

# What Works in HIV Prevention?

Promising Practices  
from East and  
Southern Africa



## ACKNOWLEDGEMENTS

This booklet reflects the commitment of United Nations Population Fund (UNFPA) country offices and their partners to HIV prevention. Collecting and reviewing the promising practices placed yet another demand on our busy colleagues.

Special thanks go to Kefilwe Koogotsitse, Priscilla Rabasimane and Tsaone Mosweu in Botswana; Lilian Langat, Irene Wangui and Steve Maina in Kenya; Thandiwe Mijoya in Malawi; Grace Hidinua, Andreas Musheko and Emma Mbekele in Namibia; and Rosemary Kindyomunda, Tadeo Tumusiime and Ronald Kareodu in Uganda.

Our partners were gracious about our multiple requests to provide more information, more data, and more quotes. Thank you to This Ability Trust and Imara TV in Kenya, the Family Planning Association of Malawi (FPAM) and the AIDS Information Centre (AIC) in Uganda.

We are grateful to Mercedes Sayagues, the consultant who compiled the country reports. We also acknowledge Innocent Modisaotsile for the technical leadership in coordinating the development of these promising practices.

# CONTENTS



Acknowledgements . . . . .	2
Acronyms . . . . .	4
Foreword . . . . .	5
No time to lose: Rebooting HIV prevention in East and Southern Africa. . . . .	8
Preventing sexual transmission of HIV: A fast, fair and focused response . . . . .	10
The road ahead . . . . .	12
ADOLESCENT GIRLS, YOUNG WOMEN AND THEIR SEXUAL PARTNERS. . . . .	12
BOTSWANA: Successful advocacy for amendment of the Penal Code . . . . .	12
UGANDA: A pathway out of commercial sex exploitation for a better life . . . . .	15
KEY POPULATIONS . . . . .	19
MALAWI: Moonlight Clinics for female sex workers . . . . .	19
UGANDA: Sustainable programming for key populations . . . . .	22
PEOPLE WITH DISABILITIES . . . . .	25
KENYA: Reaching young women with disabilities . . . . .	26
BOTSWANA: HIV and COVID-19 risk communication for the visually impaired . . . . .	31
CONDOM PROGRAMMING . . . . .	34
BOTSWANA: Getting condom programming back on track . . . . .	34
NAMIBIA: Creating excitement about using condoms . . . . .	37
UGANDA: “If it’s not on, it’s not in” – Promoting condoms’ triple benefits . . . . .	41
EMBRACING INNOVATION . . . . .	45
KENYA: Imara TV – Entertain. Educate. Empower. . . . .	45
Key takeaways . . . . .	50
Bibliography. . . . .	52



# ACRONYMS

<b>ADS</b>	Alternative Distribution Strategy
<b>AIC</b>	AIDS Information Centre
<b>AIDS</b>	Acquired immunodeficiency syndrome
<b>ART</b>	Antiretroviral therapy
<b>ARV</b>	Antiretrovirals
<b>AWAC</b>	Alliance of Women for Change
<b>FGM</b>	Female genital mutilation
<b>FPAM</b>	Family Planning Association of Malawi
<b>GBV</b>	Gender-based violence
<b>GPC</b>	Global HIV Prevention Coalition
<b>HIV</b>	Human immunodeficiency virus
<b>LGBTQI</b>	Lesbian, gay, bisexual, transgender, queer, and intersex persons
<b>MARPI</b>	Most-At-Risk Population Initiative
<b>PEPFAR</b>	United States President's Emergency Plan for AIDS Relief
<b>PEP</b>	Post-exposure prophylaxis
<b>PrEP</b>	Pre-exposure prophylaxis
<b>STI</b>	Sexually transmitted infection
<b>UN</b>	United Nations
<b>UNFPA</b>	United Nations Population Fund
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>USSD</b>	Unstructured supplementary service data



# FOREWORD

## HIV prevention in the 'new normal'

The buzz phrase this year is adjusting to 'the new normal'. What will we do differently in a world in which we learn to live with COVID-19? How do we adapt health systems and our own health-seeking behaviour to a post-pandemic world?

One thing we don't want to keep from the 'old normal' is the distressing number of new HIV infections in East and Southern Africa – **670,000** in 2020, as reported by Joint United Nations Programme on HIV/AIDS (UNAIDS).

In the overall population, nearly one third of new infections occurred among key populations – men who have sex with men, people who inject drugs, sex workers, and transgender women and their sexual partners.

One priority is re-booting HIV prevention after the pandemic's unprecedented public health crisis. Prevention is a critical component to ending AIDS as a threat to public health by 2030, as every United Nations Member State has pledged to do.

The success of this pledge hinges on the strength of preventing **sexual transmission** of HIV in our region, home to more than half of all people living with HIV.

We must ask why the HIV infection rate remains high, when East and Southern Africa has made significant progress against AIDS between 2010 and 2020. The region halved AIDS-related deaths, put 16 million people on antiretroviral treatment (ART), and reduced new HIV infections by 43 per cent.

These are significant achievements, yet they are not adequate for achieving the 2025 targets.

One reason for this is the disruption of health-care services and sexual and reproductive health programmes wrought by the pandemic.

The problem of stubborn rates of new HIV infections existed before COVID-19. The drive for ART inadvertently relegated HIV prevention. Yet, we cannot end AIDS as a public health threat through treatment alone. We need to prevent new infections. And we need to build on what has been proven to work in HIV prevention.

This booklet contains promising practices for HIV prevention, implemented by UNFPA and its partners. They reflect four priority areas in our regional framework (Decade of Business Unusual – UNFPA framework to prevent sexual transmission of HIV in East and Southern Africa 2021–2030): adolescent girls and young women, and their sexual partners; key populations; condom programming; and people with disabilities.

While the regional framework provides a guide for UNFPA's priorities to end sexual transmission of HIV in the region, this booklet shares practical experiences in implementing successful prevention interventions. It is a complementary tool to the framework to help countries implement the commitments of the 2021 United Nations Political Declaration to end AIDS and the Global AIDS Strategy.

We hope the lessons learned implementing these promising practices will be useful to other countries and organizations. Together we can fast-track the achievement of the HIV targets for 2025 in East and Southern Africa. There is no time to lose.



Of **670,000**  
new HIV infections in 2020,

♀ **32% are young women**  
aged 15–24

♂ **10% are young men**  
aged 15–24

Every week,  
**3,600 young women**  
aged 15–24  
contract HIV in East and  
Southern Africa.

**Adolescent girls  
and young women**  
account for  
**32% of new infections**,  
despite representing  
just **10%** of the region's  
population.

**Lydia Zigomo**

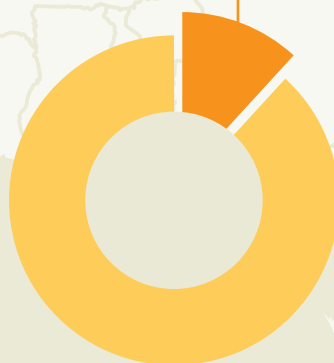
*UNFPA Regional Director for East and Southern Africa*

## HIV Stats

Source: UNAIDS Country Fact Sheets 2022  
<https://www.unaids.org/en/regionscountries>

PREVALENCE RATE  
Adults aged 15–49  
**11.8%**

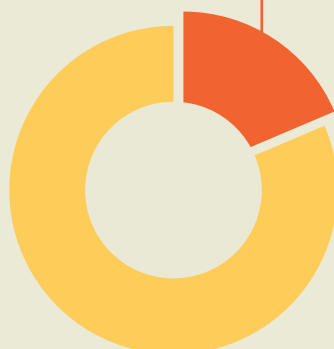
NEW INFECTIONS  
Adults aged 15 and over  
**17,000**



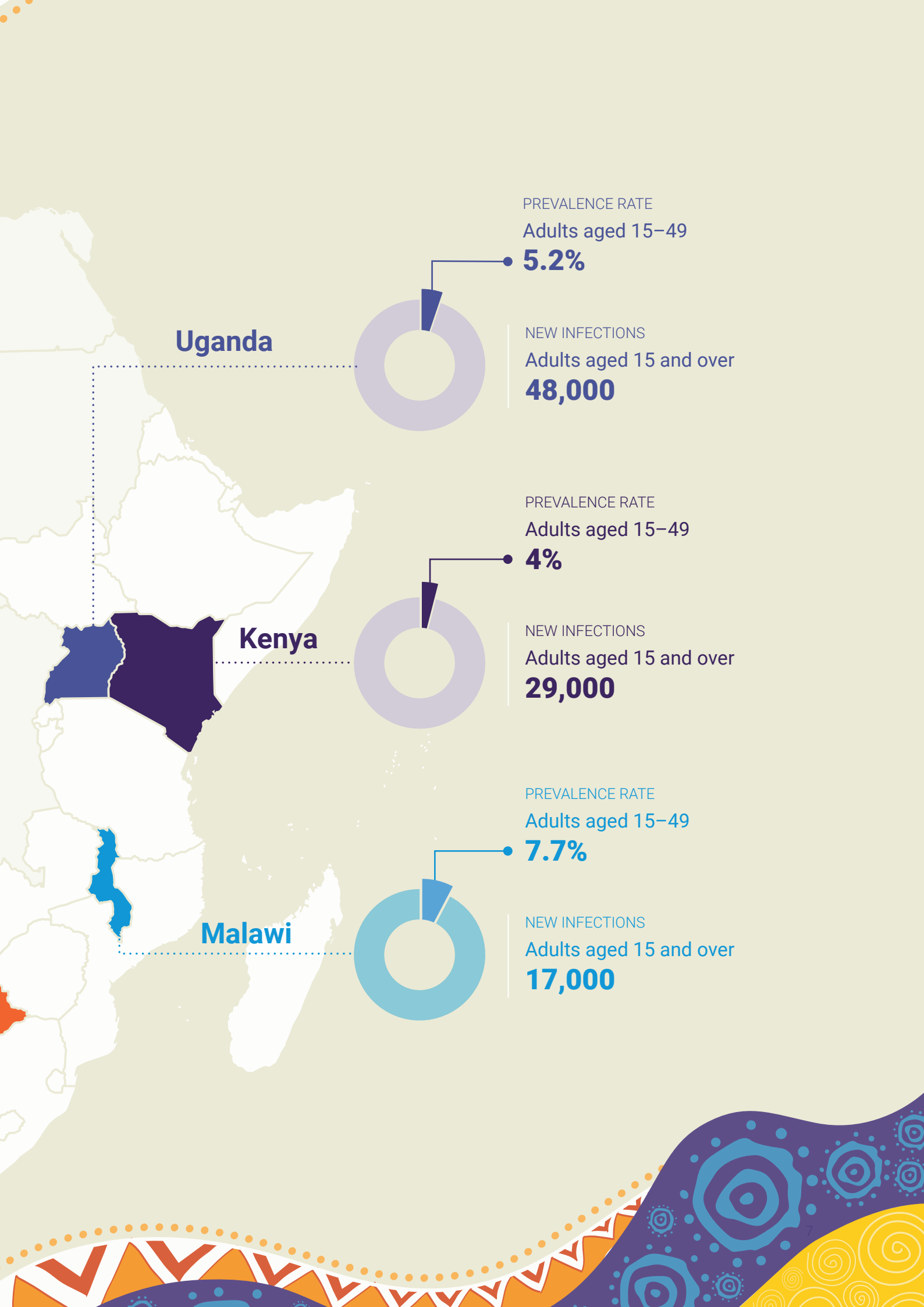
**Namibia**

PREVALENCE RATE  
Adults aged 15–49  
**18.6%**

NEW INFECTIONS  
Adults aged 15 and over  
**6,900**



**Botswana**



Uganda

PREVALENCE RATE

Adults aged 15–49

5.2%

NEW INFECTIONS

Adults aged 15 and over

48,000

Kenya

PREVALENCE RATE

Adults aged 15–49

4%

NEW INFECTIONS

Adults aged 15 and over

29,000

Malawi

PREVALENCE RATE

Adults aged 15–49

7.7%

NEW INFECTIONS

Adults aged 15 and over

17,000



## NO TIME TO LOSE: Rebooting HIV prevention in East and Southern Africa

.....

The elation that greeted the discovery of vaccines against COVID-19 in 2020 recalls the hope unleashed in the early 2000s when antiretrovirals (ARVs) became available worldwide at affordable prices. Neither of these two notable scientific breakthroughs is a silver bullet against the two viruses (HIV and SARS-CoV-2) but both help prevent death and disease.

ARV treatment was a game changer. By 2015, the global mass cascading of ART allowed the United Nations to commit to ambitious targets:



**Ending AIDS as a public health threat by 2030.**



**Reducing global new infections to fewer than 100,000 per year by 2030.**



**Achieving 95-95-95 by 2030**

95 per cent of people with HIV know their status, of whom 95 per cent are on ART, of whom 95 per cent have viral suppression.



East and Southern Africa represents **less than 7%** of the world's population.

But has more than **half of all people living with HIV** (20.7 million out of the global 37.7 million) and **contributes close to half of new HIV infections** (670,000 out of the global 1.5 million).



**And accounts about half of AIDS-related deaths** (310,000 out of the global 680,000).



These targets are more than aspirational; they are achievable. But success depends on the strength of HIV prevention in East and Southern Africa.

While the region has recorded huge gains in testing, treatment and viral suppression since 2010, as well as steep declines in mortality, morbidity and incidence, a big push is required to achieve the targets of reducing new infections and deaths by 2025 and ultimately by 2030.

In East and Southern Africa, the epidemic is mostly driven by new infections transmitted through sex among the general population. Thus, ending AIDS by 2030 in the world hinges on preventing sexual transmission in our region.

Prevention efforts will be harder in the context of the COVID-19 pandemic. Since early 2020, the global health crisis has disrupted health-care services, staffing and budgets. Crucially, the crisis has exposed the inequalities and inefficiencies in public health, in global health, and in people's health outcomes and options.

## East and Southern Africa REALITY CHECK

Source: Joint United Nations Programme on HIV/AIDS fact sheets 2021.

### Good news



AIDS-related deaths  
**halved since 2010.**

New HIV infections  
reduced by

**43%**  
since 2010.

The region was close  
to achieving **90-90-90**  
targets for testing and  
treatment in 2020.

### A call to action

**310,000**

AIDS-related  
deaths in 2020.

**670,000**

new infections.

**AIDS leading  
cause of death**

among adolescents of  
both sexes.

