phase 1: Rapid assessment			
Activity description	Status and comment on progress		
a. Review existing and on-going assessments on HIV and adolescents to document what is known, the gaps and to ensure complementarity.	Completed <input type="checkbox"/>	In Progress <input type="checkbox"/>	Not Done <input type="checkbox"/>
	Comment:		
b. Technical assistance to collate existing national and sub-national data on relevant indicators, identified and in place, agreed for use in assessment.	Completed <input type="checkbox"/>	In Progress <input type="checkbox"/>	Not Done <input type="checkbox"/>
	Comment:		
c. Convene technical working group including representatives from government, funding and implementing partners, civil society and representatives of adolescent networks and the UNJT.	Completed <input type="checkbox"/>	In Progress <input type="checkbox"/>	Not Done <input type="checkbox"/>
	Comment:		
d. Convene a meeting of representatives of adolescent groups and networks to map adolescent engagement and participation in decision-making and HIV programmes, and complete the assessment of the programme enabling environment	Completed <input type="checkbox"/>	In Progress <input type="checkbox"/>	Not Done <input type="checkbox"/>
	Comment:		
e. Multi-sectoral stakeholders' validation meeting convened with representation from policymakers, planners and managers from relevant government agencies, funding and implementing partners, representatives of adolescent networks and the UNJT to review, endorse and advance the recommendations emerging from the assessment.	Completed <input type="checkbox"/>	In Progress <input type="checkbox"/>	Not Done <input type="checkbox"/>
	Comment:		
f. Agreed-upon actions and targets from validation meeting integrated into relevant sectoral plans, programmes and resource mobilization opportunities (specify in status report, e.g., PEFPAR ACT and DREAMS, GFATM, domestic sector budgeting)	Completed <input type="checkbox"/>	In Progress <input type="checkbox"/>	Not Done <input type="checkbox"/>
	Comment:		
g. Preparation underway by technical working group for in-depth analysis of low-performing interventions, data system improvement strategies and implementation support.	Completed <input type="checkbox"/>	In Progress <input type="checkbox"/>	Not Done <input type="checkbox"/>
	Comment:		
h. Decisions	Priority adolescent populations:		
	Priority locations for intensified support:		
	Priority programme interventions for intensified support:		
	Comment:		

Phase 2: In-depth analysis			
Activity description	Status and comment on progress		
a. Technical assistance identified and in place to map service delivery platforms for the intervention(s) selected; support technical working group to validate/adapt indicators for the in-depth analysis of interventions selected in Phase 1; and facilitate causal analysis and validation of priority actions	Completed <input type="checkbox"/>	In Progress <input type="checkbox"/>	Not Done <input type="checkbox"/>
	Comment:		
b. Data collection conducted to identify bottlenecks related to selected interventions based on various data sources including rapid survey/interview of adolescents, service providers and community.	Completed <input type="checkbox"/>	In Progress <input type="checkbox"/>	Not Done <input type="checkbox"/>
	Comment:		
c. Participatory causal analysis conducted with partners to confirm the priority barriers and bottlenecks contributing to the observed programme gaps.	Completed <input type="checkbox"/>	In Progress <input type="checkbox"/>	Not Done <input type="checkbox"/>
	Comment:		
d. Key actions defined with stakeholders to address priority gaps and barriers identified in analysis.	Completed <input type="checkbox"/>	In Progress <input type="checkbox"/>	Not Done <input type="checkbox"/>
	Comment:		
e. Decisions	Priority programme gaps identified:		
	Priority actions defined for selected locations:		
	Comment:		
Phase 3: Evidence-informed planning			
Activity description	Status and comment on progress		
a. Technical assistance identified and in place to facilitate collective review and consolidate the findings from phases 1 and 2 of the country assessment.	Completed <input type="checkbox"/>	In Progress <input type="checkbox"/>	Not Done <input type="checkbox"/>
	Comment:		
b. National multi-sectoral stakeholders' validation meeting convened with representation from policymakers, planners and managers from relevant government agencies, funding and implementing partners, and representatives of adolescent networks and the UNJT to establish consensus on: <ul style="list-style-type: none"> <li>• How to move forward with the key actions in relation to integration with the relevant sector(s) and programmes</li> <li>• Level of implementation support required (national/ sub-national)</li> <li>• Resource mobilization and leveraging</li> <li>• Strategic partnerships, and</li> <li>• Data system improvement.</li> </ul>	Completed <input type="checkbox"/>	In Progress <input type="checkbox"/>	Not Done <input type="checkbox"/>
	Comment:		
c. Technical assistance plan in place to support continued engagement with sectoral/cross-sectoral planning processes and resource mobilization activities to integrate the priority actions.	Completed <input type="checkbox"/>	In Progress <input type="checkbox"/>	Not Done <input type="checkbox"/>
	Comment:		
d. Decisions	Overall plan of action defined and endorsed by government describing: <ul style="list-style-type: none"> <li>• Priority actions to accelerate results for adolescents</li> <li>• Clear partner accountabilities</li> <li>• Data needs</li> <li>• Timelines for action</li> <li>• Mechanism for tracking progress.</li> </ul>		
	Comment:		



# ANNEX 5: QUESTIONNAIRE FOR ASSESING THE ENABLING ENVIRONMENT FOR THE NATIONAL HIV AND AIDS RESPONSE FOR ADOLESCENTS

## Questionnaire for Assessing the Enabling Environment for the National HIV/AIDS Response for Adolescents

### Background information

Name of Country	
Name of focal point for correspondence related to this questionnaire	
Organization	
E-mail contact	
Telephone	
Date questionnaire was completed and validated	

Name of stakeholder(s) that participated in the completion and validation of the responses	Organization/Institution/Ministry	Title

### Instructions for completion

This questionnaire is to be completed by key national stakeholders representing relevant ministries and departments of government; donors, UN agencies, NGOs, CBOs, academia, adolescents and youth groups, and people living with HIV. The questionnaire assesses eight thematic areas of an enabling environment – national situation analysis, national policies or strategies or plan of action, coordination mechanisms, consultative processes, legislation, adolescent and youth participation, resource allocation and mobilization, and monitoring and evaluation. The questionnaire can either be completed individually or in groups representing key constituencies in the national HIV/AIDS programming landscape. It could be completed prior to the national assessment meeting or during the meeting. If during the meeting, enough time needs to be allocated for group discussions and to gain consensus on the final rating. A facilitator will guide the group through the questions, seeking consensus among respondents as to the appropriate responses. If completed individually, a meeting will need to be held with all relevant partners to get consensus on the final rating scores for all questions and each thematic area.

The responses to questions are either 'Yes'; 'Yes, all'; 'Yes, some'; or 'No'. For conditional questions, if the answer is 'Yes' or 'Yes, all' or 'Yes, some' to the first question, then move on to next question. If the answer to the first conditional question is 'No', then all others that follow and dependent on it will be 'No', hence will score zero as that activity or process hasn't taken place. Each **rating should be accompanied by comments** to provide more information to further clarify the responses.

An average score for each of the eight thematic areas will be calculated. The scores for each thematic area will be presented in the form of a dashboard (traffic light colours), i.e. GREEN = 9-10 (On track); YELLOW=6-8 (Substantial progress); BROWN=3-5 (Some progress); RED=0-2 (None or Very little progress). Please see the last page of the questionnaire for the dashboard template.

A. National Situation Analysis for Adolescents						
No	Question item	Yes OR Yes, all=2	Yes, some=1	No=0	Don't Know	Comments
1	Is there a nationally agreed definition of adolescents in the country?	2	1	0	DK	
2	Has a national situation analysis of HIV/AIDS among adolescents been conducted in the country?	2	1	0	DK	
3	If so, did the situation analysis include information/data on adolescents living with HIV, newly infected with HIV and numbers dying of AIDS-related causes, their distribution across the different parts of the country, and reasons why adolescents are at higher risk and vulnerable to HIV infection?	2	1	0	DK	
4	Were findings from the situation analysis shared with all stakeholders and disseminated to inform the national HIV response for adolescent (programme planning, implementation and resource allocation)?	2	1	0	DK	
5	Has there been an inventory or mapping of organizations and community groups involved with HIV/AIDS among adolescents, including with their roles?	2	1	0	DK	

B. Policies, Strategies or National Plan of Action						
No	Question item	Yes OR Yes, all=2	Yes, some=1	No=0	Don't Know	Comments
1	Does the country have a national policy or strategy or plan of action that either focuses exclusively on addressing HIV/AIDS among adolescents or integrated into other national policies/strategies or plan of action?	2	1	0	DK	
2	If it exists, does the national policy/strategy or plan of action include specific priority HIV interventions for adolescents, with geographic focus, measurable targets, timelines, roles and responsibilities, and a budget?	2	1	0	DK	
3	Does the national policy/strategy address the needs of key populations (e.g. sex work, injecting drug use, men who have sex with men and transgender)?	2	1	0	DK	
4	Is there a national policy or strategy for providing adolescent friendly HIV, SRH services in different settings, e.g. at health facilities, schools or community outreach activities	2	1	0	DK	
5	Is life skills education included in the national school curriculum (both primary and secondary schools)?	2	1	0	DK	

