

Organizational Network Analysis of Referrals for Adolescent Girls and Young Women



September 2019



Organizational Network Analysis of Referrals for Adolescent Girls and Young Women

Emily Weaver, PhD, Milissa Markiewicz, MPH, Carolyn Wilson, MSc

Data for Impact

University of North Carolina at Chapel Hill
123 West Franklin Street, Suite 330
Chapel Hill, NC 27516 USA
Phone: 919-445-9350 | Fax: 919-445-9353
D4I@unc.edu
<http://www.data4impactproject.org>

This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of the Data for Impact (D4I) associate award 7200AA18LA00008, which is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with Palladium International, LLC; ICF Macro, Inc.; John Snow, Inc.; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government.
TR-19-383_D4I
ISBN: 978-1-64232-202-6

September 2019



Acknowledgments

The evaluation team would like to thank the United States Agency for International Development (USAID) and the USAID/Botswana Mission for providing encouragement, technical support, and the financial resources to carry out this work. We especially appreciate the time and assistance of Segametsi Duge, Mosarwa Segwabe, and Keikanyemang Francis. We also acknowledge the support of other stakeholders from the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program Technical Working Group and those who attended the dissemination and stakeholder feedback meeting and provided input into understanding and contextualizing the study results.

We are also very grateful to the participants of the organizational network analysis who gave their time and input into the survey. We are thankful to the adolescent girls and young women who agreed to participate in the focus groups and share their knowledge and opinions with the research team. We are also especially grateful to the staff of Project Concern International and partners who provided us with information to guide our qualitative sample and helped us to arrange the focus group discussions.

The team would also like to thank Premiere, who collected the data for this baseline report, including Carolyn Wilson and others. We appreciate the efforts of the Premiere team to complete data collection including the data collection supervisors and interviewers.

We also appreciate the work of our colleagues at MEASURE Evaluation and Data for Impact (which are funded by USAID and the United States President's Emergency Plan for AIDS Relief) who supported our work on this project including finance, country portfolio managers, and knowledge management staff. We express gratitude to the members of the Odum Institute (University of North Carolina at Chapel Hill) who provided programming assistance to the organizational network analysis.

We thank the MEASURE Evaluation Knowledge Management team, based at the University of North Carolina at Chapel Hill, for editing, design, and production services.

Cover photo: A group of Botswana schoolgirls, by Holly Powers.

Suggested citation:

Weaver, E., Markiewicz, M., & Wilson, C. (2019) Organizational Network Analysis of the Adolescent Girls and Young Women Referral Network. Chapel Hill, NC, USA: Data for Impact

Contents

Acknowledgments.....	3
Abbreviations.....	6
Executive Summary.....	7
Introduction.....	8
DREAMS Botswana.....	8
Organizational Network Analysis.....	10
Participatory Mapping.....	10
Activity Summary.....	10
Methods.....	11
Study Setting and Sampling.....	11
Analytic Approach.....	11
Results.....	12
Network Pathways.....	12
AGYW Service Preferences.....	21
Discussion and Recommendations.....	25
Conclusion.....	27
References.....	28
Appendix 1. Survey Instruments.....	29

Tables

Table 1. Matrix of DREAMS programming by age group and intervention type	9
Table 2. DREAMS network site attributes: Type and percent of participating organizations who reported providing services	12
Table 3. ONA relational statistics	14
Table 4. Actual and potential referrals for service sites in the DREAMS network for Safe Spaces for HIV services	17
Table 5. Actual and potential referrals for service sites in the DREAMS network for Safe Spaces for family planning services	19
Table 6. Actual and potential referrals for service sites in the DREAMS network for Safe Spaces for gender-based violence services	20
Table 7. Locations young women access services in Kweneng East	21
Table 8. Locations young women access services in Gaborone	22
Table 9. Young women’s likes and dislikes, Kweneng East	23
Table 10. Young women’s likes and dislikes, Gaborone	24

Figures

Figure 1. Sociogram of DREAMS network client referral ties	13
Figure 2. Sociogram of potential connections in the Safe Spaces network	14
Figure 3. Sociogram of actual connections in the Safe Spaces network	15
Figure 4. Sociogram of potential connections for YFS	16
Figure 5. Sociogram of actual YFS referrals in May 2019	16

Abbreviations

AGYW	adolescent girls and young women
APC	Advancing Partners and Communities in Botswana
ART	antiretroviral treatment
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
D4I	Data for Impact
FP	family planning
FGD	focus group discussion
GBV	gender-based violence
GOB	Government of Botswana
HTS	HIV-testing services
IPV	intimate partner violence
NGO	nongovernmental organization
PEPFAR	United States President's Emergency Plan for AIDS Relief
ONA	organizational network analysis
PrEP	pre-exposure prophylaxis
USAID	United States Agency for International Development
UNAIDS	Joint United Nations Programme on HIV/AIDS
YFS	youth-friendly services

Executive Summary

HIV prevalence in Botswana is higher for females than males between the ages of 15–24 (Statistics Botswana, 2013). Gender-based violence (GBV) is also a risk factor for HIV infection among women. The majority of young people do not have correct and comprehensive knowledge about HIV (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2018). At-risk adolescent girls and young women (AGYW) may have low access to HIV-testing services (HTS), and many do not know their HIV status (United States President’s Emergency Plan for AIDS Relief [PEPFAR], 2017). The Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program, a public-private partnership, is being implemented by the United States Agency for International Development (USAID) in two districts of Botswana to address the structural drivers that increase AGYW’s HIV risk, including poverty, gender inequality, GBV, and a lack of education.

To support the implementation of DREAMS activities in Gaborone and Kweneng East, USAID contracted Data for Impact (D4I), which is funded by USAID and the United States President’s Emergency Plan for AIDS Relief, to conduct a mixed-methods study in these districts to learn more about referral networks that provide AGYW with DREAMS-related services. D4I conducted an organizational network analysis (ONA) to map the referral network in use by DREAMS partners that provide the following services: HIV and GBV prevention, HIV testing, condom distribution and other family planning (FP) services, pre-exposure prophylaxis (PrEP), contraceptive services, post-GBV care services, and socioeconomic interventions. D4I also explored knowledge and preferences of AGYW about five key services—HIV testing, condoms, FP, PrEP, and post-GBV care—through focus group discussions (FGDs) with a participatory mapping process.

Results from the ONA and FGDs with AGYW point to the need for increased connection between organizations in these service areas. A majority of referrals for HIV-related services were from a small number of facilities and organizations. Facilities and other service sites reported the frequency of interacting with other organizations between never and 1–3 times per month for client referrals and exchange of resources and information. Service gaps were identified for certain types of contraceptives and for nonclinical post-GBV services in facilities that provide youth-friendly services (YFS).

AGYW relayed preferences for facilities and service sites outside of the DREAMS network. They expressed a preference for receiving services that were convenient and near to their homes. They also emphasized the need for extended service hours and friendly, trustworthy staff. AGYW in both districts had mixed impressions about post-GBV services and did not know where they could obtain PrEP.

This study sought to map the existing referral networks for AGYW in two districts in Botswana where DREAMS services are being provided. It also sought to learn about AGYW preferences for these services. Results and recommendations, with input from stakeholders, point to several areas that provide opportunities for strengthening referral linkages and filling service gaps for DREAMS services. AGYW preferences reinforced earlier research indicating key areas of importance for them. Key results include:

- A limited number of referrals are occurring between Safe Spaces and YFS.
- YFS are not using most of their known network and they have few shared connections.
- Service gaps for some contraceptive services and nonclinical post-GBV services were identified among YFS.
- Few YFS or DREAMS implementing partners were named as preferred facilities by AGYW for DREAMS-related services.
- There were gaps in provision of PrEP at YFS. AGYW also weren’t sure where to obtain PrEP.
- AGYW reported mixed experiences with GBV service sites and providers.

Results from this study can be used to strengthen referral networks for DREAMS services and align service provision with the preferences of AGYW.

Introduction

HIV prevalence in Botswana, estimated at 18.5 percent among the population age 18 months and above, is among the highest in the world. HIV prevalence peaks at 50.6 percent among women ages 35–39 years and 43.8 percent among men ages 40–44 years. Among youth ages 10–14 years, males have a slightly higher prevalence rate (5.5 percent) than females (4.5 percent), but this pattern shifts with age. Among 15- to 19-year-olds, male prevalence is 3.6 percent, compared to 6.2 percent for females. Among young adults ages 20–24 years, HIV prevalence is 5.0 percent for males and 14.6 percent for females (Statistics Botswana, 2013).

Botswana has made significant progress towards the UNAIDS 90-90-90 targets.¹ Approximately 86 percent of people living with HIV in Botswana know their status; approximately 84 percent of those diagnosed with HIV are on antiretroviral therapy (ART); and approximately 81 percent of those on ART are virally suppressed. Nonetheless, UNAIDS estimates that Botswana experienced 14,000 new HIV infections in 2017 (a 4% increase since 2010), bringing the total number of people living with HIV to approximately 380,000. In addition, only 47 percent of young people ages 15–25 years were found to have correct and comprehensive knowledge about HIV (UNAIDS, 2018).

Gender inequality and GBV are well-recognized risk factors for HIV infection among women. According to the 2011 Botswana Gender Based Violence Indicators Study (Gender Links and Women’s Affairs Department, Ministry of Labour and Home Affairs, 2012), over two-thirds of women in Botswana have experienced GBV in their lifetime, and intimate partner violence (IPV) is the most common form of GBV. Over one-third of women in Botswana have experienced physical IPV in their lifetime; however, only 7.1 percent reported the violence to police. The study also found that over one-quarter of women who had experienced physical IPV in their lifetime were HIV-positive, and one-fifth of women who had experienced sexual IPV in their lifetime were HIV-positive.

Adolescent girls and young women, who are twice as likely to acquire HIV as their male counterparts, are also more likely to experience GBV (Statistics Botswana, 2013). Although AGYW in Botswana have high risk of acquiring HIV, many have low access to HTS and are unaware of their HIV status (PEPFAR, 2017). The process of establishing the 2018 PEPFAR Country Operational Plan in Botswana included an intensive effort to identify the best sites and approaches for case identification and linkage to treatment for AGYW. These efforts revealed the following:

- Sites with YFS attracted a higher number of AGYW.
- Sites that collaborated with organizations that have programs for AGYW tended to serve more AGYW.
- Sites with youth-friendly nurses, such as those in Kweneng East and Gaborone, attracted more AGYW.
- Participation in teen clubs improved adherence to ART.