**Condom use** during  
high-risk sex **has declined**  
in three countries.



# PREVENTING SEXUAL TRANSMISSION OF HIV: A fast, fair and focused response

.....

## **What are the drivers of the epidemic in East and Southern Africa?**

At play are biological, socio-behavioural and structural factors that vary in different locations, populations and individuals. Immediate factors include the prevalence of multiple concurrent partnerships, age-disparate sex and transactional sex; insufficient condom use; endemic sexually transmitted infections (STIs); and low levels of male circumcision in Southern Africa. Various socio-cultural norms, values and harmful traditional practices such as child marriage, gender-based violence (GBV) and dry sex also play a role.

## **Why has HIV prevention in East and Southern Africa lagged in the last decade?**

Funding went disproportionately to treatment. Funding for prevention is decreasing while the needs are growing. Other problems include top-down approaches, weak community engagement and monitoring, little social contracting, information and service gaps, weak interventions targeting populations groups with high numbers of new infections, and inadequate investment in proven sustainable approaches.

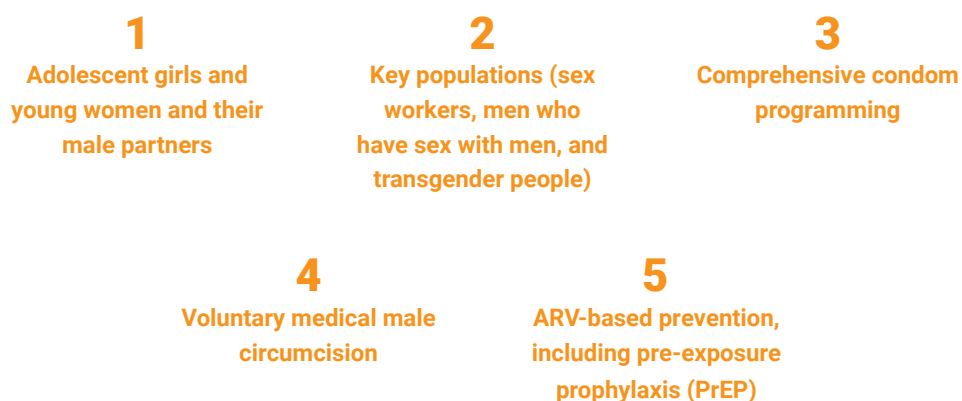
## **What is needed?**

More funding, and a similar clarity of focus, structure, targets and coordination as was employed in the elimination of vertical transmission of HIV and ART expansion. However, prevention is complex, multifaceted, and requires differentiated approaches.

## **What is being done?**

The drive to reboot HIV prevention converged in the launch of the Global HIV Prevention Coalition (GPC) in 2017. Its members initially included the 25 highest HIV burden countries, UNAIDS co-sponsors, donors, civil society organizations and the private sector. The number of countries has since increased to 28, of which 15 are in East and Southern Africa.

## The GPC identified five fast-track HIV prevention pillars as global priorities



UNFPA is a global co-convenor of the GPC and is uniquely placed to champion the first three pillars. It has sexual health in its core mandate and vast experience in reaching key populations, adolescents and young people. Although pillars 4 and 5 fall out of its core mandate, UNFPA includes PrEP and voluntary medical male circumcision in HIV, sexual and reproductive health, and sexual and gender-based violence integrated services and in behavioural change programmes.

UNFPA also prioritizes addressing HIV, sexual and reproductive health and rights, and GBV among vulnerable groups such as people with disabilities, mobile and migrant populations, and people in humanitarian crises.

### Core principles

Human rights-based, people-centred and choice-promoting • Community-owned, with strong social contracting, engagement and empowerment • Gender-sensitive and responsive • Evidence-informed with differentiated service delivery that leaves no one behind • Innovative in adopting new learning and new technology.

**The UNAIDS Division of Labour (2018)** outlines roles and responsibilities of co-sponsors and the UNAIDS Secretariat for more efficient delivery that leverages comparative advantages.

UNFPA and the World Health Organization (WHO) co-convene for the decentralization and integration of sexual and reproductive health and HIV services.

UNFPA, the United Nations Children's Fund (UNICEF) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) co-convene for HIV prevention among young people.

The United Nations Development Programme (UNDP) and UNFPA co-convene on HIV prevention among key populations.

Country programming: UNFPA focuses on men who have sex with men, sex workers and transgender people. The United Nations Office on Drugs and Crime (UNODC) supports people who inject drugs and prisons.

UNFPA also supports the thematic areas of HIV-sensitive social protection, gender equality, sexual and gender-based violence, and human rights, stigma and discrimination.



## THE ROAD AHEAD

.....

There is no time to lose if the region is to meet the 2025 targets for HIV prevention. With this goal, UNFPA has collected examples of successful interventions for HIV prevention in Botswana, Kenya, Malawi, Namibia and Uganda. Each section ends with a selection of evidence-based priority actions from the UNFPA East and Southern Africa Strategy to End HIV.<sup>1</sup>

### Adolescent girls, young women and their sexual partners

Young women aged 15 to 24 accounted for 32 per cent of new HIV infections in East and Southern Africa in 2021, compared to 10 per cent among their male peers. Addressing the direct and indirect structural drivers of high HIV risk for this cohort – poverty, gender inequality, sexual violence and lack of access to education – requires an intersectoral approach. Rolling out comprehensive sexuality education and youth-friendly sexual and reproductive health services is essential; however, their quality and scale of implementation vary in the region. In many countries, legal and policy barriers prevent adolescents from accessing sexual and reproductive health and HIV prevention services.

The two case studies featured below address two critical issues for adolescents: legal barriers and sexual exploitation. In Botswana, advocacy by UNFPA and its partners prevented the criminalization of consensual, age-appropriate sexual activity between older adolescents and peers through the insertion of a Romeo & Juliet clause in an amendment to the Penal Code.

In Uganda, 850 adolescent girls and young women involved in commercial sex exploitation were offered an alternative livelihood pathway to start micro-businesses, and to access HIV prevention and sexual and reproductive health services. Their new knowledge about sexual and reproductive health and rights enables them to make informed health choices.

#### BOTSWANA: Successful advocacy for amendment of the Penal Code

Adolescent girls in Botswana navigate the transition to adulthood among multiple risks – HIV infection, unintended pregnancy and sexual abuse are well documented. Girls are three times more likely to be HIV positive than boys. Just under a quarter of the 8,700 new infections in 2020 occurred among adolescent and young women aged 15 to 24.

---

<sup>1</sup> United Nations Population Fund (2021). *A Decade of Business Unusual 2021*. Available at [https://esaro.unfpa.org/sites/default/files/pub-pdf/a\\_decade\\_of\\_business\\_unusual\\_full.pdf](https://esaro.unfpa.org/sites/default/files/pub-pdf/a_decade_of_business_unusual_full.pdf)



## Fast Facts Botswana<sup>2</sup>

**41 girls** newly infected  
with HIV every week  
aged 15–24

**8% HIV prevalence**  
among youth  
aged 15–24

**48%** of young people  
have basic knowledge  
of HIV prevention

**39 births per  
1,000 girls**  
aged 15–19

In Botswana, about 1 in 10 girls and nearly 1 in 20 boys aged 13 to 17 years have experienced sexual violence. Among adolescents aged 13 to 17 who had ever had sexual intercourse, one in four females and 1 in 20 males experienced unwanted sex in their sexual debut. This age group is very vulnerable to HIV infection. HIV prevalence among young women aged 15 to 19 is three times that of their male counterparts (15 per cent and 5 per cent).

Source: Botswana, Ministry of Local Government and Rural Development (2019). *Report on Violence Against Children Survey (VACS)/ National Survey on Life Experiences and Risk of HIV Infection Among 13–24 Year Old Males and Females in Botswana*.

The percentage of adolescents who engaged in sex before age 13 doubled between 2010 (17 per cent) and 2016 (33 per cent).<sup>3</sup> One in 10 adolescent girls reported that their first sex was forced.<sup>4</sup>

To address the vulnerabilities of adolescent girls in the context of rising cases of rape, defilement and sexual abuse by adults, the Government of Botswana sought to protect adolescent girls from sexual predators by amending Section 147 (1) and (5) of the Penal Code. The amendment would raise the age of consent to sex from 16 years to 18 years and abolish the legal defence exploited by perpetrators claiming the minor appeared to be older.

UNFPA and partners noted that raising the age of consent to sex from 16 to 18 years could have potential negative consequences for adolescents. Among these, it would:

- Criminalize consensual, age-appropriate sexual activity between peers under 18 years, drive adolescent sexual behaviours underground, increase the vulnerabilities of adolescents and impede their access to HIV prevention and sexual and reproductive health services. Sexually active adolescents would be denied legal access to condoms and contraceptives.
- Undermine adolescents' right to autonomy, self-determination, and the principle of evolving capacities of adolescents regarding their sexual development.
- Undermine national policies to advance adolescents' access to sexual and reproductive health services and to meet the East and Southern Africa Commitment<sup>5</sup> for the implementation of sexuality education and the provision of youth-friendly sexual and reproductive health services.

<sup>2</sup> Joint United Nations Programme on HIV/AIDS (2020). *Country Fact Sheet Botswana 2020*. Available at [www.unaids.org/en/regionscountries/countries/botswana](http://www.unaids.org/en/regionscountries/countries/botswana)

<sup>3</sup> Second Botswana Youth Risk Behavioural and Biological Surveillance Survey (YBSS 2016).

<sup>4</sup> Botswana, Ministry of Local Government and Rural Development (2019). *Report on Violence Against Children Survey (VACS)/ National Survey on Life Experiences and Risk of HIV Infection Among 13–24 Year Old Males and Females in Botswana*. Available at [www.togetherforgirls.org/wp-content/uploads/Botswana-VACS-Report\\_Final\\_Dec-2019.pdf](http://www.togetherforgirls.org/wp-content/uploads/Botswana-VACS-Report_Final_Dec-2019.pdf)

<sup>5</sup> East and Southern Africa Commitment: In 2013, health and education ministers from 20 countries in East and Southern Africa committed to scaling up comprehensive sexuality education and related health information and services for adolescents and youth.

UNFPA and partners advocated for the government to maintain the age of consent to sex at 16 years and to include in the amendment protective clauses for sexually active adolescents. Among these clauses:

- Set the minimum age of consent to sexual activity for both boys and girls at 16 years.
- Include a close-in-age defence (Romeo & Juliet clause) to decriminalize consensual sexual activity between adolescents.
- Set a minimum age below which no sex is allowed whether with an adolescent or an adult.

**UNFPA advocacy action:**

- Briefed key decision makers and proponents of the bill on the implications of the amendment.
- Drafted a key advocacy write up to the Attorney General.
- Built alliances with strategic partners to push the advocacy agenda.
- Supported the Youth Hub network to engage with Parliamentarians on the bill.

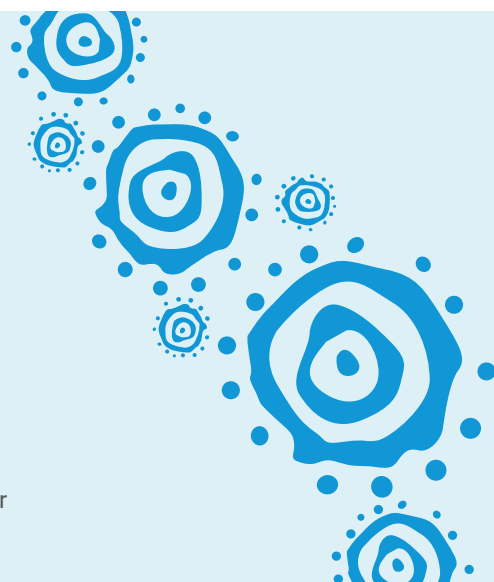
The campaign achieved most of its objectives, bar one. The amendment passed in 2018 raised the age of consent to sex from 16 years to 18 years, but adopted many of the campaign's suggestions. The amendment removed the special defence on the girl's age and included protective clauses for those adolescents under 18 years who engage in consensual sexual activity with peers who are not more than 2 years older (Romeo & Juliet clause). Sexual activity is only permissible for any person who is 12 years and older.

The protective clauses allow adolescents to access sexual and reproductive health services for contraceptives, condoms and HIV and STI testing. They also recognized that some adolescents are sexually active and maintaining their access to health services will help them prevent unintended pregnancies and HIV and STI infection, leading to better sexual health outcomes.

**LESSONS LEARNED: What worked in the advocacy campaign**

- Mapping stakeholders and building alliances.
- Collecting and using evidence to advocate.
- Creating tailor-made messages for different audiences.
- Collaborating with strategic partners and like-minded advocates.
- Engaging young people to lead the advocacy and define their sexual and reproductive health rights.
- Understanding the advocacy landscape to better manage opposition.

This type of advocacy can be replicated for other laws that affect sexual and reproductive health and rights. While the process of changing laws is slow and complicated, a well-designed advocacy, as has been shown, can open spaces for debate, present evidence, and effect change.



## UGANDA: A pathway out of commercial sex exploitation for a better life

In Uganda's fast urbanizing settings, commercial sexual exploitation and transactional sex heighten the vulnerabilities and risk of HIV and STI infection for adolescent girls and young women. Some adolescent girls and young women are exploited to become the main family support, some are coerced into sex work by relatives or boyfriends, and others are escaping from abusive relationships and/or child marriages.

Some are lured to urban centres and drop out of school seeking socio-economic advancement, only to end up in brothels under strict controls or with male partners who pimp them. Many suffer violence and sexual abuse at the hands of clients, partners, or police. For many adolescent girls, hopelessness and fear of being unable to survive outside sexual exploitation trap them in a harsh life. They transition into adulthood while engaged in the sex work industry in a country that outlaws the trade.

Paradoxically, Uganda has strict penalties for defilement or sex with a minor under 18 years of age. The commercial sexual exploitation of adolescents signals a failure of social systems to protect the girl child from sex work, HIV, unintended pregnancy, unsafe abortion, GBV, school dropout and a bleak future. Often, they are a hidden and hard-to-reach population even through mainstream sex work, sexual and reproductive health and HIV programming.



© UNFPA



## Fast Facts Uganda<sup>6</sup>

**130,000**

sex workers

**65%** on ART

**69%** use condoms

**6%** active syphilis

**9%** have avoided

health services

because of stigma and  
discrimination.

