



# REPORT ON A WORKSHOP ON ADOLESCENT AND YOUTH SEXUAL AND REPRODUCTIVE HEALTH IN TOGO



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## ABOUT AGIRPF

On July 5, 2013, the U.S. Agency for International Development (USAID)/West Africa Regional Health Office awarded to EngenderHealth and one core partner, Futures Institute, a five-year cooperative agreement to implement the project Agir pour la Planification Familiale (AgirPF). The goal of AgirPF is to enable women of reproductive age (WRA) (those aged 15–49) to make, and voluntarily act on, informed decisions about family planning (FP), saving women's lives in selected urban and peri-urban areas of five francophone West African countries: Burkina Faso, Côte d'Ivoire, Mauritania, Niger, and Togo. The project works closely with Ministries of Health (MOHs) and other local partners to support the national action plans for strengthening FP.

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## ABOUT E2A

The Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls Project (E2A) is USAID's global flagship for strengthening FP and reproductive health service delivery. The project aims to address the reproductive health care needs of girls, women, and underserved communities around the world by increasing support, building evidence, and leading the scale-up of best practices that improve FP services. A five-year cooperative agreement awarded in September 2011, E2A is led by Pathfinder International, in partnership with the African Population and Health Research Center, ExpandNet, IntraHealth International, Management Sciences for Health, and PATH.

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## LIST OF ACRONYMS

AgirPF	Agir pour la Planification Familiale
ATBEF	Association Togolaise pour le Bien Etre Familial
AYSRH	adolescent and youth sexual and reproductive health
E2A	Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls Project
FP	family planning
IPPF	International Planned Parenthood Federation
MOH	Ministry of Health
PNLGMA	Plan National de Lutte contre les Grossesses et Mariages chez les Adolescentes en milieu scolaire et extra-scolaire [National Program to Prevent Adolescent Pregnancies and Child Marriage in School and Out-of-School Settings]
SNSJA	Service National de la Santé des Jeunes et des Adolescents
SRH	sexual and reproductive health
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
WHO	World Health Organization



## INTRODUCTION

Over the past few decades, an international consensus has emerged around the importance of prioritizing adolescent and youth sexual and reproductive health (AYSRH). Nevertheless, many low- and middle-income countries have found it difficult to introduce and maintain programs for youth. Because of this, adolescents and youth continue to be disproportionately affected by sexual and reproductive health (SRH) problems.

According to the 2010 General Population and Housing Census, adolescents and youth between ages 10 and 24 represent 30.7% of Togo's population. The rate of teenage pregnancy (among those aged 15–19) is 17%, and nearly one-third of women between the ages of 15 and 49 were married or entered a domestic partnership before age 15 (DGSCN, 2012). It is estimated that one in 10 adolescent girls have experience their first sexual encounter before age 15 (DGSCN, 2012). In addition, a study carried out by the Joint United Nations Programme on HIV/AIDS (UNAIDS) revealed a 1.3% HIV prevalence rate among youth aged 15–24, with 1.6% prevalence among females and 0.9% prevalence among males (CNLS-IST, 2014).

Faced with this alarming situation, the Togolese government has taken several measures to protect and improve the health of adolescents and youth. Strategies adopted by the government include the implementation of the National Action Plan for Repositioning Family Planning (2013–2017) and the National Program to Prevent Adolescent Pregnancies and Child Marriage in School and Out-of-School Settings (the *Plan National de Lutte contre les Grossesses et Mariages chez les Adolescentes en milieu scolaire et extra-scolaire*, or PNLGMA) (2015–2019).

A recent study by the USAID/West Africa-funded project *Agir pour la Planification Familiale (AgirPF)* identified deficiencies in the availability and quality of SRH services for adolescents and youth in Togo (AgirPF, 2014). AgirPF and Togo's Ministry of Health and Social Protection took the results of the study as a unique opportunity to act strategically to strengthen the health system in such a way that it is adapted to the needs of adolescents and youth.

AgirPF, in collaboration with the USAID-funded Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls (E2A) Project and Togo's Ministry of Health and Social Protection organized the Workshop on Adolescent and Youth Sexual and Reproductive Health, which was conducted on September 8 and 9, 2015, at the Sancta Maria Hotel in Lomé. The workshop was intended to be an opportunity to examine statistics related to AYSRH, evaluate current concerns, and identify concrete actions to accelerate the operationalization of national policies and programs for adolescents and youth. A total of 71 people representing various government agencies, international institutions, and civil society organizations participated in the workshop (see Annex A).



## WORKSHOP OBJECTIVES AND METHODOLOGY

Through a series of participatory sessions, including panels and working groups, the workshop sought to meet the following objectives:

1. Enhance the understanding of the current status of AYSRH in Togo, including: national policies and programs, evidence on AYSRH, and barriers that affect the use of services
2. Identify gaps in and opportunities to strengthen the implementation of AYSRH-oriented programs and services
3. Seek the best means to introduce and/or of scale up good practices in AYSRH
4. Strengthen the mechanisms for collaboration and coordination to advance AYSRH in Togo

Presenters included representatives from Togo's Ministry of Health and Social Protection, AgirPF, E2A, and United Nations Population Fund (UNFPA). E2A used their guide *Thinking Outside the Separate Space: A Decision-Making Tool for Designing Youth-Friendly Services* to facilitate the group work (Simon et al., 2016).



# PLENARY PRESENTATIONS AND DISCUSSIONS

## LAYING THE FOUNDATION: AYSRH CURRENT SITUATION, CURRENT EFFORTS, AND OPPORTUNITIES TO EXPLORE

### *CURRENT SITUATION IN TOGO*

#### *(MINISTRY OF HEALTH, NATIONAL AYSRH PROGRAM)*

In Togo, adolescents and youth represent 31% of the total population: Those aged 10–19 make up 22% of the population, and those aged 15–24 comprise 19%. The challenges facing the Government of Togo include early marriage and teen pregnancy, early age at first sexual intercourse, a growing HIV infection rate, and a lack of proper prevention education (DGSCN, 2012). Currently, 10% of women have their first ever sexual intercourse encounter before age 15, and 58.8% of women and 67.5% of men aged 15–24 report using condoms at their last intercourse. The contraceptive prevalence rate among females is 15.2%. The adolescent fertility rate among 15–19-year-olds for the year preceding the workshop was 88 births per 1,000 women. The teenage pregnancy rate is 10.3%. An estimated 33% of young women and 42% of young men ages 15–24 have adequate knowledge about HIV prevention, but only 14.9% of young women have had an HIV test and known the results.