These findings also relate to HIV-negative AGYW in the sense that sites that attract higher numbers of AGYW provide an opportunity to identify AGYW who are at a high risk of acquiring HIV and experiencing sexual violence for prevention interventions, including primary prevention and risk reduction interventions, social-asset building interventions, and socioeconomic interventions. Through the social groups/networks of these high-risk AGYW, providers can identify other AGYW with similar risk for HIV-prevention activities.

DREAMS Botswana

Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) is a public-private partnership aimed at addressing the structural drivers that increase AGYW’s HIV risk, including poverty, gender inequality, GBV, and a lack of education. In Botswana, DREAMS activities were initiated in two districts in May 2018—Gaborone and Kweneng East. The DREAMS service-delivery model focuses on identifying AGYW who are at high risk of HIV acquisition; assessing them for risk (e.g., early sexual debut, engagement in transactional sex, alcohol or

¹ By 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy will have viral suppression. See: <http://www.unaids.org/en/resources/909090>

substance abuse, experience of violence, etc.) and screening for DREAMS enrollment; serving AGYW with appropriate interventions; and tracking AGYW to ensure that services are layered appropriately so that referrals are taking place and being completed.

A wide array of health and social services are required to serve at-risk AGYW. These include, but are not limited to, HTS; FP; post-GBV care; and interventions aimed at economic and social empowerment, violence prevention, and social-asset building. Table 1. provides an overview of programming and layering supported by DREAMS. An array of services are provided in Safe Spaces, clinics, and in the community. Safe Spaces are designed by the program to support social-asset building and HIV and GBV prevention for at-risk AGYW. Safe Spaces are facilitated by one of four nongovernmental organizations (NGOs) supported by the DREAMS program and held in schools, communities, and online. Other HIV and FP services are provided in clinics and communities. YFS are the focus of referrals from Safe Spaces for these clinical and FP services, where appropriate, although AGYW may elect a referral location of choice.

The target populations for Botswana’s DREAMS program include at-risk in-school AGYW, out-of-school AGYW, young mothers (17 and under), GBV survivors, and AGYW engaged in transactional sex. At-risk AGYW between the ages of 10 and 24 years are eligible for DREAMS programming with three different service packages defined for 10- to 14-year-olds, 15- to 19-year-olds, and 20- to 24-year-olds.

Gaborone and Kweneng East were selected as program districts because they have the highest number of AGYW living with HIV. Partners of USAID that implement programs for orphans and vulnerable children and HIV prevention in these districts were leveraged to implement DREAMS activities. Community activities are complemented by testing and clinical services provided both by community and clinical partners. Five Government of Botswana (GOB) clinics that offer YFS in these districts are leveraged for DREAMS implementation. DREAMS activities outside of these districts are being supported through the Peace Corps and are outside the scope of this study.

Although some services can be integrated (e.g., HIV and FP), it is not possible to integrate the full range of services and interventions needed to effectively serve at-risk AGYW, and therefore effective referral among providers is critical to meet the various needs of this population.

Table 1. Matrix of DREAMS programming by age group and intervention type

	Provider	Location of service
HIV and GBV prevention	Implementing partners	Safe spaces, schools
Social-asset building	Implementing partners	Safe spaces
HTS	Facility-based, community-based, and HIV self-testing	Clinic
Condoms	Facility-based, community-based	Clinic, community
Post-violence care	Social worker, GOB clinics, Advancing Partners and Communities in Botswana (APC)	Clinic, community
Contraceptive mix	Health facility, GOB clinics, APC	Clinic, community
PrEP	Health facility, GOB clinics	Clinic, community
Socioeconomic approaches	Implementing partner	Various
Education subsidies	GOB	Not applicable

Organizational Network Analysis

Organizational network analysis (ONA) can be used to systematically gather information from organizations providing services to a particular population to characterize the network by measures such as density (number of links among organizations as a proportion of all possible links), centrality (the degree to which a high proportion of links are with a single or few organizations), reciprocity (the proportion of mutual ties—e.g., organizations that refer clients to each other), in-degree connections (e.g., referrals received) and out-degree connections (e.g., referrals sent) (Reynolds, Curran, & Thomas, 2014). ONA is also a tool for mapping networks and depicting relationships between organizations.

ONA has been applied to identify and describe the network of organizations serving a particular population with the goal of improving service delivery (Curran, Berry, & Sangsuk, 2014) and to define the referral network for HIV services and examine retention in care (Agala, Xiong, James, & Powell, 2016). ONA has also been combined with network strengthening activities to examine the effect of more interconnected networks on health outcomes. For example, when the results of an ONA were disseminated and combined with a network strengthening intervention in Kenya, referrals, care coordination, and integration of FP and HIV services were improved and female patients reported fewer unmet service needs (Thomas, Reynolds, Alterescu, Bevc, & Tsegaye, 2016). Additional analysis of these data also showed that ART initiation was quicker and the rate of adherence was higher with increased network density (Agala, Thomas, Fried, Lich, Morrisey, Simmer, Whetten, & Reynolds, 2018).

Participatory Mapping

Participatory mapping is an interactive qualitative method that draws on a local community to create a visual representation of a place. The visual representation depicts the relationship between the participants and the locations of mapped items (in this case organizations serving AGYW) that are depicted in a map or drawing based on participants' perceptions and knowledge. This method incorporates local perspectives and opinions about selected topics and provides the opportunity to represent a socially and culturally distinct understanding of the "landscape" of mapped items. Participants are led through the process of description, elaboration, and theorization using the visual support of the map or drawing that is created. This method can provide a quick overview of the topic at hand and may aid efforts to explain and synthesize relationships between participants and different organizations (Emmel, 2008; Lienert, 2008).

Activity Summary

To support the implementation of DREAMS activities in Gaborone and Kweneng East, D4I conducted an ONA to map the referral network in use by DREAMS partners that provide the following services: HIV and GBV prevention, HIV testing, condom distribution and other FP services, PrEP, contraceptive services, post-GBV care services, and socioeconomic interventions. Mapping generated through this activity will depict how and with whom referrals are made, to identify established networks. Results from this study will be used by PEPFAR Botswana to improve and strengthen the referral network for health facilities and other social service organizations that support AGYW in ways that are responsive to AGYW's tendencies and preferences. The results will also inform the status of referral networks during a "close-to-baseline" reference point for the purpose of later comparison of the networks.

This study has the following specific objectives:

- To systematically catalog service availability and define existing referral network pathways for HIV testing, condoms, FP, PrEP, and post-GBV care that exist in the Gaborone and Kweneng East
- To qualify client flow between linked facilities in Gaborone and Kweneng East
- To explore knowledge and preferences of AGYW about five key services—HIV testing, condoms, FP, PrEP, and post-GBV care

Methods

This mixed methods, cross-sectional study involved both a quantitative survey and qualitative research. For the quantitative component, an ONA approach was used. Health facilities with YFS in Gaborone and Kweneng East and NGOs participating in the program were set as the origins of the network analysis. A small qualitative study also explored AGYW preferences about service provision for HIV testing, condoms, FP, PrEP, and post-GBV care using participatory mapping. Human subject reviews of the complete study protocol and data collection instruments were obtained from the Botswana Ministry of Health Human Resources Development Council and UNC Chapel Hill Institutional Review Board prior to data collection.

Study Setting and Sampling

Data were collected in the Gaborone and Kweneng East districts of Botswana from GOB YFS health facilities (4), private YFS facilities (2), NGOs in the DREAMS network (8), and GBV service sites. Four of these NGOs were charged with making referrals for AGYW in the Safe Spaces program.

For the FGDs, a DREAMS implementing partner (Project Concern International) was asked to suggest Safe Space groups with high levels of engagement in the program. Two FGDs with 20- to 24-year-old participants was conducted, one in Gaborone and one in Kweneng East. Although two more FGDs with 15- to 19-year-olds was also planned, the study team was not able to obtain consent from the schools and girls' parents during the study time frame.

Analytic Approach

Organizational Network Analysis

The ONA depicts the extent of networking among health facilities and organizations as well as any service gaps in the network through established data collection and analysis techniques. Data collected through the ONA was analyzed to produce summary statistics, network characteristics, and network diagrams (i.e., visual representations of the network relationships). R² and Stata 15³ statistical analysis softwares were used for data analysis. Descriptive statistics were generated to characterize the study sample and the network was analyzed using network analysis techniques. Network visualizations and descriptive analyses include characteristics of service sites and properties of network groups and subgroups.

Measures of the number of connections between service sites, network size, centralization, degree centrality, and reciprocity were also generated. Centralization is the degree to which a high proportion of links were with a small number of organizations (Borgatti & Everett, 2006). Degree centrality is related to the number of relationships each organization reports with other network members (Freeman, 1978). Reciprocity indicates the proportion of ties that are mutual.

Participatory Mapping

The FGDs included a mapping exercise where participants listed all the places young women in their community accessed five services: HIV testing, condoms, FP, PrEP, and post GBV-care. After listing the locations, participants ranked them according to which locations were most preferred. The participants then described what they liked and disliked about each place. Audio recordings of the participatory mapping sessions were transcribed, analyzed, and synthesized in the context of the maps and key themes of discussion.

² R Core Team (2017). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. URL <https://www.R-project.org/>.

³ StataCorp. 2017. Stata Statistical Software: Release 15. College Station, TX: StataCorp LLC.

Results

There were seventeen service sites surveyed in the organizational network analysis, including six health facilities and ten NGOs. In this network, 88.2 percent of service sites provide HIV services, 70.6 percent provide GBV services, 64.7 percent provide FP services, and 55.8 percent provide PrEP services (Table 2).