In 2018, UNFPA conducted a study on commercial sex exploitation in three regions of Uganda. Its findings informed an intervention for exploited girls, in collaboration with the AIC, a sex worker-led organization, the Alliance of Women for Change (AWAC), and local social welfare officials.

First, a mapping identified 850 girls and young women in commercial sexual exploitation in 14 districts and offered them options for a new life.

AWAC mobilized the girls. AIC and district officials mentored them to acquire both life and livelihood skills. Organized in small registered groups, the girls learned basic accounting and management, and opened bank accounts. The groups were guided to select a viable micro-business such as hairdressing, tailoring, catering, and selling dry produce, charcoal or second-hand clothes.

Each group of 20 members received seed funding of 4 million Ugandan shillings (about US\$1,300) to start their business.

UNFPA and AIC provided a package of comprehensive sexual and reproductive health, HIV and GBV services. This included learning the skills to negotiate safer sex and to report incidents of violence.

<sup>6</sup> Joint United Nations Programme on HIV/AIDS (2020). *Country Fact Sheet Uganda 2020*. Available at [www.unaids.org/en/regionscountries/countries/uganda](http://www.unaids.org/en/regionscountries/countries/uganda)



© UNFPA Martha Songa



In March 2020, the COVID-19 pandemic derailed all plans. Months of stringent lockdowns curtailed mobility and economic activity. Some girls moved out of towns; others could not reach their groups. Thirty-four groups remained fully functional; others began regrouping as restrictions were eased.

During lockdowns, UNFPA and partners connected with the young women through mobile health clinics that offered health services to all residents in their neighbourhoods. Peers mobilized their neighbours to use the mobile clinics. Some groups were allowed to circulate during lockdown to deliver sexual and reproductive health commodities.

In addition, district officials have linked the groups to government welfare and community development programmes to access sustainable livelihood funds for youth and women. As their networking skills grew, some groups have applied for assistance to the Global Fund Civil Society Organization Principal Recipient.

An assessment of the intervention is planned for 2022.

## Results

- 34 businesses created: 10 salons, 6 restaurants, 6 produce/cereal businesses, 5 tailoring shops, 2 retail enterprises, 3 fashion boutiques and 2 bakeries.
- Groups started weekly savings that are given as soft loans to members.
- Three groups used their savings to help members who live far from commercial areas start micro-businesses like vegetable, fruit, chips and snacks stalls.
- 30 participants went back to school. Others sent their children back to school.
- 150 participants left commercial sexual exploitation and transactional sex work.
- Participants report they are now respected in their communities.
- 200 additional adolescents and young women have requested to join the groups.

“Many young women report they have developed the competence to take charge of their lives, to decide on a client, to negotiate safer sex, and to envisage a better life where they can make and act on healthy choices,” said Rosemary Kindyomunda, programme specialist at the UNFPA country office in Uganda. “Quitting the sexual exploitation cycle is hard, especially during a pandemic, and therefore not expected to happen very fast.”

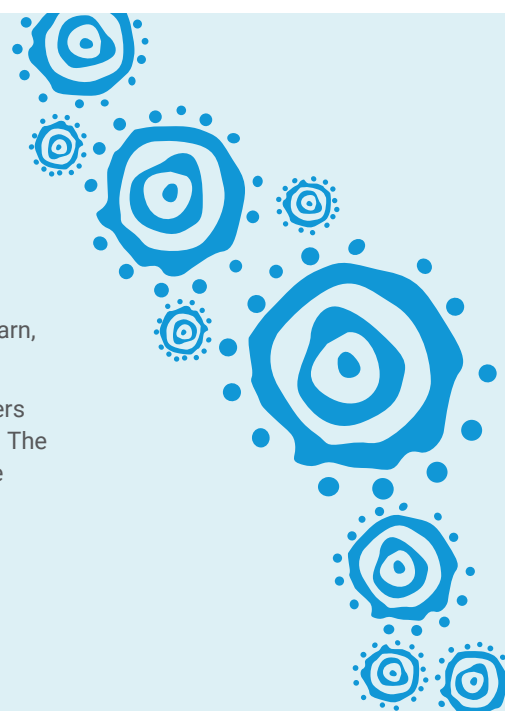
## LESSONS LEARNED

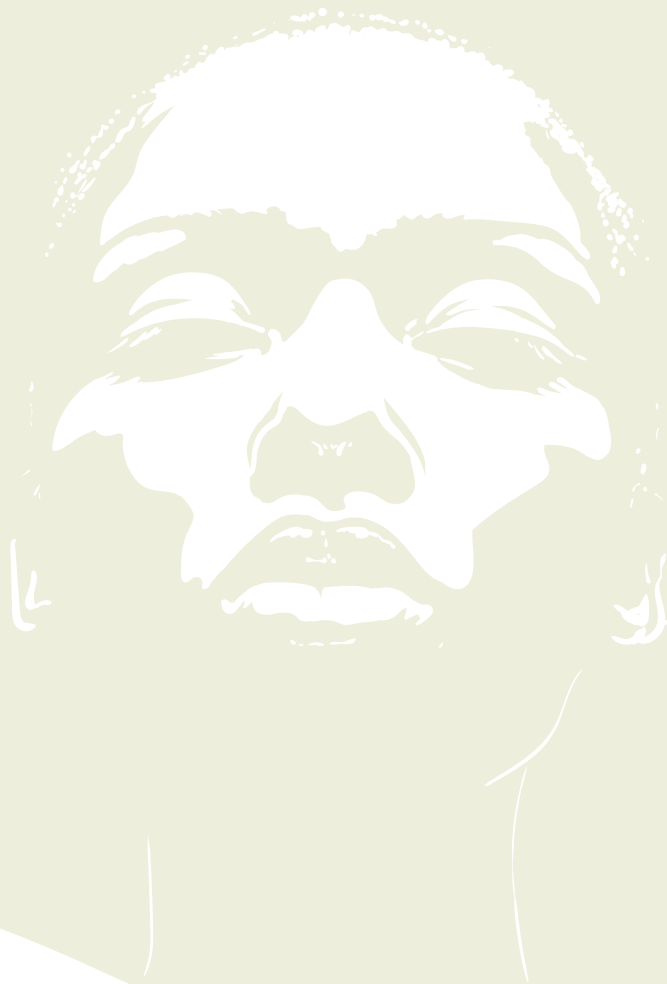
Many adolescent girls are engaged in commercial sexual exploitation in urban and peri-urban areas due to difficult socio-economic conditions in households and communities. These minors are a hidden population, stigmatized by those adults who should protect them, and can only be reached through targeted holistic programming to empower them to make healthy choices.

Adequate and well-targeted mentorship, coupled with minimal financial support, spurs the young women to realize their potential. They are smart and quick to learn, adapt and innovate.

Economic empowerment builds self-esteem, fosters social belonging, and triggers demand for other rights-based services, such as sexual and reproductive health. The young women's self-care capacity is enhanced once they can pay for health care from small, subsidized private sector points.

With guided investment, catalytic funds can change for the better the lives and livelihoods of adolescent girls and young women engaged in commercial sexual exploitation.





• **JUSTINE NAKANJAKO**

• Now I know my rights. No one can abuse me. Sex  
• work is hard work. Some men use you and don't  
• pay you, or don't want to use a condom. I opened  
• a restaurant. When old clients call me, I tell them I  
• am no longer doing that kind of work. If they want  
• to support me, come eat at my restaurant.

• **HADIJAH KUNIMIRA**

• I am never going back to prostitution. I suffered  
• a lot. I started my charcoal business and no one,  
• no one can convince me to go back. I have four  
• young children. This project is so good for us.

• **JUSTINE NAKANJAKO**

• I learned to do weekly savings with the group. I saved  
• for my daughter's school fees, for a phone, for a  
• small TV so I can watch the news and know what is  
• going on in my country. Before, I would pay rent, buy  
• clothes, enjoy myself, and spend all my earnings.

• **PATIENCE ROTINGA AMITO**

• I learned that selling my body is not the only route  
• to survival. I can work with dignity.

### Priority actions for adolescent girls and young women and their male partners

- Recognize the variety of needs and settings and tailor interventions accordingly.
- Roll out comprehensive sexuality education in and out-of-school and provide adolescent and youth-friendly health services.
- Address the structural factors of gender inequality that drive risky behaviour such as transactional sex, age-disparate relationships and multiple partners.
- Eliminate legal and policy barriers to access to HIV and sexual and reproductive health services (parental consent, age of consent, health-care provider attitudes).
- Enforce supportive laws against defilement and GBV.
- Operationalize existing leadership accountability mechanisms through education, religious, cultural and local government structures to inform, protect and support adolescents to make healthy choices for improved sexual and reproductive health and HIV outcomes.
- Make use of interpersonal communication, community mobilization, cash transfers, incentives, and sexual and gender-based violence prevention.

## KEY POPULATIONS

Sex workers, men who have sex with men and transgender populations have limited access to quality sexual and reproductive health services. Legal and policy barriers are compounded by violence, stigma and discrimination within families, health services and the community at large. The lack of data on key populations and scarce funding negatively affect programming for key populations. Despite legal barriers, several countries have developed service packages for key populations. Networks of key populations are becoming stronger and more involved in HIV prevention, programming and advocacy. Scaling up social contracting mechanisms between governments and key populations, NGOs and integrating rights-based services for key populations within public health facilities can expand key populations' access to health care through community-based, fixed-site drop-in centres and clinics, mobile outreach and peer-led prevention services.

The two cases studies featured below describe different types of interventions – service delivery for sex workers, and policy-related advocacy for key populations. In Malawi, peer educators and monthly mobile clinics provide information, support and services to the hotspots where female sex workers operate. In Uganda, a decade of UNFPA advocacy and support for carefully designed interventions proves that comprehensive sexual and reproductive health and rights programming for key populations is feasible in a stringent legal environment.

### MALAWI: Moonlight Clinics for female sex workers

In Malawi, **53 per cent** of female sex workers are HIV positive, compared to **10 per cent** of all women aged 15 to 49, and just over 8 per cent of all adults aged 15 to 49. Offering sex workers the continuum of HIV prevention, care and treatment services is critical to reducing HIV transmission among them and among the general population.

#### Fast Facts Malawi

**8% HIV prevalence**  
people aged 15–49

**12,000 women** aged 15+  
newly infected per year

### Sex workers<sup>7</sup>



**36,100**  
female sex workers

**53%**  
HIV prevalence

**49%**  
use condoms

**33%**  
active syphilis

<sup>7</sup> Joint United Nations Programme on HIV/AIDS (2020). *Country Fact Sheet Malawi 2020*. Available at [www.unaids.org/en/regionscountries/countries/malawi](http://www.unaids.org/en/regionscountries/countries/malawi)



© UNFPA Luis Tato

However, female sex workers have generally been hard to reach and have been left behind in the AIDS response, as their high HIV and STI prevalence shows. High circulating rates of STIs perpetuate HIV epidemics. In addition, sex workers are also highly vulnerable to violence from clients, partners, and the police.

Access to HIV services is thus problematic for female sex workers. Studies have identified several barriers: Judgemental attitudes among health-care workers and, among sex workers, poor health-seeking behaviour, illiteracy or little formal education, and poverty. Their knowledge about HIV tends to be scanty. Many sex workers lack the time, money, skills and devices needed to obtain information on HIV and sexual and reproductive health and rights through mainstream and social media.

The solution found by the FPAM is to bring information, support and services to the bars and hotspots where female sex workers work in 11 districts. The project has two key components: peer educators/navigators who provide information, condoms and referrals, and monthly Moonlight Clinics that provide health-care services.

Between 2018 and 2021, the project was funded by the Global Fund, while UNFPA funded the Moonlight Clinics. Since May 2021, UNFPA has supported the project in Dowa district.

**Peer educators/navigators** are female sex workers trained in basic counselling, education and referral for HIV, STIs, tuberculosis, GBV, family planning, nutrition and mental health. As sex workers themselves, they understand how hard it is to navigate stigma and discrimination, being HIV-positive or staying HIV-negative.

Twice a month, the peer educators/navigators visit each hotspot to talk about HIV prevention and sexual and reproductive health and rights, distribute water-based lubricants and condoms supplied by UNFPA, and make referrals for further medical care. They do rigorous follow-up of all HIV-positive clients to help them adhere to life-saving ARV treatment and thus prevent HIV transmission.

FPAM and the peer educators/navigators work closely with local government departments – police, social welfare, gender, health and the judiciary – to facilitate sex workers' access to services. A non-discriminatory, welcoming attitude in government institutions means



that female sex workers are more likely to use the services they need, such as legal advice, psychosocial counselling, and reporting violence.

**Moonlight Clinics** are mobile clinics that visit hotspots monthly to offer HIV and sexual and reproductive health services, HIV testing, STI screening and treatment, GBV screening and management, provision of condoms and contraceptives, and referral of clients needing further care and/or counselling.

Each Moonlight Clinic is staffed by a nurse, a clinical officer, two HIV diagnostic assistants, a peer educator/navigator and a driver. The peer educators/navigators mobilize sex workers to come to the clinic for health care. All referred clients are linked to peer educators/navigators for follow-up in their treatment and well-being. More than 1,000 female sex workers use the Moonlight Clinics in Dowa.

#### Facilitating factors

- Trained peer educators/navigators who are willing to work as volunteers. They only receive a small stipend during Moonlight Clinics.
- FPAM provides qualified nurses, clinical officers and HIV diagnostic assistants.
- Cooperative bar owners guarantee safe working environment for peer educators/navigators.

#### Hampering factors

- Delays in receiving funding for Moonlight Clinics pose challenges.
- Peer educators/navigators drop out or move, requiring constant training of new volunteers.

#### Results

- 1,100 female sex workers are users of Moonlight Clinics.
- 85,000 male condoms distributed monthly = 1.02 million male condoms per year.
- Better health-seeking behaviour among female sex workers.
- Less discriminatory attitudes of health-care workers towards female sex workers.
- Increase in detection and treatment of STIs at district level through the Moonlight Clinics. Dowa district reported more STI cases between May and July 2021 compared to February to April 2021.
- Bar owners understand the rights of female sex workers and are now less tolerant of violent behaviour on their premises.
- Client violence against female sex workers decreased because perpetrators know they can be reported to the police.

WHAT THE SEX WORKERS SAID

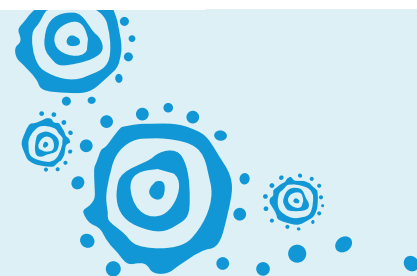
Bringing services close to their workplace saved them transport money and time, and improved their health-seeking behaviour.