To address these challenges, the Ministry of Health and Social Protection created the National Health Service of Adolescents and Youth (Service National de la Santé des Jeunes et des Adolescents, SNSJA) in 1996. With the creation of this department, the Ministry publicly recognized that the health needs of adolescents and youth include: access to sound and appropriate information related to their specific health needs; decision-making skills; health services adapted to their diverse situations; an environment conducive to preventing health problems and supporting young people to realize their rights; and the opportunity to participate and contribute to decision-making related to their health and well-being. To meet these needs, the SNSJA developed:

- The National Program for the Health of Adolescents and Youth (1997–2007)
- The Strategic Plan for the Health of Adolescents and Youth (2008–2012)
- Standards for adapting health services to adolescents and youth

The SNSJA has also made efforts to contribute to implementing:

- The National Action Plan for Repositioning Family Planning (2013–2017)
- The PNLGMA (2015–2019)

Despite these efforts, the government still experiences challenges to improving AYSRH. Currently 42 infirmaries are located at schools and universities; eight were created during the 2014–2015 academic year. According to national standards, Togo needs 200 additional school infirmaries to meet the needs of the



student population. The services offered by the existing school-based health units are incomplete, and most providers are not adequately trained in the provision of youth-friendly services. With regard to out-of-school youth centers, there are 18 in all of Togo. Of these, only two youth centers, run by the local International Planned Parenthood Federation (IPPF) affiliate Association Togolaise pour le Bien Etre Familiale (ATBEF), offer SRH-related services for adolescents and youth. There is a lack of integrated health services tailored for adolescents and youth and a dearth of staff properly trained in AYSRH. The Ministry of Health and Social Protection has been challenged to offer in-service training on AYSRH services for health providers at public health facilities.

Based on this situation, the government foresees the need to reevaluate the status of its Strategic Plan for the Health of Adolescents and Youth and ensure inclusion of a monitoring and evaluation plan, as well as revisiting national standards for training health providers in the provision of youth-friendly services. Collaboration between the SNSJA, other regional government agencies, and international nonprofit and civil society organizations also needs to be strengthened. In addition, more financial resources should go to support adolescent and youth programs.

Participants highlighted the need for:

- Enhancing collaboration between the five regions of the country
- Revising the Strategic Plan for the Health of Adolescents and Youth
- Strengthening the curricula (both content and delivery) for health care providers on how to offer youth-friendly services
- Improving the monitoring and evaluation of AYSRH programs
- Collaborating directly with SNSJA leaders and increasing involvement with other AYSRH projects sponsored by international organizations, such as PLAN-Togo and the project *Promotion of the Rights of Adolescents to Sexual and Reproductive Health in Togo*
- Enhancing coordination between SNSJA -sponsored programs and those initiated by other nongovernmental organizations (NGOs) and associations
- Increasing budget allocations for AYSRH programs

### **CURRENT PROGRAMS, RESULTS, AND GOALS: HELPING TOGO WITH AYSRH (UNFPA)**

UNFPA's global vision is to reduce unwanted pregnancies and sexual violence and to have all young people reach their full potential. UNFPA created a documentary on teenage girls and pregnancy in schools and supported the establishment of school health clubs. In addition, UNFPA has assisted the Ministry of Health and Social Protection in monitoring and evaluation efforts, including studies, surveys, and the development of indicators and establishment of data collection tools for AYSRH-related projects. UNFPA also supported the establishment of programs and projects such as the PNLGMA and comprehensive sexuality education (CSE).

UNFPA's innovative initiatives include the PNLGMA (2015–2019) and the *Condomize Togo* program. Both programs have increased access to and information on reproductive health services and family planning (FP). UNFPA has implemented standards for the establishment of school health units, inaugurated eight new school health units, and strengthened 19 existing health units during the 2014–2015 academic year. In addition, UNFPA has invested in strengthening youth centers throughout Togo. Challenges faced by UNFPA include the operationalization of the PNLGMA so that its implementation is effectively continued, the introduction of CSE in schools and out-of-school settings, and the coordination of AYSRH interventions.





Participants highlighted the need for:

- Increasing parents' role in prevention to strengthen AYSRH-related programs and school health units
- Increasing collaboration between school health units and district/regional health units
- Evaluating all current government and partner programs and sharing results with stakeholders

### *WHAT DATA CAN TELL US ABOUT AYSRH IN TOGO (E2A)*

Adolescents and youth in Togo are not a homogenous population. It is therefore important to recognize their diversity and examine how various determinants increase or reduce their risk of SRH problems (e.g., place of residence and level of education). For example, adolescent girls living in rural areas are twice as likely to be mothers as their counterparts living in urban areas. If diversity factors are considered when creating and implementing programs, the probability of success will increase. Even though the legal age for marriage in Togo is 18, cultural and social factors influence the continued practice of early marriage. The EDS2013 data indicate that more than 22% of women aged 20–24 were married before age 18 and 5.5% before age 15.

In Togo, there are regional differences in terms of adolescent pregnancy and child marriage rates. The regions with the highest rate of teenage pregnancy are Central, Kara, and Plateau; however, these are not necessarily the regions with the highest child marriage rates. This calls us to examine the relationship between child marriage and adolescent pregnancy more closely and to ensure that programs work with both married and unmarried young women when addressing adolescent pregnancy

Almost half of young women (46%) and more than one-third (34%) of young men are sexually active by age 18. Of those adolescent girls aged 15–19, 17% have already given birth or are pregnant. Programs must address the SRH needs of young people, moving beyond an emphasis on abstinence promotion toward a more comprehensive approach that can address the various health needs of sexually active young people.

Addressing gender-based violence is another important priority for adolescents and youth in Togo. According to a 2010 study by the Ministry for the Advancement of Women, 5.5% of girls ages 9–18 are victims of sexual violence. More than 40% of adolescent girls and young women have suffered some type of physical violence in their home, while more than 89% have experienced psychological abuse at home. To curb gender-based violence, it will be integral to address attitudes among young people, especially young women, that condone or justify violence.

### *BASELINE STUDY RESULTS ON AYSRH AND FP SERVICES (AGIRPF)*

Agir pour la Planification Familiale (AgirPF) is designed and funded by USAID West Africa and is implemented by Engenderhealth and partners to expand women's access to and use of FP services in 10 cities in five West African countries. In Togo, AgirPF is present in three of the country's main cities and their suburbs: Lomé, Sokodé, and Kara. For this workshop, AgirPF presented the results of its 2014 baseline study related to AYSRH services in those three Togolese cities.



The objective of this study was to:

- Identify core indicators to measure progress to AgirPF goals
- Measure the knowledge, skills, and practices of the target population in terms of FP
- Assess the capacity, supply, and quality of health integrated services
- Determine if health services, training courses, facilities, policies, and the overall environment take into account gender equality and the specific needs of the target population
- Evaluate FP information and services available to adolescents and youth
- Assess the coverage and quality of youth-friendly services

The study focused on the capacity of providers, client confidentiality, and access to care. Data were collected from 48 health centers in Lomé, Sokodé, and Kara. A total of 546 men and 1,079 women ages 15–79 were surveyed in their homes, and 109 health care providers and 42 health care unit managers were interviewed.

