

# Zambia Activation Session for Youth-focused HIV Prevention Programming

MEETING REPORT & RECOMMENDATIONS

JULY 26–28, 2022

LUSAKA, ZAMBIA



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## Executive Summary and Main Recommendations

In collaboration with the Ministry of Health (MOH) and National AIDS Council (NAC) of the Government of the Republic of Zambia, the PEPFAR- and USAID-funded Maximizing Options to Advance Informed Choice for HIV Prevention (MOSAIC) project convened the country's first Activation Session for Youth-focused HIV Prevention Programming in Lusaka in July 2022. The session focused on challenges and potential solutions for interventions engaging adolescent girls and young women (AGYW) and their parents and caregivers on HIV prevention and other sensitive issues, including sexual and reproductive health (SRH). This report summarizes consultation proceedings; details examples of innovative approaches to address pervasive youth-parent engagement challenges by national and regional programs; and provides co-created recommendations with practical examples. The main recommendations are summarized in the following inset box.

### **Program recommendations for engaging youth and parents for HIV prevention**

#### ***Program design or adaptation:***

- Be clear and specific in objectives and goals to cultivate parent and adolescent and young people's (AYP) interest, engagement, and to manage expectations of eventual impact
- Employ established and evidence-based practices for project design to ensure the intervention reaches and engages intended audience(s), including marginalized groups like youth with disabilities
- Advocate for MOH to identify, streamline, and endorse successful parent-youth engagement interventions as part of a national strategy to maximize impact and collective learning

#### ***Engaging community structures and pre-testing:***

- Identify and leverage existing structures in which interventions may be layered or integrated
- Seek community leadership support prior to engaging parents and engage a range of leaders

#### ***Key communication approaches and inclusive practices:***

- Develop materials specifically targeting male AYP and, separately, male parents
- Have engagement as an entry point, then explore norms change once rapport is established

#### ***Intervention implementation and field considerations:***

- Ensure that activities engaging parents and AYP are age-appropriate and gender sensitive
- Engage third parties such as peer trainers to coach parents on communication approaches with AYP
- Focus on collective benefits of HIV prevention to de-stigmatize and de-personalize messages
- Include well-established program practices, such as translating materials into local languages and identifying non-financial motivators for sustainability of parent-youth models

#### ***Monitoring and course correction:***

- Involve youth and parents in design of program and indicator selection
- Determine short and longer-term indicators to measure whether the intervention has met objectives and build in a realistic time horizon for achieving and measuring behavior change

## Activation session background and rationale

The Activation Session for Youth-focused HIV Prevention Programming in Zambia was convened in July 2022. The Activation Session was convened to address ongoing high HIV incidence among adolescent girls and young women (AGYW) by examining interventions that promote HIV prevention through relationships with key influencers, who are figures who provide opinion leadership and impact decisions and behaviors. For AGYW, these key influencers include parents and caregivers, male partners, and peers. This first Activation Session focused on parents and caregivers; the following section summarizes the current context of youth and impact of HIV among youth in Zambia and the rationale for the Activation Session.

### HIV context among youth in Zambia

In Zambia, youth ages 15–24 years currently comprise 20% of the total population. Male and female youth have similar early secondary school completion, literacy, and unemployment rates. However, a 2016 national survey found that HIV incidence is highest among AGYW ages 15–24 years.<sup>1</sup> HIV prevalence is twice as high among AGYW ages 15–19 and four times as high among AGYW ages 20–24 compared to their male peers. There are also important urban and rural differences, with rural youth initiating sexual activity before age 15 years at higher rates and having lower rates of accurate, comprehensive knowledge of HIV prevention and transmission than their urban peers.<sup>1</sup>

**TABLE 1. ZAMBIAN YOUTH CONTEXT: QUICK FACTS**

Characteristics	Female youth, ages 15–24		Male youth, ages 15 – 24		Population
Proportion of total population <sup>2</sup>	1,744,842		1,746,561		20% of total population, 2020
Literacy rate <sup>3</sup>	91.6%		92.6%		2018
Completion rate, lower secondary school <sup>4</sup>	49.8		48.3		2020
Completion rate, upper secondary school <sup>4</sup>	26.8		33.2		2020
Unemployment <sup>5</sup>	10.6%		11.4%		2020
<b>HIV statistics<sup>1</sup></b>					
HIV incidence	1.07 (95% CI: 0.54 – 1.60)		0.08 (95% CI: 0.00 – 0.25)		2016
Age groups	15 - 19	20 – 24	15 – 19	20 - 24	
HIV prevalence	3.3%	8.8%	1.6%	2.0%	2016

## Activation Session rationale and stakeholder inclusion

In response to these concerning trends in Zambia and in alignment with the national Adolescent Surge Initiative, the first Zambia Activation Session for Youth-focused HIV Prevention Programming was convened. The Activation Session planning committee, which included representatives from the MOH, NAC, youth advocates, and the MOSAIC project, determined that parents and caregivers were the priority group of key influencers of AGYW and co-created the event to identify the main challenges surrounding engaging youth and their parents and caregivers. Parents and caregivers were selected as the priority key influencer group due to recognition by planning committee members and other stakeholders that there are few established practices for including this group and because parental influence on youth health decision-making is strongly supported through social norms in Zambia. The co-creation process comprised a series of meetings that refined the meeting objectives, explored regional interventions engaging youth and parents on sensitive health topics with guest presenters, and collaboratively selected the most relevant interventions for participation. Through these activities, group rapport developed, facilitating co-design of each day's events and determining facilitator and stakeholder roles.