Learning about their rights led them to report cases of violence to the police with the help of peer educators/navigators.

#### LESSONS LEARNED

Working through peer educators/navigators is one of the best strategies in HIV prevention.

Using simple teaching methods to train peer educators/navigators on sexual and reproductive health, HIV and GBV is effective.



## UGANDA: Sustainable programming for key populations

In Uganda, the sale of sex for money was criminalized under the 1950 Penal Code Act. The Act also criminalizes same-sex sexual relations, categorized as sexual acts “against the order of nature”. Socially, in families, communities and health centres, stigma, discrimination and exclusion persist towards key populations – lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI) people, those who inject drugs, men who have sex with men, and sex workers. The passing of the Anti-Homosexuality Bill in 2013, though quickly repealed, reflected persistent stigma.

Outlawed, however, does not mean excluded from HIV prevention. As early as 2010, UNFPA supported a legal audit of key populations that revealed a dichotomy between laws and practices. When the AIDS epidemic was raging in the early 1990s, HIV prevention among sex workers was a priority in successive HIV strategic and operational plans. Progressive policy and programming frameworks for sex workers existed within a strict legal environment.

### Fast Facts Uganda

<b>24,100<sup>8</sup></b>	<b>13% HIV prevalence</b>	<b>130,000</b>	<b>31% HIV prevalence</b>
men who have	<b>66% on ART</b>	sex workers	<b>65% on ART</b>
sex with men	<b>39% use condoms</b>		<b>69% use condoms</b>

Over time, the framework included other globally acknowledged key populations – men who have sex with men and people who inject drugs – with programming from a public health perspective.

Rights-based programming for key populations is a more recent movement in Uganda. It seeks to influence programming at various levels through evidence-based advocacy and by building a critical mass of informed key populations activists.

Since 2009, UNFPA has championed sexual and reproductive health and HIV programming for key populations through institutionalized approaches that build sustainability, availability and access to quality services. Among these activities:

- Generating evidence that transformed programming for key populations: the key populations legal audit (2010),<sup>9</sup> a survey of sex work (2010),<sup>10</sup> the first national estimate of the size of key populations (2013),<sup>11</sup> a study of commercial sexual exploitation (2018),<sup>12</sup> and a survey of the impact of COVID-19 on key populations in 2020.<sup>13</sup>
- Development of national programming frameworks. Among these, the first government-endorsed Action Plan on sexual and reproductive health and HIV in sex work settings (2013) by the Ministry of Health, the first National Most-At-Risk Populations (MARPS) Programming Framework that covered groups of key populations other than sex workers by the Uganda AIDS Commission (2014, revised in 2021).

8 Joint United Nations Programme on HIV/AIDS (2020)., *Country Fact Sheet Uganda 2020*. Available at [www.unaids.org/en/regionscountries/countries/uganda](http://www.unaids.org/en/regionscountries/countries/uganda)

9 AIDS Information Centre (2012). *Legal and policy audit for most at risk populations (MARPS) in Uganda*. Kampala.

10 Uganda, Ministry of Health, The STD/AIDS Control Programme (2009). *Magnitude, Profile and HIV/STD Related Knowledge and Practices of Commercial Sex Workers in Kampala, Uganda*. Final report. Kampala.

11 Uganda AIDS Commission, 2014. *Multi-Sectoral HIV Programming for MARPS in Uganda: Review of Profiles, Sizes and Programme Coverage*.

12 Nielsen Jannie, Kabagenyi Allen, Schmidt-Sane Megan. (2019). *Assessment of Commercial Sexual Exploitation among Female Minors in High-Risk Areas of Uganda; A mixed method study*. Uganda, UNFPA.

13 United Nations Population Fund, and AIDS Information Centre (2020). *Rapid assessment report among key populations on access to sexual reproductive health, HIV and sexual and gender-based violence during lockdown in Uganda*. Final report 2020. Kampala.

- Through UNFPA advocacy and technical support, priorities for key populations have been integrated in successive national HIV strategic plans, urban centre HIV frameworks, the National HIV Prevention Roadmap and the health sector HIV strategy.
- UNFPA supported the first partnership between the government and civil society for rights-based programming for key populations through the Ministry of Health and the Most-At-Risk Population Initiative (MARPI). This partnership pioneered the integration of key populations-friendly services in public health facilities.
- To this end, UNFPA supported in-service training of more than 500 health-care workers from regional referral health facilities in hotspot areas. UNFPA also supported peer networks and the training of more than 500 peers to improve access to services and engagement in programming at district and national levels. Local government leaders were mobilized through action plans supported by partners.
- Since 2010, UNFPA has supported the Ministry of Health with funds, capacity building, a vehicle for monitoring service delivery for key populations, setting up a key populations database, and convening the key populations technical working group at the Ministry of Health. This group has become a space for partners and key populations to share good practices, identify gaps, and provide resources.
- Since 2015, the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund have built on this early work to expand programming for key populations around the country, open drop-in centres, roll out differentiated service delivery models, and invest in rights-based programming through key populations-led civil society organizations.
- During the COVID-19 lockdown in 2020, UNFPA supported door-to-door visits and mobile clinics that provided HIV, STI and sexual and reproductive health services for more than 50,000 people. A partnership with a sex-worker-led organization delivered psychosocial support to some 500 sex workers over a toll-free phone line. The findings of an online study conducted by UNFPA on the impact of COVID-19 on key populations helped to adapt programmes to new needs.



©UNFPA Tadej Znidarcic

- Over the years, UNFPA has promoted coordination of multisectoral interventions for key populations at the Uganda AIDS Commission through the MARPI Steering Committee, a space where key populations groups interact with policy and programming decision makers. The committee organized the participation of key populations champions in the Global HIV Prevention Coalition South-to-South Learning Network.

## Results

- Uganda has achieved a good practice in the integration of rights-based sexual and reproductive health and HIV service delivery for key populations in public health facilities.
- Up to 80,000 key population individuals receive a comprehensive package of sexual and reproductive health and HIV services, as reported by the PEPFAR-supported Ministry of Health data system.

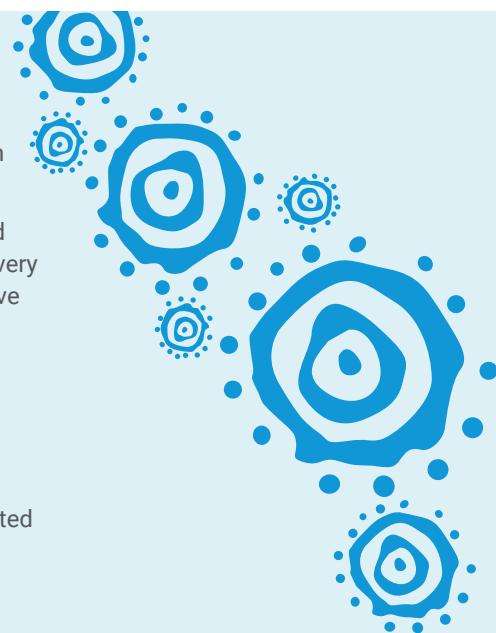
## LESSONS LEARNED

Constraining laws and institutionalized and community stigma hinder key populations from exercising their rights. These challenges are surmountable with consistent advocacy and investment in the long process of consensus-building.

The Ministry of Health's public health approach facilitates the dialogue about and with key populations to shape operational policies, programmes and service delivery that progressively enable key populations to exercise their sexual and reproductive health and rights.

Generating evidence is critical to effectively position key populations' sexual and reproductive health and HIV issues in partnerships with government entities. Evidence inspires ownership and translation into policy and practice.

Rights-based sexual and reproductive health and HIV programming for outlawed population groups is feasible. Effective advocacy champions are crucial. The United Nations, as an honest broker, can support law reforms to build a conducive legal environment.



## Priority actions for key populations

- Change the stringent laws that drive key populations' sexual behaviour underground and limit their access to health and social services. Sex work and same-sex sexual relationships remain illegal in many East and Southern Africa countries. LGBTQI people and people who inject drugs frequently suffer discrimination, violence and police harassment.
- Provide a sustainable package of HIV, sexual and reproductive health and GBV services, with the engagement of key populations, and open to innovation in communication platforms.
- Ensure a regular supply of condoms and water-based lubricant, STI testing, PrEP, post-exposure prophylaxis (PEP), and harm reduction strategies.
- Develop a trusted 'access platform' with peer outreach workers to support HIV prevention, testing, care and treatment adherence.





## PEOPLE WITH DISABILITIES

The HIV response in East and Southern Africa needs to be more inclusive of people with disabilities, particularly young people and women. Their access to information and sexual and reproductive health and HIV services is limited, based on the erroneous assumption that people with disabilities are not and should not be sexually active. Stigma and discrimination, GBV, restricted agency and low self-esteem reduce the capacity of people with disabilities to realize their sexual and reproductive health rights and human and citizenship rights. UNFPA has pioneered both advocacy and context-specific responses to meet the sexual and reproductive health and rights needs of people with disabilities, especially of women and girls, in East and Southern Africa.

In Botswana, at the onset of the COVID-19 pandemic, a small-scale intervention bridged the information gap by providing vital information about HIV, sexual and reproductive health and COVID-19 in braille to blind and partially sighted people.

In Kenya, a ground-breaking programme advances women with disabilities' sexual and reproductive health and rights by providing information and access to inclusive health services. The programme adopted innovative communication approaches, such as sharing and collecting information on digital platforms and training health-care staff through an E-learning platform.



## KENYA: Reaching young women with disabilities

### Fast Facts Kenya<sup>14</sup>

**900,000**  
people live with a  
disability

**3% of all women**  
have a disability

**700,000** people with  
disabilities are rural

**2% of all men**  
have a disability

**200,000** people with  
disabilities are urban

Since 2018, UNFPA has partnered with This Ability Trust, a women-led NGO dedicated to advancing the rights and inclusion of women and girls with disabilities in Kenya. The two organizations joined forces to address identified gaps and to facilitate access to sexual and reproductive health and HIV information and services for women and girls with disabilities.

The partnership first strengthened This Ability Trust's capacity to advance integrated sexual and reproductive health and rights of women with disabilities. As a result, 13 organizational policy documents were developed, including a three-year strategic plan and a three-year resource mobilization plan.

As plans for other interventions shaped up (see below), the COVID-19 pandemic broke out in early 2020. Soon evidence emerged that persons with disabilities in general and women in particular were hard hit by the convergence of pre-existing gender inequalities, disability and COVID-19. This Ability Trust quickly integrated COVID-19 in its work.



©This Ability Trust

Among the pandemic-related gaps identified were inadequate access to critical information; initial lack of sign language interpretation; pre-existing inequalities in access to sexual

<sup>14</sup> Development Initiative (2020) *Status of disability in Kenya*. Development Initiatives. Available at [www.devinit.org/documents/727/Status-of-disability-in-Kenya\\_IF.pdf](http://www.devinit.org/documents/727/Status-of-disability-in-Kenya_IF.pdf)



and reproductive health services, sanitary products, and therapy services; higher risk of severe infection and death due to pre-existing health conditions among some people with disabilities; job losses, especially among women who are also the primary caregivers of people with disabilities, and the isolation (to reduce risk of infection) of women with disabilities and mothers of children with disabilities.

This Ability Trust interventions supported by UNFPA:

- **Hesabika** ('count' in Kiswahili) is an unstructured supplementary service data (USSD) mobile data collection and dissemination platform that sends information on sexual health, HIV, GBV and COVID-19 twice a week in both Kiswahili and English. Hesabika also collects quantitative demographic data to build evidence on the needs and concerns of women with disabilities.

## Data from Hesabika users

*Source: This Ability Trust (2020). A report on training needs assessment on the capacities of healthcare workers to advance the rights and inclusion of women and girls with disabilities in Kenya.*

### Highlights of the need analysis among health-care workers

More than half of health-care workers reported their health facilities had no disability-friendly infrastructure or access.

More than half of health-care workers did not support the right of women with disabilities to express their sexuality. Reasons: women with disabilities have "difficulty in expressing themselves," most of their decisions are influenced by caregivers, some fear victimization, display self-inflicted stigma, or "don't know" about their sexuality.

### Health-care workers requested capacity building in these areas:

- Comprehensive care updates
- Disabilities, communications and service delivery packages
- Sign language and braille
- How to handle people with disabilities
- How to include women with disabilities' sexual and reproductive health and rights in health facilities
- Addressing stigma and sexual and reproductive health management in the context of disability
- Policy development

Hesabika grew out of the concern that the 2019 census estimated a low prevalence of disabilities in Kenya, indicating the need to build a reliable database of people with disabilities. Since 98 per cent of Kenyan households have mobile phones, a USSD platform is an efficient tool. Data analysis of the information collected is now available.

Since its launch in November 2020, nearly 16,600 users have registered on the platform, which is advertised on Twitter and Facebook.

When the COVID-19 pandemic hit in 2020, Hesabika circulated critical information about COVID-19 and sexual and reproductive health and rights. In 2021, during the 16 days of Activism on Violence against Women, This Ability Trust coordinated a five-day art festival themed around disability and sexual and reproductive health and rights, dubbed #SRHRplusD, to celebrate and increase visibility of the bodily autonomy of women and girls with disabilities.

Hesabika bulk messages are linked to social media campaigns, for example, World AIDS Day. Condoms are recommended for triple protection against unplanned pregnancy and HIV and STI, as is PEP.

- **Mama Siri** is a toll-free call-in phone line operating in eight out of Kenya's 47 counties. Siri means 'secret' in Kiswahili. It is staffed by eight women with disabilities who were selected by their communities and trained by This Ability Trust. The staff, known as Mama Siris, offer advice on sexual and reproductive health and rights, HIV and GBV, refer clients to institutions (police, health centres, lawyers, paralegals, etc.) and do follow-up when required. Most calls are about GBV, followed by family planning. Since its launch in 2020, Mama Siri has received more than 5,000 calls.

Mama Siris are trained on sexual and reproductive health and rights, HIV and GBV, and learn administrative skills, such as producing reports, and to

• **"The change in the Mama Siris is amazing. Their skills and confidence have grown, they have acquired legitimacy in their communities and become leaders to the point that several are considering running for local office in the next elections."**  
• Lizzie Kiama, founder and managing trustee, This Ability Trust



**this ability**

**Dial  
0800 000 300  
To speak to  
Mama Siri**

©This Ability Trust





use tablets and digital technology. Increasingly, Mama Siris have become community leaders and champions for disability rights. Mama Siri works closely with service providers in the eight counties to strengthen their awareness of disability rights and improve quality of services.