When surveyed, the majority of managers across both intervention and control sites said that they did not offer services to adolescents and youth. They were of the view that adolescents should not be sexually active and that only men or women with a child should have access to contraceptives. Some said that providing FP to youth is against Togolese laws.

The majority of health care staff said that they asked for clients' marital status and age, regardless of the type of contraceptive sought. They often limited FP services for unmarried women and youth. Although clients do not need to obtain spousal consent before receiving FP services, they are still asked about spousal consent during their visit.

There are four protocols/programs across the 48 health centers. These include the Ministry of Health's national protocol for reproductive health, the World Health Organization's FP handbook, the national counseling guide for FP, and the protocol for the care for victims of domestic violence. Results showed that only one site out of 48 uses the protocol for the care for victims of domestic violence, while the majority of the sites use the national protocol for reproductive health. When it came to provider training, the majority reported a lack of training in the provision of youth-friendly services.

In terms of hosting a private and safe environment for adolescents and youth, 44 out of 48 clinics do not have a specific area or waiting room for adolescents and youth. The majority of the clinics do not require parental consent for adolescents and youth seeking their services. The clinics had a wide range of contraceptives available. Only four clinical sites offered a specific schedule for adolescent and youth services, and just eight had a peer-education program. The majority of clinics (40) provide counseling in SRH.

Based on the presentations from E2A and AgirPF, participants posed questions on how best to address the issues raised, including:

- When addressing sexual assault and gender-based violence, what programs or interventions that exist or that are used by other countries can be applied in Togo?
- What can be done to improve the knowledge and attitudes of service providers and health care staff, so they can address and understand the needs of adolescents and youth more effectively?
- How can health care providers and staff be properly trained?
- How can parental consent and client confidentiality be addressed?



- How can we continue to highlight the importance of condoms as a preventive strategy for sexually transmitted infections and HIV, and how can we increase the use of condoms among adolescents under age 15?
- How can we create a united front that brings together all interested parties (government agencies, international and local nonprofit organizations, civil society, and community) to create an FP health service environment that is youth-friendly?

## AYSRH PERSPECTIVES FILM (AGIRPF)

AgirPF has been working with the IPPF affiliate, ATBEF, on a program that includes a series of workshops for capacity building on AYSRH and gender-transformative skills for youth ages 12–16 and 17–24. The program consists of training trainers, building the capacity of service providers to provide youth-friendly services, and developing an FP-focused comic book for adolescents and youth. During the workshops, the youth participants created a film describing their experience and perspectives on AYSRH in Togo. The film focuses on AYSRH through education and outreach efforts—including theater clubs, peer education, music, dance and reading clubs, and workshops—at two of ATBEF’s youth health clinics in Lomé and Sokodé, which are among the AgirPF-supported health sites.

In the film, participants engage in group activities, acting out real-life scenarios that they developed themselves, and talk about what they learned in the workshop. For example, participants recreated a talk show where their views on relationships and the roles of men and women were discussed. Participants also recited a poem about the importance of empowering all adolescents and youth to engage in relationships that are respectful, mutually beneficial, and full of love and that encourage trust. Casual discussions among friends about condoms showed peers the normality of talking to each other openly about contraception. The last segment was the most powerful one for participants: Workshop participants explained what they had learned about their sexual health and relationships and pledged to share the information with their community of friends and family.

## BRAINSTORMING ACTIVITY: IDENTIFYING CONCEPTS, STRATEGIES, AND SUGGESTIONS (AgirPF)

The brainstorming activity allowed participants to digest the information provided in the morning sessions and freely express their thoughts, questions, and/or concerns. The organization of the activity was designed to create an open space for dialogue and reflection. Each table chose how to organize and focus its discussion. The five groups included representatives from different backgrounds and areas of expertise—including a representative from adolescent and youth associations.

All five groups engaged in thorough discussions that sometimes generated more questions and ideas. This resulted in a profound understanding of the roles they play in securing a brighter outlook for adolescents and youth of Togo. Groups listened to each other and engaged in discussions about immediate actions that need to be taken by the government, civil societies, and organizations. For various groups, training health staff in youth-friendly services was a priority, while for others, the engagement and mobilization of parents was integral. All groups reached consensus on the need to collaborate with each other to prevent redundant efforts. The high level of participation and commitment from the groups demonstrated that it is a critical time



in Togo to analyze how to more effectively work toward achieving national AYSRH objectives. This session also offered an opportunity for adult participants to pose questions to the youth representatives.

Each group shared their thoughts in plenary, including:

- Health clinics offering services to adolescents and youth are underutilized because they lack needed equipment, properly trained staff, and a welcoming environment.
- Government officials need to commit to ensure the implementation of health service standards across all regions. This includes monitoring and evaluation across all levels.
- Parents need to be engaged in education, SRH interventions, and community participation.
- Research studies should be conducted to provide in-depth information on the target population, status of programs/initiatives, and direction for future endeavors.
- All participants must form a united front to enhance collaboration and prevent redundant efforts and time wasted in unsuccessful efforts, and to allow resources to be channeled in the right direction.
- The adolescent and youth rights perspective needs to be considered across all endeavors.
- The involvement of adolescents and youth in all aspects needs to be increased, including in design, implementation, and monitoring and evaluation of population, status of programs/initiatives, and direction for future endeavors.
- All participants must form a united front to enhance collaboration and prevent redundant efforts and time wasted in unsuccessful efforts, and to allow resources to be channeled in the right direction.
- The adolescent and youth rights perspective needs to be considered across all endeavors.
- The involvement of adolescents and youth in all aspects needs to be increased, including in design, implementation, and monitoring and evaluation.

## STRENGTHENING STRATEGIES TO IMPROVE AYSRH: TOOLS, APPROACHES, AND EVIDENCE

### *INCLUDING HUMAN RIGHTS WHEN OFFERING/CREATING SERVICES GEARED FOR AYSRH (AgirPF)*

The human rights of adolescents and youth need to be considered with designing youth-friendly health services. This means having them participate in the design, so that their rights, priorities, and needs are taken into account. The right to participate means that any policy development process should include adolescents and youth. This includes consulting them in: identifying priorities and needs, discussing what can be done to improve current efforts, creating curricula and materials, and identifying what type of campaigns and messages influence them. Young people's right to empowerment means having the power to make their own SRH decisions. Governments have a legal obligation to provide health services that are: accessible, available, and acceptable to youth, and of high quality. Attendees stated that this presentation provided another point of view on how to approach the implementation of youth-friendly services in Togo.