### Activation Session Overview

**Goal:**

To identify established practices for adaptation of existing programs or candidate interventions to improve youth and parent/caregiver engagement on HIV prevention in Zambia.

**Objectives:**

- 1) Concur on context of AGYW and parent communication around HIV prevention in Zambia
- 2) Review HIV prevention and sector-adjacent models targeting AGYW and parents/caregivers nationally and regionally
- 3) Collaboratively determine best practices to guide program change in the Zambian context

**Length:**

3 days

**Participants:**

Representatives from MOH and NAC, implementing partners, civil society organizations, Zambia MOSAIC Youth Network, community and traditional leaders, parents, and youth

The event was structured to enable participants to explore barriers and drivers of engaging adolescents and young people (AYP) and parents/ caregivers about communication on sensitive topics like HIV prevention and SRH care access and use among AGYW, explore challenges relative to gender norms for a comprehensive response, establish best practices within current regional and national interventions, and develop adaptations of those practices with stakeholders.



Youth delegates from Zambia's 10 provinces.

*Photo credit: Christopher Mumba*

A broad range of stakeholders were represented at the meeting, including government and implementing partners, representatives from civil society organizations (CSOs), traditional and community leaders, faith leaders, media representatives, parents, and, most importantly, youth. Ten youth delegates (five male and five female, ages 18–25) representing each of Zambia's provinces attended and contributed youth perspectives at the event.

## Activation Session methodology

The meeting was convened in Lusaka, Zambia, over three days in July 2022 and focused on three main challenges faced when engaging youth and their parents in HIV prevention and sector-adjacent SRH programming. A pre-meeting online survey had elicited these challenges from government, implementing partner, and CSO stakeholders, asking participants to prioritize from a list of challenges. Three challenges rose to the top:

1. Changing incorrect parent/caregiver beliefs that communicating about sexual and reproductive health (SRH), including HIV prevention, encourages AGYW to have sex
2. Equipping parents/caregivers to communicate with their AGYW about HIV, family planning, and other SRH topics
3. Making parents/caregivers feel supported by others in the community, including religious leaders, to communicate with their AGYW about SRH and HIV prevention

Day 1 of the session featured a review of global evidence for youth-parent engagement interventions, the HIV situation for youth in Zambia, and preliminary research results about AGYW and parent perspectives on HIV prevention and young people's use of the daily tenofovir-based prevention method known as oral pre-exposure prophylaxis (PrEP). Data from the PrEP Preferences study (see box) conducted in Zambia revealed important barriers to communication between youth and their parents. These findings were complemented by the expert opinion of participants who reported on drivers of why parents do not feel able to discuss HIV prevention and SRH with their adolescents. Regional program

### **Zambia PrEP Preferences study:**

Through the PEPFAR and USAID-funded PROMISE Collaboration (as part of USAID-funded Envision FP) and led by by investigators from the Ministry of Health and FHI 360, this qualitative study was conducted in September–October 2021 across five Zambian provinces (Central, Copperbelt, Eastern, Luapula, and Lusaka). The study assessed experience using and preferences for PrEP methods (the PrEP ring, oral PrEP, and CAB PrEP) and service delivery among 11 population groups, including AGYW ages 18–22 years and their parents and caregivers.

guests from the Adolescents 360 project in Tanzania<sup>1</sup> (funded by the Bill and Melinda Gates Foundation and Children’s Investment Fund Foundation) and Project PrEP in South Africa<sup>2</sup> (funded by Unitaid and implemented through the Wits Reproductive Health and HIV Institute [RHI] in close collaboration with the South African National Department of Health) presented relevant aspects of their models and how they approached priority challenges for engaging youth and parents.



Edwin Mtei gave a virtual presentation about the Adolescent 360 project’s Kuwa Mjanja program.

*Photo credit: Charles Masompe*

Day 2 highlights included a youth-led skit; gender integration exercise; presentations and panel discussions featuring lessons learned among Zambian implementers of youth-parent programming; and small-group work to develop adaptations to address priority program challenges. The day started with the youth delegates performing a skit they developed to illustrate scenarios for parental engagement and the potential positive role for parent champions to influence their peers. Participants also engaged in a gender norm and equity exercise, which, with the skit, stimulated thinking and conversations for more productive small group work. Next, representatives from four Zambian

projects (the USAID-funded Zambia Community HIV Prevention Project (ZCHPP), the Afya Mzuri Men’s Insaka, the USAID and PEPFAR-funded Check-Up 1 project through YWCA, and the PEPFAR and Health Resources and Services Administration (HRSA)-funded Charles Drew University RiseUp! House) presented the main challenges they had encountered when engaging youth and parents, and the approaches they used to overcome these issues, with a panel discussion for the participants to ask questions. Following this discussion, small groups were convened with representation from each type of stakeholder in each group to discuss an assigned challenge and devise adaptations for presentation the next day.