- **Menstrual health management** through the provision of information, outreach sessions and dignity kits. This intervention operates on several levels. One is engaging the private sector, whose menstrual health products, for lack of market research, often do not cater for disabilities. Menstrual cups, for example, are helpful for schoolgirls with certain disabilities. A graphic billboard campaign about this topic generated a lively public conversation, followed by donations.

A key component is building safe spaces, whether in person or online, where women and girls can identify as persons with disabilities, find ways to fight stigmatization and asexualization, and learn without shyness or taboos about menstrual health management, HIV prevention and sexual and reproductive health and rights without shyness or taboos.

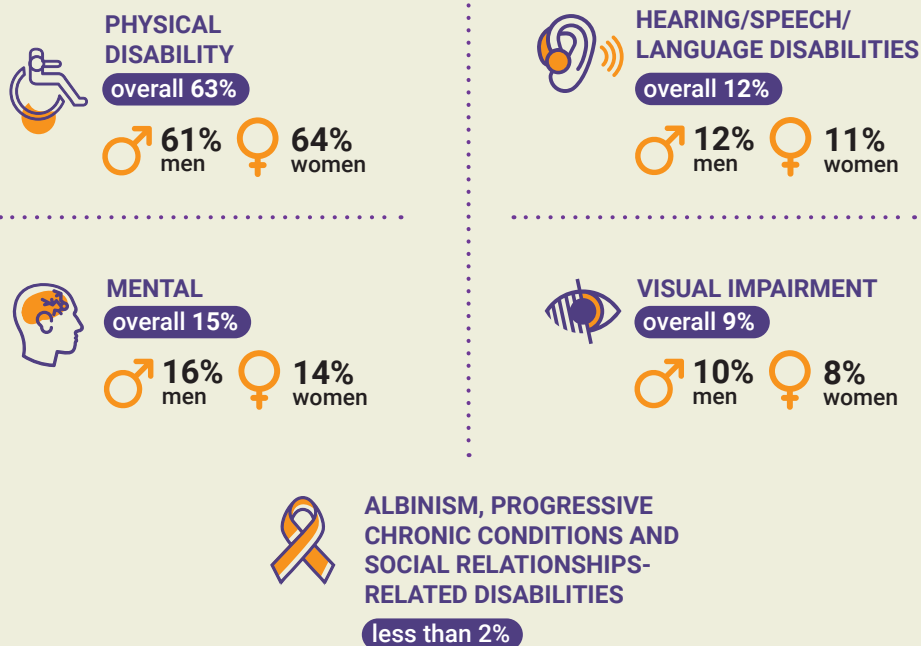
- **Training health-care providers** to improve their knowledge and skills on sexual and reproductive health and rights for women with disabilities. The training uses Skills, an

• “Society thinks that women with disabilities are not sexually active and leaves them out of information and health care. Poverty compounds the problem. The consequence is that many women make wrong decisions concerning their sexual and reproductive health or, rather, decisions on their sexuality are made for them without their consent. Women with disabilities must have correct information and access to sexual and reproductive health and rights services.”

• Anne Wanjiru, disability activist and leader of a support group in Mombasa

# Highlights from the assessment of training needs among health-care workers

Source: This Ability Trust (2021). Hesabika USSD Data Collection Analytic Report.



E-learning platform developed by This Ability Trust. By October 2021, 68 health-care providers from 11 counties had completed the training.

The online course responds to the findings of a needs analysis conducted by This Ability Trust among health-care workers in Kenya that showed gaps and barriers in the provision of reproductive health-care services for women with disabilities.

## LESSONS LEARNED

Technology is a powerful tool to empower women and girls with disabilities.  
Creating safe spaces enables open discussions on sexuality and reproductive health.  
Conversations and interventions on bodily autonomy must work together with economic empowerment.

## Recommendations

Mama Siris earn an allowance for their work. Payment professionalizes their work and steers disability rights activism away from the charity model.



## BOTSWANA: HIV and COVID-19 risk communication for the visually impaired

Persons with disabilities face social, economic and personal discrimination that limit their access to sexual and reproductive health, HIV and GBV information and services. The COVID-19 pandemic has compounded these barriers in different ways according to the type of disability.

The government has supplied extensive information on COVID-19 and sexual and reproductive health and HIV but not in formats like braille and large prints suitable for blind and partially sighted people.

In partnership with the Botswana Association for the Blind and Partially Sighted, this short-term project developed COVID-19 and sexual and reproductive health and rights and HIV risk communication products in accessible format.

### Fast Facts Botswana

**2.4 million**  
population

**90,945**  
people with  
disabilities

The health messages were transcribed to Grade 1 and 2 Braille in English and Setswana and 3,000 booklets were delivered to the nine schools and libraries that work with the blind. The nationwide distribution enabled the Botswana Association for the Blind and Partially Sighted to identify blind and partially sighted people in areas it had not yet reached.

The booklet has brought relief for many people like 39-year-old Rebaone Batati. Seven months into the pandemic, this was the first time he received COVID-19 information in braille. Before, not owning a TV or radio, he depended on his relatives for information.

#### Booklets in braille

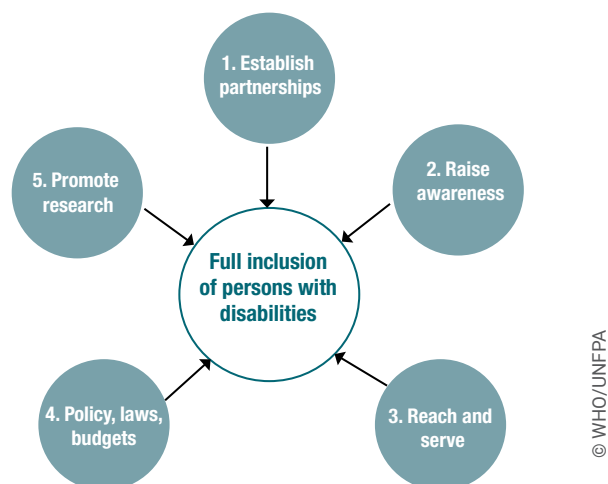
- Caring for coronavirus patients
- Preventing coronavirus: Always wash your hands
- Precaution measures for travellers
- Q&A on COVID-19
- Pregnancy and childbirth: What to know about the coronavirus
- Dikarabo le Dipotso ka Boimana le Tsholo mo nakong ya COVID-19
- Tirisoya letsela go thiba molomo le nko

In addition, a weekly radio programme, Don't Get It Twisted, discusses sexuality and sexual health issues for youth, including young people with disabilities. The programme airs on youth-oriented Yarona FM at prime time on Wednesday evening and has garnered an audience of 240,000 listeners annually.

Eliminating barriers in health communication empowers people with disabilities to become informed agents of their own health, to seek and obtain adequate health care, and to realize their right to health.

- **"Due to cultural or religious beliefs, our society still harbours resistance against openly discussing sexual and reproductive health issues with young people."**
- Trevor Oahile, co-host of Don't Get It Twisted, along with Refilwe Podi

## Circle of Inclusion Sexual And Reproductive Health Services



“Being blind or partially sighted is already a challenge and the COVID-19 pandemic has made things worse for us. Most COVID-19 messages were shared through TV, radio, posters and social media, forgetting that we access information in a different way and we may not use social media.”

Tshepo Raditladi, Botswana Association of the Blind and Partially Sighted

### Priority actions for people with disabilities

Advocate for the establishment and/or implementation of inclusive laws and policies.

Support collection and disaggregation of data on people with disabilities in censuses and surveys.

Facilitate access to information (braille, large print, audio, sign language) and to health centres (wheelchair-friendly ramps and toilets, height-adjustable exam tables, etc.).

Address prejudice and patronizing attitudes among health-care workers, family members and society at large.

Integrate sexual and gender-based violence in sexual and reproductive health and HIV services for people with disabilities. Globally, girls and young women living with disabilities face up to 10 times more sexual and gender-based violence than those without disabilities, thus greatly increasing their risk of contracting HIV and other STIs.



*UNFPA is committed to promoting the integration of people with disabilities into programming across all populations and settings – and at the country office in Botswana.*

## **Tsaone Mosweu**

### *Scared and excited at the same time*

I was raised by a single mother in the village of Rasese, in Kgatleng district. I was born with a genetic eye disorder. At age 10, I developed cataracts. At age 11, I had eye surgery. At 12, my sight deteriorated until I lost it. I was an ambitious young girl. I wanted to be an ob-gyn. My dream seemed impossible. But I finished high school, studied public health and graduated, aged 24, in July 2020.

Growing up, I saw many girls with disabilities who experienced harassment, who didn't know about condoms, who were discriminated at health services.

So was I. When I went for an HIV test, the nurse said I should come with a caregiver to hear the result. I argued my right to privacy and her duty to confidentiality. I prevailed but that was needlessly exhausting.

One day I attended a UNFPA event about HIV and sexual and reproductive health. This changed my life. I knew I could help UNFPA understand how girls with disabilities are vulnerable. Through a government programme, on 4 November 2020, I started an internship at UNFPA.

I was scared. I was fresh out of college. I knew nothing about the world of work. Would I be up to United Nations standards? Would I be able to be the best version of myself? I was also excited. Now I would be able to advocate for the rights and health of girls with disabilities!

People believe we are asexual; that we don't have the right to marry and choose to have children and how many. Girls with disabilities are raped and have no one to support them. The problem is not our disability. It is the community around us that makes us more disabled.

The visually impaired don't have enough information to prevent HIV and unintended pregnancy and to make informed decisions. For those who live in institutions, it is even harder to get accurate information on their own.

The office provided a tablet with software to read emails and attend virtual meetings. A laptop with reading software is coming soon. Tech is helpful but it was hard to learn. At first I was slow, now I meet deadlines. My supervisor is very supportive and gives me assignments that help me grow.

## CONDOM PROGRAMMING

Following expanded programming and uptake from 1990 to 2010, demand for condoms has stagnated in East and Southern Africa. In many countries, condom programming is in crisis, despite their importance in preventing other STIs and unintended pregnancy. Condom programming suffers from the perception that it is 'old technology', useful before ARVs, PreP, PeP and long-acting reversible contraceptives (the latter promoted at the expense of condoms among adolescent girls and young women). This perception reduces demand, interest and supply. In addition, the drop in funding for socially-marketed condoms severely undermined the total market approach and demand creation.

Two case studies describe creative strategies to boost condom acceptability among very different populations. In Uganda, the elders of the traditional Karamojong tribe embraced an HIV prevention programme that involved distributing condoms and holding frank conversations about sex with young people. In Namibia, a youth-oriented campaign is transforming condom perception, availability and use among young people. In the process, the campaign is redirecting Namibia's condom strategy towards success.

Two case studies look at interventions at policy, planning and programming levels. One study explains how UNFPA broke through the barriers of stigma to advance people-centred condom programming in Uganda. In Botswana, through advocacy, building alliances, facilitating procurement, and preventing stock-outs, UNFPA and partners revitalized condom programming in the national HIV response.

### BOTSWANA: Getting condom programming back on track

#### Fast Facts Botswana

Population	25% HIV prevalence	6,700 sex workers
<b>2.4 million</b> <sup>15</sup>	women aged 15–49 <sup>16</sup>	(2017, estimation selected key populations)
	15% HIV prevalence among men aged 15–49	42% HIV prevalence among sex workers
	New infections in 2020	9% active syphilis among sex workers
	<b>5,400</b> women aged 15+	
	<b>3,300</b> men aged 15+	

Botswana, with the fourth highest HIV prevalence in the world, is very close to achieving the 90-90-90 targets thanks to its free universal ART and prevention of mother-to-child transmission programmes.

However, its performance in HIV prevention is lagging. In 2017, only 10 per cent of the investment in Botswana's national HIV response was assigned to HIV prevention.

New HIV infections halved from 13,000 in 2010 to 8,800 in 2020, but the reduction was too slow to achieve the 2020 HIV prevention targets.

<sup>15</sup> World Bank. Available at [www.data.worldbank.org/indicator/SPPOPOTOTL?locations=BW](http://www.data.worldbank.org/indicator/SPPOPOTOTL?locations=BW)

<sup>16</sup> All HIV data from joint United Nations Programme on HIV/AIDS (2020). Available at [www.unaids.org/en/regionscountries/countries/botswana](http://www.unaids.org/en/regionscountries/countries/botswana)

As a result of sidelining prevention, condoms – an indispensable prevention tool – have been sub-optimally programmed in the national HIV response.

Weak forecasting and quantification led to the undersupply of male condoms, overstocking of female condoms and frequent stock-outs of both. A weak supply chain and logistics information management system with no last mile tracking capability hampers distribution. In 2018, only half of the procured male condoms were distributed. Over-reliance on consumption data masks the true condom needs.

Between 2012 and 2018, condom use declined from:<sup>17</sup>

- 61% to 48% among sex workers
- 78% to 59% among men who have sex with men

17 Botswana, National AIDS and Health Promotion Agency and United Nations Population Fund (2020). *Report Comprehensive Condom Programming Meeting*, 25–27 February 2020.

## Why is condom use low?



### Among sex workers

- Clients pay more for sex without a condom.
- Health-care staff object to giving them lots of condoms at once.
- If arrested, condoms become evidence of commercial sex in court.
- The lack of lubricant results in condoms breakage.
- Stock-out at health facilities.



### Among young people

- Health-care staff won't give condoms to youth below the legal age of consent to sex (18 years).
- It is culturally inappropriate for young people to discuss sexual and reproductive health with adults.



### Among men who have sex with men

- 44% can't obtain condoms.
- 18% don't like condoms.
- 7% were too drunk to use one.
- 19% say a condom broke at least once in the past six months.
- The lack of lubricant results in condom breakage.

### CHANGE IS UNDERWAY.

Following UNFPA advocacy, the Third National Strategic Framework on HIV-AIDS 2019–2023 refers to the five prevention pillars. Three pillars – adolescent girls, young women and their male partners, programming for key populations, and condom programming – are aligned to the UNFPA mandate.





### The under-utilized female condom

Procurement of condoms between 2015 and 2019: 40 million male condoms – 1.9 million female condoms.