Table 2. DREAMS network site attributes: Type and percentage of participating organizations that reported providing services

	Gaborone	Kweneng East	Total
Type (n)			
Youth-friendly facilities			
Public health facility	2	2	4
Youth-friendly service facilities	1	1	2
NGO	8	2	10
Services (%)			
HIV	81.8	100.0	88.2
GBV	81.8	50.0	70.6
FP	63.6	66.7	64.7
PrEP	54.5	66.7	55.8
Number	11	6	17

Network Pathways

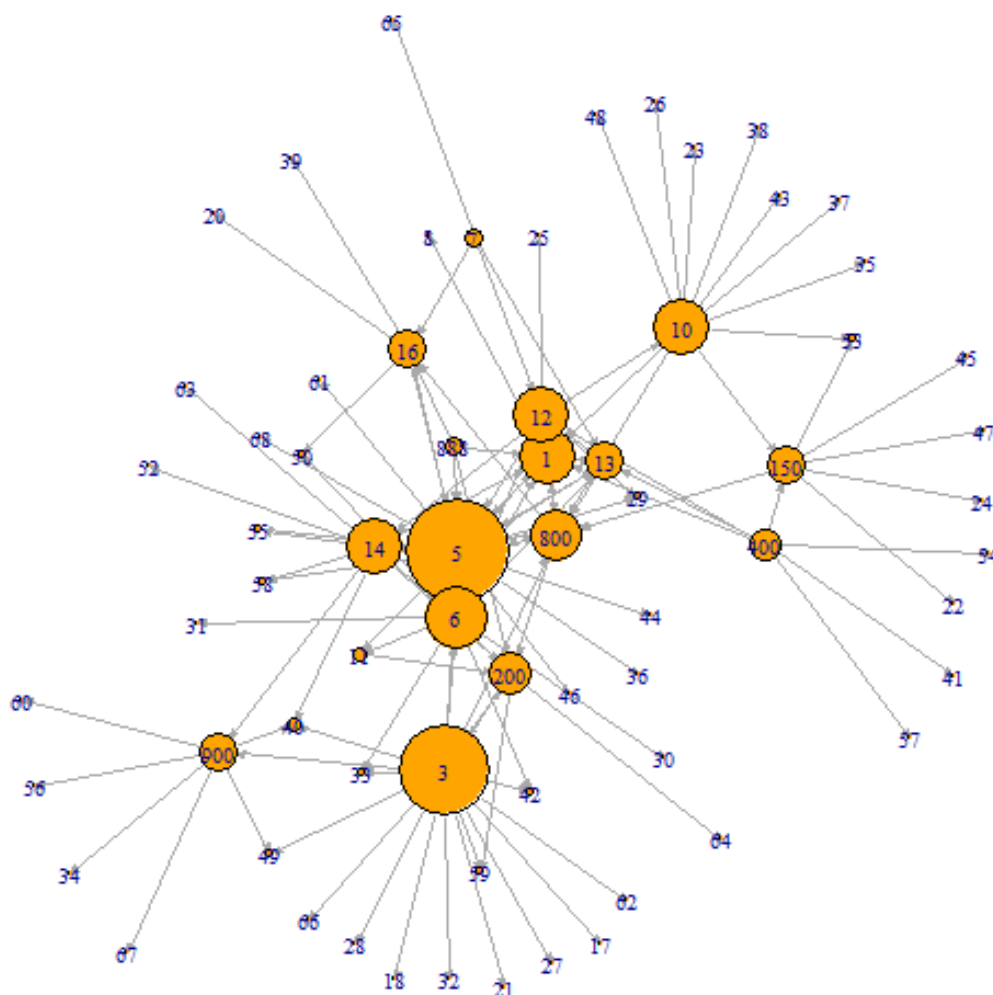
Figure 1 depicts the potential ties between organizations in the DREAMS network, according to surveyed organizations. This means that surveyed organizations identified other organizations as providing relevant services. Ties can occur in a number of connection types including clients, information, or resources sent or received. Each circle in the figure represents an organization, and each arrow represents a potential connection. The larger the circle, the more referrals the organization made. The figure shows that although many organizations exist that provide relevant services, not many of the connections are mutual (e.g., organizations do not refer back and forth between each other) and that surveyed organizations do not share many potential connections with other surveyed organizations. This is exhibited in the figure where there is only one edge, or arrow, pointing to many of the circles.

Sixteen surveyed sites reported connections (i.e., clients, resources, or information sent or received) with 68 organizations and a total of 116 unique connections. One site reported 18 connections with other organizations and 172 ties—the greatest number of any in the network. The two organizations with the largest circles in Figure 1 had the most connections; these are considered the central organizations (Organizations 3 and 5). Organization 3 provides a broad range of HIV, FP, and GBV services and Organization 5 provides a broad range of GBV and HIV services, along with condoms and FP counseling. The most common types of ties were for sending clients (1–3 times per month) and sending information (1–3 times per month) between service sites (Table 3).

The number of referrals sent and received by an organization is measured by degree centrality. The network referral centralization score based on these connections was very low (less than 1.0 percent), indicating that the connections that do exist are distributed among many organizations. A higher score would indicate that the majority of connections came from a small number of organizations in the network. On average, organizations in this network referred 2.1 clients to other organizations (with a range of 0–5), which is called out-degree centrality. Organizations

received an average of 1.9 clients that were referred from other organizations (with a range 0–30), which is called in-degree centrality. Type of referral potential was identified for 89 of 116 connections. Among those identified by type, there were 49 potential out-referral sites for HIV services, 25 potential out-referral sites for GBV services, 24 potential out-referral sites for FP services, and 24 potential out-referral sites for PrEP services (Table 3).

Figure 1. Sociogram of DREAMS network client referral ties



Note: The size of the circle in Figure 1 represents the relative number of out-referrals made from that organization.

Table 3. ONA relational statistics

	Total
Organizational links	116
Frequency of organizational ties	
Client sent	1–3 times/month
Clients received	Never
Resources sent	Never
Resources received	Never
Information sent	1-3 times/month
Information received	Never
Centralization	0.07
Potential referral sites by type	
HIV services	49
GBV services	25
FP services	24
PrEP services	24

*Referrals may be made for more than one service type.

Each surveyed organization reported on the other known organizations that provide DREAMS-related services, these reported organizations represent the potential for AGYW referrals related to DREAMS targeted services. Figure 2 depicts the potential for connections occurring from Safe Spaces—the organizations reported by Safe Spaces to be providing targeted services. Safe Spaces are shown in blue, and other organizations (e.g., facilities or other service organizations) are shown in orange. The color of the edge (i.e., arrow) depicts the type of referral potential for each connection. Some organizations that facilitate Safe Space referrals have potential connections with each other (i.e., blue circles with arrows pointing to other blue circles), and they also share some common connections that are not Safe Spaces facilitators (blue circles pointing to the same orange circle).

Figure 2. Sociogram of potential connections in the Safe Spaces network

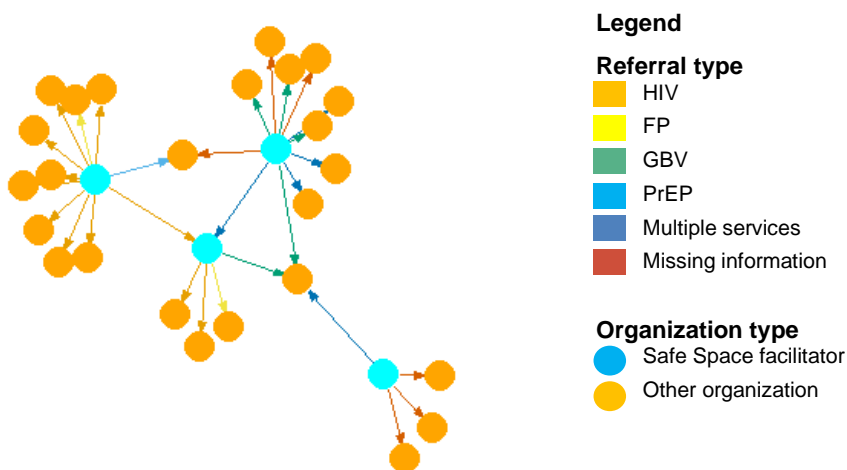


Figure 3 depicts a sociogram of actual referrals made in the Safe Spaces network in May 2019. The color of the edge represents the type of referral made. Organizations 1 and 14 are the most active in making referrals, although their referral patterns differed. Organization 1 made referrals for multiple services (i.e., HIV and FP service) and GBV services and Organization 14 made referrals for HIV and GBV. Safe Spaces did refer AGYW to several of the YFS in May 2019, which are represented by nodes (i.e., circles) with numbers 200, 800, and 900). There were 237 total referrals in May 2019 of which 141 were for HIV and contraceptive services (i.e., multiple services), 70 were for HIV services, and 26 for GBV services. There was an average of 59 referral ties per Safe Space facilitating organization in May 2019.

Figure 3. Sociogram of actual connections in the Safe Spaces network

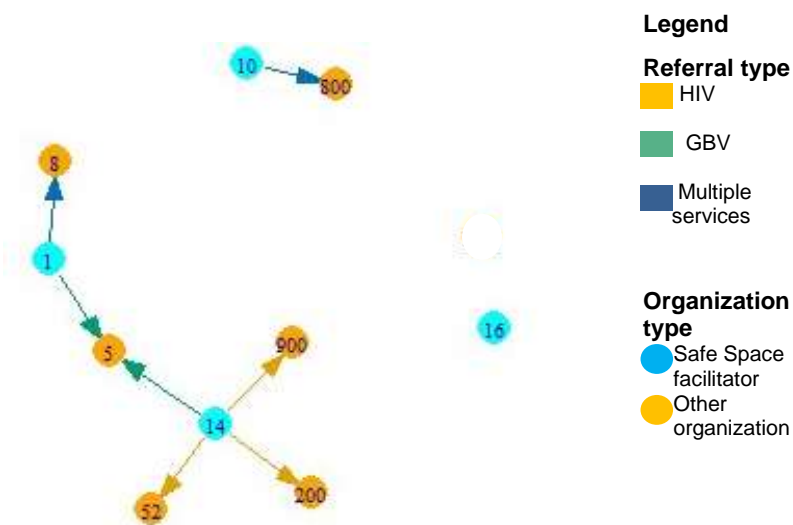


Figure 4 depicts the potential for referral ties occurring from YFS—the known organizations reported by YFS that are providing the targeted services. YFS facilities are shown in grey, and other organizations (e.g., facilities or other service organizations) are shown in orange. The color of the edges shows which services are known to be available at the referral facility. The figure shows that most potential YFS connections are not shared with other YFS facilities with the exception of the two YFS facilities in the center of the graphic.