On Day 3, the small groups which were convened during Day 2 met and informally validated their ideas with “real world” panels. The panelists were AGYW and parents who had participated in the PrEP Preferences study and agreed to be contacted after the study. This panel event included six AGYW and six parents (four women and two men) from Lusaka and Central provinces. These panelists kindly



Parents from Lusaka and Central provinces participated in a panel discussion on Day 3.

*Photo credit: Charles Masompe*

volunteered their time and experience, providing feedback on whether proposed adaptation steps were actionable and likely to have impact. One example of the added value of this approach was one small group presenting the idea for a new intervention with religious leaders championing HIV prevention and instructing parents how to talk to their adolescent. Both AGYW and parent panelists asked whether religious leaders and youth and parents would be engaged in design and cautioned the presenters that religious leaders are unlikely to convey non-abstinence-based messages, limiting the utility of this approach. They also recommended that religious leaders be involved in design but that parents who are health care workers or trained to present comprehensive HIV prevention facts actually conduct the parent sessions.

## **Activation Session outcomes**

The following section summarizes key points made about drivers and barriers to effective AYP and parent/caregiver communication on HIV prevention and SRH (findings from Days 1 and 2), and then presents what each group wants to see happen to shape program adaptations or intervention design, discussed extensively during Days 2 and 3 of the Activation Session.

### **Main challenges and needs of youth and parent/caregivers' engagement for HIV prevention in Zambia**

On Day 1, participants considered evidence from a global literature review,<sup>2</sup> and then reflected on their experience about their actual and ideal roles, including with reference to contextual factors, for HIV prevention and SRH (Box A).



## **Box A. How parents and caregivers are perceived and what they perceive for HIV prevention and SRH communication: Zambian context reflecting global evidence**

This Activation Session defined what Zambian parents and caregivers want in their roles, verifying PrEP preferences study findings and often echoing published findings from other contexts:

- Parents acknowledge that youth fear discussing HIV and SRH issues with them<sup>1,3,4</sup> and that parents fear that discussing these topics may be viewed as approval of sexual activity.
- Since most adolescents live at home and rely on their parents financially, parents have a strong influence on adolescent health motivations, decisions, and behaviors.<sup>1,4</sup>
- Parents find it easy to articulate what they do NOT want their children to do regarding sexual health, but much harder to articulate what they DO want them to do.<sup>1</sup>
- Parents described attitudes about discussing SRH and HIV with their adolescent children, ranging from a) not accepting any discussion, b) open to discussion but only recommending abstinence, or c) open to discussion and supporting their child to make health decisions and access appropriate care, based on PrEP Preference study data.
- Parents are NOT a preferred source of HIV prevention or contraceptive information or support because AYP believe their parents will link these topics to presumed sexual activity.<sup>3-5</sup>
- Parents framed their needs as two-fold: having accurate, comprehensive SRH and HIV information AND being taught how to discuss sensitive issues with their AYP so their children can be open and feel supported.<sup>1,6,7</sup>

On Day 1, we also elicited expectations from youth for what parents and caregivers can or should be doing to facilitate discussions about and access to HIV prevention and SRH services (Box B).

## Box B. What youth expect from their parents and caregivers: evidence and participant validation

- *Data from Zambia PrEP Preferences study:* Youth want parents who are open to discussing HIV prevention and are informed regarding different PrEP methods without judging their child for raising the topic.
- *Global data:* Youth want parents to support HIV prevention, specifically PrEP use, by having conversations about initiation and effective use, providing reminders, helping AGYW manage side effects and nutrition, and helping them disclose their PrEP use to other family members.<sup>1,5,8</sup> Parental support for SRH services was described as including openly discussing reproductive development and helping young girls get referrals to clinical services for care.<sup>1,9</sup> For some, the mother's role is particularly significant because most AGYW value mothers' advice for a range of problems.<sup>5,9</sup>
- *Validation from youth representatives:* PrEP Preferences study results resonated with youth delegates. Delegates also identified the following needs:
  - Parents should be open with their children concerning HIV prevention.
  - Parents should be the first people to talk to their children about HIV prevention and SRH before the children hear about them from others.
  - Parents and children discussing HIV prevention issues should be "normal."
  - Parents should encourage their children who are using HIV prevention methods to adhere to their preferred methods.
  - Parents should be less judgmental and more understanding, able to listen to and learn from their children, and respect their children's autonomy to make SRH and HIV prevention decisions.
  - Parents should not discuss their children's sexual activities or HIV prevention method use with other relatives or parents when their children decide to disclose.