C. Coordination mechanism for HIV/AIDS						
No	Question item	Yes OR Yes, all=2	Yes, some=1	No=0	Don't Know	Comments
1	Does the country have a designated government Ministry, Department, Council, or Secretariat to coordinate the national HIV response in general (including response to HIV in adolescents)?	2	1	0	DK	
2	Does this body have statutory authority?	2	1	0	DK	
3	Does this body have representation of all key government line ministries (e.g. Health, Education, Youth, Gender, National AIDS Council, Gender, and Social Protection)?	2	1	0	DK	
4	Does this body have representation of all non-government stakeholders (e.g. UN, donors, NGOs, CBOs, people living with HIV, adolescents and youth, academia, traditional authorities, private sector)?	2	1	0	DK	
5	Does this body organize regular meetings to review common goals, to share ideas, and plan the national HIV/AIDS response? ('regularly' is defined as on a monthly or on a quarterly basis)	2	1	0	DK	

D. Consultative processes on adolescents						
No	Question item	Yes OR Yes, all=2	Yes, some=1	No=0	Don't Know	Comments
1	Is there a national multi-sectoral structure (e.g. technical working group) that considers technical issues on HIV/AIDS among adolescents or adolescent health and development issues in general?	2	1	0	DK	
2	Does the group include all key government line ministries (e.g. Health, Education, Youth, National AIDS Council, Gender, and Social Protection)?	2	1	0	DK	
3	Does the group include representatives from all major non-government stakeholders (e.g. UN, donors, NGOs, CBOs, people living with HIV, adolescents and youth, academia, traditional authorities, private sector)?	2	1	0	DK	
4	Does this group meet regularly to review common goals and share ideas, plan, budget and assign responsibilities across all key stakeholders involved in adolescent health and development including the national HIV/AIDS response among adolescents? ('regularly' is defined as on a monthly or on a quarterly basis)	2	1	0	DK	
5	In the last 2-3 years, has the country held a national consultative meeting of stakeholders to formally discuss the situation of adolescents and HIV/AIDS?	2	1	0	DK	

E. Legislation						
No	Question item	Yes OR Yes, all=2	Yes, some=1	No=0	Don't Know	Comments
1	Has the country mapped out the laws, regulations or policies that need amendments to adequately respond to and protect adolescents or other populations infected and affected by HIV/AIDS?	2	1	0	DK	
2	Were findings from the mapping shared with all stakeholders and disseminated to inform the national HIV response for adolescent (programme planning, implementation and resource allocation)?	2	1	0	DK	
3	Is the age of consent for accessing HIV services or other sexual and reproductive health (SRH) services below the age of 18 years?	2	1	0	DK	
4	Has the country enacted legislation or laws that protect people, including adolescents infected or affected by HIV/AIDS, from all forms of violence, abuse, stigma and discrimination?	2	1	0	DK	
5	Is there a mechanism to record, document and address cases of HIV/AIDS related violence, abuse, stigma and discrimination experienced by adolescents or people living with HIV e.g. special counselling centres, ombudsman, special courts, legal support or aid for victims, performance benchmarks/indicators for compliance with legislation?	2	1	0	DK	

F. Adolescent participation						
No	Question item	Yes OR Yes, all=2	Yes, some=1	No=0	Don't Know	Comments
1	Is there a nationally recognized network, body or group of for adolescents and youth that champions their involvement and participation in key decision-making processes of the national HIV/AIDS response in particular, or for adolescent health and development in general?	2	1	0	DK	
2	Do adolescents and youth/or their groups participate in the national <b>policy</b> development or decision-making processes that pertain to their health and development?	2	1	0	DK	
3	Do adolescents and youth/or their groups participate in the <b>planning of programmes</b> on HIV/AIDS or health and development in general?	2	1	0	DK	
4	Are adolescents and youth involved in HIV/AIDS and SRH <b>service delivery</b> (e.g. social or behaviour change, prevention, treatment and care services) in any setting as peer educators, peer counselors, youth advisory groups or others?	2	1	0	DK	
5	Are adolescents and youth/or their groups involved in <b>monitoring</b> progress and participate in regular review of <b>data or information</b> on HIV/AIDS or health and development programmes for adolescents?	2	1	0	DK	

G. Resource allocation and mobilization						
No	Question item	Yes OR Yes, all=2	Yes, some=1	No=0	Don't Know	Comments
1	Have resources been allocated for the implementation of the national policy/strategy or plan of action for HIV/AIDS in general (both by government and development partners)?	2	1	0	DK	
2	Has the government and other partners allocated funding for adolescent HIV specific programmes, or for adolescent health and development in general?	2	1	0	DK	
3	Do sectoral strategies (e.g. for Education, Health, etc) have a specific HIV/AIDS budget, including for adolescent specific activities?	2	1	0	DK	
4	Is there a fundraising strategy to mobilize resources from other sources (both external and internal) for adolescent specific health and development programmes or HIV/AIDS in general?	2	1	0	DK	
5	Does the fund raising strategy include mobilizing funding from the private sector?	2	1	0	DK	

H. Monitoring and Evaluation						
No	Question item	Yes OR Yes, all=2	Yes, some=1	No=0	Don't Know	Comments
1	Is there a national repository for consolidating data on priority indicators on health and development for adolescents that is easily accessible and updated regularly? ('regularly' means every 2-5 years)?	2	1	0	DK	
2	Are priority adolescent indicators with baselines, targets, reporting structure, timelines and data use and dissemination strategies included in the national M&E framework for HIV/AIDS?	2	1	0	DK	
3	Do all partners (government and non-government) use the same M&E framework for tracking progress on the national HIV response for adolescents?	2	1	0	DK	
4	Does the country publish a national progress report on key adolescent HIV related indicators annually?	2	1	0	DK	
5	Are data on key HIV related adolescent indicators discussed and shared with all stakeholders at <b>national and sub-national</b> levels for decision-making?	2	1	0	DK	

**Final Rating dashboard of the Enabling Environment of the National HIV/AIDS Response for Adolescents**

Overall average country rating scores for the 5 questions will be as follows:



Theme	Government	International development partners	Civil Society/NGOs	Adolescents/Youth	Overall average country rating score for each domain	Comments
Situation analysis						
National policies, strategies, plan of action						
Coordination						
Consultative processes						
Legislation						
Adolescent and youth participation						
Resource allocation and mobilization						
Monitoring and evaluation						

## ANNEX 6: GENERIC INDICATORS FOR DETERMINANT ANALYSIS OF HIV AND SRH INTERVENTIONS FOR ADOLESCENTS IN SELECTED GEOGRAPHIC AREAS

The table below provides examples of generic indicators for determinants analysis to identify bottlenecks, and are organized by selected core HIV interventions. Indicators are listed and defined for each of the six domains in the determinants framework (human resources; commodities; access; initial utilization; continuous utilization; quality). Numerators and denominators have been defined for each of the generic indicator, and data source(s) suggested.

Many of the demand-side indicators (i.e., initial utilization, continuous utilization and quality) presented in the table will draw on secondary analysis of existing survey or census data (to obtain sub-national estimates). For the indicators on the demand side that require abstraction of programme records from selected sites, the recommended approach for estimating denominators, and for collecting data for numerators are provided in the draft guidance document on data abstraction (draft in process for circulation soon).

Generic Indicators for Determinant Analysis of HIV and SRH Interventions for Adolescents in Selected Geographic Areas				
Determinant of coverage	Generic Indicator	Numerator	Denominator	Data source/s
<b>1. In-school life skills-based HIV prevention and reproductive and sexual health education (ages 10-14 years; ages 15-19 years)</b>				
<b>Commodity</b>	(A) Proportion of primary schools with a life skills-based HIV prevention education or comprehensive sexuality education (LSBE/CSE) curriculum	Number of primary schools with an LSBE/CSE curriculum for the current academic year	Number of primary schools	Ministry of Education records
	(B) Proportion of secondary schools with an LSBE/CSE curriculum	Number of secondary schools with an LSBE/CSE curriculum for the current academic year	Number of secondary schools	Ministry of Education records
<b>Human Resource</b>	(A) Proportion of primary schools with at least one teacher trained on teaching LSBE/CSE	Number of primary schools providing LSBE/CSE with at least one teacher trained on teaching LSBE/CSE for the current academic year	Number of primary schools providing LSBE/CSE	Programme records with district education office
	(B) Proportion of secondary schools with at least one teacher trained on teaching LSBE/CSE	Number of secondary schools providing LSBE/CSE with at least one teacher trained on teaching LSBE/CSE for the current academic year	Number of secondary schools providing LSBE/CSE	Programme records with district education office
<b>Accessibility</b>	(A) Proportion of primary schools providing LSBE/CSE <sup>18</sup> for the current academic year	Number of primary schools providing LSBE/CSE for the current academic year	Number of primary schools	Programme records with district education office
	(B) Proportion of secondary schools providing LSBE/CSE for the current academic year	Number of secondary schools providing LSBE/CSE for the current academic year	Number of secondary schools	Programme records with district education office
<b>Utilization</b>	Proportion of primary schools providing LSBE/CSE in the fifth year of primary school within the current academic year	Number of primary schools providing LSBE/CSE in the fifth year of primary school within the current academic year	Number of primary schools	Programme records with district education office
<b>Continuity</b>	Proportion of secondary schools providing LSBE/CSE in the first year of secondary school within the current academic year	Number of secondary schools providing LSBE/CSE in the first year of secondary school within the current academic year	Number of secondary schools	Programme records with district education office
<b>Quality</b>	Proportion of in-school adolescents who know three ways of HIV/STI transmission and two methods of HIV/STI prevention (comprehensive knowledge)	Number of in-school adolescents who know three ways of HIV/STI transmission and two methods of HIV/STI prevention	Number of in-school adolescents	Secondary analysis of survey data (e.g., MICS/DHS)