Figure 4. Sociogram of potential connections for YFS

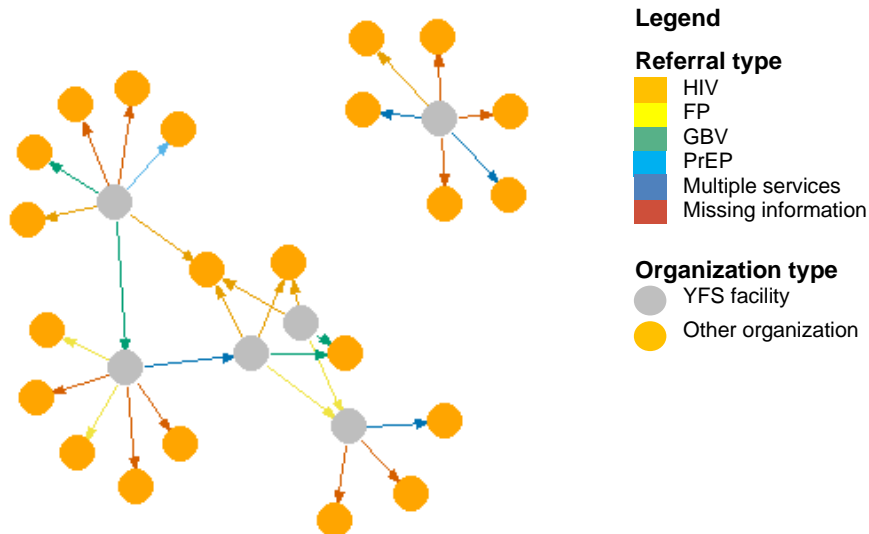
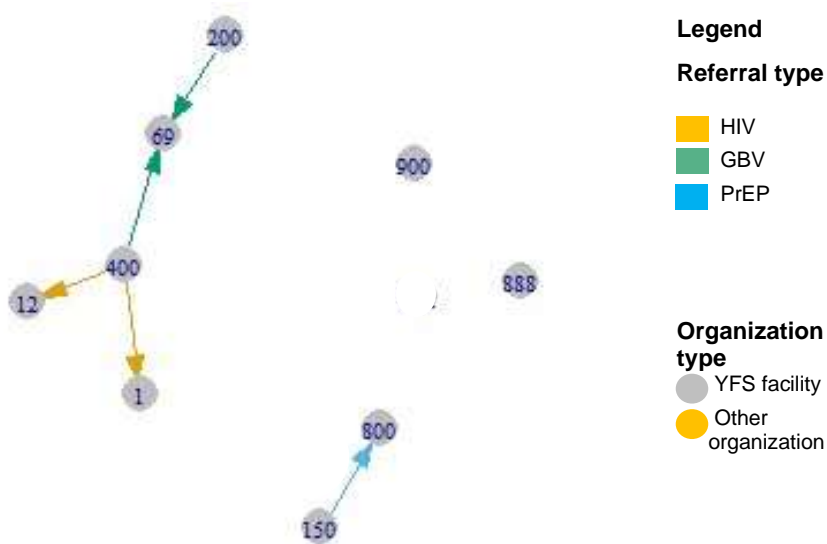


Figure 5 presents a sociogram of actual referrals from YFS in May 2019. The color of the edge (i.e., the arrow) represents the type of referral made. A few of the referrals documented from YFS are to entities that are not yet participating in the DREAMS program. Of the 257 referrals made during May 2019, 250 were for HIV services, six were for GBV services, and one was for PrEP. All 250 HIV-related referrals came from one YFS and three other YFS made no documented referrals in May 2019.

Figure 5. Sociogram of actual YFS referrals in May 2019



Note: The color of the tie represents the type of referral made.

Tables 4–6 show service provision, referrals, and gaps for Safe Spaces and YFS. Coverage for HIV and PrEP services is thorough, aside from Safe Space Organization 16. There are gaps for prescribing and dispensing PrEP for two YFS facilities as well (Table 4).

Table 4. Actual and potential referrals for service sites in the DREAMS network for Safe Spaces for HIV services

	HIV pretest counseling	HIV diagnostic testing	HIV posttest counseling	Linkage to care for individuals who are HIV-positive	HIV education and prevention counseling	Follow-up emotional support	Prescribe PrEP	Dispense PrEP	STI screening/testing and treatment
Safe spaces									
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	●	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	●	●	●	●	<input type="checkbox"/>	<input type="checkbox"/>	●	●	<input type="checkbox"/>
Youth-friendly service facilities									
200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	●	●	<input type="checkbox"/>
800	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
888	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
900	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	●	●	<input type="checkbox"/>
150	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service provided or referred

● Service gap

For FP services, three out of four Safe Spaces either provide services or refer AGYW out for services. Notably, Safe Space Organization 16 provides only FP counseling and does not refer AGYW for other FP services. Organization 10 does not refer AGYW for intrauterine devices. All YFS facilities provide at least one type of contraceptive pill, but three out of the six YFS facilities do not provide or refer AGYW for contraceptive injections. Four out of the six YFS facilities also do not provide or refer AGYW for sterilization (Table 5).

Service provision and referral among Safe Spaces is relatively thorough for GBV services (Table 6). One organization does not provide or refer services for emergency contraceptive pills. YFS service provision and referral for GBV services is mixed. Although almost all of the YFS facilities provide or refer for clinical-related GBV services and psychosocial counseling, referral for other services is lacking at several YFS facilities (i.e., social, financial, or legal support; child protective services; economic empowerment; legal counsel; and shelter).

Table 5. Actual and potential referrals for service sites in the DREAMS network for Safe Spaces for family planning services

	FP counseling	Combined estrogen progesterone oral contraceptive pills	Progestin-only contraceptive pills	Combined estrogen progesterone injectable contraceptives	Progestin-only injectable contraceptives	Male condoms	Female condoms	Intrauterine device	Implant	Emergency contraceptive pills	Female sterilization
Safe Spaces											
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	●	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	●	●	●	●	●	●	●	●	●	●
YFS facilities											
200	<input type="checkbox"/>	<input type="checkbox"/>	●	●	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	●
400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
800	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	●	●	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	●
888	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	●	●	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	●
900	<input type="checkbox"/>	●	<input type="checkbox"/>	<input type="checkbox"/>	●	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	●
150	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	●	●	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service provided or referred

● Service gap

Table 6. Actual and potential referrals for service sites in the DREAMS network for Safe Spaces for gender-based violence services

	Screening for GBV	GBV case management	Postexposure prophylaxis	Emergency contraceptive pills	Psychosocial counseling	Social, financial, or legal support	Child protective services	Economic empowerment	Legal counsel	Shelter	Other post-GBV referral
Safe Spaces											
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	●
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	●	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	●
Youth-friendly service facilities											
200	<input type="checkbox"/>	<input type="checkbox"/>	●	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	●	●	<input type="checkbox"/>
800	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	●	●	●	●	<input type="checkbox"/>	<input type="checkbox"/>
888	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	●	●	●	●	<input type="checkbox"/>	<input type="checkbox"/>
900	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	●	<input type="checkbox"/>	●	<input type="checkbox"/>	<input type="checkbox"/>
150	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	●	●	●	●

Service provided or referred

● Service gap

AGYW Service Preferences

Two FGDs were held with women who participated in a Safe Space group. One FGD was conducted in Kweneng East with nine participants ages 20–24 years, and the other was conducted in Gaborone with 10 participants ages 18–24 years. Two of the participants had some postsecondary education, and the rest had some secondary education ranging from Form One to Form Five.

Tables 7 and 8 show where young women in Kweneng East and Gaborone access the five services of interest. In Kweneng East, participants named a total of six organizations. The same four organizations were accessed for condoms, FP, and HIV testing—a local government clinic in the community and three organizations in Molepolole (a GOB hospital, a GOB clinic, and an NGO). The local clinic was preferred, with the GOB hospital as the second choice, especially for long-term methods of FP (e.g., implants and intrauterine devices) not available at the local clinic. Respondents preferred two organizations for PrEP; these two organizations (GOB hospital and NGO) were believed by respondents to be the only locations in the area where PrEP is available. Five organizations were listed for post-GBV care, including the police and HOPE Worldwide Botswana (the organization associated with the participants' Safe Group). Government clinics and hospitals were also named as places to access post-GBV care.

Table 7. Locations young women access services in Kweneng East

Service	Preference				
	1	2	3	4	5
Condoms	Mmanoko Clinic				
FP	Mmanoko Clinic	Scottish Livingstone YFS Hospital	Phutadikobo Clinic	Tebelopele	
HIV testing	Mmanoko Clinic	Scottish Livingstone YFS Hospital	Tebelopele	Phutadikobo Clinic	
PrEP	Tebelopele	Scottish Livingstone YFS Hospital			
Post-GBV care	Police	Scottish Livingstone YFS Hospital	HOPE Worldwide Botswana	Mmanoko Clinic	Phutadikobo Clinic

In Gaborone, a total of 11 organizations were named. Seven organizations were accessed for condoms and four each for FP, HIV testing, PrEP, and post-GBV care. A local NGO youth group was preferred for condoms and other FP services, HIV testing, and PrEP.⁴ For post-GBV care, police, social workers, and guidance & counseling teachers were listed in addition to the local NGO youth group.

⁴ Participants were not sure if PrEP was actually available at all of the locations they listed.

Table 8. Locations young women access services in Gaborone

Service	Preference						
	1	2	3	4	5	6	7
Condoms	Nkaikela Youth Group	Botswana Family Welfare Association (BOFWA)	Mafitlakgosi Clinic	Main Clinic	Nkaikela Clinic	Botswana Retired Nurses Society (BORNUS) Clinic	Centre for Youth of Hope (CEYOHO)
FP	Nkaikela Youth Group	Mafitlakgosi Clinic	BOFWA	Main Clinic			
HIV testing	Nkaikela Youth Group	Mafitlakgosi Clinic	Nkaikela Clinic	Main Clinic			
PrEP*	Nkaikela Youth Group	Mafitlakgosi Clinic	BOFWA	Tebelopele			
Post-GBV care	Police	Social Worker at Community Hall	Nkaikela Youth Group	Guidance & Counseling Teachers			

*Participants were unsure if all the locations they list actually provide PrEP.

Table 9 presents participants' likes and dislikes regarding each organization in Kweneng East. Key "likes" included friendly, caring, patient staff who were perceived to be good role models; offering a wide variety of services; having extended hours, fast service, and no queues; being located nearby and/or on a taxi route; and maintaining client confidentiality. Other likes included being reminded of follow-up visits and days a doctor would be available, providing health talks, and offering singing and morning prayer.

"Dislikes" in Kweneng East included slow service and long queues/waiting time; certain staff being unavailable at the organization (e.g., doctor only present once a month, no midwife on staff); limited hours of operation; and staff being abusive and insulting during labor. In addition, participants commented that they did not feel "free" discussing health issues with healthcare workers at one facility (local clinic) because they knew the workers too well.

With regard to post-GBV care in Kweneng East, participants stated that they appreciated the security provided by police. Although some respondents said that the police took cases of GBV seriously, others reported the police did not care about such cases. Respondents reported that police sometimes lacked transportation or came late to attend to cases.

Table 10 presents participants' likes and dislikes regarding each organization in Gaborone. Key "likes" that were similar to Kweneng East included patient staff; offering a wide variety of services; having extended hours and fast service; being located nearby; and maintaining client confidentiality. Additional "likes" that were unique to Gaborone were providing free transport or funds to facilitate transport; medicines always being in stock; having a maternity ward; having antenatal classes; having food rations for babies; being youth focused; and being faith based.