### *INTRODUCTION TO DECISION-MAKING TOOL FOR DESIGNING YOUTH-FRIENDLY SERVICES (E2A)*

The E2A team presented its new tool *Thinking Outside the Separate Space: A Decision-Making Tool for Designing Youth-Friendly Services* (Simon et al., 2016). This tool can be used by program managers to identify and select youth-friendly SRH service delivery models, while taking into account the context, the target population, the



desired results (both behavioral and health outcomes), and the youth-friendly services delivered, as well as the needs and objectives of scale-up and sustainability.

The tool aims to diverge from the usual path by taking into account the diversity of young people, their situations, and their contexts. Indeed, there are many channels, modalities, structures, and models by which youth-friendly services can be provided. The most common approach has been the creation of a separate space or service to ensure privacy and discretion. Although it has been adopted in various contexts in low- or middle-income countries, this approach is not always appropriate in all local contexts. It may not meet specific needs, it may be more expensive than other strategies, or it may not be sustainable or scalable (Zuurmond, Geary, & Ross, 2012). It is becoming increasingly clear, especially after publication of the 2014 World Health Organization report *Health of Adolescents in the World*, that the time has come to go beyond small, stand-alone youth-friendly service initiatives to health systems that are adapted to the needs of adolescents. Moving in this direction requires a new perspective in the way donors, governments, and NGOs conceptualize youth-friendly services. We will need to go from the “one size fits all model” to a “specific model” finely adapted to the country’s context and to the needs of adolescents and young people.

The decision-making tool helps actors adopt specific models through the following seven well-defined steps:

1. Determine the desired health/behavioral outcomes and which subpopulations of adolescents and youth the services should reach.
2. Conduct an SRH landscape analysis.
3. Determine what package of SHR services will be offered.
4. Determine available resources.
5. Determine the desired level of coverage.
6. Select one or more models for delivering youth-friendly services.
7. Plan for scale-up of the selected youth-friendly service model.

## LITERATURE REVIEW: WHAT WORKS AND WHAT DOES NOT WORK (E2A)

E2A provided a brief overview of international evidence on what works and what doesn’t in AYSRH efforts. This presentation cited a recent article highlighting that many ineffective interventions and practices continue to be implemented on a large scale (Chandra-Mouli, Lane, & Wong, 2015).

Methods that work to reduce the number of marriages before age 18 include integrated approaches, such as interventions that influence cultural norms, advocate for strategies that improve public policy, and increase adolescents’ knowledge of their human rights and their access to school and literacy. When it comes to reducing teen pregnancies, it is necessary to implement CSE programs in addition to gathering the support of community and political leaders who can advocate for such programs.

In increasing contraceptive use among adolescents, it is crucial that policy makers improve access to contraceptive services for adolescents and youth—for example, by keeping the cost of contraceptives low and disseminating contraceptive education. To reduce the number of sexual assaults, it is essential that laws punishing perpetrators be both implemented and monitored. At the same time, it is essential that programs empower girls to resist sexual assault and provide them with tools and skills that strengthen their lives and social networks. Success at this will only be achieved if men are involved in the transformation of social norms that condone sexual assault.



It is necessary to inform adolescents and sensitize communities on the dangers of unsafe abortions. This includes having abortion sites improve access to safe postabortion care. Increasing the use of maternal health services involves informing adolescents and their communities about the importance of antenatal, childbirth, and postnatal care.

A variety of strategies and practices have proven ineffective in facilitating AYSRH services. Ineffective strategies and practices include hosting public events to encourage communities to abandon harmful practices, peer education to encourage safer sexual behavior, and youth centers to increase contraceptive use. Ineffective approaches to the design and implementation of interventions include insufficient targeting of interventions, partial implementation, and nonintegrated approaches.

### **EXPANDNET METHODOLOGICAL FRAMEWORK (EXPANDNET)**

ExpandNet is a professional health network based in different parts of the world that seeks to advance the science and practice of scaling up innovations. It was founded in 2003 in collaboration with the World Health Organization's Department of Reproductive Health and Research.

Even though pilot programs and projects may show impressive results when first tested, once they are implemented at a larger scale they can become unsustainable. ExpandNet's guide, *Beginning with the end in mind: Planning pilot projects and other programmatic research for successful scaling up*, contains 12 recommendations on how to design pilot projects with scale-up in mind. Scale-up is guided by four principles: approach; comprehension; focus on sustainability; and respect for human rights, participation, gender equity, and access to quality health care. ExpandNet's approach to scale-up includes: identifying the needs of public health policy and development programs, testing the implementation of appropriate interventions to address priority needs, and intensifying successful initiatives. The purpose of ExpandNet's guide is to assist those interested in creating programs and research that will lead to lasting and large-scale impact.

## **PLENARY DISCUSSION: KEY THEMES**

**Adapting/improving existing programs:** Participants asked how they could continue to use the existing youth centers and peer programs in Togo. Attendees acknowledged that these existing platforms need to innovate, taking into account the diversity and contexts of their respective regions. The youth centers need to adopt evidence-based curricula and programs. The possibility was raised of adopting one of the seven models presented in E2A's tool: *Thinking Outside the Separate Apace: A Decision-Making Tool for Designing Youth-Friendly Services* (Simon et al., 2016). They said that peer programs must be simultaneously implemented with other programs that look into behavioral impact and change.

**Health provider capacity:** Attendees agreed that there are gaps in provider capacity to offer youth-friendly services. Providers need to become familiar with current laws and honor adolescent and youth rights in Togo. They said that it was not only about training, but also about ensuring respect for clients during the provision of services and accountability for offering high-quality services.



**Diversity and adaptation:** Attendees recognized that Togo is not homogenous and that strategies applied in one region may not necessarily be applicable to other regions. This topic brought up the crucial role of evaluation. In order to know whether current strategies are working, programs must rigorously document and gather data.

**Gender-based violence and sexual assault:** Togo has not offered education to young people that addresses gender-based violence and sexual assault. Attendees raised the need to look at current literature on relevant interventions and programs in other countries that could be brought to Togo. Participants cited the data presented at the meeting as proof that priority needs to be given to looking for a model or models in this area that are culturally appropriate for Togo.

**Involving parents:** Attendees expressed the need to hold further discussions and conduct studies on the engagement of parents, particularly including them in the areas of education, SRH interventions, and community participation. Parents could be a positive influence if engaged in the right way. For example, programs could encourage a positive relationship between parent and child that would allow them to freely discuss sexual health. But if not done right, parents might be obstacles to young people seeking sexual health information, particularly when it is discouraged or not discussed at home. Further analysis is required to better understand the rationale for strengthened parental involvement, especially to ensure that young people's right to make autonomous, informed decisions is respected.



## IDENTIFYING PRIORITIES AND ANALYZING NATIONAL POLICIES RELATED TO AYSRH: GROUP WORK SESSIONS

Breaking into six groups, workshop participants proceeded to identify priorities in matters of AYSRH, determine a service package to answer these priorities, and analyze national policies relating to the AYSRH in Togo using E2A's tool *Thinking Outside the Separate Space: A Decision-Making Tool for Designing Youth-Friendly Services* (Simon et al., 2016).