18 Per national curriculum.

Generic Indicators for Determinant Analysis of HIV and SRH Interventions for Adolescents in Selected Geographic Areas				
Determinant of coverage	Generic Indicator	Numerator	Denominator	Data source/s
<b>2. Out of school life skills based- HIV prevention and reproductive and sexual health education (aged 10-14 years; aged 15-19 years)</b>				
<b>Commodity</b>	Proportion of villages/clusters within the geographic area <sup>19</sup> with LSBE/CSE training materials	Number of villages/clusters <sup>20,21</sup> within the geographic area where there is at least one CBO/NGO providing LSBE/CSE equipped with LSBE/CSE training materials	Number of villages/clusters within selected geographic areas	Programme records at district offices or programme records at CBO/NGOs
<b>Human Resource</b>	Proportion of villages/clusters within the geographic area that have at least one trained worker/volunteer/peer counsellor on LSBE/CSE education for adolescents	Number of villages/clusters within the geographic area where there is at least one CBO/NGO providing LSBE/CSE with at least one trained worker/volunteer/peer counsellor on LSBE/CSE education for adolescents	Number of villages/clusters within selected geographic areas	Programme records at district offices or programme records at CBO/NGOs
<b>Accessibility</b>	Proportion of villages/clusters within the geographic area that have at least one youth center, CBO, or community center providing LSBE/CSE education during the last year	Number of villages/clusters within the geographic area that have at least one youth center, CBO, or community center providing LSBE/CSE education during the last year	Number of villages/clusters within selected geographic areas	Programme records at district offices or programme records at CBO/NGOs
<b>Utilization</b>	Number of villages/clusters within the geographic area that have at least one youth center, CBO, or community center providing LSBE/CSE education during the last year	Number of villages/clusters within the geographic area where there is at least one CBO/NGO providing LSBE/CSE education for adolescents (aged 10-19 years) at least once during the last year	Number of villages/clusters within selected geographic areas	Programme records at district offices or programme records at CBO/NGOs
<b>Continuity</b>	Proportion of villages/clusters within the geographic area providing LSBE/CSE education for out-of-school adolescents (aged 10-19 years) at least once during the last year	Number of villages/clusters within the geographic area where there is at least one CBO/NGO providing LSBE/CSE education for out of school adolescents (aged 10-19 years) at least twice during the last year	Number of villages/clusters within selected geographic areas	Programme records at district offices or programme records at CBO/NGOs
<b>Quality</b>	Proportion of villages/clusters within the geographic area providing LSBE/CSE education for out-of-school adolescents (aged 10-19 years) at least twice during the last year	Number of out-of-school adolescents (aged 15-19 years) who know three ways of HIV/STI transmission and two methods of HIV/STI prevention	Number of out-of-school adolescents (aged 15-19 years)	Secondary analysis of survey data <sup>22</sup> (e.g. MICS/DHS)
<b>3. Condom use among adolescents aged 15-19 years (girls and boys)</b>				
<b>Commodity</b>	Proportion of health facilities that had no stock-out of condoms in the last three months	Number of health facilities that had no stock-out of condoms in the last three months	Number of health facilities	District programme records
<b>Human Resource</b>	Proportion of health facilities with at least one staff member trained to provide family planning methods	Number of health facilities with at least one staff member trained to provide family planning methods	Number of health facilities	District programme records; HMIS
<b>Accessibility</b>	Percentage of adolescents (aged 15-19 years) who know a source of condoms <sup>23</sup>	Number of adolescents (aged 15-19 years) who know a source of condoms	Number of all adolescents (aged 15-19 years)	Secondary analysis of survey data (e.g. MICS/DHS)
<b>Utilization</b>	Proportion of aged 15-19 years who had sex in the last 12 months who reported ever using a condom	Number of adolescents aged 15-19 years who have had sex in the last 12 months who reported ever using a condom	Number of adolescents aged 15-19 years who have had sex in the last 12 months	Secondary analysis of survey data <sup>6</sup> (e.g. MICS/DHS)
<b>Continuity</b>	Proportion of adolescents aged 15-19 years who had sex in the last 12 months who reported using a condom at last sex	Number of adolescents aged 15-19 years who have had sex in the last 12 months who reported using a condom at last sex	Number of adolescents aged 15-19 years who have had sex in the last 12 months	Secondary analysis of survey data (e.g. MICS/DHS)

19 To be defined per country.

20 Per DHS, the following are not considered a source for condoms: friends, family members, and home

21 Countries may consider the following approaches: (1) integrate LSBE/CSE indicators into an existing survey, if one is planned; (2) investigate programme records at the district-level office or at CBO/NGO offices for requisite data; or (3) gather qualitative data through key informant interviews with the district offices (education, youth, and health) to get a sense of the situation.

22 Please note that nationally representative household surveys may not include the desired district-level estimates to facilitate a secondary analysis of the survey data. Alternatively, it may be the case that the regional average is applied at the district-level as a proxy or, in the presence of strong NGO programmes with sufficient coverage in a given district, available district-level estimates from the implementing organization are relied upon.

23 Per DHS, the following are not considered a source for condoms: friends, family members, and home.



Generic Indicators for Determinant Analysis of HIV and SRH Interventions for Adolescents in Selected Geographic Areas				
Determinant of coverage	Generic Indicator	Numerator	Denominator	Data source/s
Quality	Proportion of adolescents aged 15-19 years who report having had more than one sexual partner in the last 12 months who reported using a condom at last sex	Number of adolescents aged 15-19 years who report having had more than one sexual partner in the last 12 months who also reported using a condom at last sex	Number of adolescents aged 15-19 years who report having had more than one sexual partner in the last 12 months	Secondary analysis of survey data (e.g. MICS/DHS)
<b>4. Control of STIs for adolescents aged 15-19 years (girls and boys)</b>				
Commodity	(A) Proportion of health facilities providing STI services that report no stock-outs of essential commodities <sup>24</sup> for STIs in the last three months	Number of health facilities providing STI services which report no stock-outs of essential commodities for STIs in the last three months	Number of health facilities currently providing STI services	LMIS
	(B) Proportion of youth centers providing STI services that report no stock-outs of essential commodities for STIs in the last three months	Number of youth centers providing STI services which report no stock-outs of essential commodities for STIs in the last three months	Number of youth centers currently providing STI services	LMIS
Human Resource	(A) Proportion of health facilities with at least one provider (or specified number of staff per national policy) trained in the management and treatment of STIs	Number of health facilities with at least one provider (or specified number of staff per national policy) trained in the management and treatment of STIs	Number of health facilities currently providing STI services	National or district-level programme records; HMIS; health facility survey
	(B) Proportion of youth centers with at least one provider (or specified number of staff per national policy) trained in the management and treatment of STIs	Number of youth centers with at least one provider (or specified number of staff per national policy) trained in the management and treatment of STIs	Number of youth centers currently providing STI services	District programme data; Health Facility Survey
Accessibility	(A) Proportion of adolescents (aged 15-19 years) who know where to access treatment for STIs	Number of adolescents (aged 15-19 years) who know where to access treatment for STIs	Number of adolescents (aged 15-19 years)	Secondary analysis of survey data (e.g. MICS/DHS)
	(B) Proportion of health facilities currently providing STI services (per national standard)	Number of health facilities targeted for STIs services that are currently providing STI services	Number of health facilities providing STI services	District programme records
	(C) Proportion of youth centers currently providing STI services (per national standard)	Number of youth centers targeted for STIs services that are currently providing STI services	Number of youth centers providing STI services	District programme records
Utilization	Proportion of adolescents (aged 15-19 years) who tested positive for STIs in the last three months	Number of adolescents (aged 15-19 years) who tested positive for STIs in the last three months	Number of adolescents (aged 15-19 years) who were tested for STIs in health facilities in the last three months	District programme records
Continuity	Proportion of adolescents (aged 15-19 years) who tested positive for STIs and were initiated on treatment in the last three months	Number of adolescents (aged 15-19 years) who tested positive for STIs and were initiated on treatment in the last three months	Number of adolescents (aged 15-19 years) who tested positive for STIs in health facilities in the last three months	Programme records
Quality	(A) Proportion of adolescents (aged 15-19 years) who tested positive for STIs, were initiated on treatment, and whose partner was tested for STIs in the last three months	Number of adolescents (aged 15-19 years) who tested positive for STIs, were initiated on treatment, and whose partner was tested for STIs in the last three months	Number of adolescents (aged 15-19 years) who tested positive for STIs in health facilities in the last three months	Programme records
	(B) Proportion of adolescents (aged 15-19 years) who tested positive for STIs and received condoms during the course of STI treatment	Number of adolescents (aged 15-19 years) who tested positive for STIs and received condoms during the course of STI treatment	Number of adolescents (aged 15-19 years) who tested positive for STIs in health facilities in the last three months	Programme records
<b>5. HIV testing and counselling for adolescents</b>				
Commodity	Proportion of health facilities currently providing HTC services that report no stock-outs of HIV test kits in the last three months	Number of health facilities currently providing HTC services that report no stock-outs of HIV test kits in the last three months	Number of health facilities currently providing HTC services	National- and district-level programme records
Human Resource	Proportion of health facilities currently providing HTC services that report having at least one health care worker trained on testing and counselling adolescents	Number of health facilities currently providing HTC services that report having at least one health care worker trained on testing and counselling adolescents	Number of health facilities currently providing HTC services	National- and district-level programme records; health facility survey