"Dislikes" in Gaborone that were similar to Kweneng East were slow service; certain staff being unavailable at the organization (e.g., shortage of nurses and doctors); limited hours of operation; and staff being abusive and insulting during labor. Dislikes that were unique to Gaborone included shortages of medicines and baby food rations and being located too far away.

With regard to post-GBV care in Gaborone, participants stated that they appreciated the security provided by police. Although some respondents reported that the police responded quickly to GBV cases, others reported that police sometimes lacked transportation and took long to respond. They also said that police were judgmental regarding GBV. Participants in Gaborone also mentioned social workers and guidance & counseling teachers as people from whom post-GBV care could be sought. Social workers were praised for providing comfort, support, guidance, and

motivation, but respondents also noted that it could take long to receive services from a social worker. Guidance & counseling teachers were praised for being able to unite families but were criticized for being insulting and judgmental.

Table 9. Young women’s likes and dislikes, Kweneng East

Organization	Accessed for	Likes	Dislikes
Mmanoko Clinic	<ul style="list-style-type: none"> • Condoms • FP • HIV testing • Post-GBV care 	<ul style="list-style-type: none"> • Friendly and patient staff • Staff that are good role models (patient, don’t shout at clients) • Good service • Nearby (location) • Easy access (taxi route) • Have ambulance available • Clean • Do follow-up calls • Remind of doctor visit days 	<ul style="list-style-type: none"> • Slow service • Doctor only present once per month • Closes during holidays • Operating hours (7 or 8 am–4:30 pm) • No midwife available • Long wait without service • Don’t feel free with health workers because they know the workers well
Scottish Livingstone YFS Clinic (Molepolole)	<ul style="list-style-type: none"> • FP • HIV testing • PrEP • Post-GBV care 	<ul style="list-style-type: none"> • Has other family services that are not available at Mmanoko (long-term and permanent methods) • Has HIV testing and PrEP 	<ul style="list-style-type: none"> • Slow service • Long lines • During labor—midwives insult patients/are abusive • Only one pharmacist
Tebelopele	<ul style="list-style-type: none"> • FP • HIV testing • PrEP • 	<ul style="list-style-type: none"> • No queues/lines • Good counseling • Confidentiality 	<ul style="list-style-type: none"> • No dislikes
Phutadikobo Clinic (Molepolole)	<ul style="list-style-type: none"> • FP • Post-GBV care 	<ul style="list-style-type: none"> • Open 24 hours (whereas Mmanoko only open 8 hours per day) • All services available • Good service, friendly staff • Fast service • Singing and morning prayer • Morning health talks 	<ul style="list-style-type: none"> • Healthcare workers sometimes unavailable
Police	<ul style="list-style-type: none"> • Post-GBV care 	<ul style="list-style-type: none"> • Provide security • Take reported cases of GBV seriously 	<ul style="list-style-type: none"> • Come late to attend to cases • No transport to attend cases • Don’t care
HOPE Worldwide Botswana	<ul style="list-style-type: none"> • Post-GBV care 	<ul style="list-style-type: none"> • Friendly, caring staff • Good role models • Provide snacks • Feel free and comfortable talking to mentor • Camps, workshops, life skills 	<ul style="list-style-type: none"> • No dislikes

Table 10. Young women's likes and dislikes, Gaborone

Location	Accessed for	Likes	Dislikes
Nkaikela Youth Group	<ul style="list-style-type: none"> • Condoms • FP • HIV testing • PrEP • Post GBV-care 	<ul style="list-style-type: none"> • Staff are patient (good service, give advice) • Wide range of services • Free transport for referrals • Provide transport money to get home • Provide snacks 	<ul style="list-style-type: none"> • Don't keep appointment time/run late • Shortage of nurses
Nkaikela Clinic	<ul style="list-style-type: none"> • Condoms • HIV testing 	<ul style="list-style-type: none"> • Quick service • Location is private so good for confidentiality 	<ul style="list-style-type: none"> • Closed Fridays and weekends • Shortage of medicine
Mafitlagosi Clinic	<ul style="list-style-type: none"> • Condoms • FP • HIV testing • PrEP 	<ul style="list-style-type: none"> • Good location (nearby) • 24-hour service • Wide range of services • Has maternity ward • Antenatal classes available 	<ul style="list-style-type: none"> • Slow service • Shortage of medicine and children's food rations • Shortage of doctors • Abusive when you are in labor, not patient
BOFWA	<ul style="list-style-type: none"> • Condoms • FP • PrEP 	<ul style="list-style-type: none"> • Offer transport • Quick service • Wide range of services 	<ul style="list-style-type: none"> • Shortage of medicines and food rations • Staff are impatient • Shortage of doctors
Main clinic	<ul style="list-style-type: none"> • Condoms • FP • HIV testing 	<ul style="list-style-type: none"> • Medicines always available • Has dental care • Quick service • Food rations for babies always available 	<ul style="list-style-type: none"> • Only open three times a week
BORNUS	<ul style="list-style-type: none"> • Condoms 	<ul style="list-style-type: none"> • Supply condoms • Give food hampers • Have preschool • Has a library and computers with free usage • Offer free tutoring 	<ul style="list-style-type: none"> • Preschool fees expensive •
CEYOHO	<ul style="list-style-type: none"> • Condoms 	<ul style="list-style-type: none"> • Faith based • Youth focused 	<ul style="list-style-type: none"> • None
Tebelopele	<ul style="list-style-type: none"> • PrEP 	<ul style="list-style-type: none"> • Provide PrEP • Do community outreach 	<ul style="list-style-type: none"> • Location is too far
Police	<ul style="list-style-type: none"> • Post-GBV care 	<ul style="list-style-type: none"> • Quick service • Teach community policing • Provide security 	<ul style="list-style-type: none"> • Take long to respond • Lack transport • Judgmental
Social worker at community hall	<ul style="list-style-type: none"> • Post-GBV care 	<ul style="list-style-type: none"> • Counsel and guide/motivate • Patient • Provide comfort/support 	<ul style="list-style-type: none"> • Take long for service
Guidance & counseling teachers	<ul style="list-style-type: none"> • Post-GBV care 	<ul style="list-style-type: none"> • Counsel • Provide toiletries • Unite families through interventions 	<ul style="list-style-type: none"> • Insult you • Judgmental

Discussion and Recommendations

This study sought to gather information about referral networks for AGYW in Gaborone and Kweneng East. Results from the organizational network analysis and FGDs with AGYW point to the need for increased connection between organizations in these service areas. Service gaps may lead to loss of clients in the referral system and AGYW whose needs are not optimally met.

A dissemination workshop was held in September 2019 to share results of the study and to gather feedback from surveyed service sites in the DREAMS network. This feedback helped to shape the discussion and recommendations below.

- **Few referrals from Safe Spaces occurred in the reference month.** There are many known providers of DREAMS services in this service area, and many are known to Safe Space facilitating organizations; but few referrals are occurring. Some Safe Space organizations did not provide any referrals in the reference month. Further information-gathering is needed to understand whether several Safe Space facilitating organizations were inactive during the month surveyed (i.e., did not have any active Safe Spaces and should have been excluded from the sample) or whether additional advocacy is needed to support the provision of referrals for at-risk AGYW.
- **A limited number of referrals are occurring between Safe Spaces and YFS.** Some referrals are being made from Safe Spaces to YFS, although the opposite is not true. Socialization among YFS may be needed to raise awareness about Safe Space services as YFS become integrated into the DREAMS program later in 2019. Availability of services or referrals, as reported by Safe Space facilitators, was broad and covered most areas asked about during the survey (e.g., HIV, contraceptive and GBV services); there were not many service gaps as shown in the Safe Space analysis. However, one out of the four Safe Space facilitators reported many gaps in service provision/referrals for AGYW, and follow-up with that organization is needed to confirm the reports.
- **YFS are not using most of their known network and they have few shared connections.** There were few referrals from YFS with most being made for HIV-related services from one YFS. More information is needed to identify whether YFS are not making referrals for other services or whether they are not documenting referrals being made. This study was unable to verify most reported referrals. Stakeholders suggested the use of District Health Information Software, version 2 (DHIS2) as a means of making referrals electronically, which could provide better tracking of referrals.
- **Service gaps for some contraceptive services and nonclinical post-GBV services were identified among YFS.** The DREAMS technical working group may wish to discuss whether referrals for nonclinical post GBV services should be made at YFS and follow-up with YFS once a decision is made.
- **Further, few YFS or DREAMS implementing partners were named as preferential facilities by AGYW for DREAMS-related services.** The DREAMS program may want to consider whether these service sites are providing services in ways that align with AGYW preferences and needs (e.g., are nearby, have convenient hours, friendly service providers) and provide additional training for YFS staff for targeted YFS preferences. Stakeholders suggested that bringing services to the AGYW may be a potential solution as well as providing transport for AGYW to get to service sites. Other stakeholders suggested that YFS be set up as more of a one-stop shop for the AGYW so that the services are accessible conveniently in one location.
- **Gaps in provision of PrEP existed among YFS, and AGYW also weren't sure where to obtain PrEP.** This could be an area for strengthening from both the supply and demand sides. Stakeholders suggested that youth-specific messaging could be helpful with educating AGYW about PrEP and other services.
- **AGYW also reported mixed experiences with GBV service sites and providers, namely among police.** Additional educational outreach or Safe Space curriculum may mobilize and inform AGYW

about other service sites that can support post-GBV services, such as social workers and the Botswana Gender-Based Violence Coalition.

This study has several strengths and limitations of note. First, this is a cross-sectional study that seeks to generate information about relevant program organizations and districts. As such, its findings will be relevant to the DREAMS program in Gaborone and Kweneng East. Second, documentation of referrals is not institutionalized in these districts, and we were not able to verify much of the data that was collected. Only 27 percent of surveyed organizations provided documentation to verify the number of referrals reported. Third, although we sought to speak with a range of AGYW during FGDs, we were unable to complete FGDs with in-school AGYW (ages 15–19 years). Thus, the results of the FGDs likely reflect the knowledge and preferences of the group interviewed (i.e., young mothers). Reports from this group of AGYW may not be directly applicable for different target groups of AGYW in the program.

A strength of this ONA approach is that it includes organizations from different service sectors and thus provides a depiction of the range of services provided through the DREAMS program. The addition of qualitative interviews to provide the perspectives of AGYW also strengthens the salience of the results, despite the small number of FGDs conducted.