In Ngami district, 11,600 female condoms were distributed in 2016 but only 3,900 in 2018.

Reasons for low use of the female condom are lack of trust, preferences, interest, and knowledge to insert and use.

To reboot the third pillar, condom programming, UNFPA and the National AIDS and Health Promotion Agency convened in February 2020 the first national dialogue on condom programming. More than 100 representatives from government, civil society, academia, business and key populations brainstormed sustainable strategies to close the gaps on condom programming in Botswana. The outcomes informed the Comprehensive Condom Programming Strategy 2021–2023 and Costed Implementation Plan. The strategy includes:

- Reposition the female condom as a viable and pleasurable contraceptive and HIV prevention option.
- Collect reliable data on condom use to inform programming through government, private sector and NGO collaboration.
- Plan robust community mobilization to increase demand.
- Widen distribution channels beyond the conventional.
- Develop targeted messaging that projects positivity and pleasure.
- Improve access to condoms for both general and key populations.

UNFPA regularly assists the government to avert frequent condom stock-outs, exacerbated by the pandemic. One sustainable solution is for the government to use the UNFPA procurement platform through third party procurement, which leverages UNFPA purchasing power and is reliable, cost-effective and efficient.

UNFPA, in partnership with UNAIDS, supports government engagement with GPC activities, tracking annual prevention targets and completing and validating the HIV prevention scorecard.

UNFPA mobilized domestic and external resources and fostered new partnerships to revitalize HIV prevention in the national response.

### LESSONS LEARNED

Wide stakeholder engagement in condom programming is essential to revitalize condoms as a priority prevention tool in the national HIV response.



## Namibia: Creating excitement about using condoms

### Fast Facts Namibia<sup>18 19</sup>

**2.54 million** population  
**13% HIV prevalence rate** (adults aged 15–64)

**1 in 5 girls** (aged 15–19)  
has begun childbearing

**3 in 10** in Kavango region

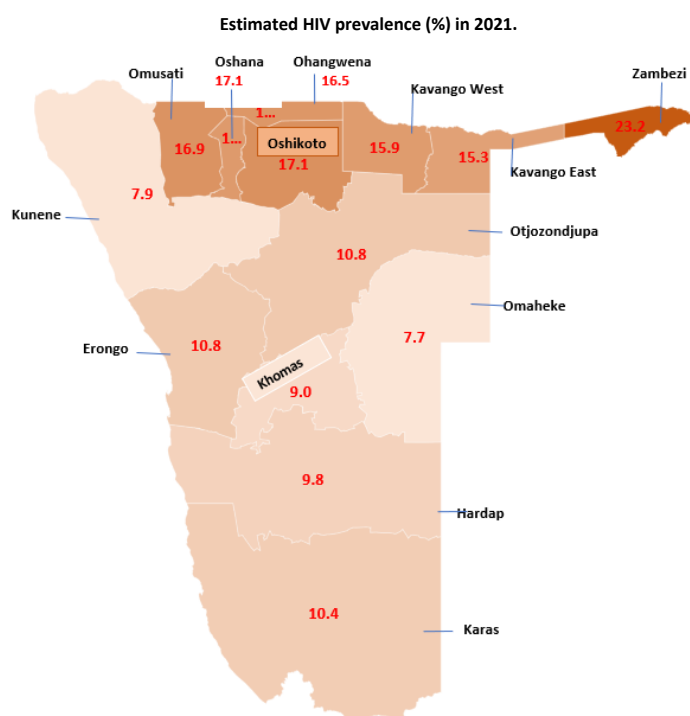
**4 in 10 girls** (aged 18–19)

**6 in 10 boys** (aged 18–19)

had sex before age 18

Namibia has made huge progress in reducing HIV incidence and mortality in the last decade. New HIV infections have nearly halved since 2010, but the country still has the sixth highest HIV prevalence in the world.

To prevent new infections, the National Strategic Framework for HIV and AIDS<sup>20</sup> relies on a mix of behavioural, structural and biomedical interventions for combination prevention, with condom promotion and distribution as a central component.



However, although the government has invested considerable resources on condoms, a mid-term review found gaps in condom programming. Among these were weak promotion strategies in rural areas, dull packaging and branding, insensitive placement of condom dispensers, stigma, myths and misconceptions.

To address these gaps, the CONDOMIZE! campaign was launched in August 2018.

<sup>18</sup> World Bank (2020). Available at [www.data.worldbank.org/country/namibia](http://www.data.worldbank.org/country/namibia)

<sup>19</sup> Joint United Nations Programme on HIV/AIDS (2020). *Country Fact Sheet Namibia 2020*. Available at [www.unaids.org/en/regionscountries/countries/namibia](http://www.unaids.org/en/regionscountries/countries/namibia)

<sup>20</sup> Namibia, Ministry of Health and Social Services (2017). *National Strategic Framework for HIV and AIDS Response in Namibia 2017/18 to 2021/22*. Windhoek. Available at [www.unaids.org/sites/default/files/country/documents/NAM\\_2018\\_countryreport.pdf](http://www.unaids.org/sites/default/files/country/documents/NAM_2018_countryreport.pdf)



CONDOMIZE! is a structural intervention to educate young people about HIV and STI prevention, destigmatize condom use, generate condom demand, promote safer sex, and make quality condoms widely available. Its effectiveness is maximized by being part of a larger HIV education and prevention strategy.

The campaign operates in four regions with a high HIV burden (Karas, Erongo, Kunene and Oshana) and will expand to the Kunene and Kunene regions at the end of 2021.

CONDOMIZE! is a UNFPA programme in partnership with the Ministry of Sport, Youth and National Service, Ministry of Health and Social Services, Namibia Planned Parenthood Association and the African Youth and Adolescent Network.

- **CONDOMIZE! provides access to**
- **quality condoms when people need**
- **them and in places where they feel**
- **comfortable – bars, car washes,**
- **sports clubs, workplaces.**

## WHY

**Promoting safer sex and condom use** among young people, especially young women and girls, is critical to contain the HIV and teen pregnancy epidemics.

**HIV gender disparities.** HIV incidence among women and girls aged 15 to 24 is twice as high as among their male peers. Unprotected sex among women is estimated at 63 per cent compared to 37 per cent among men.<sup>21</sup>

**STIs.** STI rates are higher among women, at 12 per cent, compared to men, at 10 per cent,<sup>22</sup> and even higher among people living with HIV at 16 per cent (2015).<sup>23</sup> STIs facilitate HIV infection.

21 Joint United Nations Programme on HIV/AIDS (2020). *Country Fact Sheet Namibia 2020*. Available at [www.unaids.org/en/regionscountries/countries/namibia](http://www.unaids.org/en/regionscountries/countries/namibia)

22 Ibid

23 Namibia, Ministry of Health and Social Services and ICF International (2014). *Namibia Demographic and Health Survey 2013*. Windhoek. Available at [www.dhsprogram.com/pubs/pdf/FR298/FR298.pdf](http://www.dhsprogram.com/pubs/pdf/FR298/FR298.pdf).



**Teen pregnancy.** The national rate of 82 births per 1,000 girls aged 15 to 19 is nearly double the global average of 44.<sup>24</sup> Alarming, teen pregnancies doubled to 3,627 in 2020, likely due to pandemic-related school closures.

**Early sex.** One in 10 girls and 6 in 10 boys aged 18 to 19 had sex before age 18.

**Drivers for the HIV epidemic.** These include multiple and concurrent relationships, inter-generational and/or transactional sex, inconsistent condom use, low risk perceptions, low levels of voluntary medical male circumcision, alcohol abuse, mobility and migration, gender and income inequality, early sexual debut, and low marriage and cohabitation rates.



## HOW

In the past, social marketing led condom distribution and promotion of colourful, flavoured and branded condoms. In contrast, the government's free, unbranded condoms were seen as drab and of poor quality.

CONDOMIZE! is reversing this trend. While offering free unbranded condoms, its approach is “attraction rather than promotion” – creating excitement around condoms by means of colour, design, technology, display and performance, while reinforcing their value as being the only method that protects against unintended pregnancy, HIV and STIs.

Lively events take place at colleges, youth career fairs, and celebrations of national days. These events feature live music, condom art pin, educational displays, and male and female condom demonstrations and distribution.

CONDOMIZE! works in synergy with many stakeholders. Involving local health clinics in campaign events has resulted in higher use of sexual and reproductive health services by youth. At schools and community meetings, as well as in shebeens and ‘cuca’ shops (bars), trained peer educators debunk local myths and share information in local languages. The campaign regularly briefs local media on HIV and sexual and reproductive health and rights.

CONDOMIZE! creates safe, non-judgemental spaces for young people to discuss health risk behaviours, unintended pregnancies, HIV and STIs, perceptions, myths, misunderstandings and fears around condoms, the various types and quality of free and commercial condoms, what to do if a condom breaks and how to store condoms correctly. Participants' feedback indicates they gained both correct knowledge and confidence in using condoms.

<sup>24</sup> Namibia, Ministry of Health and Social Services and ICF International (2014). *Namibia Demographic and Health Survey 2013*. Windhoek. Available at [www.dhsprogram.com/pubs/pdf/FR298/FR298.pdf](http://www.dhsprogram.com/pubs/pdf/FR298/FR298.pdf).



### • **CONDOMIZE, DON'T COMPROMISE!**

• “Parents should stop seeing sex as this thing that happens behind closed doors, lights turned off, under the blanket. Instead we should have comprehensive sexuality education, we should talk about condoms. I’m not saying people should go on a sexual spree, but you should know how to use a condom.”

• **Dumeni Kauluma**, youth activist, advocate for people with disabilities and champion of the CONDOMIZE! campaign in Namibia.

In 2020, when live events were limited by the pandemic, the campaign launched a virtual education platform through the Government Information Centre. A successful nationwide virtual CONDOMIZE! event was held on this platform in July 2021.

#### **Results**

- 25 campaigns held.
- 13,400 young people reached.
- 129,392 male condoms and 8,228 female condoms distributed between 2018 and 2019.
- 47,204 male and 375 female condoms distributed during the pandemic years, 2020 and 2021.
- 70 local peer educators trained since 2019.
- 150 condom dispensers installed at university campuses in Kommas region.

#### **What has worked**

- Strong support from the government and effective coordination among implementing partners build success and sustainability.
- During events, engage in culturally appropriate conversations about sex and condoms. Check that slogans and displays are not offensive to the local community.

#### **Recommendations**

- Provide female-only spaces to discuss condoms, pregnancy and sex. Many girls feel shy when young men are present or dominate the conversation.
- Improve the communication skills of older community leaders to discuss condoms and sex.



## UGANDA: “If it’s not on, it’s not in” – Promoting condoms’ triple benefits

For more than a decade, UNFPA has spearheaded condom programming in Uganda through sustained advocacy, technical support and funding, guided by the global 10 Step Condom Programming Principles.

The national condom programme has grown steadily from an annual average of 66 million free male condoms distributed in 2010 to **300 million** in 2020.

### Fast Facts Uganda

Population	5% HIV prevalence people aged 15–49 <sup>25</sup>	33,000 new infections in 2020 people aged 15–49
<b>45.7 million</b> <sup>25</sup>	1.4 million people aged 15+ live with HIV (820,000 women/490,000 men)	25% of adolescents aged 13–14 have correct knowledge about HIV
	14,000 new HIV infections youth aged 15–24	69% condom use among sex workers

The achievements, however, have not been without challenges.

In the last decade, intensive messaging to expand HIV treatment unintentionally diverted attention from HIV prevention and condom programming. Some groups view condoms through a moralizing lens, arguing that condoms encourage sex out of marriage, especially among youth, and undermine abstinence-only messages.

Condom use at last sex with a non-marital, non-cohabiting partner is low at 37 per cent for men and 28 per cent for women.

25 World Bank (2021). Available at [www.data.worldbank.org/indicator/SPPOP.TOTL?locations=UG](http://www.data.worldbank.org/indicator/SPPOP.TOTL?locations=UG)

26 Joint United Nations Programme on HIV/AIDS (2020). *Country Fact Sheet Uganda 2020*. Available at [www.unaids.org/en/regionscountries/countries/uganda](http://www.unaids.org/en/regionscountries/countries/uganda)



Keeping the long-term focus on condom programming required strategic advocacy and re-energizing alliances with government institutions, civil society and the private sector.

#### Highlights of UNFPA condom programming strategy

- Generated evidence for policymaking through a National Condom Needs Assessment (2016).
- Supported the development of Uganda's first Comprehensive Condom Programming Strategy 2013–2017 and the people-centred Condom Strategy 2020–2025.
- Built coordination capacity at the Ministry of Health for the National Condom Programme (2015–2021).
- Supported the multisectoral National Condom Coordination Committee, which provides technical advice to the Ministry of Health.
- Advocated consistently about condom programming with development partners. For example, at the monthly meetings of the AIDS Development Partners Group, UNFPA presents a condom stock status and mobilizes resources to fill gaps.
- Supports annual commodity quantification and forecasting, procurement and supply chain management as part of reproductive health commodity security.

Condom use is one of the critical high impact and cost-effective HIV interventions for Uganda. Condoms should be integrated in sexual and reproductive health and HIV programming for the triple protection they afford – against HIV, STIs and unintended pregnancy.

*Source: The 2020 HIV Investment Case.*

- Supported the Ministry of Health to set up the Alternative Distribution Strategy (ADS) for condoms and other reproductive health commodities through community distribution points other than health centres. ADS distributes 80 per cent of the free condoms in the public sector through NGOs and peer educators for key populations.
- UNFPA successfully ran Uganda's only media campaigns dedicated to generating condom demand. The 2012–2014 campaign reached 7 million people annually while the 2019–2021 campaign reached 10 million through mass media and 5 million through social media platforms. Condom messages are cleared by government, signifying ownership, unlike the situation in the 2000s when condom billboards were pulled down due to censorship conflicts.
- In 2017, UNFPA assisted the Ministry of Health to set up a condom logistics management information system able to capture data on condoms dispensed from the national warehouse up to the last mile. This data is crucial for decision-making and commodity quantification. In 2021, with support from the United States Agency for International Development (USAID), mapping of community condom distribution points was completed in all 141 districts. Stocks are moved to each point captured by GPS. In its anticipated version, the system will be able to track availability, report stock-outs, order more condoms, and will be linked to the Ministry of Health's district health information system for data integration and visualization.
- Supported the development of Global Fund proposals. One result was increased procurement of free male condoms, including most of the 300 million male condoms distributed in 2020. Global Fund grants for 2021–2023 feature expanded condom programming beyond commodity procurement.