24 Essential commodities for STIs include: testing kits, drugs, and counselling aids.

Generic Indicators for Determinant Analysis of HIV and SRH Interventions for Adolescents in Selected Geographic Areas				
Determinant of coverage	Generic Indicator	Numerator	Denominator	Data source/s
<b>Accessibility</b>	Proportion of health facilities providing HIV testing that is adolescent/youth friendly (per national guidelines)	Number of adolescents (aged 15-19 years) who know a source of condoms	Number of all adolescents (aged 15-19 years)	Programme records
<b>Utilization</b>	Proportion of adolescents (aged 15-19 years) who report ever testing for HIV	Number of adolescents (aged 15-19 years) who report ever testing for HIV	Number of adolescents (aged 15-19 years) surveyed	Survey (e.g. MICS/DHS)
<b>Continuity</b>	Percentage of adolescents (aged 15-19 years) who were tested for HIV and received their HIV test results in the last 12 months	Number of adolescents (aged 15-19 years) who were tested for HIV and received their HIV test results in the last 12 months	Number of adolescents (aged 15-19 years) surveyed	Survey (e.g. MICS/DHS)
<b>Quality</b>	(A) Proportion of adolescents (aged 15-19 years) who tested positive for HIV and were initiated on treatment in the last 12 months	Number of adolescents (aged 15-19 years) who tested positive for HIV and were initiated on treatment in the last 12 months	Number of adolescents (aged 15-19 years) who tested positive for HIV	Programme records; HMIS
	(B) Proportion of adolescents (aged 15-19 years) who tested negative for HIV and were linked to HIV prevention services in the last 12 months	Number of adolescents (aged 15-19 years) who tested negative for HIV and were linked to HIV prevention services in the last 12 months	Number of adolescents (aged 15-19 years) who tested negative for HIV	Programme records; HMIS
<b>6. Antiretroviral treatment (ART) for adolescents living with HIV (ALHIV) aged 10-14 years and 15-19 years</b>				
<b>Commodity</b>	Proportion of ART sites providing HIV treatment with no stock-out of any recommended ARVs in the last three months	Number of ART sites providing HIV treatment with no stock-out of any recommended ARVs in the last three months	Number of ART sites offering HIV treatment	National or district programme records; health facility survey
<b>Human Resource</b>	Proportion of ART sites providing HIV treatment with a health care worker trained to counsel adolescents on ART	Number of ART sites providing HIV treatment with a health care worker trained to counsel adolescents on ART	Number of ART sites providing HIV treatment	National or district programme records; health facility survey
<b>Accessibility</b>	Proportion of ART sites providing HIV treatment that have youth friendly services (per national norm/local definition)	Number of ART sites providing HIV treatment that have youth friendly services (per national norm/local definition)	Number of ART sites providing HIV treatment	Programme records
<b>Utilization</b>	Proportion of adolescents (aged 10-19 years) who tested positive for HIV and initiated on treatment in the last 12 months	Number of adolescents (aged 10-19 years) who tested positive for HIV and initiated on treatment in the last 12 months	Estimated number of adolescents (aged 10-19) in the last 12 months	Programme records; HIV estimates
<b>Continuity</b>	Proportion of adolescents (aged 10-19 years) who tested positive for HIV, initiated on treatment, and are alive and on treatment 12 months after initiation	Number of adolescents (aged 10-19 years) who tested positive for HIV, initiated on treatment, and are alive and on treatment 12 months after initiation	Estimated number of adolescents (aged 10-19) living with HIV initiated on treatment	Programme records; HIV estimates
<b>Quality</b>	Proportion of adolescents (aged 10-19 years) initiated on treatment who are virologically suppressed (viral load below 1,000 copies) at 12 months after initiating treatment	Number of adolescents (aged 10-19 years) initiated on treatment who are virologically suppressed (viral load below 1,000 copies) at 12 months after treatment initiation	Estimated number of adolescents (aged 10-19) living with HIV initiated on treatment	Programme records; HIV estimates
<b>7. PMTCT for adolescent pregnant and breastfeeding girls and mothers living with HIV (aged 15-19 years)</b>				
<b>Commodity</b>	Proportion of health facilities currently providing PMTCT with no stock-outs of ARVs during the last three months	Number of health facilities currently providing PMTCT services with no stock-outs of ARVs during the previous three months	Number of health facilities currently providing PMTCT services	LMIS
<b>Human Resource</b>	Proportion of health facilities currently providing PMTCT with sufficient (per national guidelines) health care workers trained on initiation/management of ARVs for PMTCT	Number of health facilities currently providing PMTCT with sufficient (per national guidelines) health care workers trained on initiation/management of ARVs for PMTCT	Number of health facilities currently providing PMTCT services	National- and district-level programme records; HMIS; health facility survey
<b>Accessibility</b>	Proportion of ANC facilities currently providing PMTCT services (ARVs)	Number of ANC facilities currently providing PMTCT services (ARVs)	Number of health facilities targeted to provide PMTCT services (ARVs)	Programme records
<b>Utilization</b>	Proportion of pregnant adolescent girls (aged 15-19 years) who were identified through ANC, including known positives, and tested for HIV in the last 12 months	Number of pregnant adolescent girls (aged 15-19 years) who were identified through ANC, including known positives, and tested for HIV in the last 12 months	Estimated number of pregnant adolescent girls (aged 15-19) living with HIV	Programme records; estimates

### Generic Indicators for Determinant Analysis of HIV and SRH Interventions for Adolescents in Selected Geographic Areas

Determinant of coverage	Generic Indicator	Numerator	Denominator	Data source/s
<b>Continuity</b>	Proportion of pregnant adolescent girls (aged 15-19 years) who tested positive for HIV and initiated on treatment in the last 12 months	Number of pregnant adolescent girls (aged 15-19 years) who tested positive for HIV and initiated on treatment in the last 12 months	Estimated number of pregnant adolescent girls (aged 15-19) living with HIV	Programme records; estimates
<b>Quality</b>	Proportion of pregnant adolescent girls (aged 15-19 years) who tested positive for HIV, initiated on treatment, and are alive and on treatment 6 months after initiation.	Number of pregnant adolescent girls (aged 15-19 years) who tested positive for HIV, initiated on treatment, and are alive and on treatment 6 months after initiation	Estimated number of pregnant adolescent girls (aged 15-19) living with HIV initiated on treatment	Programme records
<b>8. Voluntary medical male circumcision for adolescents (aged 10-19 years)</b>				
<b>Commodity</b>	Proportion of sites providing VMMC experiencing stock-out of any essential commodities <sup>25</sup> in the last 3 months	Number of sites experiencing stock-out of any essential commodities in last three months	Number of sites providing VMMC	National/district programme records; facility-based records
<b>Human Resource</b>	Proportion of sites providing VMMC with at least one health care worker trained to counsel adolescents on VMMC	Number of sites providing VMMC with at least one health care worker trained to counsel adolescents on VMMC	Number of sites providing VMMC	National- and district-level programme records; health facility survey
<b>Accessibility</b>	Proportion of sites providing VMMC that have ever provided services to male adolescents (aged 10-19 years)	Number of sites providing VMMC that have ever provided services to male adolescents (aged 10-19 years)	Number of sites providing VMMC	Programme records; facility-based survey
<b>Utilization</b>	Among those adolescent males (aged 10-19 years) estimated to be in need of VMMC, the proportion who received VMMC in the last 12 months	Number of adolescent males (aged 10-19 years) estimated to be in need of VMMC who received VMMC in the last 12 months	Estimated number of adolescent males (aged 10-19) in need of VMMC (according to national plan) in the last 12 months who received VMMC	Programme records; estimates of adolescents in need of VMMC
<b>Continuity</b>	Among those adolescent males (aged 10-19 years) estimated to be in need of VMMC, the proportion who received VMMC and attended at least one postoperative follow-up visit (routine or emergency), during the last 12 months	Number of adolescent males (aged 10-19 years) estimated to be in need of VMMC who received VMMC and attended at least one postoperative follow-up visit (routine or emergency), during the last 12 months	Estimated number of adolescent males (aged 10-19) in need of VMMC (according to national plan) in the last 12 months who received VMMC	Facility-based records
<b>Quality</b>	(A) Among those adolescent males (aged 10-19 years) estimated to be in need of VMMC, the proportion who received VMMC and were referred to at least one essential service <sup>26</sup> as part of VMMC during the last 12 months	Number of adolescent males (aged 10-19 years) estimated to be in need of VMMC who received VMMC and were referred to at least one essential service as part of VMMC in the last 12 months	Estimated number of adolescent males (aged 10-19) in need of VMMC (according to national plan) in the last 12 months who received VMMC	Programme/facility-based records
	(B) Among those adolescent males (aged 10-19 years) estimated to be in need of VMMC, the proportion who received VMMC and were vaccinated against tetanus in last 12 months	Number of adolescent males (aged 10-19 years) estimated to be in need of VMMC who received VMMC and were vaccinated against tetanus in the last 12 months	Estimated number of adolescent males (aged 10-19) in need of VMMC (according to national plan) in the last 12 months who received VMMC	Programme/facility-based records
<b>9. Needle and Syringe Programmes (aged 15-19 years)</b>				
<b>Commodity</b>	Proportion of needle and syringe programmes (NSPs) with no stock-outs of any essential commodities <sup>26</sup> during the last three months	Number of NSPs with no stock-outs of any essential commodities during the last three months	Number of NSPs	Programme records
<b>Human Resource</b>	Proportion of NSPs that have at least one health worker trained in IDU for adolescents	Number of NSPs that have at least one health worker trained in IDU for adolescents	Number of NSPs	Programme records
<b>Accessibility</b>	Proportion of NSPs currently providing IDU services that employ more than one service delivery model <sup>27</sup>	Number of NSPs currently providing IDU services that employ more than one service delivery model	Number of NSPs	Programme records