## Main challenges in programming and innovative responses

Contrasts between the needs and expectations of AYP and their parents and caregiver and the identified barriers to behavior change create distinct programmatic challenges. In our survey of priority challenges conducted prior to the Activation Session, the three most pervasive challenges across SRH and HIV prevention programming engaging youth and parents in Zambia are:

- Changing incorrect parent/caregiver beliefs that communicating about SRH, including HIV prevention, encourages AGYW to have sex
- Equipping parents/caregivers to communicate with their AGYW about HIV, family planning, and other SRH topics
- ▲ Making parents/caregivers feel supported by others in the community, including religious leaders, to communicate with their AGYW about SRH, including HIV prevention




On Days 1 and 2, we conducted an informal root cause analysis where small groups considered priority challenges and identified enablers and barriers to changing parent and caregiver behaviors to meet the articulated needs of youth (Table 2).

**TABLE 2. ENABLERS AND BARRIERS TO DESIRED BEHAVIORS SPECIFIC TO PRIORITY CHALLENGE**

Priority Challenge	Enablers to desired behaviors	Barriers to desired behaviors
 <b>Changing incorrect parent/caregiver beliefs that communicating about SRH encourages AGYW to have sex</b>	<ul style="list-style-type: none"> <li>• Parents having credible, accessible information sources for SRH and HIV prevention</li> <li>• Parents and youth both acknowledging and accepting the need to discuss sensitive topics</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of parental information and limited education on SRH and HIV prevention</li> <li>• Perceptions of what behaviors are accepted by parents</li> <li>• Equating HIV prevention with certain behaviors (promiscuity) or groups (sex workers)</li> </ul>
 <b>Equipping parents/caregivers to communicate with their AGYW about HIV, family planning, and other SRH topics</b>	<ul style="list-style-type: none"> <li>• Parents having effective communication skills for sensitive topics</li> <li>• Parents having a close relationship with their child</li> </ul>	<ul style="list-style-type: none"> <li>• Parent discomfort resulting in partial information being relayed</li> <li>• Social and cultural norms that prevent sensitive discussions with youth</li> <li>• Parents not considering HIV prevention education their responsibility</li> </ul>
 <b>Making parents/caregivers feel supported by other community members, including religious leaders, to communicate with their AGYW about SRH and HIV prevention</b>	<ul style="list-style-type: none"> <li>• Community-level vocal support for youth HIV prevention, particularly from traditional and religious leaders</li> <li>• Parents wanting the best future for their children</li> </ul>	<ul style="list-style-type: none"> <li>• Religious proscriptions toward sex before marriage &amp; fear of religious community disapproval</li> <li>• Self-stigma; fear of or stigma directly expressed by friends or community</li> </ul>

Based on the global literature review and regional program presentations, these challenges have been encountered in other contexts.<sup>1-5</sup> To help inspire and accelerate conversation during small group work, sessions held on Days 1 and 2 with regional and Zambian projects, respectively, presenting how their projects have addressed priority challenges for youth and parent engagement surrounding HIV prevention and SRH. Table 3 lists the priority challenges and highlights programs that developed adaptations to overcome each challenge, describes each adaptation and how it has been successful, and then mentions the next challenge related to AYP and parent/caregiver engagement surrounding HIV prevention or SRH that each program plans to address.

**TABLE 3. ILLUSTRATIVE ADAPTATIONS TO MEET KEY CHALLENGES**

<i>Challenge Symbol</i>			
<b>Challenge</b>	Changing incorrect parent/caregiver beliefs that communicating about SRH encourages AGYW to have sex	Equipping parents/caregivers to communicate with their AGYW about HIV, family planning, and other SRH topics	Making parents/caregivers feel supported by others in the community, including religious leaders, to talk with their AGYW about SRH and HIV prevention
<b>Program adaptation responding to the specified challenge</b>	Rise Up! has adopted the Families Matter! program, which is a 7-week course where parents and caregivers meet in small groups to discuss SRH and HIV needs and communication with their AYP. <sup>6</sup> Weeks 1–5 directly address and transform norms around discussing sex with AYP and ways to communicate information and values for delaying sexual activity clearly.	In the Zambia DREAMS program, parents are enrolled in the Healthy Homes Positive Parenting Program (HHPP). <sup>7</sup> Parents meet in groups with a peer leader for 14 weekly sessions. The sessions focus on discussing SRH and HIV with youth, educating parents, and supporting them through shared experiences. Sessions 1–5 focus on building a positive relationship between parents and youth. Sessions 6–10 focus on problem solving, motivation, and dealing with conflict between parents and youth. Sessions 11–14 focus on ways families can save money, keep safe in the community, and respond to crises.	Project PrEP in South Africa uses multichannel, multilevel engagement with parents/caregivers of AGYW in dialogue groups, including through prayer breakfasts. <sup>8</sup> Dialogues are coordinated with religious leaders by focusing on the “why” for engaging AGYW in HIV prevention and SRH discussions. The prayer breakfasts then discuss the “how” for parents to be agents of positive change in their children’s lives by initiating discussions and facilitating service referral, with support from church leaders.
<b>Evidence for success</b>	Rise Up! House’s Families Matter! program has recorded an increase in the number of parents consenting for their children to access HIV prevention methods including PrEP, with higher retention among the adolescents who are supported by parents. This finding is attributed to the following observations: <ul style="list-style-type: none"> <li>• Parents receiving comprehensive information through monthly meetings</li> </ul>	<p>"We should stop being shy with the children we have to sit down with them. DREAMS helped us to get rid of the awkwardness so that we sit down with the female children ...and also to teach our fellow neighbors, that will move us forward." (Parent of AGYW from Central Province, PrEP Preferences study)</p> <p>During Z-CHPP implementation (2017 – 2022), 91% (14,309; 93% female and 7% male) of parents and guardians completed the HHPP</p>	Each of three mother prayer days reached up to 100 parents/ caregivers. Through a detailed discussion about SRHR and HIV prevention for AGYW, parents/caregivers were able to make a connection between empowered AGYW and their religious beliefs. One mother attending a Sunday Dialogue stated, "When I was young, no one spoke of these things. But now we know, and our daughters don’t have to make the same mistakes and they don’t have to live with what we’ve had to live