The first two groups, which analyzed current policies, were composed of representatives from various government departments and community and international organizations. The other four groups comprised central and regional health officials, civil society representatives, and international organizations and were divided by four regions (Lomé, Kara, Central, and Maritime). They were responsible for identifying priorities in each of their regions and for choosing the most appropriate youth-friendly service delivery model from E2A's tool. Activities were divided into five sessions, with each focusing on a different construct. (See Appendix B for full list of group work questions.)

### SUMMARY OF GROUP WORK ON AYSRH POLICIES

ARSRH Policy Analysis Groups	Youth-Friendly Service Groups
1. Identification of priority AYSRH issues and subpopulations	1. Identify desired AYSRH outcomes and subpopulations
2. Togo AYSRH policy analysis	2. Determine available resources and level of coverage
3. Road map for developing a new Adolescent & Youth Health Strategic Plan	3. Select youth-friendly services models
4. Scale-up of AYSRH good practices	4. Plan for scale-up of the selected youth-friendly services model
5. Development of recommendations	5. Development of recommendations





Two groups analyzed AYSRH policies in Togo. They started by identifying the main AYSRH priorities in Togo, namely:

- Unintended pregnancies among adolescents and young people
- Sexually transmitted infections, including HIV
- Maternal mortality and morbidity

The groups considered the following factors to be the main determinants of poor AYSRH outcomes in Togo:

- Lack of access to accurate information on SRH for adolescents and young people
- Lack of access to quality youth-friendly SRH services, including: lack of confidentiality, insufficient number of trained health providers, high cost of services, and insufficient equipment, materials, and commodities
- Social and cultural barriers, including oppositional religious beliefs and harmful traditional practices
- Insufficient political engagement, including: insufficient application of national laws and policies related to AYSRH, insufficient budget allocation to AYSRH, and insufficient coordination between ministries
- Lack of community support/involvement to improve AYSRH, including parents and community leader
- Insufficient youth participation in policy and program processes

The groups identified a variety of national policies, protocols, laws, and regulations that address AYSRH and provided guidance on how AYSRH services and programs should be delivered. These policy documents included several internationally recognized good practices for AYSRH. However, a number of challenges and shortcomings were identified, namely:

- Insufficient dissemination and awareness about these policies, protocols, laws, and regulations
- Insufficient application of AYSRH-related policies, protocols, and regulations
- Inadequate monitoring and evaluation

This workshop was organized at a strategic moment, when Togo's Ministry of Health was preparing plans to develop a new national AYSRH strategic plan. As such, the Policy Analysis groups reflected on how the Ministry could develop the most relevant and effective AYSRH national strategy. Some of the key recommendations included:

- Conduct an evaluation of the previous AYSRH strategic plan and conduct a situational analysis of the current AYSRH landscape in Togo.
- Ensure meaningful youth participation in all phases of the strategy development: include young people in the steering committee for the process; invite diverse young people to all strategy development workshops; and ensure that young people are equipped with sufficient skills to fully participate in the process.
- Establish a National Thematic Working Group on Adolescent and Youth Health.
- Ensure adequate support to health facilities, regional and district health offices, and partners to implement programs, while ensuring the sustainability of such programs and supervising their implementation and evaluating their effectiveness.
- Strengthen the human resources of the SNSJA to ensure adequate coordination and oversight for the development and implementation of the new AYSRH strategic plan.



- Involve parents to ensure that young people's sexual and reproductive rights are respected.
- Ensure that NGOs and partners plan their interventions in line with the new national AYSRH strategic plan.
- Ensure that NGOs and partners report on their AYSRH-related activities to the Ministry of Health (specifically, the SNSJA).

### *SUMMARY OF GROUP WORK ON YOUTH-FRIENDLY SERVICE DELIVERY MODELS*

Four groups, organized by four of Togo's regions (Kara, Central, Maritime, and Lomé Commune), analyzed youth-friendly service delivery models. Each group started by listing the priority problems and issues related to AYSRH in their respective regions. Some common issues were:

- High rates of unintended pregnancies among adolescents and young people
- Unsafe abortions
- HIV and other sexually transmitted infections
- Sexual violence against adolescent and young people
- Menstruation problems

The most common determinants identified by the groups as factors that contribute to these SRH problems were:

- Lack of access to accurate information about SRH for adolescents and young people
- Gender norms, which create stigma and discrimination against young women who seek SRH services
- Lack of health facilities that offer youth-friendly services
- Insufficient number of health providers trained in youth-friendly services
- Low uptake and utilization of existing SRH services by adolescents and young people
- Lack of access to existing SRH services (geographic, financial, etc.)

Each group reflected on specific subpopulations of adolescents and young people who are particularly affected by these barriers and SRH problems.

They then identified the essential SRH services that should be offered to young people to improve AYSRH. The package of services included:

- Contraceptive services, including a full range of modern contraceptive methods
- HIV counseling and testing, treatment, and care
- Sexually transmitted infection testing and treatment
- Antenatal care services
- Postnatal care services
- Postabortion care
- Screening and services for survivors of gender-based violence
- Referrals to other relevant health services and other social services
- Information, education, and communication/social and behavior change communication activities specifically designed for adolescents and young people



CSE for school and out-of-school settings was identified as an important complementary intervention to ensure an effective multisectoral approach to AYSRH.

Each group proceeded to map out the different types of youth-friendly service delivery models that currently exist in each region, as well as their level of functioning. The groups referred to the categories presented in the E2A's tool:

1. Stand-alone health facilities for youth-friendly SRH services
2. Separate spaces for youth-friendly services
3. Mainstreamed youth-friendly services
4. Mobile outreach services
5. Community-based services
6. Drug shops and pharmacies
7. SRH services offered in non-health settings

Only two models were identified as currently functional youth-friendly service models:

- Stand-alone health facilities for youth-friendly SRH services (Centrale, Lomé)
- SRH services offered in non-health settings, namely: school infirmaries (Centrale, Lomé)

Participants noted that other models may have been piloted or may exist; however, their effectiveness and/or coverage are limited.

After reflecting on the existing resources in each region (human, financial, infrastructure, etc.) and the ideal level of coverage for youth-friendly service models, each region proposed a list of youth-friendly service models that would be most appropriate for their context. A consensus emerged that a single model would not be sufficient; rather a combination of several models would be necessary to reach the desired health outcomes. As such, all groups selected 3–4 different models. One model was selected by all four groups: mainstreamed youth-friendly services, which do not require as many discrete resources as other models (as such a model does not include a separate space for youth, while providing a full range of SRH services and training to all staff on youth-friendly services). Another reason why this model was popular among the groups was that it can be implemented across different health facilities in both rural and urban areas. Since the model is part of a clinic, it also provides youth the opportunity to seek other health services that they may need.