25 Beyond needles and syringes, current guidance recommends provision of condoms, filters, sterile water, swabs, spoons, puncture-proof containers, acidifiers, tourniquets, and disinfectants (e.g. bleach).

26 The 2008 WHO *Operational Guidance for Scaling Up Male Circumcision Services for HIV Prevention and 2010 Considerations for Implementing Models for Optimizing the Volume and Efficiency of VMMC* denote the following essential services for VMMC: HTC; STI screening and treatment; condom promotion and provision; risk reduction counseling; and the VMMC procedure with post-operative counseling and care.

Generic Indicators for Determinant Analysis of HIV and SRH Interventions for Adolescents in Selected Geographic Areas				
Determinant of coverage	Generic Indicator	Numerator	Denominator	Data source/s
<b>Utilization</b>	Proportion of adolescents aged 15-19 years who inject drugs who have accessed IDU services through NSPs in the last 12 months	Number adolescents aged 15-19 years who inject drugs who accessed IDU services through NSPs in the last 12 months	Estimated number of adolescents aged 15-19 years who inject drugs	Targeted survey; programme records
<b>Continuity</b>	Percentage of adolescents who inject drugs reporting the use of sterile injecting equipment the last time they injected	Number of villages/clusters within the geographic area providing LSBE/CSE education for adolescents (aged 10-19 years) at least once during the last year	Estimated number of adolescents aged 15-19 years who inject drugs	Targeted survey; programme records
<b>Quality</b>	Percentage of [key population] adolescents aged 15-19 years who inject drugs seeking IDU services who were tested for HIV in the last 12 months	Number of [key population] adolescents aged 15-19 years who inject drugs seeking IDU services who were tested for HIV in the last 12 months	Estimated number of adolescents aged 15-19 years who inject drugs	Targeted survey; programme records
Interventions for Key Populations				
10. Condom use among key population adolescents aged 15-19 years				
<b>Commodity</b>	Proportion of centres/facilities within the geographic area providing services to [key population <sup>28</sup> ] that had no stock-out of condoms in the last three months	Number of centres/facilities within the geographic area providing services to [key population] that had no stock-out of condoms in the last three months	Number of centres/facilities within the geographic area providing services to [key population]	Programme records
<b>Human Resource</b>	Proportion of centres/facilities within the geographic area providing services to [key population] with at least one staff member trained to provide family planning methods	Number of centres/facilities within the geographic area providing services to [key population] with at least one staff member trained to provide family planning methods	Number of centres/facilities within the geographic area providing services to [key population]	Programme records
<b>Accessibility</b>	Percentage of [key population] adolescents (aged 15-19 years) within the geographic area who know a source of condoms <sup>29</sup>	Number of [key population] adolescents (aged 15-19 years) within the geographic area who know a source of condoms	Number of [key population] adolescents (aged 15-19 years) within the geographic area	Programme records
<b>Utilization</b>	Proportion of sexually active [key population] adolescents (aged 15-19 years) within the geographic area who reported ever using a condom	Number of sexually active [key population] adolescents (aged 15-19 years) within the geographic area who reported ever using a condom	Number of sexually active [key population] adolescents aged 15-19 years	Programme records
<b>Continuity</b>	Percentage of [key population] sexually active adolescents (aged 15-19 years) within the geographic area reporting the use of a condom at last sex	Number of [key population] sexually active adolescents (aged 15-19 years) within the geographic area who reported that a condom was used at last sex	Number of [key population] sexually active adolescent (aged 15-19 years) who report having had sexual intercourse in the last [1, 6, 12] months <sup>30</sup>	Programme records; targeted survey
<b>Quality</b>	Proportion of [key population] sexually active adolescents (aged 15-19 years) who report having had more than one sexual partner in the last 12 months who also report using a condom at last sex	Number of [key population] sexually active adolescents (aged 15-19 years) who report having had more than one sexual partner in the last 12 months who also reported using a condom at last sex	Number of sexually active adolescents (aged 15-19 years) who report having had more than one sexual partner in the last 12 months	Programme records; targeted survey
11. HIV testing and counselling for adolescents key populations				
<b>Commodity</b>	Proportion of centres/facilities within the geographic area currently providing HTC services to [key population] that report no stock-outs of HIV test kits in the last three months	Number of centres/facilities within the geographic area currently providing HTC services to [key population] that report no stock-outs of HIV test kits in the last three months	Number of centres/facilities within the geographic area currently providing HTC services to [key population]	Programme records

27 Service delivery models may include: fixed-site services, mobile services, vending machines, outreach, and home delivery and secondary distribution through other services such as sexual health clinics, drug treatment services, and hospital emergency services.

28 Key population to be specified: PWID, MSM, Sex Workers, and Transgender People.

29 Per DHS, the following are not considered a source for condoms: friends, family members, and home.

30 PWID is in the last 1 month, MSM is in the last 6 months, and sex workers is in the last 12 months.

## Generic Indicators for Determinant Analysis of HIV and SRH Interventions for Adolescents in Selected Geographic Areas

Determinant of coverage	Generic Indicator	Numerator	Denominator	Data source/s
<b>Human Resource</b>	Proportion of centres/facilities within the geographic area currently providing HTC services to [key population] that report having at least one health care worker trained on testing and counselling adolescents [key population]	Number of centres/facilities within the geographic area currently providing HTC services to [key population] that report having at least one health care worker trained on testing and counselling adolescents [key population]	Number of centres/facilities within the geographic area currently providing HTC services to [key population]	National- and district- level programme records; health facility survey
<b>Accessibility</b>	Proportion of centres/facilities within the geographic area providing HIV testing to [key population] that is adolescent/youth friendly (per national guidelines/policy)	Number of centres/facilities within the geographic area providing HIV testing to [key population] that is adolescent/youth friendly (per national guidelines/policy)	Number of centres/facilities within the geographic area currently providing HTC to [key population]	Programme records; health facility survey
<b>Utilization</b>	Proportion of [key population] adolescents (aged 15-19 years) within the geographic area who report ever testing for HIV	Number of [key population] adolescents (aged 15-19 years) within the geographic area who report ever testing for HIV	Estimated number of [key population] adolescents (aged 15-19 years) within the geographic area	Programme data; key population estimates; targeted survey
<b>Continuity</b>	Percentage of [key population] adolescents (aged 15-19 years) within the geographic area who were tested for HIV and received their HIV test results in the last 12 months	Number of [key population] adolescents (aged 15-19 years) within the geographic area who were tested for HIV and received their HIV test results in the last 12 months	Estimated number of [key population] adolescents (aged 15-19 years) within the geographic area	Programme data; key population estimates; targeted survey
<b>Quality</b>	(A) Proportion of [key population] adolescents (aged 15-19 years) within the geographic area who tested positive for HIV who were initiated on HIV treatment in the last 12 months	Number of [key population] adolescents (aged 15-19 years) within the geographic area who tested positive for HIV and initiated on HIV treatment in the last 12 months	Estimated number of [key population] adolescents (aged 15-19 years) within the geographic area	Programme data; key population estimates
	(B) Proportion of [key population] adolescents (aged 15-19 years) within the geographic location who tested negative for HIV who were linked to HIV prevention services in the last 12 months	Number of [key population] adolescents (aged 15-19 years) within the geographic area who tested negative for HIV who were linked to HIV prevention services in the last 12 months	Number of [key population] adolescents (aged 15-19 years) within the geographic area who tested negative for HIV	Programme data
<b>12. Antiretroviral treatment (ART) for adolescents [key population] living with HIV (ALHIV)</b>				
<b>Commodity</b>	Proportion of centres/facilities providing ART with no stock-out of any recommended ARVs in the last three months	Number of centres/facilities providing ART with no stock-out of any recommended ARVs in the last three months	Number of centres/facilities providing ART	Programme records
<b>Human Resource</b>	Proportion of centres/facilities providing ART with a health care worker trained to counsel adolescents [key population] on ART	Number of centres/facilities providing ART with a health care worker trained to counsel adolescents [key population] on ART	Number of centres/facilities providing ART	National- and district- level programme records; health facility survey
<b>Accessibility</b>	Proportion of centres/facilities providing ART that have youth friendly services (per national guidelines/definition)	Number of centres/facilities providing ART that have youth friendly services (per national norm/local definition)	Number of centres/facilities providing ART	Programme records; health facility survey
<b>Utilization</b>	Proportion of [key population] adolescents (aged 10-19 years) within the geographic area who tested positive for HIV in the last 12 months	Number of [key population] adolescents (aged 10-19 years) within the geographic area who tested positive for HIV in the last 12 months	Estimated number of [key population] adolescents (aged 10-19 years) within the geographic area	Programme records
<b>Continuity</b>	Proportion of [key population] adolescents (aged 10-19 years) within the geographic area who tested positive for HIV and initiated on treatment in the last 12 months	Number of [key population] adolescents (aged 10-19 years) within the geographic area who tested positive for HIV and initiated on treatment in the last 12 months	Estimated number of [key population] adolescents (aged 10-19 years) living with HIV within the geographic area	Programme records
<b>Quality</b>	Proportion of [key population] adolescents (aged 10-19 years) within the geographic area initiated on treatment who are virologically suppressed (viral load below 1,000 copies) at 12 months after initiating treatment	Number of [key population] adolescents (aged 10-19 years) within the geographic area initiated on treatment who are virologically suppressed (viral load below 1,000 copies) at 12 months after initiating treatment	Number of [key population] adolescents (aged 10-19 years) currently on ART	Programme records