## The surprising popularity of condoms among the traditional Karamojong

Karamoja, a semi-arid district bordering Kenya and Sudan in northeast Uganda, is the country's least socially and economically developed region. More than half of its 1.2 million population lives in poverty. Successive civil wars have encouraged widespread possession of firearms and aggressive cattle raiding.

Poor infrastructure in a sparsely populated rugged terrain limits access to basic education and health services. Karamoja has Uganda's highest total fertility rate with an average of eight children per woman, while the national average is five.

Its largest ethnic group, the Karamojong, are agropastoral herders. Livestock is central to their lives; crop cultivation is a secondary activity. Both livelihoods are threatened by environmental degradation due to overstocking and overgrazing, compounded by chronic drought and floods exacerbated by climate change.

Every year, for three to four months, the Karamojong move with their livestock across bush and savanna in search of water and grazing land. Cattle raiding is common, as is competition for resources. Violence flares up frequently.

The Karamojong are proud of their traditional lifestyle and conservative values. Male elders dominate the social structure.

HIV prevalence at 4 per cent is lower than the national average of 6 per cent, but it is rising in a context of low coverage of HIV services. In 2018, only 38 per cent of men believed that consistent condom use reduces the risk of HIV infection.

Back in 2017, it was unclear to UNFPA and partners how the Karamojong would react to an HIV prevention project to be implemented in seven districts. Would people accept frank discussions about sexual transmission of HIV and STIs, about unintended pregnancy, and how condoms can prevent all three?

In orientation sessions, the Karamojong elders learned about the triple benefit of condoms and were asked for their blessings before the first batch of half a million condoms arrived.

Young peer educators from the seven districts were selected, trained, and equipped with 'condom banks'. These are large dispensing boxes adapted for travel on tough terrain and bigger storage capacity in remote village. To replenish their stocks, peer educators were linked to health centres. The rising demand for condoms led to larger and more regular supplies from the National Medical Stores to local health facilities.

Condom programming has since taken root in the region. Partner organizations and health facilities order and distribute condoms down to the last mile, where village health teams bring the condoms to hotspots and households.

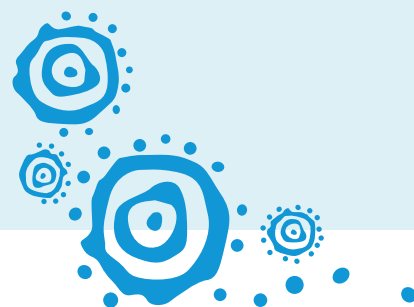
Condom distribution points out of health centres are treasured sources, whose stocks are tracked by communities. For example, in 2020, an alert on low condom stocks in Karamoja triggered a quick boost, delivering 1.9 million male condoms through an alternative distribution mechanism.

- UNFPA has since 2010 been the main partner procuring female condoms for free distribution in Uganda. Annual procurement reached a high of 3 million in 2014.
- In a context where condoms are often perceived as immoral, or promoted only for disease prevention, UNFPA has been a long-term trusted partner to keep condoms central to the HIV and AIDS response and as a priority contraceptive method.

## LESSONS LEARNED

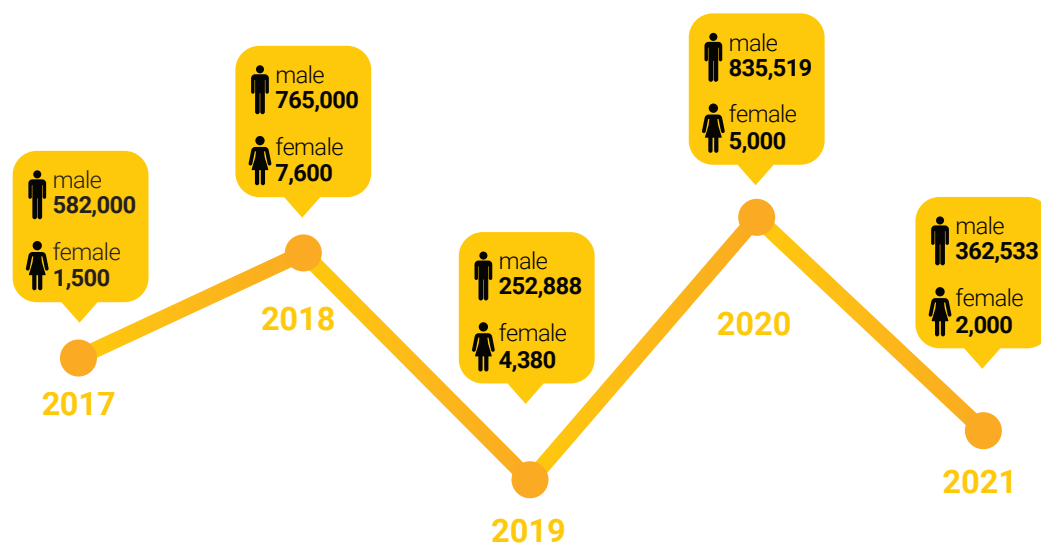
Persistent, evidence-based advocacy reduces condom stigma at policy and programming levels, opening the door to prioritized condom programming integrated into broader HIV and sexual and reproductive health programmes.

Comprehensive condom programming demands a consistent and creative champion. UNFPA has served the role well in Uganda.



## Condom dispensing from health facilities in Karamoja

(Source: Uganda, Ministry of Health, Health Management Information System)



### Priority actions for condom programming

Promote condom use with non-regular partners. Condom use has never been high in long-term partnerships in East and Southern Africa but Zimbabwe and other countries have achieved high levels of usage with non-regular partners.

Tailor programmes to young people and key populations.

Design cool, creative messaging campaigns that emphasize the triple benefits of condoms.

Ensure regular supply, avoid stockouts and strengthen last mile distribution to outlets.

## EMBRACING INNOVATION

To reach young people, involve young people. They know their needs and likes and can design digital solutions that appeal to youth. In today's connected world, the possibilities of digital innovation for sexual and reproductive health and rights are endless: apps, m-health, chatbots, user-generated content, music and videos, building online communities, and social networking for marginalized and vulnerable groups.

Through hackathons and the provision of seed money and mentoring for start-ups, UNFPA nurtures young talented innovators. The goal is to find engaging ways of conveying information on sexual and reproductive health and rights, linking young people to health services, and opening safe spaces for discussions. Offline options, from movies to radio, reach out-of-school youth and those living in remote areas.

The case study of Imara TV in Kenya is a good example of young creative talent in synergy to promote sexual and reproductive health and rights. Made by young people for young people, Imara TV's entertaining short films about HIV and sexual and reproductive health reflect the lived experiences of Kenyan youth. To maximize outreach, the videos are accessible both online and offline.

### KENYA: Imara TV. Entertain. Educate. Empower.

#### Fast Facts Kenya

<b>53.7 million</b> Population <sup>27</sup>	<b>11.6 million</b> adolescents aged 10–19	<b>4 in 10</b> new HIV infections occur among youth aged 15–24
	<b>1.4 million</b> people aged 15+ live with HIV <sup>28</sup>	<b>1 in 5 girls</b> aged 15–19 is a mother <sup>30</sup>
	<b>4%</b> prevalence people aged 15+ <sup>29</sup>	

Imara TV mobilizes the power of short films and digital media to channel information on sexual and reproductive health and rights, HIV and GBV in a fun way. Imara TV crowdsources its content – short movies, comedies, animations, music and poetry – produced entirely by young creatives and based on young people's experiences.

The content is curated and scripts are workshopped in bootcamps to align with the UNFPA manual on comprehensive sexuality education. To date, 35 short films have been aired.

To maximize outreach, the films are shown on online platforms (Facebook, YouTube, Instagram) and offline at schools, colleges, clinics and youth centres. The offline options reach youth who are out of school and those with limited or no Internet access.

The primary target is young people aged 10 to 30 (about half of Kenya's population), with parents and communities as secondary targets.

<sup>27</sup> World Bank (2021). *Kenya Country Profile*. Available at [www.databank.worldbank.org/views/reports/reportwidget.aspx?Report\\_Name=CountryProfile&Id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=KEN](http://www.databank.worldbank.org/views/reports/reportwidget.aspx?Report_Name=CountryProfile&Id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=KEN)

<sup>28</sup> Joint United Nations Programme on HIV/AIDS (2020). *Fact Sheet Kenya*. Available at [www.unaids.org/en/regionscountries/countries/kenya](http://www.unaids.org/en/regionscountries/countries/kenya)

<sup>29</sup> Ibid

<sup>30</sup> Kenya National Bureau of Statistics, DHS Program. *Demographic and Health Survey 2014*. UNFPA, *Adolescents and Youth Dashboard*. Available at [www.unfpa.org/data/adolescent-youth/KE](http://www.unfpa.org/data/adolescent-youth/KE)



Kenya's large youthful population has the potential to spur development and prosperity if the right investments are made in their health, education, and employment. But two poor health outcomes of young people threaten this scenario: HIV infection and teen pregnancy.

Studies have shown that one of the main drivers of teenage pregnancies, HIV and STI and GBV is poor or wrong information on sexual and reproductive health and rights. Imara TV fills this gap.

To date, Imara films have covered HIV and STI prevention, PrEP and PEP, how to put on a condom, contraception, teen pregnancy, the risks of intergenerational relationships, GBV, obstetric fistula, traditional and medicalized female genital mutilation (FGM), child marriage, peer pressure to use drugs and pornography, domestic violence and cyber bullying. All the films indicate where to find help, services and information – useful tips both for young viewers and their parents and caregivers.

In addition, Imara TV has created paid work and professional exposure for more than 300 young creatives involved in scripting, acting, animation, voice overs, music and production. They gain skills and keep 90 per cent of the revenue generated by their content.

Viewership increased during the lockdowns and peak waves of the COVID-19 pandemic, when schools were closed and in-person meetings prohibited. On the other hand, these restrictions and health protocols made film production more difficult.

## Partners

In 2016, Imara TV was one of four winners of the iAccelerator, the first impact hackathon in Kenya, funded by UNFPA, UK Aid and the Kenyan government.

UNFPA has supported the Imara start-up through its Unified Budget, Results and Accountability Framework programme. New partnerships between the Ministry of Health, Kenyan Police Service, UN Habitat, UN Women and Action Aid guarantee sustainability and have expanded the range of topics covered. Other sources of income are advertising, sponsored content and pay-per-view.

## Results

- 1.2 million youth reached through online platforms.
- 40,000 youth reached through offline platforms.
- 3,000 parents, guardians and community members reached through dialogues.



**1 in 5 girls**

aged 15–19 has  
currently begun  
childbearing

Every week,

**4 in 10 new**

**HIV infections**

occur among youth  
aged 15–24

“Imara is Swahili  
for strong, resilient,  
healthy or morally  
upright. It captures our  
vision of young people  
in our ideal society.”

Stephen Maina,  
CEO/product  
owner, Imara TV

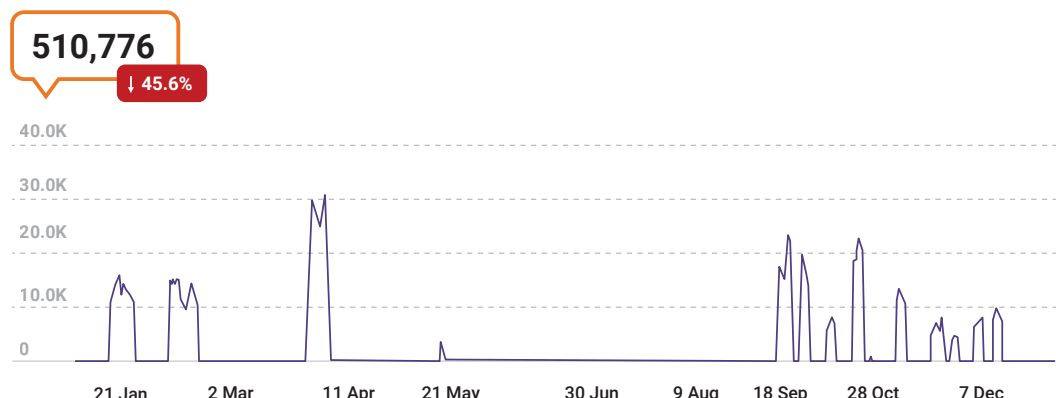
“Wow wow!...so real.  
A true reflection of  
issues happening  
on the ground.  
Am touched and  
enlightened.”

Cyrus Irungu

## Facebook

Our page subscribers grew to 11,048 from 10,201 the previous year. A total of 510,776 people saw our content, which generated a total of 239,700 minutes of video time watched.

### FACEBOOK PAGE REACH



### Recommendations

Set up a monitoring and evaluation mechanism to assess the impact of Imara TV in meeting information needs and in motivating behaviour change among young people.

- "The content was creative, based on real things we youths do."
- Charles Kipkorir

### Recommendations from analytics

- Bring social media influencers on board to push films.
- Be more active on the widely accessible WhatsApp.
- Keep boosting films to increase the reach.
- Share stories of group leaders on the website.

## Most popular films



### Baba Matata

[www.facebook.com/imaratvke/videos/3463986753633644/](https://www.facebook.com/imaratvke/videos/3463986753633644/)



### CampusMeToo

[https://www.facebook.com/imaratvke/videos/1048121092294976?\\_rdc=1&\\_rdr](https://www.facebook.com/imaratvke/videos/1048121092294976?_rdc=1&_rdr)



### Campuscouple

<https://www.youtube.com/watch?v=gjj9DZV85Lk>



## Chatting with Stephen Maina, CEO/product owner, Imara TV

### ***Why is Imara TV popular among young people?***

We tackle taboo issues that young people suffer silently, like unwanted pregnancies and sexual harassment. We provide sexual and reproductive health and rights information in a fun way, easy to understand and to remember.

### ***You are 34 years old. What did you learn about sexual health as a student?***

Like many youth in Kenya, I got some semblance of sex education in high school, consisting of PowerPoint presentations of sickly genitalia with STIs. Not only was it gross, but I cannot remember any information about prevention or care, only the traumatic images. Our approach shows everyday life encounters that expose people to STIs. This is more relatable and educational.

### ***Tell us about viewers' engagement.***

The feedback is that our approach to sexual and reproductive health and rights education is memorable because we use humour and is relatable because we base our stories on local context, languages, events and trends.