In plenary, participants noted that while mobile service and separate-space models may be more costly and time-consuming, they are important strategies to ensure equitable access to youth-friendly services, especially for hard-to-reach or marginalized groups of young people. Furthermore, youth-friendly spaces in nonhealth settings were viewed as an important strategy to ensure high coverage.

The participants raised a concern about the lack of inclusion of young adolescents (those aged 10–14) and young married women in current AYSRH programs. These two groups are very different as to the approaches that may work to target each. Those aged 10–14 may benefit more from access to SRH information in environments they are comfortable with. In addition, this group may not feel as comfortable in seeking information at a clinic because of fear of stigma, especially if the youth in question lives in a rural community. Reaching out to this segment was seen as a priority by all groups, for it will result in positive behavior change



in the future when they reach adolescence and young adulthood. Young married women may need to be empowered to feel comfortable seeking FP information and services, especially given the cultural pressure for them to bear children, as well as their limited decision-making power.

In addition to the recommended models for youth-friendly services, the groups made several other recommendations for central-level Togolese government officials, regional/district health offices, services provided, partners, and civil society:

#### **Central-level Togolese government officials**

- Include AYSRH-related indicators in HMIS templates.
- Ensure the inclusion of AYSRH in preservice training for health providers.
- Strengthen efforts to enforce the 2008 Reproductive Health Law.
- Introduce a budget line for AYSRH in the national health/development budget.
- Train teachers on CSE.

#### **Regional/district health offices**

- Strengthen supportive supervision for youth-friendly SRH services.
- Ensure that Regional and District Operational Action Plans include AYSRH activities.
- Ensure that health facilities respect national AYSRH norms, standards, and protocols.
- Involve young people in the development of Operational Action Plans.

#### **Service providers**

- Ensure that all staff at health facilities are trained/oriented on youth-friendly service provision.
- Train community health workers on AYSRH.
- Ensure adherence to national AYSRH standards, protocols, and norms.

#### **Partners and civil society**

- Increase technical and financial support for AYSRH activities across Togo.
- Ensure that all activities are in line with the national AYSRH, FP, and development plans.
- Prioritize activities to increase support among communities for AYSRH.
- Prioritize capacity building for young people.
- Advocate for the scale-up of AYSRH good practices.



## CONCLUSION

Current statistics reveal the myriad problems related to AYSRH in Togo: early pregnancy and early marriage among young women and girls; sexual assault and gender-based violence; and the prevalence of HIV and other sexually transmitted infections. Those problems, if unaddressed, will keep young Togolese from reaching their full potential and becoming part of a healthy demographic dividend in Togo. Evidence presented by E2A and AgirPF affirmed these unhealthy trends.

The workshop was held at an opportune time, as the Ministry of Health begins to reevaluate its Strategic Plan for the Health of Adolescents and Youth and revisit national standards for training health providers in youth-friendly service provision. The evidence-based recommendations drawn during the group work sessions provide a promising platform for reexamining national policies that affect AYSRH and finding youth-friendly service models that work for delivery of services to young people. As stakeholders at the workshop confirmed, any strategy and any youth-friendly service models selected must address the diversity of the youth population in Togo and look at each of Togo's five regions separately.

Some key themes that emerged from the group work discussions and throughout the two-day workshop were:

- The importance of ensuring meaningful youth participation in AYSRH strategy development and program design
- The importance of finding ways to involve parents to be a positive influence on AYSRH
- The need to build the capacity of service providers to deliver youth-friendly care
- The need to strengthen monitoring and evaluation of youth-friendly services
- The need to reach very young adolescents (those aged 10 and older) with youth-friendly services

In a follow-up to the meeting, Togo's Ministry of Health will launch a consultative process to develop a new national strategy for AYSRH. The outcomes of this meeting will feed into this process with the aim of developing a strong, actionable, and evidence-based strategic plan, with buy-in from national stakeholders.



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# APPENDIX A: PARTICIPANT LIST

## AFFILIATIONS OF PARTICIPANTS

Ministère de la Santé et de la Protection Sociale  
Direction des Soins de Santé Primaires (DSSP)  
Division de la Santé Familiale  
Service National de la Santé des Jeunes et Adolescents (SNSJA)  
PNLS  
Régions sanitaires Lomé-Commune, Maritime, Centrale et Kara  
Districts Sanitaires de Lomé-Commune, Golfe, Tchaoudjo, Kozah et Binah  
Ministère de l'Action Sociale, de la Promotion de la Femme et de l'Alphabétisation (MASPFA)  
Ministère des Enseignements Primaire et Secondaire (MEPS)  
Ministère de l'Enseignement Supérieur et de la Recherche Scientifique (MERS)  
Ministère de l'Enseignement Technique, de la Formation Professionnelle et de l'Industrie (METFPI)  
Ecole Nationale des Auxiliaires Médicaux (ENAM)  
Ecole Nationale des Sages-Femmes (ENSF)  
Ecole Nationale de Formation Sociale (ENFS)  
Ecole Nationale des Aides Sanitaires de Sokodé  
Faculté des Sciences de la Santé de l'Université de Lomé  
US Embassy Lomé  
Peace Corps Togo  
UNFPA  
OMS  
UNICEF  
ONUSIDA  
Organisation Ouest Africaine de la Santé (OOAS)  
Unité de Coordination du Partenariat Ouagadougou  
USAID Afrique de l'Ouest  
Plan Togo  
PACTE VIH  
Croix Rouge Togolaise  
Croix Rouge Danoise  
ATBEF  
ADESCO  
YMCA-TOGO  
CRIPS-TOGO  
PSAS  
DFA  
ACS  
ASSAFETO  
Conseil National de la Jeunesse (CNJ)  
Jeune Chambre International (JCI)  
Mouvement d'Action des Jeunes (MAJ) de l'ATBEF  
Evidence 2 Action  
Agir Pour la Planification Familial (AgirPF)



## APPENDIX B: GROUP WORK SESSIONS

### ATELIER DE REFLEXION SUR LA SANTÉ SEXUELLE ET REPRODUCTIVE DES ADOLESCENTS ET DES JEUNES (SSRAJ) AU TOGO

#### TDR POUR LES TRAVAUX DE GROUPE

##### Objectifs des travaux de groupes :

1. Identifier les priorités spécifiques en matière de SSRAJ au Togo (Groupes 1 à 6) ;
2. Identifier les lacunes et les possibilités pour renforcer la prise en compte de la santé sexuelle et reproductive des adolescents et jeunes (SSRAJ) dans les politiques nationales du Togo (Groupes 1 et 2) ;
3. Identifier les lacunes et les possibilités pour renforcer l'offre de services SSRAJ au Togo (Groupes 3 à 6) ;
4. Formuler des recommandations pour l'élaboration du Plan Stratégique de la SAJ 2016-2020 (Groupes 1 et 2) ;
5. Formuler des recommandations pour introduire et/ou mettre à l'échelle des modèles de prestation de services de santé sexuelle et reproductive adaptés aux adolescents et jeunes au Togo (Groupes 3 à 6)