Conclusion

This study sought to map the existing referral networks for AGYW in two districts in Botswana where DREAMS services are being provided. It also sought to learn about AGYW preferences for these services. Results and recommendations, with input from stakeholders, point to several areas that provide opportunities for strengthening referral linkages and filling service gaps for DREAMS services. AGYW preferences reinforced earlier research pointing to key areas of importance for them. Results from this study can be used to strengthen referral networks for DREAMS services and align service provision with the preferences of AGYW.

References

- Agala, C. B., Thomas, J. C., Fried, B. J., Lich, H. K., Morrissey, J., Zimmer, C., Whetten, K., & Reynolds, H. W. (2018). Organizational network strengthening effects on antiretroviral therapy initiation and adherence. *Translational Behavioral Medicine*, 8, 585–597. Retrieved from <https://academic.oup.com/tbm/article/8/4/585/5055094>
- Agala, C. B., Xiong, K., Thomas, J. C., & Powell, R. (2016). Referral network analysis for improved HIV care in Homa Bay county, Kenya: Final report. Chapel Hill, NC, USA: MEASURE Evaluation, University of North Carolina at Chapel Hill. Retrieved from <https://www.measureevaluation.org/resources/publications/wp-16-159>
- Borgatti, S. P. & Everett, M. G. (2006). A graph-theoretic perspective on centrality. *Social networks*, 28(4), 466–484. Retrieved from <https://www.sciencedirect.com/science/article/pii/S0378873305000833>
- United States President's Emergency Plan for AIDS Relief (PEPFAR). (2017). *Botswana country operational plan 2018: Strategic direction summary*. (2017). Retrieved from <https://www.pepfar.gov/documents/organization/272002.pdf>
- Curran, J., Berry, S., & Sangsuk, K. (2014). *Organizational network analysis of organizations that serve men who have sex with men and transgender people in Chiang Mai, Thailand*. Chapel Hill, NC, USA: MEASURE Evaluation, University of North Carolina at Chapel Hill Retrieved from <https://www.measureevaluation.org/resources/publications/sr-14-94>
- Emmel, N. University of Leeds, Real Life Methods. (2008). Participatory mapping: An innovative sociological method (Toolkit #03). Retrieved from <http://eprints.ncrm.ac.uk/540/2/2008-07-toolkit-participatory-map.pdf>
- Freeman, L. C. (1978). Centrality in social networks conceptual clarification. *Social networks*, 1(3), 215–239. Retrieved from <http://www.leonidzhukov.net/hse/2018/sna/papers/freeman79-centrality.pdf>
- Gender Links and Women's Affairs Department, Ministry of Labour and Home Affairs, 2012
- Lienert, J. (2008). Participatory mapping for decision making: Sustainable sanitation and water management toolbox [Online fact sheet]. Available at: <https://sswm.info/planning-and-programming/decision-making/deciding-community/participatory-mapping-for-decision-making>
- Statistics Botswana (2013). Botswana AIDS impact survey: BAIS IV 2013. Gaborone, Botswana: Statistics Botswana. Retrieved from <http://www.statsbots.org.bw/sites/default/files/publications/Botswana%20AIDS%20Impact%20Survey%20Summary%20%20Apr%202014.pdf>
- Reynolds, H., Curran, J., & Thomas, J. C. (2014). *Organizational network analysis: MEASURE Evaluation's experience 2010–2014*. Chapel Hill, NC, USA: MEASURE Evaluation, University of North Carolina at Chapel Hill Retrieved from <https://www.measureevaluation.org/resources/publications/sr-14-103>
- Thomas, J. C., Reynolds, H. W., Alterescu, X., Bevc, C., & Tsegaye, A. (2016). Improving referrals and integrating family planning and HIV services through organizational network strengthening. *Health Policy and Planning*, 31, 302–308. Retrieved from <https://academic.oup.com/heapol/article/31/3/302/2355447>
- Joint United Nations Programme on HIV/AIDS (UNAIDS). (2018). UNAIDS Data 2018. Geneva, Switzerland: UNAIDS. Available at: <http://www.unaids.org/en/resources/documents/2018/un-aids-data-2018>

Appendix 1. Survey Instruments

Organizational Network Analysis – Gaborone, Kweneng East Botswana

B: Data Collection survey for all service providers

SECTION I. Facility/organization/office Information

#	QUESTIONS	RESPONSES	SKIP TO
101.	Date of interview	<p style="text-align: center;"> _ _ 2019 (dd/mm/yyyy)</p>	
102.	Facility/organization/office name	_____	
103.	GPS Coordinates: Latitude/Longitude	<p>a. Latitude - Degrees _ _ . _ _ _ _ _ </p> <p>b. Longitude - Degrees _ _ . _ _ _ _ _ </p>	
104.	District	<p>a. Gaborone</p> <p>b. Kweneng East</p>	
105.	In what year was [facility/organization]	<p>_____</p> <p>DK88</p> <p>REFUSE.....99</p>	
106.	Job title of person interviewed	_____	
107.	How many years have you worked for this facility/organization?	<p>a. ___ years</p> <p>b. ___ months</p> <p>REFUSE.....99</p>	
108.	How many years have you worked in your present position?	<p>a. ___ years</p> <p>b. ___ months</p> <p>REFUSE.....99</p>	
109.	Type of facility/organization/office Select one.	<p>a. Government Health Facility</p> <p>b. Private Health Facility</p> <p>c. Police station</p> <p>d. S&CD Office</p> <p>e. Women’s Shelter</p> <p>f. Non-governmental organization (NGO)</p> <p>g. Other _____</p>	

#	QUESTIONS	RESPONSES	SKIP TO
110.	Organization is managed by: Select one.	a. Government b. NGO c. Community leaders d. Faith-based organization e. Private Individual f. Other (specify) _____	
111.	Please list all of the sources of funds for your facility/organization/office	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	
112.	Does your organization have other offices in Gaborone or Kweneng East? If so, in what wards? Please list. Mark all mentioned.	_____	
113.	What is the number of adolescent girls and young women (AGYW) who make up the catchment area of the health facility/organization/office? We are specifically interested in estimates of AGYW in three age groups: 10-14, 15-19, and 20-24? Please estimate if you do not have exact numbers. Ask for estimates if exact numbers are not known. If the respondent does not know, enter DK.	Female 10-14 _____ Female 15-19 _____ Female 20-24 _____ Total Number of AGYW _____ Total Population _____	
4.	Ask of health facilities only: Is there a means of transportation for use by the facility for referral services?	Yes 1 No 0	

Please indicate the type of communication available at the organization and its current status.

Type of communication	115. Is the type of communication available?	116. Do you use this mode of communication for referrals?	117. In a typical week, how many times is there an interruption in service for this type of communication? Choose one response
a. Radio	Yes1 No0 skip to b	Yes1 No0 skip to b	None0 Once per week1 Several times a week2 Daily3 More than once per day4
b. Land phone	Yes1 No0 skip to c	Yes1 No0 skip to c	None0 Once per week1 Several times a week2 Daily3 More than once per day4
c. Mobile phone	Yes1 No0 skip to d	Yes1 No0 skip to d	None0 Once per week1 Several times a week2 Daily3 More than once per day4
d. Internet/email	Yes1 No0 skip to e	Yes1 No0 skip to e	None0 Once per week1 Several times a week2 Daily3 More than once per day4
e. Fax	Yes1 No0 skip to f	Yes1 No0 skip to f	None0 Once per week1 Several times a week2 Daily3 More than once per day4
f. Post	Yes1 No0 skip to g	Yes1 No0 skip to g	None0 Once per week1 Several times a week2 Daily3 More than once per day4
g. Other (specify) _____	Yes1 No0 skip to 118	Yes1 No0 skip to 118	None0 Once per week1 Several times a week2 Daily3 More than once per day4

118.	Does this health facility or organization have a computer? IF YES, ASK: Is the computer functioning?	Yes, functioning..... 1 Yes, not functioning..... 2 No..... 0
------	--	---

119.	Is there access to the internet / email within the health facility or organization for use by the facility/organization? Check consistency with Q115d.	Yes..... 1 No..... 0
------	--	-------------------------

For health facilities only: Type of staff NOTE: Read the list and write in the total number of staff. Where the position is vacant due to under staffing, write in "0". Where the position is not applicable, write in "n/a".	120. Total number of staff who are:	121. How many of these staff are trained on youth-friendly services?	122. How many of the total number of staff provide care or services for:*			
			FP	HIV testing	PrEP	Post-GBV care
a. Doctors						
b. Midwives						
c. Nurses						
d. Clinical officers						
e. Laboratory technicians						
f. Pharmacy technicians						
g. Other staff (specify)						

*FP=family planning; PrEP=Pre-exposure prophylaxis; Post-GBV care includes clinical care for physical symptoms

For facilities/organizations: For each service, first ask if the service is available in the organization or health facility. If not, then ask about referrals provided for each service. Enter up to 3 organizations for 125.					
Please tell me whether the following services are available from your organization or facility. Also, do you provide referrals for these services?	123. Is this service available from your organization /facility? Circle yes or no		124. Does organization/ facility currently provide referrals for this service? Circle yes or no. If yes, ask 125.		125. Where does your facility/ organization currently refer clients for this service?
	YES	NO	YES	NO	
HIV testing services and PrEP					
a. HIV pre-test counseling	1	0	1	0	
b. HIV diagnostic testing	1	0	1	0	
c. HIV post-test counseling	1	0	1	0	
d. Linkage to care for individuals who are HIV positive	1	0	1	0	
e. HIV education and prevention counseling	1	0	1	0	
f. Follow up emotional support from a trained counselor	1	0	1	0	
g. Prescribe PrEP	1	0	1	0	
h. Dispense PrEP	1	0	1	0	
i. STI screening/testing and treatment	1	0	1	0	
Family planning services					
j. Family planning counseling	1	0	1	0	
k. Combined estrogen progesterone oral contraceptive pills	1	0	1	0	
l. Progestin-only contraceptive pills	1	0	1	0	
m. Combined estrogen progesterone injectable contraceptives	1	0	1	0	
n. Progestin-only injectable contraceptives	1	0	1	0	
o. Male condoms	1	0	1	0	
p. Female condoms	1	0	1	0	
q. Intrauterine device (IUD)	1	0	1	0	
r. Implant	1	0	1	0	
s. Cycle beads for standard days method	1	0	1	0	
t. Emergency contraceptive pills	1	0	1	0	
u. Male sterilization	1	0	1	0	
v. Female sterilization	1	0	1	0	