## ANNEX 7: EXAMPLES OF HIV PREVENTION, TREATMENT AND CARE INTERVENTIONS PROVIDED ACROSS DIFFERENT SERVICE DELIVERY PLATFORMS

This table presents examples of service delivery platforms for HIV and SRH interventions for adolescents as a guide for mapping of delivery platforms.

Delivery platforms		Programmes		
		HIV testing, treatment and care	Combination HIV prevention	Social and programmatic enablers
Accessibility / Accessibility	MNCH clinic (PMTCT)	<ul style="list-style-type: none"> <li>Provider-initiated HIV testing and counselling (PITC) for adolescent pregnant and breastfeeding mothers and linkage to care</li> <li>ART initiation for adolescents living with HIV</li> <li>Clinical supportive strategies for adherence to treatment and retention in care</li> </ul>	<ul style="list-style-type: none"> <li>Pre-exposure prophylaxis for adolescent girls (aged 15-19 years) in sero-discordant relationships</li> </ul>	
	Sick Child clinic	<ul style="list-style-type: none"> <li>PITC in sick child clinic (focusing on adolescents) in high HIV endemic settings and linkage to care</li> </ul>		
	STI / VCT / Family Planning clinic	<ul style="list-style-type: none"> <li>HIV testing and counselling (HTC) in high HIV endemic settings and linkage to care</li> <li>ART initiation for adolescents living with HIV</li> <li>Clinical supportive strategies for adherence to treatment and retention in care</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive condom programming for adolescent girls (aged 15-19 years)</li> <li>Pre-exposure prophylaxis (PrEP) for adolescent girls (aged 15-19 years) in sero-discordant relationships</li> </ul>	<ul style="list-style-type: none"> <li>Adolescent-friendly sexual and reproductive health services</li> </ul>
	Pediatric ART clinic	<ul style="list-style-type: none"> <li>Anti-retroviral treatment (ART) and care including prevention of opportunistic infections (OIs) with special attention/support to the transition phase</li> <li>ART initiation for adolescents living with HIV</li> <li>Clinical supportive strategies for adherence to treatment and retention in care</li> </ul>		
Schools		<ul style="list-style-type: none"> <li>HIV testing and counselling in schools in high HIV endemic settings and linkage to care</li> <li>School-based supportive strategies for adherence to treatment and retention in care for ALHIV</li> </ul>		<ul style="list-style-type: none"> <li>Comprehensive sexuality education</li> <li>Quality education and learning</li> <li>Adolescent friendly SRH services in schools</li> </ul>
Community / Home		<ul style="list-style-type: none"> <li>Community and home-based HIV testing and counselling in high HIV endemic settings and linkage to care.</li> <li>Community / home-based supportive strategies including peer support for adherence to treatment and retention in care for ALHIV</li> </ul>	<ul style="list-style-type: none"> <li>Pre-exposure prophylaxis for adolescent girls (aged 15-19 years) in sero-discordant relationships</li> <li>Comprehensive harm reduction programme for adolescents who inject drugs (aged 15-19 years)</li> <li>Voluntary medical male circumcision (VMMC) for adolescent boys (aged 15-19 years) with linkage to sexual and reproductive health in priority countries</li> <li>PrEP for adolescents who sell sex, gay, bisexual and transgender adolescents</li> </ul>	<ul style="list-style-type: none"> <li>Adolescent friendly SRH services</li> <li>Comprehensive sexuality education</li> <li>Enabling laws, policies and practices (e.g. age of consent, stigma free and non-discriminatory, travel restriction, violence against key populations, etc.)</li> <li>Social transfers/economic strengthening such as cash transfers</li> <li>Prevention and mitigation of sexual violence including access to PEP</li> </ul>

# ANNEX 8: TERMS OF REFERENCE FOR A COUNTRY ASSESSMENT TO STRENGTHEN THE ADOLESCENT COMPONENT OF THE NATIONAL HIV PROGRAMME

## Purpose and objective

The purpose of this assignment is to provide technical assistance to the national technical working group to undertake an equity-based analysis of demographic and HIV epidemiological information on adolescents including adolescent key population groups, and relevant cross-sectoral programmes about adolescents to strengthen the adolescent component of the national HIV programme. The country assessment is designed to be implemented in three phases, i.e., Phase 1: Rapid assessment; Phase 2: In-depth analysis and Phase 3: Evidence-informed planning. The task will also include an assessment of the programme enabling environment around policy, coordination, stigma and resource need.

The objectives of the assignment are to:

1. Facilitate the technical validation of existing data on adolescent wellbeing and assessment of the programme enabling environment to inform the definition of priority populations, programmes and geographic settings to accelerate HIV results in adolescents.
2. Conduct an in-depth analysis of gaps and barriers limiting the impact of priority HIV programme interventions in the priority location(s) identified in 1 above.
3. Develop a multi-sectoral plan for adolescents and HIV with the implementation tool to operationalize the set priorities in 1 and 2 above in the priority locations.

## Key tasks

**Phase 1: Rapid assessment:** Facilitate the technical validation of existing data on adolescent wellbeing and assessment of the programme enabling environment to inform a definition of priority populations, programmes and geographic settings to accelerate HIV results in adolescents.

- a. Review existing and on-going assessments on HIV and adolescents to document what is known, the gaps and to ensure complementarity.
- b. Map the strategic programme opportunities to present the findings from the assessment at the national and sub-national levels on HIV and adolescents. The mapping should include relevant sectoral plans, programme and resource mobilization opportunities (PEFPAR ACT and DREAMS, GFATM, domestic sector budgeting) to define the linkage with the country assessment.
- c. Collate national studies and reports related to adolescent demography, HIV epidemiology and other adolescent issues
  - Collation of national and sub-national data set on HIV, adolescent sexual and reproductive health (SRH) issues, education, and gender-based violence, social protection and any other relevant adolescent issues. The degree of collation depends on the extent to which the country team plan to apply the country assessment, i.e., national, sub-national and hotspots. The data set should also include national costing information related to HIV programmes.
- d. Facilitate a meeting of representatives from adolescent and youth networks to map adolescents' engagement in decision-making and HIV programming/programmes. This will include the administration and collation of findings from the adolescent networks' assessment of the programme enabling environment.
- e. Conduct a desk review of available data on:
  - The HIV epidemic among adolescents (including adolescent key affected population groups), risks, and vulnerabilities, including analysis by age (10-14 years; and 15-19 years), gender and geography
  - Availability, access and utilization of HIV and other adolescent focused interventions disaggregated as far as possible by age, gender and geographic location; and for adolescent key population groups



- Review existing national or provincial strategic plans, policies and/or guidelines on HIV and adolescents
  - Review of the programme enabling environment related to policy, the coordination system and stigma.
- f. Support the national AIDS coordinating authority or designated national authority to convene the existing relevant technical working group or to constitute a technical working group to lead the country assessment including logistic support for the technical working group meeting.
  - g. Facilitate the technical validation of the data set for Phase 1 in the Adolescent Assessment and Decision-Makers' Tool (AADM) with the technical working group members
    - Familiarize the technical working group members with the AADM work flow
    - Facilitate a technical review of the initial programme overview report in the AADM including the validation of the pre-populated data set in the AADM. When new data are provided as part of the validation, include the data source in the AADM
    - Guide priority setting on adolescent population groups, programmes and geographic areas and document the rationale for the technical working group's decisions
    - Administer the programme enabling environment worksheet of the AADM to the technical working group members (representing the different constituencies); and facilitate a validation of the programme environment assessment report with them. Document any differences in opinion.
    - Help the technical working group complete the log frame for the HIV and adolescent national programme.
  - h. Support the national AIDS coordinating authority or designated national authority to convene and facilitate a multi-sectoral stakeholder validation meeting with representation from policymakers, planners and managers from relevant government agencies, funding and implementing partners, adolescent network representatives and the United Nations Joint Team on HIV and AIDS to review, endorse and advance the recommendations emerging from the assessment.
  - i. Finalise the log frame for the HIV and adolescent national programme with comments from the stakeholders' validation meeting including modalities for linkage with identified strategic programme opportunities for HIV and adolescents at the national and sub-national levels.
  - j. Develop a plan for an in-depth analysis of low-performing interventions in selected geographic settings.
  - k. Prepare a report of the rapid assessment.