##### Déroulement :

Les participants seront répartis dans six groupes de travail :

- **Groupe 1** : Analyse des politiques nationales sur la santé sexuelle et reproductive des adolescents et jeunes
- **Groupe 2** : Analyse des politiques nationales sur la santé sexuelle et reproductive des adolescents et jeunes
- **Groupe 3** : Concevoir des services de santé sexuelle et reproductive adaptés aux adolescents et jeunes de la Région de la Kara
- **Groupe 4** : Concevoir des services de santé sexuelle et reproductive adaptés aux adolescents et jeunes de la Commune de Lomé
- **Groupe 5** : Concevoir des services de santé sexuelle et reproductive adaptés aux adolescents et jeunes de la Région Centrale
- **Groupe 6** : Concevoir des services de santé sexuelle et reproductive adaptés aux adolescents et jeunes de la Région Maritime

Chaque groupe désignera un président et un rapporteur. Un facilitateur d'AgirPF et/ou E2A sera présent dans chaque groupe. Un canevas PowerPoint sera fourni aux groupes pour préparer une présentation sur leurs discussions. Les questions des travaux de groupes sont énumérées ci-dessous.





## GROUPES I ET 2 : ANALYSE DES POLITIQUES EN MATIERE DE LA SSRAJ AU TOGO

La création d'un environnement politique favorable est essentielle pour la réussite des programmes et services de santé sexuelle et reproductive des adolescents et jeunes. Les questions suivantes visent à guider les participants de réfléchir sur l'environnement politique actuel au Togo et de formuler des recommandations pour renforcer les politiques et stratégies nationales en matière de la santé sexuelle et reproductive des adolescents et jeunes.

### SESSION I

#### DÉTERMINER LES PRINCIPAUX PROBLÈMES DE SSRAJ ET LES SOUS-POPULATIONS

##### PRIORITAIRES

1. Quels sont les principaux problèmes/préoccupations de santé sexuelle et reproductive (SSR) parmi les adolescents et les jeunes des deux sexes au Togo ?
2. Quelles sont les sous-groupes d'adolescents et jeunes qui sont les plus affectés par ces problèmes de SSR ?

**Par exemple :**

- Jeunes femmes et/ou jeunes hommes de différents groupes d'âge
  - 10-14 ans,
  - 15-19 ans,
  - 20-24 ans
- Jeunes mariés (monogames ou polygames)
- Jeunes non mariés
- Jeunes parents
- Jeunes scolarisés
- Jeunes non-scolarisés
- Jeunes en milieu rural
- Jeunes en milieu urbain
- Populations clés pour le VIH, y compris les jeunes hommes ayant des rapports sexuels avec des hommes, des jeunes professionnelles de sexe, des jeunes qui s'injectent des drogues
- Jeunes apprentis
- Jeunes domestiques
- Jeunes vivant dans la rue

Autres :

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3. Quelles données probantes existent sur ces problèmes/préoccupations ? Quelles données doit-on rechercher davantage ?



## SESSION 2

### ANALYSE DE LA RÉPONSE INSTITUTIONNELLE À LA SSRAJ AU TOGO : LES POLITIQUES ET LES STRATEGIES NATIONALES

1. Parmi les politiques et stratégies nationales en vigueur au Togo, lesquelles portent sur la santé sexuelle et reproductive des adolescents et jeunes ?
2. Dans quelle mesure est-ce que ces politiques et stratégies répondent aux problèmes identifiés dans la question 1 ?
3. Dans quelle mesure est-ce que les politiques et stratégies prennent en compte les bonnes pratiques avérées en matière de la santé sexuelle et reproductive des adolescents et jeunes (tel que présenté par E2A) ?
4. Dans quelle mesure est-ce que ces politiques et stratégies sont appliquées et mises en œuvre ?

## SESSION 3

### FEUILLE DE ROUTE POUR L'ELABORATION DU NOUVEAU PLAN STRATEGIQUE DE LA SANTE DES ADOLESCENTS ET JEUNES

**Partager le « Plan Stratégique de 2008 à 2012 pour la santé des adolescents et jeunes au Togo » avec les participants.**

Le Service National de Santé des Jeunes et Adolescents de la Division de la Santé Familiale du Ministère de la Santé vise à élaborer un nouveau plan stratégique pour la santé des adolescents et jeunes de 2016 à 2020 :

1. Quelles étapes/activités devraient être entreprises pour l'élaboration du nouveau plan stratégique, y compris l'évaluation de l'ancien Plan Stratégique de SAJ (2007 à 2012) ?
2. Quel mécanisme de coordination devrait être mise en place pour l'élaboration du nouveau plan stratégique ?
3. Quels acteurs devraient être impliqués dans le processus ?
4. Comment peut-on assurer la participation significative des adolescents et jeunes ?

## SESSION 4

### PASSAGE A L'ECHELLE VERTICAL DES BONNES PRATIQUES EN SSRAJ

*L'élaboration du nouveau Plan Stratégique pour la Santé des Adolescents et Jeunes 2016 à 2020 contribuera au passage à l'échelle vertical des interventions de santé sexuelle et reproductive des adolescents et jeunes.*

1. Quelles mesures devraient être mises en place pour assurer que le nouveau plan stratégique mettra l'accent sur des bonnes pratiques avérées en matière de la santé sexuelle et reproductive des adolescents et jeunes ?
2. Quand le nouveau plan stratégique sera élaboré, quelles actions devrions-nous entreprendre pour assurer sa dissémination et sa mise en œuvre ?
3. Quel mécanisme de coordination devrait être mise en place pour coordonner la mise en œuvre du nouveau Plan Stratégique SAJ ?



## SESSION 5

### FORMULATION DES RECOMMANDATIONS

1. Quelles sont vos recommandations principales pour l'élaboration du nouveau plan stratégique de santé des adolescents et jeunes ?
  - a. Pour le Ministère de la Santé et de la Protection Sociale ?
  - b. Pour la société civile ?
  - c. Pour les partenaires techniques et financiers

### GROUPES 3 à 6: CONCEVOIR DES SERVICES DE SSRAJ

## SESSION I

### ÉTAPES 1 À 3 : DÉTERMINER LES RÉSULTATS DE SANTÉ SOUHAITÉS, LES SOUS-POPULATIONS ET LE PAQUET DE SERVICES SSR À OFFRIR

1. Quels sont les principaux problèmes/préoccupations de santé sexuelle et reproductive (SSR) parmi les adolescents et les jeunes des deux sexes dans la région/zone dans laquelle vous travaillez ?
2. Quelles sont les sous-groupes d'adolescents et jeunes qui sont les plus affectés par ces problèmes de SSR ?