Please tell me whether the following services are available from your organization or facility. Also, do you provide referrals for these services?	123. Is this service available from your organization /facility? Circle yes or no	124. Does organization/facility currently provide referrals for this service? Circle yes or no. If yes, ask 125.	125. Where does your facility/organization currently refer clients for this service?		
GBV Services					
w. Screening for gender-based violence (GBV) (emotional, psychological, physical, or sexual)	1	0	1	0	
x. GBV case management	1	0	1	0	
y. Post exposure prophylaxis	1	0	1	0	
z. Emergency contraceptive pills	1	0	1	0	
aa. Psycho-social counseling	1	0	1	0	
bb. Social, financial or legal support	1	0	1	0	
cc. Child protective services	1	0	1	0	
dd. Economic empowerment	1	0	1	0	
ee. Legal counsel	1	0	1	0	
ff. Shelter	1	0	1	0	
gg. Other post-GBV referral	1	0	1	0	

#	QUESTIONS	RESPONSES	SKIP TO
125.	Can you tell me about the other services your organization provides that may not have been listed here?	<hr/> <hr/> <hr/>	
126.	Of the services you offer, which do you consider to be the primary services of your health facility or organization/safe space? For any service. List up to 5 services in order of importance.	a. <hr/> b. <hr/> c. <hr/> d. <hr/> e. <hr/>	

#	QUESTIONS	RESPONSES	SKIP TO
127.	<p>For how many years has [facility/organization/safe space] provided the primary services listed above in this community?</p> <p>This questions refers to the services listed in 127.</p>	<p>a. _____ years OR _____ months OR DK=88 b. _____ years OR _____ months OR DK=88 c. _____ years OR _____ months OR DK=88 d. _____ years OR _____ months OR DK=88 e. _____ years OR _____ months OR DK=88</p>	
128.	<p>Has [facility/organization/safe space] made any major changes in its services, in terms of adding or taking away services, in the previous 12 months?</p>	<p>Yes 1 No 0 Don't know..... 88</p>	<p>0, 88 SKIP to 131</p>
129.	<p>If yes, please describe the changes that have occurred?</p> <p>Write in answer.</p>		
130.	<p>What are the most difficult problems this health facility/organization faces that affect provision of family planning, condoms, HIV testing, PrEP, GBV prevention and care</p> <p>Mark up to 5 responses.</p>	<p>a. Staff shortages b. Lack of supplies and/or stock c. Lack of space d. Lack of facilities e. Lack of training f. Lack of supervision g. Lack of feedback on performance h. Lack of time to do the job i. Low service utilization j. Inadequate transport for patients k. Demoralized staff l. Poor working environment m. Inadequate salary n. Inadequate facility o. Security p. Political interference q. Corruption r. High workload (too many patients) s. Other (specify): _____ t. Other (specify): _____ u. Other (specify): _____</p>	
131.	<p>Approximately how many clients are served per month (on average) by this health facility/organization?</p> <p>For "don't know" write in "DK"</p>	<p>No. of clients per month _____</p>	

#	QUESTIONS	RESPONSES	SKIP TO
132.	Approximately how many female clients age 10- 24 years are served per month (on average) by this health facility/organization/safe space(s)? For “don’t know” write in “DK”	No. of females 10-24 years and above per month_____	
133.	Do any AGYW (age 10-24) clients receiving family planning services, HIV testing services, PrEP, and/or post GBV treatment in this clinic/unit live out of the catchment area?	YES 1 NO..... 0 There is no defined catchment area. 2 Don’t know..... 88 Refused99	0, 2, 88, 99→ 201
134.	If yes, how many?	Number of AGYW (Age 10-24) _____ Don’t know88 Refused99	

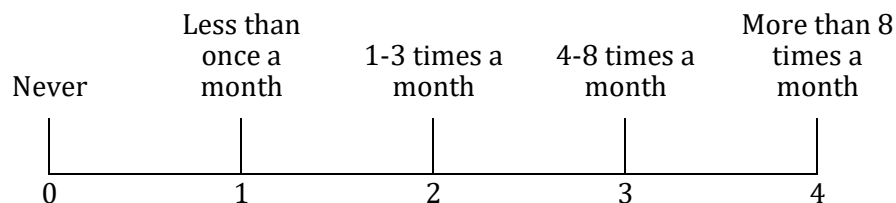
Organizational questionnaire Sections II and III

Section II: Facility/organization/office Linkages

READ: We would like you to list all the other facilities and organizations in your district that you are aware of that provide HIV testing, PrEP, condoms, family planning, and GBV prevention and care services to AGYW age 10 to 24. After listing the facilities and organizations, we will ask about the type of involvement, if any, you have with each. We are interested in:

- Client referrals
- Shared funding and resources, including time, office space, written materials, pamphlets, posters, supplies, drugs, laboratory, equipment, staff, etc.
- Shared information such as technical, training, educational, etc., includes formal and informal communications
- Joint programming

After we list the organizations, we will go through the list and ask you to indicate those which *your* facility/organization has been involved with for the provision of family planning or condoms, HIV testing, PrEP, and post-GBV treatment services for AGYW in *an average month*. Please, indicate your level of involvement for each type of relationship in terms of “Never,” “less than once a month,” “1-3 times a month,” “4-8 times a month,” or “more than 8 times a month”. [If the organization has no relationship with a facility/organization of the list, check the box labeled “not applicable” (N/A)].



Finally, I will ask you to rate the **overall quality** of the working relationship you have with each agency you have checked. Please indicate the number that best reflects relationship quality using a scale where: **1= poor, 2= fair, 3= good, and 4= excellent.**

At the end, I will ask you to add any programs and/or agencies you are involved with that are not listed but that you believe are valuable to your organization in helping it to serve AGYW in the community.

201.	Types of Links									Overall Relationship Quality
	<div style="display: flex; justify-content: space-around; align-items: center;"> Never Less than once a month 1-3 times a month 4-8 times a month More than 8 times a month </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> 0 1 2 3 4 </div>									
Facility/organization/office Name	N/A Check If no relationship	Service* Type	Clients Sent	Clients Received	Resources Sent	Resources Received	Information Sent	Information Received	Joint Programs (Yes/No)	(Please circle)
1.										1 2 3 4
2.										1 2 3 4
3.										1 2 3 4
4.										1 2 3 4
5.										1 2 3 4
6.										1 2 3 4
7.										1 2 3 4
8.										1 2 3 4
9.										1 2 3 4
10.										1 2 3 4
11.										1 2 3 4
12.										1 2 3 4
13.										1 2 3 4
14.										1 2 3 4
15.										1 2 3 4
16.										1 2 3 4
17.										1 2 3 4
18.										1 2 3 4
19.										1 2 3 4
20.										1 2 3 4

*Service types: HTC =HIV testing and counseling, GBV=post-GBV, CON = Condom provision, FP = contraceptive method mix, PrEP = PrEP, OTH = Other

Facility/organization/office Name	Types of Links									Overall Relationship Quality (Please circle)
	N/A Check If no relationship	Service * Type	Clients Sent	Clients Received	Resources Sent	Resources Received	Information Sent	Information Received	Joint Programs (Yes/No)	
<p>Never Less than once a month 1-3 times a month 4-8 times a month More than 8 times a month</p> <p>0 1 2 3 4</p>										
Other agencies (Please list and respond as above)										
1.										1 2 3 4
2.										1 2 3 4
3.										1 2 3 4
4.										1 2 3 4
5.										1 2 3 4
6.										1 2 3 4
7.										1 2 3 4
8.										1 2 3 4
9.										1 2 3 4
10.										1 2 3 4
*Service types: HTC =HIV testing and counseling, GBV=post-GBV, CON = Condom provision, FP = contraceptive method mix, PrEP = PrEP, OTH = Other										
Now I would like to ask you which programs and/or agencies within this district that your program does not currently have any linkages with, but would like to have linkages with in the future and why: (Please list up to 3 other programs and/or agencies)										
202.Facility/organization/office Name	Name:				Reason:					
203.Facility/organization/office Name	Name:				Reason:					
204.Facility/organization/office Name	Name:				Reason:					

Section III: Program Interaction		
Part I.		SKIP
301. Is there anyone in this facility/organization who facilitates and maintains the linkages we've just discussed as part of their job?	Yes..... 1 No..... 0	0→ 304
302. What is his/her job title?		
303. How long has s/he worked in this role?	____ years ____ months	
304. Is there anyone in this facility/organization/office who is especially effective at facilitating and maintaining these linkages we've just discussed (whether or not it is their assigned duty) because of their personality or relationships?	Yes..... 1 No..... 0	0→ 401
305. What is his/her job title?		
306. How long have s/he worked in this role?	____ years ____ months	
Part II. I would now like to ask you a series of open-ended questions about program collaboration.		
401. Does your facility/organization currently have a written agreement with any of its partners?	Yes..... 1 No..... 0	0→ 403
402. If Yes above, please list the names of partners your facility/organization has agreements with		
403. What factors have <u>hindered</u> the development of effective partnerships with other facilities/organizations involved in the provision of services for AGYW? Probe about environment/geographic, political, donor/funding factors.		
404. What factors have <u>facilitated</u> the development of effective partnerships with other facilities/organizations involved in the HIV care and support? Probe about environment/geographic, political, donor/funding factors.		
405. What do you feel makes collaborative partnerships effective or worthwhile? Why?		
406. Do you feel that doing activities in collaboration with other facilities/organizations will positively affect health and social outcomes for your clients? If so, how? Why?		

Focus Group Discussion Guide

Organizational Network Analysis of the
Adolescent Girls and Young Women (AGYW) Referral Network

Name of Interviewer	
Name of Notetaker	
Date of Interview	
Age group (15-19 or 20-24)	
District	
Length of Interview (Record stop and start time)	Start time: Stop time:
Age (in years) of participants	1. 6.
	2. 7.
	3. 8.
	4. 9.
	5. 10.
Highest Grade Completed for each participant	1. 6.
	2. 7.
	3. 8.
	4. 9.
	5. 10.

Materials needed: Flip chart paper, colored markers, tape

The role of the note taker is extremely important to the success of this exercise. The note taker should take detailed notes while the facilitator helps the group create the map.

Interviewer: Our goal today is to understand where girls and women your age obtain services for various health-related issues, and why you go the place you do. We have brought along flip charts and markers to help us describe the organizations and places girls and young women obtain various services. We will list the places girls and young women your age go for different services and then we will talk about what girls/young women like or dislike about each place.

We need to select someone to be the map illustrator. Can someone volunteer to do the drawing?
[Instruction to moderator: let the girls select one person from the group if there is more than one volunteer.]

- 1. Let us start with services related to family planning. First, if girls or young women your age in this community wanted to get condoms, where would they go? We will use a GREEN MARKER to circle the places girls or young women would go for condoms.**

Instructions for the illustrator: On the map, as responses are heard, write the places respondents would go to get condoms. For example, if they name a health facility - write the health facility name and circle it in GREEN. If they name a mobile clinic, do the same. If they do not know the name of specific place, it is OK to refer to it generically, as in “ a local health center”.