	<p>tend to make informed decision to support their adolescents.</p> <ul style="list-style-type: none"> <li>• Parents involved in the HIV prevention care consent process for their children have supported them in the retention program. The program includes one-to-one sessions with parent to a parent peer and parent to child, based on their specific needs.</li> <li>• The few male parents receiving information about PrEP have been very committed, helpful, and supportive of their children.</li> </ul> <p>[Personal communication, Getrude Mashau]</p>	<p>course.<sup>9</sup> Male participants served as informal ambassadors and fostered demand for the program by other male parents as well as adolescent boys and young men. AGYW whose parents completed the program reported a reduction in physical violence inflicted by caregivers (34% to 11%) from prior to program attendance to following program completion.</p>	<p>with.” These dialogues, reaching 447 parents, were supported by a radio campaign, printed materials, and social media. All interventions involve community-based organizations (CBOs) and the community as a whole. These small events allow for the community to become comfortable with the facility, the mobile clinic teams, and the project’s social media pages. With social media, this project is able to reach and engage with communities organically and through paid advertising, which is easily monitored and evaluated. For example, the average Facebook post for Tshwane, reached over 1,600 parents, and there were 88 engagements during the 28-day period. [Personal communication, Nakita Sheobalak]</p>
<p><b>Next adaptation opportunity</b></p>	<p>Greater engagement of male parents within Families Matter!</p>	<p>Greater engagement of male parents within HHPP</p>	<p>Project PrEP’s next steps aim to continue addressing the key barriers to parent engagement through social media, with targeted Facebook campaigns. The project will invite parents to join the online conversation and get an opportunity to talk to experts and leaders in the community. Campaigns will also feature “testimonials” of parents who have supported their daughters to either try or continue oral PrEP. Mother/ daughter dialogues and community radio campaigns will continue in all clusters designed specifically to start and hold a conversation with parents/caregivers.</p>




## Recommended strategies for engaging parents and youth



The activation session generated additional recommendations and evidence-based practices for application across intervention design/adaptation, implementation, and monitoring/course correction. Small group work demonstrated the strength of including a diverse range of stakeholders, who worked collaboratively to identify root causes and co-create solutions to these challenges for engaging youth and their parents and caregivers on HIV prevention. These solutions were then refined on Day 3 following feedback from AGYW and parents from communities.


These recommendations (column 1 of Table 4) are organized by phase of implementation, from program design to monitoring and course correction. The recommendations are supported with an illustrative example from local or regional experience with parent-youth engagement (column 2) and a rationale or guiding details to foster application of recommendations to existing programs (column 3). Recommendations relevant to one or more of the three priority challenges are marked with the symbol denoting each challenge (shown in the legend above Table 4).



In addition to these recommendations, please consult resources from regional programs that focus on parent and youth engagement, both specifically for HIV prevention or, more broadly, for SRH and transforming social norms. Resources relevant to cited examples are referenced in Table 4; additional resources are provided in Annex 1.

**TABLE 4. ACTIVATION SESSION RECOMMENDATIONS FOR PROGRAM DESIGN OR ADAPTATION**


Legend: Linking Recommendations with Identified Key Challenges		
Challenge 1:	Changing incorrect parent/caregiver beliefs	
Challenge 2:	Equipping parents/caregivers to communicate with their AGYW	
Challenge 3:	Making parents/caregivers feel supported by others in the community	