**Phase 2: In-depth analysis of low-performing HIV and SRH interventions:** Conduct an in-depth analysis of the gaps and barriers limiting the impact of priority HIV programme interventions in the priority location(s) identified in Phase 1 above.

- a. Conduct a desk review of the availability, access and utilization of the low-performing HIV intervention(s) in the selected location. The desk review should include a mapping of the service delivery platforms for the selected intervention(s).
- b. Based on the desk review define the problem statement in relation to the disparity in coverage of the intervention between adolescents and other population groups, as well as among different adolescent population sub-groups (by age, gender and key populations), do an analysis of the structural determinants of the current coverage and describe how the intervention is delivered to adolescents in the setting.
- c. Provide the rationale for the sampling or selection of sites for assessment.
- d. Review and validate the indicators for the in-depth analysis of the HIV programme intervention(s) in the AADM with the technical working group to ensure alignment with the local context and the description of the delivery of the intervention. When indicators are modified as part of the validation, include the data source in the AADM as well as the rationale.
- e. Provide a rationale for data sources; collect data from varied sources with sub-national disaggregated information in population-based studies (HIV surveillance, DHS, AIS, MICS, behavioural survey etc.), abstract age-specific data from facilities and administrative records (e.g. HMIS, EMIS) and programme data.

- f. Undertake participatory causal analysis of the priority barriers and bottlenecks contributing to the observed programme gaps. Focus the analysis on supply, demand, quality and refer to structural determinants (policy, coordination, resources and social norms) identified in Phase 1.
- g. Help the technical working group define key actions (in a micro-plan) to address the priority gaps and barriers.
- h. Support the national AIDS coordinating authority or designated authority to convene a sub-national multi-sectoral stakeholder validation meeting with representation from programme managers from relevant government agencies and implementing partners, adolescent network representatives and the United Nations Joint Team on HIV and AIDS to review, endorse and advance the proposed actions through existing programmes.
- i. Finalise the micro-plans with input from the sub-national technical working group.
- j. Prepare a report of the in-depth analysis

**Phase 3: Evidence-informed planning:** Develop a multi-sectoral plan for adolescents and HIV with an implementation tool to operationalize set priorities in Phases 1 and 2 above in the priority location(s).

- a. Facilitate a collective review of the findings from Phases 1 and 2 of the country assessment into an updated log frame and set up consistent actions to contribute to the different levels of results (output, outcome and impact).
- b. Support the national AIDS coordinating authority or designated national authority to convene a national multi-sectoral stakeholders validation meeting to establish consensus on the division of roles and responsibilities in the updated log frame, strategies for integration of actions across the relevant sector(s) including joint programmes/programming; resource mobilization and leveraging; strategic partnerships and data system improvement.
- c. Finalise the updated log frame with input from the validation meeting; develop an implementation strategy related to integration, coordination, strategic partnerships and resource mobilization and data improvement.

#### Qualifications<sup>31</sup>

- **Academic qualification:** Postgraduate degree in public health, sociology and/or other social sciences; experience in programme development and strategic planning and experience in HIV and adolescent programme development.
- **Research skills:** data collection skills for both qualitative and quantitative data, data analysis, and report writing. Experience in writing reports of a scientific standard. Communication and analytical skills mandatory. Familiarity with AADM and other frameworks for national programme assessment and planning.
- **Competencies:** Good knowledge of current global research and/or initiatives on HIV and adolescents, ability to independently liaise with government offices (ministries of health, national AIDS committees, and ministries responsible for adolescents); CSOs; youth and adolescent networks and the United Nations Joint Team on HIV and AIDS.

Tentative time frame and deliverables		
	Time Frame	Deliverable
<b>Phase 1: Rapid assessment</b>	4 weeks	<ul style="list-style-type: none"> <li>• Validated data set for rapid assessment in AADM</li> <li>• Validated programme overview dashboard from AADM</li> <li>• Analytical report of rapid assessment including log frame for HIV and adolescent national programme</li> <li>• Phase 1 consultancy report documenting the process, lessons learned and recommendations for future application</li> </ul>
<b>Phase 2: In-depth analysis</b>	4 weeks	<ul style="list-style-type: none"> <li>• Validated data set for in-depth analysis in the AADM</li> <li>• Validated micro-plan from AADM</li> <li>• Analytical report of in-depth analysis</li> <li>• Phase 2 consultancy report documenting the process, lessons learned and recommendations for future application</li> </ul>
<b>Phase 3: Evidence-informed planning</b>	4 weeks	<ul style="list-style-type: none"> <li>• Finalised log frame for HIV and adolescent national programme with implementation strategies</li> <li>• Phase 3 consultancy report</li> </ul>

<sup>31</sup> Depending on how the country assessment is to be undertaken, country teams can decide between individual or institutional consultancy for the assignment

## ANNEX 9: DRAFT TOR AND AGENDA UN AND PARTNERS JOINT TECHNICAL MISSION ON ALL IN COUNTRY ASSESSMENT

**Background:** Globally, adolescents (aged 10-19) are the only age group where deaths due to AIDS are not decreasing - while across all age groups, AIDS-related deaths declined by nearly 40 per cent between 2005 and 2013<sup>32</sup>. Today, AIDS is the leading cause of death among adolescents in Africa<sup>33</sup> and the second highest cause of death among adolescents globally<sup>34</sup>. In 2013, an estimated 120,000 adolescents (10-19 years of age) died of AIDS<sup>2</sup>. Thence the need for a global agenda to end Adolescent AIDS – All In.

All In is a platform for action and collaboration to inspire a social movement to drive better results with and for adolescents (10-19) through critical changes in programmes and policy. It aims to unite actors across sectors to accelerate reductions in AIDS-related deaths by 65% and new HIV infections among adolescents by 75% by 2020, and thus set the global AIDS movement on track to end the AIDS epidemic among adolescents by 2030

**Mission Goal:** To support the Country team in implementing the initial Phase of the country assessment on adolescents and defining next steps for successful implementation of the next Phase.

### Objectives:

1. To orient the team on the country assessments for All In.
2. To initiate the work with the country technical working group, NAC and partners to complete a comprehensive assessment on adolescents aged 10 – 19.
3. To support the country team in validating the key indicators to determine:  
“Which adolescents, geographic areas and programmes should be prioritized for intensified support in order to accelerate progress to targets for reduced HIV incidence, HIV related illness and death in adolescents aged 10–19.”
4. To support the country team to ensure alignment of the assessment with ongoing efforts and that this adolescent exercise builds on and complements existing information and assessments, reinforces the strategic evidence base for action for adolescents.

**Participants in Joint Mission:** (list name of mission members)<sup>35</sup>

23 UNICEF analysis of UNAIDS 2013 HIV and AIDS estimates, July 2014.

33 WHO, 2012. Global health observatory data repository <http://apps.who.int/gho/data/view.wrapper.MortAdov?lang=en&menu=hide>

34 WHO, 2014. Health for the World's Adolescents: a second chance in the second decade. [www.who.int/adolescent/second-decade](http://www.who.int/adolescent/second-decade)

35 It is encouraged that UN joint teams and partners be mobilized at global and regional levels to support the mission in the inception phase.