Instructions for the moderator: Continue eliciting responses until respondents have listed all the places girls or women their age would go to get condoms.

Once the people/organizations/places are listed, ask:

- 2. Which of these locations would MOST girls or young women your age go to get condoms? Number the location most preferred with a #1 in GREEN. Name the second most preferred with a #2, etc., until all the locations are ranked. It is OK if some locations are “tied” (e.g., have the same rank)**

Instructions for the moderator: Let the girls discuss among themselves about the different options and come to a consensus about the ordering of the locations before writing down the rankings.

- 3. Next, let’s talk about family planning services (other than condoms). What are some family planning methods you are familiar with?**
- 4. If girls or young women your age in this community wanted to get family planning, where would they go? We will use a PURPLE MARKER for places girls or young women would go for family planning.**

Instructions for the illustrator: On the map, as responses are heard, write the places respondents would go to get family planning and circle them in PURPLE. If a place that has already been mentioned is listed, circle it in PURPLE, leaving the original GREEN circle (see Sample Map).

Instructions for the moderator: Continue eliciting responses until respondents have listed all the places girls or women their age would go to get family planning services. Then ask:

- 5. Which of these locations would most girls or young women your age go to get family planning services? Number the location most preferred with a #1 in PURPLE. Name the second most preferred with a #2, etc.**

Instructions for the moderator: Let the girls discuss among themselves about the different options and come to a consensus about the ordering of the locations before writing down the rankings.

6. Next, let us discuss HIV testing. If girls or young women your age in this community wanted to be tested for HIV, where would they go? We will use a **BLUE MARKER** for HIV testing services.

Instructions for the illustrator: On the map, as responses are heard, write the places respondents would go to for HIV testing and circle them in **BLUE**.

Instructions for the moderator: Continue eliciting responses until respondents have listed all the places girls or women their age would go for HIV testing. Then ask:

7. Which of these locations would most girls or young women your age go to for HIV testing? Number the location most preferred with a **#1 in BLUE**. Name the second most preferred with a **#2**, etc.

Instructions for the moderator: Let the girls discuss among themselves about the different options and come to a consensus about the ordering of the locations before writing down the rankings.

8. Next I would like to ask about Pre-Exposure Prophylaxis (PrEP). PrEP is when people at high risk for HIV take HIV medicines daily to lower their chances of getting infected. How many people have heard of PrEP?

We will use a **RED MARKER** for PrEP. If girls or young women your age in this community wanted to get PrEP, where would they go?

Instructions for the illustrator: On the map, as responses are heard, write the places respondents would go to PrEP treatment and circle them in **RED**.

Instructions for the moderator: Continue eliciting responses until respondents have listed all the places girls or women their age would go for PrEP. Then ask:

9. Which of these locations would most girls or young women your age go to for PrEP? Number the location most preferred with a **#1 in RED**. Name the second most preferred with a **#2**, etc.

Instructions for the moderator: Let the girls discuss among themselves about the different options and come to a consensus about the ordering of the locations before writing down the rankings.

10. Next I want to ask where girls or women your age would go for care if they experienced gender based- violence. First, let us think about the different types of gender-based violence (GBV) a girl or woman may experience.

Instructions: Explain that GBV includes different types of violence. There is physical violence. For example, if a girl or woman is attacked or beaten. It also includes sexual violence, for example, if a girl or woman in sexually assaulted or forced to have sex against her will. It also includes emotional

violence, for example, if a girl or woman is threatened or humiliated. And, there is economic violence, for example, if a girl or woman is deprived of food, medical care, or clothing, etc.

Do you have any questions about what we mean by GBV?

11. If girls or women your age were seeking care or treatment after experiencing GBV, where would they go? We will use a BLACK MARKER for the places girls or women would go to seek care or treatment after experiencing GBV.

Instructions for the illustrator: On the map, as responses are heard, write the places respondents would go for care or treatment after experiencing GBV and circle them in **BLACK**.

Instructions for the moderator: Continue eliciting responses until respondents have listed all the places girls or women their age would go for GBV care or treatment. Then ask:

12. Which of these locations would most girls or young women your age go to for care or treatment after experiencing GBV? Number the location most preferred with a #1 in BLACK. Name the second most preferred with a #2, etc.

Instructions for the moderator: Let the girls discuss among themselves about the different options and come to a consensus about the ordering of the locations before writing down the rankings.

13. Next, we would like to discuss each of the locations you have listed on the flip chart. We would like to know what you like and dislike about each location.

Instructions: For each location on the map, ask:

What do girls or young women your age like or dislike about his place?

Probe for:

- Facility hours?
- Time to get services?
- Cost of services?
- Availability or cost of transport?
- Confidentiality of services ?
- Attributes of staff at the location—friendliness of staff, age of staff, training of staff, trustworthiness of staff, ease of talking to staff, etc.
- Attributes of the facility—designated rooms for youth, games for youth, presence of a youth club, etc.

Instructions: List the things respondents like and dislike about each location on the flip chart. Once the mapping is complete, summarize what is written. Ask the group:

14. What are your thoughts on the map we have made?

- Is it complete? Have we listed all the places you go for these services?
- You listed what you liked about some locations. Of all the things you listed, what attributes are most important to girls and young women your age?
- You listed some things you did not like about some locations? Which of these would most prevent girls and young women your age from seeking services at these locations?

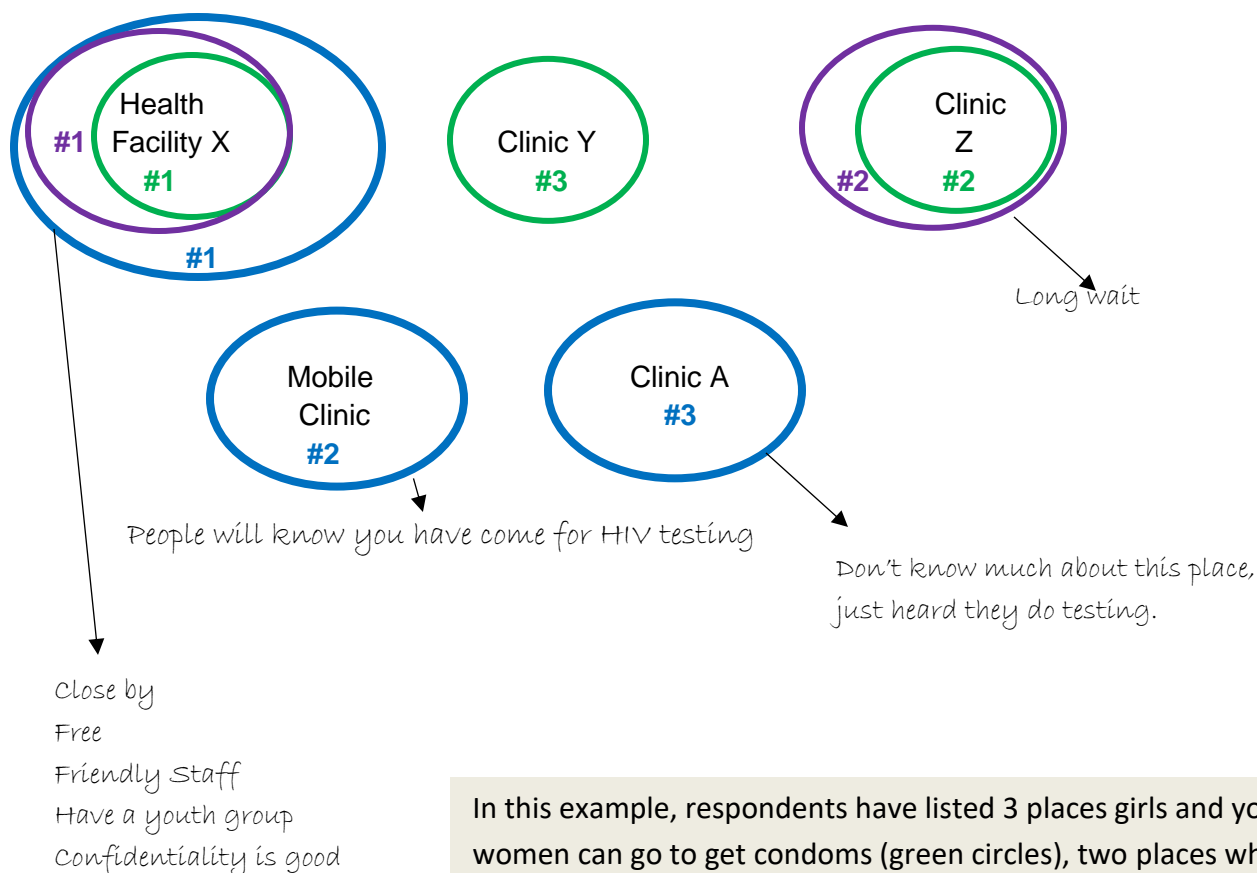
15. Our last set of questions are about Safe Spaces. Please tell me how your Safe Space functions.

- How many girls or young women are in your Safe Space group?
- How often do you meet in person?
- How often do you have discussions via WhatsApp (or similar platform)?
- What topics do you discuss in your group?
- What do you like about your Safe Space group?
- Is there anything you dislike or would want to change about your group? If so, what?
- Thinking about the information/support you receive from your Safe Space group, are there other people/organizations/places that you receive similar support from? If so, what are they?

Instructions for moderator: Write down all the types of information/support the respondents receive from Safe Spaces on a separate flip chart. Ask what other people/organizations/places they receive similar support for each type listed on the flip chart.

That is all of our questions for today. Thank you.

Example Map for Community X



In this example, respondents have listed 3 places girls and young women can go to get condoms (green circles), two places where they can go for family planning (purple circles), and three places where they can go for HIV testing (blue circles). Health Facility X is circled in all three colors, meaning girls and women can seek all three services at this facility. They have also ranked this facility number 1 for all three services and have begun listing the reasons why they prefer or don't prefer each place.



Data for Impact

University of North Carolina at Chapel Hill
123 West Franklin Street, Suite 330
Chapel Hill, NC 27516 USA
Phone: 919-445-9350 | Fax: 919-445-9353
D4I@unc.edu
<http://www.data4impactproject.org>

This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of the Data for Impact (D4I) associate award 7200AA18LA00008, which is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with Palladium International, LLC; ICF Macro, Inc.; John Snow, Inc.; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government. TR-19-383_D4I
ISBN: 978-1-64232-202-6