Program design or adaptation			
Recommendation	Challenge	Illustrative program example	Rationale and guiding principles
<b><i>Be clear and specific in objectives and goals to cultivate parent and AYP interest and engagement and to manage expectations about eventual impact.</i></b>		With mother/grandmother prayer days, Project PrEP incorporates prayer for HIV prevention and those affected by HIV. <sup>1</sup> Project PrEP briefed the partner CBOs to contact local church forums that can mobilize religiously observant mothers and grandmothers in the community. The importance of supporting AGYW to access SRH services, including oral PrEP, to reduce high HIV incidence among AGYW is also discussed. Church and community influencers ask mothers and grandmothers to encourage their daughters/granddaughters to seek SRH services.	Activation session parent and youth panelists informally validated the Ministry of Health Adolescent HIV Surge Initiative lessons learned, including that interventions must specify their contribution to HIV prevention. Interventions should embrace SMART (specific, measurable, achievable, relevant, and time-bound) principles in their objectives and design. After the goal is determined, develop specific separate objectives for parents and for AYP. The Adolescent HIV Surge initiative was developed in 2020 with the goals of closing the gap in case finding, improving linkage and retention, and improving viral load testing coverage and suppression rates. <sup>2</sup> In the follow-up review, identified areas for improvement include concise and universally understood indicators that may be readily measured within the system.
<b><i>Employ established, evidence-based practices for project design to effectively reach and engage the intended audience(s). These practices include audience</i></b>		During design, the Rise Up! program segmented AGYW populations by those living with HIV, those who may be exposed, and AGYW at risk for gender-based violence. <sup>3</sup> The program also segmented parents by child HIV disclosure status and child’s age. The project has separate curricula for each group and also has community	Program results and parent panelist endorsements reflect that the message style and channels that work best for some parents (e.g., urban denizens, mothers) do not translate well or reach others. Opportunities to broaden segmentation by specific factors, such as HIV status, urban/rural site, or school attendance, should be availed to improve activities and potential impact. The AGYW and


<b>segmentation; selecting communication channels; and inclusion of youth and parents in intervention design, including marginalized groups such as youth with disabilities.</b>		dialogues that combine parent groups for peer learning.	parent panelists provided feedback critical for intervention design and adaptation. These panels or similar human-centered co-design techniques can reveal priority needs and preferred engagement approaches and thus increase the likelihood of intervention acceptability and effectiveness.
<b>Advocate for MOH to identify, streamline, and endorse successful parent-youth engagement interventions as part of a national strategy to maximize impact and collective learning.</b>		Ongoing evaluations of models such as HHPP <sup>4</sup> and Project PrEP <sup>1</sup> will provide evidence regarding effective parent-youth interventions. Results may be presented at national fora for potential endorsement and uptake; most programs work closely with local, provincial, and national governments.	Stakeholders and panelists agreed that MOH-approved models are highly desirable, but most models to date focus on service delivery areas or single products within HIV prevention or SRH services. An MOH-endorsed, evidence-based, streamlined approach to parent-youth dialogue within an implementation package is recommended, with MOH leading the monitoring process at provincial levels. Similarly, due to the MOH's trusted role as an information source, messages should also be disseminated through MOH social and other media channels.



<b>Engaging community structures and pretesting</b>			
<b>Recommendation</b>	<b>Challenge</b>	<b>Illustrative program example</b>	<b>Rationale and guiding principles</b>
<b>Identify and leverage existing structures and programs in which these interventions may be layered or integrated.</b>	 	Adaptive Leadership Zambia (ALZ) leverages existing structures to cultivate ownership and sustainability in participating communities. One mechanism is by working with authorities (e.g., religious and traditional leaders, head teachers, pastors) and partnering with existing programs. For example, ALZ partners with churches to provide SRHR information at youth meetings.	Structures that already engage parents and/or AYP, such as church youth, men's, or women's groups, provide an established forum trusted by the target audience. These structures are longstanding and will help sustain the intervention if participants find it to be valuable. Other examples of such structures include schools, neighborhood health committees, district AIDS coordinating committees, village savings and loan associations, market groups, virtual/social media communities, parent-teacher associations, commercial and private sector ventures (e.g., mining and tobacco industry), and sports clubs.





<p><b>Seek support of community leadership prior to engaging parents and consistently engage a range of community leaders.</b></p>		<p>Multiple programs effectively engage community leaders prior to intervention initiation and often include them in design and as a key influencer as part of intervention delivery. The above example from ALZ provides context; the HHPP, Families Matter!, and Men’s <i>Insaka</i> models all include community leader engagement as a pathway to reaching parents.<sup>1-4</sup></p>	<p>Stakeholders and parent panelists agreed that parents often avoid sensitive conversations for fear of perceived disapproval from network and community-level influencers. Acceptance and promotion of new behaviors by these leaders may overcome hesitation or provide motivation for household-level behavior change. Some groups that have not been traditionally involved in HIV prevention programming, such as traditional healers and herbalists, should be engaged to improve information quality and reach. Additional groups who are gatekeepers for the community, such as the council of elders, must be engaged prior to any intervention for permissions.</p>
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Key communication approaches and inclusive practices			
Recommendation	Challenge	Illustrative program example	Rationale and guiding principles
<p><b>Develop materials specifically targeting male AYP and, separately, male parents.</b></p>	 	<p>Afya Mzuri developed Men’s <i>Insaka</i> (meeting group) messages focused on what male individuals can do to have a positive effect on health issues shared by their female partners or daughters.<sup>1</sup> Recorded messages are shared, followed by a champion-facilitated discussion for peer learning. <i>Insaka</i> sites were selected based on where segments of male AYP and adults are found, including sports clubs, bars, and churches.</p>	<p>Few interventions are specifically targeted to male AYP or parents, and PrEP Preferences data reflect lower knowledge about PrEP among male partners and less engagement by parents with their male AYP around SRH and HIV prevention issues. Youth delegates and parent and youth panelists agreed that most interventions assume the mother or female caregiver will be the only engaged party and do not specifically address male parent roles and inclusion. Male parent entry points were identified by several adaptation teams; many recommend relying on parent peers to coach communication strategies and meet multiple times in series rather than in a single session. <i>As an evidence-based practice, conduct a gender analysis at baseline to help design/adapt the intervention, as gender norms differ by context.</i></p>

