Kheth'Impilo DRC

(KI-DRC)

ANAVA/CCS HIV Prevention Initiative for School-Going Adolescents and Young People

Final Project Report

Reporting Period: October 2025 – June 2026

Supported by: GlobalGiving USA

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Executive Summary

With support from GlobalGiving USA, Kheth'Impilo DRC (KI-DRC) implemented the ANAVA/CCS HIV Prevention Initiative from October 2025 to June 2026 in four provinces of the Democratic Republic of Congo (DRC): Haut-Katanga, Lualaba, Kasai-Oriental, and Kinshasa. The project targeted school-going adolescents and young people (AYP) through a person-centered approach aimed at strengthening HIV awareness, understanding HIV-related risk behaviors, and improving access to HIV prevention services.

A total of 7,769 adolescents and young people were reached through school-based sensitization activities and behavioral assessments. Sixteen schools, including nursing schools, participated in the intervention. The project introduced the innovative ANAVA/CCS tool ("Help Us to Help You by Sharing Your Sexual Behavioral Code"), which enables young people to identify their own HIV risk profile and make informed decisions to change risky behaviors or maintain safe practices.

The project generated valuable baseline data on sexual behavior, HIV testing, PrEP awareness, gender-based violence, and access to prevention services. Findings revealed important gaps in HIV prevention knowledge and service utilization, particularly regarding PrEP awareness and HIV testing uptake.

The project also developed two major innovations: the ANAVA Person-Centered Peer Education (ANAVA-PCPE) model for community-based youth programming and the ANAVA Mathematics HIV Integrated Education Framework (ANAVA-MHIEF), which integrates HIV and sexual reproductive health education into secondary school mathematics teaching.

The ANAVA methodology received recognition from the National HIV/AIDS Control Programme (PNLS) and was accepted for presentation at the INTEREST 2026 International Scientific Conference. The project demonstrates the potential of youth-centered, evidence-based approaches to strengthen HIV prevention programming and inform future policy reforms in the DRC.

1. Background

Despite significant progress in HIV prevention and treatment, HIV remains a public health challenge in the Democratic Republic of Congo. Adolescents and young people continue to face increased vulnerability due to risky sexual behaviors, limited access to youth-friendly HIV prevention services, low uptake of HIV testing, and insufficient awareness of newer prevention options such as pre-exposure prophylaxis (PrEP).

Although HIV education is included within school curricula, gaps remain in translating knowledge into protective behaviors. Furthermore, limited local evidence on HIV risk behaviors among school-going adolescents restricted the ability of stakeholders to design targeted and responsive interventions.

To address these challenges, KI-DRC developed the ANAVA/CCS approach, a youth-centered methodology designed to generate evidence, strengthen differentiated risk communication, and improve HIV prevention among adolescents and young people and Mathematics -Integrated HIV integration education.

2. Project Goal and Objectives

Goal

To strengthen HIV prevention among school-going adolescents and young people through evidence-based, person-centered risk communication and behavioral change interventions.

Specific Objectives

- Increase HIV awareness among adolescents and young people.
- Assess HIV-related risk behaviors among school-going youth.
- Determine awareness and uptake of HIV prevention services.
- Promote youth participation in HIV prevention programming.
- Strengthen differentiated HIV risk communication.
- Develop sustainable school-based HIV education approaches.

3. Project Implementation

3.1 Stakeholder Engagement

Consultative meetings were conducted with:

- PNLS and provincial HIV/AIDS programmes.
- Ministry of Health representatives.
- Ministry of Education authorities.
- School administrators and teachers.

- Community stakeholders.

These consultations secured stakeholder ownership and facilitated implementation across participating schools.

3.2 Capacity Building

Training of Trainers (TOT) sessions were conducted for provincial and local stakeholders, data collectors, and project implementers. Training focused on ANAVA/CCS methodology, data collection procedures, confidentiality, and youth engagement principles.

3.3 School Sensitization and Data Collection

A total of 16 schools were selected across four provinces. School-based sensitization sessions reached 7,769 adolescents and young people. Participants completed anonymous ANAVA/CCS assessments covering:

- Demographic characteristics.
- Sexual behavior.
- Condom use.
- HIV testing.
- PrEP awareness and uptake.
- Gender-based violence awareness.
- Contraceptive use.
- Mobile phone ownership.