## Draft Overall Agenda

Timing	Description	Venue
<b>Day 1</b>		
<b>Outcome: Orientation of key partners on All In and the assessment process</b>		
7:30 – 9:00	High Level Breakfast Meeting with Permanent Secretaries and Sector Directors of relevant ministries	
10.00 – 12:00	Meeting with UN Joint Team	
12.00 – 13.00	Meeting with PEPFAR / GFATM CCM / other partners	
14.00 – 16.30	Presentation of the All In and the Country Assessment tool to National AIDS Coordinating Authority, relevant ministries and CSO partners (Program and M&E focal persons) and representatives of adolescent / youth networks	
<b>Day 2</b>		
<b>Outcome: Core Team oriented on assessment tool and preliminary data entry reviewed</b>		
08.30 – 17:00	All day working session on the Country Assessment tool: adjustments and validation of cross-sectoral indicators by Core Team (National AIDS Coordinating Authority, relevant ministries and CSO partners (Program and M&E focal persons) and representatives of adolescent / youth networks )  (See attached detailed agenda for the day – Annex 10)	
<b>Day 3</b>		
<b>Outcome: Indicators validated with country team and partners and decisions and agreements made on priority programmes</b>		
08.30 – 14.00	Stakeholder Consultation & Presentation of the All In and the Country Assessment tool to stakeholders.  (See attached detailed agenda for the day – Annex 11)	
14.00 – 16.30	Consultation with Adolescents	
<b>Day 4</b>		
<b>Outcome: Finalization of validation and preparation for in-depth analysis and next steps</b>		
08.30 – 13:00	Working meeting with M&E and Core Team from the National AIDS Coordinating Authority, relevant ministries and CSO partners (Program and M&E focal persons) and representatives of adolescent / youth networks	
14:00-14:45	Meeting with Management of the National AIDS Coordinating Authority on implications of the findings	
15:00-16:00	Debriefing of Senior Government Officials, Civil Society Directorate and National AIDS Coordinating Authority	
<b>Day 5</b>		
	Departure	

## ANNEX 10: ALL IN ADOLESCENT COUNTRY ASSESSMENT TECHNICAL WORKING GROUP MEETING

Meeting Objective: Initiate review and validation of adolescent data		
Time	Session Description	Facilitator
8:30 – 9:00	<p><b>Session 1: Recap of Day 1</b> (15 minutes)</p> <ol style="list-style-type: none"> <li>Objective of assessment</li> <li>Relevance for the country</li> <li>3-Phase Process</li> <li>Tool (data entry, recording of sources, generation of output in dashboard)</li> <li>Strategic application</li> </ol> <p>Questions and participant reflections (15 minutes)</p>	
9:00 – 9:30	<p><b>Session 2: Demonstration of Tool</b> (30 minutes)</p> <p>(Complete validation and entry of selected data in plenary)</p>	
9:30-10:30	<p><b>Session 3: Validation of indicators and data</b> (2 ½ hours)</p> <p>Instructions: Four indicator groups to conduct 3 tasks:</p> <ol style="list-style-type: none"> <li>Review the description and value of indicators based on available data sources;</li> <li>If available, review data sources for sub-national values</li> <li>Complete policy &amp; programme environment analysis</li> </ol> <p><i>Participants grouped by indicator groups</i></p> <ol style="list-style-type: none"> <li>Demographic and Epidemiological Indicators</li> <li>HTC, Treatment and Care plus TB and HPV</li> <li>Survey based data: Combination Prevention plus social and programme enablers</li> <li>Cross-cutting: Social protection, GBV and Education</li> </ol>	
10:30 – 11:00	Coffee Break	
11:00-12:30	<b>Session 3: Validation of indicators and data</b> (2 ½ hours)	
12:30 – 1:30	Lunch	
1:30 – 3:00	<p><b>Session 4: Group Presentations to Plenary</b> (1 ½ hours)</p> <p>Presentation of data, rationale, output by group (20 minutes per group)</p>	
3:00 – 5:00	<p><b>Session 5: Review of Output and Preparation for Presentation to Stakeholders Meeting</b></p> <ol style="list-style-type: none"> <li>Discussion and preparation of summary interpretation of findings</li> <li>Data gaps and potential solutions and concerns</li> <li>Preparation for presentation for stakeholder meeting and key points for discussion with adolescents</li> </ol>	

## ANNEX 11: STAKEHOLDER MEETING ON ADOLESCENTS AND HIV

Meeting Objective: To review lessons from data exercise and agree on achievements, gaps and strategic actions to address key gaps		
Time	Session Description	Facilitator
8:30 – 9:00	<b>Session 1: Welcome and Introductions</b> Welcome remarks and presentation of country programming context – perspective on adolescents	
9:00 – 9:20	<b>Session 2: All In: Overview of global agenda and assessment</b> <i>Questions/clarifications</i>	
9:20 – 10:00	<b>Session 3: Assessment Process – Phase 1</b> <i>Questions/clarifications</i>	
10:00 – 10:30	<b>Session 4: Lessons learned from initial phase of assessments</b> <i>Questions/clarifications</i>	
10:30 – 11:00	Coffee Break	
11:00 -12:0 0	<b>Session 5: Group Work</b> <b>Objective:</b> To recommend strategic focus for in-depth analysis to inform an acceleration plan for adolescent HIV response in the country.	
12:00 – 1:00	<b>Session 6: Plenary Feedback &amp; Next Steps</b>	
1:00 – 2:00	Lunch	

# ANNEX 12: REPORTING FORMAT FOR PHASE 1 (RAPID ASSESSMENT): ADOLESCENT HIV PROGRAMME CONTEXT ANALYSIS

## Glossary of terms

List the operational definition of the different population sub-groups mentioned in the report. Please reference the source of the definitions.

## Section 1: Introduction

### 1.1 National programme context

Describe the geo-political and demographic structure of the country; the prevailing national environment for an HIV programme for and with adolescents - the national coordination system for HIV and adolescents, the strategic plan and partnerships; refer to the national guidelines and strategies, provide an overview of adolescent participation and description of the cross-sectoral adolescent programmes

### 1.2 Desk review of HIV and adolescent programme

This section is informed by the desk review

### 1.3 Objectives of the rapid assessment

Adapt the objectives in the guidance document as relevant to the local context

## Section 2: Methodology

Describe the different steps undertaken in the rapid assessment, including the data sources and validation process including the strategic opportunities, the different coordination / technical teams and time frame for the process.

## Section 3: Key findings

Based on the validated programme overview dashboard prepare an analytical report (with relevant charts and tables) that include:

- Demographic profile of adolescents ages 10 – 19 years at the national and sub-national levels
- HIV epidemiologic profile of adolescent ages 10 – 19 years at the national and sub-national levels including trends and gaps towards validated national targets by 2020, including a rationale for population, geographic and programme prioritisation
- Equity-based analysis of HIV and adolescent programme intervention coverage among adolescents (disaggregated by age, gender and including key population groups), including gap against validated national targets
- Discuss the HIV programme enabling environment: Policy, coordination, stigma and resource need
- Highlight the potential programme opportunity between HIV and other adolescent programmes in the priority location(s)
- Include the completed log frame in this section.

## Section 4: Recommendations

List and describe the key recommendations from the rapid assessment related to priority adolescent populations, priority locations, and priority programme interventions including national or sub-national results and targets for the HIV and other adolescent programmes. Identify low-performing interventions for an in-depth analysis in the priority locations.

## Section 5: Conclusions and Limitations

Conclude the report with key findings and actions, including a statement of commitment from the key stakeholders. Where possible include a stakeholder endorsement of the report. List the major limitations of the rapid assessment and how they were managed during the process.



# ANNEX 13: REPORTING FORMAT FOR PHASE 2: IN-DEPTH ANALYSIS OF LOW-PERFORMING HIV INTERVENTIONS FOR ADOLESCENTS IN THE PRIORITY LOCATIONS

## Glossary of terms

List the operational definition of the different population sub-groups mentioned in the report. Please reference the source of the definitions.

## Section 1: Introduction

### 1.1 Local programme context

Describe the sub-national, geo-political and demographic structure including the rationale for focusing on the setting (from Phase 1)

### 1.2 Rationale for the in-depth analysis

Based on the desk review define the problem statement in relation to the disparity in coverage of the intervention between adolescents and other population groups, as well as among different adolescent population sub-groups (by age, gender and key populations), analyse the structural determinants of the current coverage and describe how the intervention is delivered to adolescents in the setting

### 1.3 Objectives of the in-depth analysis

Based on the rationale, define the objectives of the analysis

## Section 2: Methodology

Describe the rationale for selecting the programme location, the scope of the in-depth analysis, the process for validating the indicators for the in-depth analysis and the data collection approach, including sources of data. This section should also include how the causal analysis was undertaken, and recommendations made including the validation process, strategic opportunities, partnerships and levels of accountability.

## Section 3: Key findings

Based on the analysis in the bottleneck analysis and the micro-plan worksheets in the AADM, prepare an analytical report (with relevant charts and tables) that include:

- Equity-based analysis of coverage in supply, demand and quality of the intervention, where possible and relevant disaggregated by age, gender and for the key populations in the selected geographic setting
- Describe the causes of the major barriers (enabling environment, supply, demand and quality) contributing to the observed coverage patterns. Where possible include a causal (problem) tree or any other flow chart as appropriate
- Discuss the priority actions (in the micro-plan worksheet) proposed to address the identified barriers related to the enabling environment, supply, demand and quality
- Include the micro-plan in this section.

## Section 4: Recommendations

List and describe the key recommendations from the in-depth analysis in relation to the identified priority gaps in HIV programmes for adolescents related to supply, demand, quality and structural factors and the agreed priority actions to address the gaps in the priority locations

## Section 5: Conclusions and Limitations

Conclude the report with key findings and actions, including a statement of commitment from the key stakeholders. Where possible include a stakeholder endorsement of the report. List the major limitations of the in-depth analysis and how they were managed during the process.