<p><b><i>Aim for engagement as an entry point, and then explore norms transformation once rapport has established.</i></b></p>		<p>ALZ prioritized early marriage and sexual debut for behavior change in Lundazi District. Cultural practices such as initiation ceremonies enshrine some negative norms, such as teaching AGYW that their responsibility is to please men. ALZ engaged local chiefs, who then convened parents and <i>alangizi</i> (traditional marriage counselors). With health worker and AYP testimonies about high AGYW HIV incidence, they persuaded parents and <i>alangizi</i> that such practices are harmful, contributing to HIV exposure. The initiation ceremony curriculum was then modified To incorporate HIV prevention and SRH information and was made age-appropriate for adolescents.</p>	<p>Experience with projects such as ALZ and HHPP have demonstrated that if new information is presented as a resource in an open manner, the target audience will integrate the new information and practices into their current traditions and approaches. This approach, which respects existing values but identifies and strengthens positive norms, permits discussion and change of negative norms and behaviors. Options for this approach include integrating elements from nationally approved comprehensive sexuality education packages into traditional initiation ceremonies and events.</p>
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<b>Intervention implementation and field considerations</b>			
<b>Recommendation</b>	<b>Challenge</b>	<b>Illustrative program example</b>	<b>Rationale and guiding principles</b>
<p><b><i>Ensure that activities that engage both parents and AYP are age appropriate and gender sensitive for the AYP.</i></b></p>		<p>The parent-focused HHPP and Families Matter!/ Rise Up! models, which stratify curricula and materials by child age, are implemented through DREAMS and similar youth-friendly spaces.<sup>1,2</sup></p>	<p>Literature and program models such as HHPP demonstrate the need for age-adjusted information and messaging, though recent preliminary ZamPHIA data regarding early sexual activity among AYP in Zambia should prompt reconsideration of the timing of SRH content. Parent panelists also indicated that cultural norms would complicate the ability to relay information, especially to very young adolescents.</p>
<p><b><i>Engage third parties such as peer trainers to coach parents on communication approaches for their youth</i></b></p>		<p>The HHPP includes peer trainers for parents as well as weekly group meetings for peer learning to develop parents' skills and confidence so they can discuss and support their AYP to access SRH and HIV prevention services.<sup>2</sup></p>	<p>Few traditional structures guide parents on how to discuss sensitive issues with youth. Having peer trainers facilitate dialogues with parents to teach them how to communicate has proven successful in a variety of programs for increasing adolescent service uptake. Parent panelists requested this approach as well as access to a third party, such as a parent champion, to whom they could refer their children for</p>

			discussion. However, parent panelists agreed that if they were taught dialogue skills, the trained peer could instead function as a coach. In Zambia, this may be a role for traditional adult counseling figures such as <i>alangizi</i> (women who train young women to prepare for marriage) or <i>shibukombe</i> (an esteemed man appointed to train grooms to prepare for marriage).
<b>Focus messaging on the collective benefit of HIV prevention to destigmatize and de-personalize the message.</b>	 	Parent-focused HHPP and Families Matter!/Rise Up! interventions use data regarding HIV and pregnancy rates among AYP to provide the rationale to parents and caregivers for engaging adolescents in SRH and HIV prevention discussions. <sup>1,2</sup>	Panelists endorsed delivering statistics and other information in ways that convey how an intervention will have a collective benefit, specifically, reducing HIV incidence among youth. These facts should be delivered in a way that is relatable, presenting a judicious amount of data. This information can then lead to tailored language about what is best for a child, so that parents can see these as common experiences and understand how to discuss them while preserving their child's privacy.
<b>Include well-established program practices, particularly translation of materials in local and sign languages and Braille; link messages with actionable next steps; and identify nonfinancial motivators for sustainability of parent-youth models.</b>		The <i>Chagua Life</i> , <i>Chagua PrEP</i> , <i>Kuwa Mjanja</i> , and HIV Prevention Ambassadors packages are available in local languages. <sup>3-5</sup> Project PrEP, Stepping Stones, and the HIV Prevention Ambassadors Training Package include escorted referrals as part of HIV prevention end user support; <sup>5-7</sup> Afya Mzuri Men's <i>Insaka</i> trained male champions and developed a bar owner association with sustained programming two years after donor funding concluded. <sup>8</sup>	Pragmatic program recommendations emerged, such as making materials available in local languages to better reach rural audiences. Panelists noted that providing parents and youth with SRH and HIV prevention information will initiate a process requiring active steps to result in behavior change. Linking youth to care, ideally with escorted or facilitated referrals, is more successful in realizing longer-term objectives. For sustainability, identifying positive effects, such as fewer youth needing antiretroviral therapy, may be sufficiently motivating to foster ownership among key influencers and continue the intervention after the initial investment. Models that certify the champion role or provide other identifier (e.g., shirts, bags) denoting them as a champion or leader have been more readily sustained.