#### Par exemple :

- Jeunes femmes et/ou jeunes hommes de différents groupes d'âge
  - 10-14 ans,
  - 15-19 ans,
  - 20-24 ans
- Jeunes mariés (monogames ou polygames)
- Jeunes non mariés
- Jeunes parents
- Jeunes scolarisés
- Jeunes non-scolarisés
- Jeunes en milieu rural
- Jeunes en milieu urbain
- Populations clés pour le VIH, y compris les jeunes hommes ayant des rapports sexuels avec des hommes, des jeunes professionnelles de sexe, des jeunes qui s'injectent des drogues
- Jeunes apprentis
- Jeunes domestiques
- Jeunes vivant dans la rue

Autres :

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3. Quels services SSR sont nécessaires pour que ces sous-populations de jeunes puissent atteindre les résultats de santé souhaités ? Parmi ces services, lesquels sont essentiels (paquet minimum) ?

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4. Quels sont les services offerts actuellement aux jeunes à travers des établissements de santé dans votre zone d'intervention ?
  5. S'il y a des SAJ dans votre région /zone d'intervention, comment les jeunes perçoivent-ils ?

## SESSION 2

### ÉTAPES 4 ET 5 - DÉTERMINER LES RESSOURCES DISPONIBLES ET LE NIVEAU DE COUVERTURE SOUHAITÉ

1. Quel type d'infrastructure existe actuellement pour la prestation de services SSR aux adolescents et jeunes dans votre zone d'intervention (dans le secteur public ou privé) ?
  - Existe-t-il des structures de santé exclusivement pour les adolescents et jeunes?
  - Existe-t-il des structures de santé qui offrent des services SSR aux adolescents et jeunes dans une pièce séparée ?
  - Existe-t-il des structures de santé qui offrent des services SSR aux adolescents et jeunes sur des jours ou à des heures spécifiques ?
  - Existe-t-il des structures de santé où l'approche jeune est intégrée dans la prestation de tous les services de santé ?
  - Existe-t-il des unités de santé mobiles entièrement équipées pour la prestation des services SSR aux adolescents et jeunes ?
  - Existe-il de l'infrastructure pour la prestation de services de base communautaire ?

Quelles autres structures existent qui offrent des informations et des services SSR aux adolescents et jeunes ?

2. Quelles sont les ressources humaines disponibles pour la prestation de services SSR aux adolescents et jeunes dans votre région/zone d'intervention (dans le secteur public et privé) ?
  - Prestataires de santé qui sont disponibles pour fournir des services de SRR aux jeunes.
  - Agents de base communautaire qui sont formés pour la prestation des SAJ.
 D'autres :

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3. Dans quelle mesure le système actuel d'information pour la gestion sanitaire (SIGS) arrive-t-il à suivre les données liées à la SSR des adolescents et jeunes ?
4. Quel est le niveau optimal de couverture nécessaire pour atteindre vos résultats souhaités sur le plan de la santé ?
  - couverture nationale pour atteindre la population générale de jeunes
  - couverture régionale pour atteindre la population générale de jeunes dans toute la région
  - couverture au niveau de certains districts prioritaires pour atteindre la population générale
  - couverture nationale uniquement pour des sous-populations spécifiques
  - couverture régionale de sous-populations spécifiques
  - couverture au niveau de certains districts de sous-population spécifiques

## SESSION 3

### ÉTAPE 6 – CHOISIR UN OU PLUSIEURS MODÈLES DE PRESTATION DE SERVICES SAJ

1. En fonction des résultats des étapes précédentes, quel(s) modèle(s) de SAJ sont le(s) plus approprié(s) ?
  - Modèle 1 des SAJ : Centre indépendant
  - Modèle 2 des SAJ : Espace séparé pour les SAJ
  - Modèle 3 des SAJ : SAJ intégré
  - Modèle 4 des SAJ : Services mobiles d'extension communautaire
  - Modèle 5 des SAJ : Services à base communautaire
  - Modèle 6 des SAJ : Drogueries et pharmacies
  - Modèle 7 des SAJ : Les services de SSR dans des contextes autres que la santé
  
2. Prière d'envisager les facteurs suivants qui peuvent s'appliquer à votre situation et aux modèles de SAJ proposés :
  - a. Population de jeunes desservis : \_\_\_\_\_
  - b. Caractère privé (protection de la vie privée) : \_\_\_\_\_
  - c. Paquet de services de SSR : \_\_\_\_\_
  - d. Ressources nécessaires : \_\_\_\_\_
  - e. Pérennisation : \_\_\_\_\_
  
3. Est-ce que ce(s) modèle(s) de SAJ sont déjà inclus dans les plans nationaux de PF et de SSRAJ ?
  - a. Si oui, que devrions-nous faire pour renforcer leur opérationnalisation ?
  - b. Si non, comment pourrions-nous les intégrer dans l'élaboration, la mise en œuvre et le suivi et évaluation des plans nationaux ?

## SESSION 4

### ÉTAPE 7 – PLANIFIER LA MISE À L'ÉCHELLE DU MODELE OU DES MODELES DE SAJ

1. Quelles sont les organisations qui seront responsables d'adopter et de mettre en œuvre/mettre à l'échelle le modèle ou les modèles choisis de SAJ (à savoir, les organisations d'utilisateurs)?
2. Quelles sont les parties concernées qui encourageront l'introduction ou la mise à l'échelle des modèles de SAJ choisis ? (à savoir, les membres de l'équipe de ressources) ?
3. Quel type de mise à l'échelle est suggérez-vous pour augmenter l'accès au modèle SAJ sélectionné (par exemple, vertical et / ou horizontal) ?
  - A. Pour la mise à l'échelle horizontale :
    - a. Quelles sont les approches/activités qui pourraient être utilisées (ou qui sont déjà utilisées) pour éten dre le modèle de SAJ à des nouveaux sites ou des nouveaux groupes de sous-population ?
  
  - B. Pour la mise à l'échelle verticale :
    - a. Quels sont les changements au niveau politique, légal, institutionnel ou sur les plans des politiques qu'il faudra faire pour faciliter le processus de la mise à l'échelle ?



## SESSION 5

### FORMULATION DES RECOMMANDATIONS

1. Quelles sont vos recommandations principales pour la mise en œuvre du (des) modèle(s) de SAJ choisis pour augmenter l'accès et la qualité de services offerts pour les adolescents et les jeunes ?
  - a. Au niveau central du Gouvernement (Ministères chargés de la santé, des adolescents et jeunes, de l'éducation, etc.)
  - b. Au niveau des Régions et Districts Sanitaires
  - c. Au niveau des points de prestation de services de santé
  - d. Au niveau des partenaires techniques et financiers
  - e. Au niveau de la société civile





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