4. Key Results

Project Reach

- 7,769 adolescents and young people reached.
- 16 schools participated.
- Four provinces covered.
- Four health zones engaged.

Sexual Behavior and HIV Risk

Most respondents reported abstinence, while a significant minority reported being sexually active and therefore exposed to HIV risk. Among sexually active participants, consistent condom use varied considerably across provinces, indicating ongoing vulnerability to HIV infection.

HIV Prevention Services

Awareness and uptake of HIV prevention services remained low. PrEP awareness was particularly limited, with the majority of respondents reporting no prior knowledge of PrEP.

HIV Testing

Although awareness of HIV testing services was moderate, only a small proportion of respondents reported knowing their HIV status following testing.

Gender-Based Violence

The survey identified varying levels of awareness and experiences of gender-based violence, highlighting the need for integrated HIV and protection interventions.

Digital Opportunities

Mobile phone ownership ranged from 45% to 64%, creating opportunities for future digital HIV prevention and risk communication interventions.

5. Innovation and Best Practices

ANAVA/CCS Risk Assessment Tool

The ANAVA/CCS tool allows adolescents and young people to identify their own behavioral risk category using youth-friendly language and participatory self-assessment.

ANAVA Person-Centered Peer Education (ANAVA-PCPE)

The project adapted ANAVA into a community-based peer education model that delivers differentiated HIV prevention messages according to the needs and risk profiles of young people.

ANAVA Mathematics HIV Integrated Education Framework (ANAVA-MHIEF)

A pioneering framework was developed to integrate HIV and sexual reproductive health education into secondary school mathematics lessons. This approach promotes both academic learning and health literacy while maximizing sustainability through existing education systems.

6. Stakeholder Recognition

During dissemination meetings in Haut-Katanga and Lualaba Provinces, the Director of the National HIV/AIDS Control Programme (PNLS) commended the ANAVA methodology for its innovative youth-centered design and active involvement of adolescents and young people throughout the intervention cycle.

The Director encouraged KI-DRC to continue generating evidence and disseminating findings nationally and internationally to contribute to future HIV prevention policy development.

7. Lessons Learned

- Adolescents respond positively to approaches they actively participate and help design.
- Person-centered risk communication increases engagement and ownership.
- Schools provide an effective platform for HIV prevention.
- Teachers are willing to support integration of HIV education into academic subjects.
- Evidence generated through behavioral surveys improves targeting of interventions.

8. Conclusion

The ANAVA/CCS initiative successfully demonstrated the feasibility and effectiveness of a youth-centred HIV prevention approach in the Democratic Republic of Congo. The project generated critical baseline evidence, strengthened HIV awareness, promoted informed decision-making among adolescents, and established innovative approaches for school and community HIV prevention.

The development of ANAVA-PCPE and ANAVA-MHIEF provides a strong foundation for sustainable scale-up and integration of HIV prevention into routine education and community systems.

9. Recommendations

1. Scale up ANAVA/CCS to additional Health zones and provinces.
2. Expand ANAVA-PCPE community implementation to local youth/adolescent organization partners in DRC through PNSA.
3. Pilot ANAVA-MHIEF in more secondary schools.
4. Strengthen PrEP awareness and access among adolescents.
5. Increase youth-friendly HIV testing services awareness m access and quality.
6. Promote digital HIV prevention using mobile technology.
7. Investigate GBV experienced by young boys
8. Continue operational research to inform national HIV prevention policies.

10. Detailed Expenses (October 2025-June 2026

EXPENES FROM OTOCBER 2025 TO JUNE 2026	
DESIGNATION	**AMOUNT (USD)**
Workshop	11,564.62
Launch and restitution	1,470.00
Consultant(statistics data Analysis)	600
Administrative record	400
TOTAL	**14,034.62**

To carry out ANAVA's activities, from launch and stakeholder training to results dissemination, KI-DRC spent a total of USD 14,034.62.

Launch and Dissemination Activities:

USD 1,470 represents the cost of the official project launch activities and the results dissemination workshops.

Workshops:

USD 11,564.62 covers catering costs, transportation reimbursement, and room rental for stakeholder training sessions.

Consultancy Fees:

USD 600 was used to pay a consultant specializing in statistical data analysis.

Administrative Fees:

KI-DRC spent USD 400 on ANAVA ethics committee approval fees.