My fondest memory is a student who watched *The Diary of a College Girl* on Facebook and commented she was about to meet a potential sponsor, a blesser, but the film (girl falls pregnant, contracts HIV, blesser drops her) changed her views and she would instead focus on her schoolwork. Such comments mean we are reaching the target audience, which makes our work very fulfilling.

### ***Do you get any negative feedback?***

We get some negative comments driven by traditional myths, accepted social norms and stereotypes. After a film about FGM someone commented that women should undergo this rite of passage to make them less promiscuous. Many viewers pointed out the negative consequences shown in the film. This means we are changing attitudes towards harmful traditional practices.

### ***What problems do you face?***

The high cost of Internet connectivity greatly limits the number of views. Young people don't have spare money to spend streaming videos so they go for shorter films they can quickly watch, react to, share, and move on.

### ***What makes Imara TV special?***

First, Imara TV enables young people to speak for themselves rather than adults misrepresenting their issues or being condescending. This makes our young audience feel respected and their concerns validated. Second, young creators get to express their talents, which boosts their self-esteem and helps them earn an income. Lastly, Imara TV does not use euphemisms or double meanings. For example, one film discusses masturbation openly as a normal experience.

### ***How did your team come up with the idea of Imara TV?***

Our start-up company develops enterprise grade software applications for business. Through our knowledge of the local IT infrastructure, language and culture, we create IT solutions that work in Africa's poorly connected markets better than those imported. We wanted to use our IT skills in our corporate social responsibility programme. In 2016 we saw UNFPA's call for young innovators to develop sustainable solutions for dissemination of sexual and reproductive health and rights information. I had the idea of modifying one of our field data collection and dissemination systems to enable youth to submit short and funny films to be broadcast to the public for free, paid for by advertising.

I had just had a baby daughter. I worried about how she will grow up in a society where the girl child is constantly under attack. My vision for Imara TV is that it transforms attitudes towards sexual health and gender so my daughter can grow up in a safe and educated society. I can't always be there to protect her from sexual predators or STIs.

## **What works to embrace innovation**

The COVID-19 pandemic fast-forwarded the adoption of new ways of delivering sexual and reproductive health commodities, information, services and support. The use of telemedicine, HIV home self-tests, peer support groups on WhatsApp, mobile clinics, door-to-door campaigns and social media messaging apps accelerated. UNFPA will keep nurturing and adopting creative uses of new tech for sexual and reproductive health and rights.

The booklet **Thinking Out of the Box** describes creative strategies adopted by UNFPA and its partners in East and Southern Africa during lockdown.



## KEY TAKEAWAYS

.....

This collection of case studies points to a number of important takeaways, which must be considered when accelerating HIV prevention in the region. These are some common themes emerging from the case studies:

- Strategic partnerships are critical to achieve results.
- Strategic and sustained advocacy pays.
- Youth-led programmes make a difference.
- Traditional leaders have a role to play.
- An unfriendly legal and policy environment is not an excuse for inaction.
- Differentiated service delivery helps reach diverse populations.

### **Strategic partnerships are critical to achieve results.**

There are many players in the HIV programming field, both at national and sub-national levels. It is important that UNFPA constantly seeks strategic partnerships that can add value to the response. These include development partners, governments, civil society organizations and communities. In the case studies from the region, a number of strategic partnerships have made a big difference in the lives of the people UNFPA serves. This includes partnering with an NGO in Kenya to deliver HIV and sexual and reproductive health information and services for women and girls with disabilities and with an NGO in Botswana to deliver information and services to blind and partially sighted youth.

### **Strategic and sustained advocacy pays.**

Advocacy is central to UNFPA's work. The results are not necessarily immediate, but it is worth constantly advocating for the sexual and reproductive health and rights of women and girls. The case studies above demonstrated how UNFPA, in collaboration with national partners, prevented the criminalization of consensual, age-appropriate sexual activity between adolescents and peers through the insertion of a Romeo & Juliet clause in an amendment to the Penal Code.



### **Youth-led programmes make a difference.**

Young people constantly remind us that “nothing for them without them”. Effective engagement of youth involves empowering them to find solutions to the challenges they confront as young people. To ensure a sustained and effective response, young people must be enabled to conceive interventions that are relevant to their needs. Imara TV in Kenya is a good illustration. The TV production is led by young people and it is targeted to their peers. They develop short films on HIV and sexual and reproductive health based on the lived realities of youth in Kenya, which are shown online and offline. Similarly, in Namibia, there has been an increased demand for, and use of, condoms among young people, linked to youth-orientated campaigns.

### **Traditional leaders have a role to play.**

Effective engagement of communities requires a full understanding of gatekeepers and leaders in different communities. In Uganda, a major breakthrough was attained when a conservative community in Karamoja embraced the use of the condoms. This was made possible by the buy-in of the traditional leaders on the use of condoms. This traditional community is heavily influenced by elders. The engagement of elders opened the gate for the introduction of condoms in the community.

### **Unfriendly legal and policy environment is not an excuse for inaction.**

Some populations remain underserved and marginalized in HIV programming. The common explanation is that the policy and legal environment is not conducive. While an enabling policy and legal environment is desirable, its absence cannot be an excuse for inaction. There are many opportunities that can be explored to reach populations at high risk. The case study from Uganda clearly demonstrates that UNFPA can still deliver services to all population in spite of the legal environment. Uganda has stringent laws against the sale of sex and against men who have sex with men. This fact, however, has not discouraged UNFPA and its partners from working with key populations to develop HIV and sexual and reproductive health programmes. A number of interventions have been put in place to address the health challenges of these populations, such as conducting national estimates, supporting targeted national programmes, and developing and supporting coordination structures.

### **Differentiated service delivery helps reach diverse populations.**

The concept of one size fits all has proven ineffective in the HIV response. Certain populations tend to be left behind when generalized programmes are implemented. One such group are people with disabilities. In Botswana, one of the groups that did not previously get differentiated service delivery are blind and partially sighted people. In the past, information and service delivery did not factor in this disability. As a result, this population was underserved. UNFPA and its partners responded to this shortcoming by delivering critical information on COVID-19, HIV and sexual and reproductive health in braille to the visually impaired. This short-term intervention has made a difference and calls for more differentiated service delivery.

# BIBLIOGRAPHY

- AIDS Information Centre (2012). Legal and policy audit for most at risk populations (MARPS) in Uganda. Kampala.
- Botswana, Ministry of Local Government and Rural Development (2019). Report on Violence Against Children Survey (VACS)/ National Survey on Life Experiences and Risk of HIV Infection Among 13–24 Year Old Males and Females in Botswana. Available at [www.togetherforgirls.org/wp-content/uploads/Botswana-VACS-Report\\_Final\\_Dec-2019.pdf](http://www.togetherforgirls.org/wp-content/uploads/Botswana-VACS-Report_Final_Dec-2019.pdf)
- Botswana, National AIDS and Health Promotion Agency and United Nations Population Fund (2020). Report Comprehensive Condom Programming Meeting, 25–27 February 2020.
- Development Initiative (2020) Status of disability in Kenya. Development Initiatives. Available at [www.devinit.org/documents/727/Status-of-disability-in-Kenya\\_IF.pdf](http://www.devinit.org/documents/727/Status-of-disability-in-Kenya_IF.pdf)
- Joint United Nations Programme on HIV/AIDS (2020)., Country Fact Sheet Uganda 2020. Available at [www.unaids.org/en/regionscountries/countries/uganda](http://www.unaids.org/en/regionscountries/countries/uganda)
- Joint United Nations Programme on HIV/AIDS (2021). Fact Sheet World AIDS Day 2021. Available at [www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_FactSheet\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf)
- Joint United Nations Programme on HIV/AIDS (2021). Global HIV & AIDS Statistics Fact Sheet. Available at [www.unaids.org/en/resources/fact-sheet](http://www.unaids.org/en/resources/fact-sheet)
- Joint United Nations Programme on HIV/AIDS (2020). Available at [www.unaids.org/en/regionscountries/countries/botswana](http://www.unaids.org/en/regionscountries/countries/botswana)
- Joint United Nations Programme on HIV/AIDS (2020). Country Fact Sheet Botswana 2020. Available at [www.unaids.org/en/regionscountries/countries/botswana](http://www.unaids.org/en/regionscountries/countries/botswana)
- Joint United Nations Programme on HIV/AIDS (2020). Country Fact Sheet Uganda 2020. Available at [www.unaids.org/en/regionscountries/countries/uganda](http://www.unaids.org/en/regionscountries/countries/uganda)
- Joint United Nations Programme on HIV/AIDS (2020). Country Fact Sheet Malawi 2020. Available at [www.unaids.org/en/regionscountries/countries/malawi](http://www.unaids.org/en/regionscountries/countries/malawi)
- Joint United Nations Programme on HIV/AIDS (2020). Country Fact Sheet Namibia 2020. Available at [www.unaids.org/en/regionscountries/countries/namibia](http://www.unaids.org/en/regionscountries/countries/namibia)
- Joint United Nations Programme on HIV/AIDS (2020). Country Fact Sheet Namibia 2020. Available at [www.unaids.org/en/regionscountries/countries/namibia](http://www.unaids.org/en/regionscountries/countries/namibia)
- Joint United Nations Programme on HIV/AIDS (2020). Fact Sheet Kenya. Available at [www.unaids.org/en/regionscountries/countries/kenya](http://www.unaids.org/en/regionscountries/countries/kenya)
- Joint United Nations Programme on HIV/AIDS (2021). Fact Sheet World AIDS Day 2021. Available at [www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_FactSheet\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf)
- Joint United Nations Programme on HIV/AIDS (2021). Global AIDS Update 2021: Confronting Inequalities - Lessons for Pandemic Responses from 40 years of AIDS. Available at [www.unaids.org/sites/default/files/media\\_asset/2021-global-aids-update\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/2021-global-aids-update_en.pdf)
- Kenya National Bureau of Statistics, DHS Program. Demographic and Health Survey 2014. UNFPA, Adolescents and Youth Dashboard. Available at [www.unfpa.org/data/adolescent-youth/KE](http://www.unfpa.org/data/adolescent-youth/KE)
- Namibia, Ministry of Health and Social Services (2017). National Strategic Framework for HIV and AIDS Response in Namibia 2017/18 to 2021/22. Windhoek. Available at [www.unaids.org/sites/default/files/country/documents/NAM\\_2018\\_countryreport.pdf](http://www.unaids.org/sites/default/files/country/documents/NAM_2018_countryreport.pdf)
- Namibia, Ministry of Health and Social Services and ICF International (2014). Namibia Demographic and Health Survey 2013. Windhoek. Available at [www.dhsprogram.com/pubs/pdf/FR298/FR298.pdf](http://www.dhsprogram.com/pubs/pdf/FR298/FR298.pdf).
- Namibia, Ministry of Health and Social Services and ICF International (2014). Namibia Demographic and Health Survey 2013. Windhoek. Available at [www.dhsprogram.com/pubs/pdf/FR298/FR298.pdf](http://www.dhsprogram.com/pubs/pdf/FR298/FR298.pdf).
- Nielsen Jannie, Kabagenyi Allen, Schmidt-Sane Megan. (2019). Assessment of Commercial Sexual Exploitation among Female Minors in High-Risk Areas of Uganda; A mixed method study. Uganda, UNFPA.
- Second Botswana Youth Risk Behavioural and Biological Surveillance Survey (YBBSS 2016).
- Statistics Botswana (2018). Botswana Demographic Survey 2017. Gaborone Available at [www.statsbots.org.bw/sites/default/files/publications/Botswana%20Demographic%20Survey%20Report%202017.pdf](http://www.statsbots.org.bw/sites/default/files/publications/Botswana%20Demographic%20Survey%20Report%202017.pdf)
- This Ability Trust (2020). A report on training needs assessment on the capacities of healthcare workers to advance the rights and inclusion of women and girls with disabilities in Kenya.
- This Ability Trust (2021). Hesabika USSD Data Collection Analytic Report. Available at [https://this-ability.org/wp-content/uploads/2022/07/Hesabika-Final-Report\\_final.pdf](https://this-ability.org/wp-content/uploads/2022/07/Hesabika-Final-Report_final.pdf)
- Uganda AIDS Commission, 2014. Multi-Sectoral HIV Programming for MARPS in Uganda: Review of Profiles, Sizes and Programme Coverage.
- Uganda AIDS Commission (2021). The HIV Investment Case Framework for Uganda 2021-2030: Investing Now To Save For The Future.
- Uganda, Ministry of Health, Health Management Information System.
- Uganda, Ministry of Health, The STD/AIDS Control Programme (2009). Magnitude, Profile and HIV/STD Related Knowledge and Practices of Commercial Sex Workers in Kampala, Uganda. Final report. Kampala.
- United Nations Population Fund (2021). A Decade of Business Unusual 2021. Available at [https://esaro.unfpa.org/sites/default/files/pub-pdf/a\\_decade\\_of\\_business\\_unusual\\_full.pdf](https://esaro.unfpa.org/sites/default/files/pub-pdf/a_decade_of_business_unusual_full.pdf)
- United Nations Population Fund and AIDS Information Centre (2020). Rapid assessment report among key populations on access to sexual reproductive health, HIV and sexual and gender-based violence during lockdown in Uganda. Final report 2020. Kampala.
- World Bank (2020). Available at [www.data.worldbank.org/country/namibia](http://www.data.worldbank.org/country/namibia)
- World Bank (2021). Available at [www.data.worldbank.org/country/BW](http://www.data.worldbank.org/country/BW)
- World Bank (2021). Available at [www.data.worldbank.org/indicator/SP.POP.TOTL?locations=UG](http://www.data.worldbank.org/indicator/SP.POP.TOTL?locations=UG)
- World Bank (2021). Kenya Country Profile. Available at [www.databank.worldbank.org/views/reports/reportwidget.aspx?Report\\_Name=CountryProfile&Id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=KEN](http://www.databank.worldbank.org/views/reports/reportwidget.aspx?Report_Name=CountryProfile&Id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=KEN)



©UNFPA 2022

United Nations Population Fund  
East and Southern Africa

9 Simba Road / P.O. Box 2980, Sunninghill,  
Johannesburg, 2191 / 2157, South Africa

Tel: +27 11 603 5300

Website: [esaro.unfpa.org](http://esaro.unfpa.org)

Twitter: @UNFPA\_ESARO

Facebook: UNFPA East and Southern Africa

LinkedIn: UNFPA East and Southern Africa

Instagram: unfpaesaro