## Monitoring and course correction

<i>Recommendation</i>	<i>Challenge</i>	<i>Illustrative program example</i>	<i>Rationale and guiding principles</i>
<b><i>Involve youth and parents in program design and indicator selection.</i></b>		A360 had a team of young people who were recruited Innovation Officers who supported Kuwa Mjanja implementation and collaborated on validation of the indicators proposed by the core project team. <sup>1</sup>	In the national Adolescent Surge Initiative, one important lesson learned is that indicators and measures for various interventions should be standardized to permit determination of effect. Youth and parent panelists indicated that interventions need to be more focused and have evidence for effect, which is a strong driver of scale-up and future engagement. Target audiences have designed or helped select indicators for measure as described for Kuwa Mjanja, an approach welcomed by parent and youth panelists.
<b><i>Determine short and longer-term indicators to measure whether the intervention has met objectives and build in a realistic time horizon for achieving and then measuring behavior change.</i></b>		<i>Kuwa Mjanja</i> noted that efforts in the first year were invested in refining the intervention to produce a minimum viable model, with adaptive implementation in subsequent years to meet challenges arose, such as the global COVID-19 pandemic. From the second year, the process evaluation report reveals steady increases in both AGYW reached and the proportion of AGYW adopting a modern contraceptive method through project activities overall until 2020, when COVID affected all activities.	The adaptation elements recommended for parent-youth interventions will require behavior and gender/social norm change, and a lengthy implementation period is often needed to achieve a measurable difference. As measured effect generally guides decisions to scale, stakeholders should discuss process and output measures and qualitative data that can be realistically measured and can guide decisions to expand promising interventions in advance of more rigorous effect measures.

In summary, these recommendations are intended to guide optimization of current programs engaging youth and their parents and to provide inspiration for innovative approaches. The MOH and NAC, in endorsing this document, have also developed a dissemination plan where these insights will be circulated to provincial, district, and community structures in three priority groups. The priority groups include program implementers (ranging from government to CSOs), government and parastatal oversight bodies (from district to central levels), and potential end users and their advocates, particularly youth. A tailored set of recommendations will be emphasized for each group, addressing their specific interests and roles. Similarly, dissemination channels will be selected with representatives from each group to ensure the insights are received and considered for application. The MOSAIC project will follow up with stakeholders reached through the dissemination activities to understand whether and how the recommendations are being used and how future Activation Session findings and dissemination activities may be improved.

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### ACTIVATION SESSION METHODOLOGY

1. Adolescents 360. Pursuing youth-powered, transdisciplinary programming for contraceptive service delivery across three countries: the case of Kuwa Mjanja in Tanzania. Washington, DC: Population Services International [cited 2022 Sep 20]. Available from: <https://www.psi.org/wp-content/uploads/2020/02/The-Case-of-Kuwa-Mjanja-in-Tanzania.pdf>.
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### ACTIVATION SESSION OUTCOMES:

#### Main challenges and needs of youth and parent/caregivers Engagement for HIV prevention in Zambia

1. Engaging parents to create an enabling environment for young people's PrEP use: Supplementary content for family strengthening programmes that support youth sexual and reproductive health. Durham (NC): FHI 360; 2021.
2. Building community acceptance for PrEP use among adolescent girls & young women in sub-Saharan Africa, evidence & experience review, May 2022. Prepared by MGH with support from FHI 360 for the MOSAIC Project.
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## MAIN CHALLENGES IN PROGRAMMING AND INNOVATIVE RESPONSES

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## RECOMMENDED STRATEGIES FOR ENGAGING PARENTS AND YOUTH

### Program design and adaptation

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### Engaging community structures and pretesting

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### Key communication approaches and inclusive practices

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### Intervention implementation and field considerations

1. Families Matter! program – implementers package. Atlanta: Centers for Disease Control and Prevention and the Institute of Tropical Medicine, Belgium [cited 2022 Oct 20]. Available from: [https://pdf.usaid.gov/pdf\\_docs/PA00T9TQ.pdf](https://pdf.usaid.gov/pdf_docs/PA00T9TQ.pdf).
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## Annex I. Additional Parent–Youth Engagement Resources

- Engaging parents to create an enabling environment for young people's PrEP use: Supplementary content for family strengthening programmes that support youth sexual and reproductive health. Durham (NC): FHI 360; 2021.
- USAID Zambia Community HIV Prevention Project (Z-CHPP). 2022. *Best practices in programming for adolescent girls and young women (AGYW): a compendium of interventions and lessons learned from the Zambia Community HIV Prevention Project (Z-CHPP) project*. Washington, D.C., USA and Lusaka, Zambia: Pact.
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