



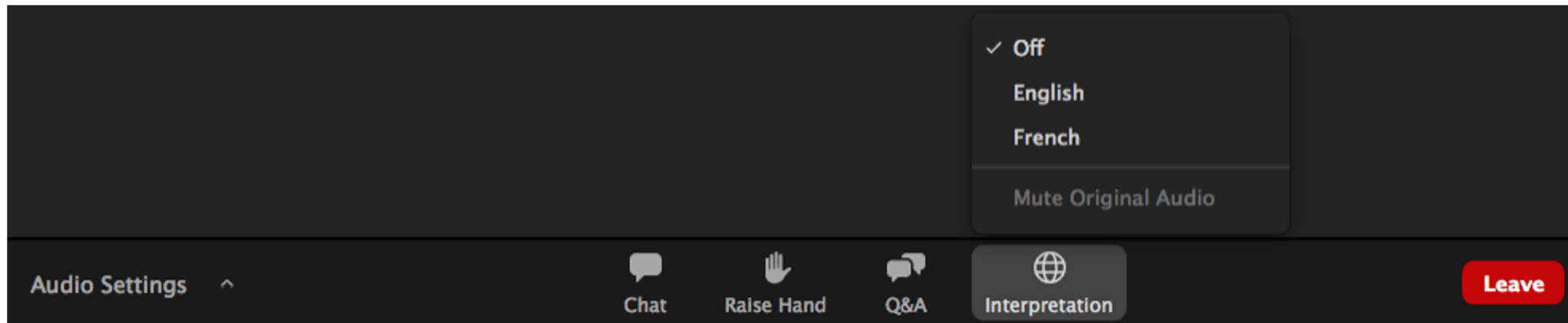
# Activating the Urban Health System to Deliver Quality Adolescent & Youth-Friendly Health Services

January 18, 2022

# Zoom Logistics

**Live French interpretation is available!** Click the “Interpretation” icon at the bottom of your screen to listen to the webinar in French.

***L'interprétation française en direct est disponible !** Cliquez sur l'icône «Interprétation» au bas de votre écran pour écouter le webinaire en français.*



# Logistics

- Each presentation will take approximately 7-9 minutes.
- Please type any questions for presenters in the Q&A box.
- The moderator will collect/consolidate questions and address as many as possible before the end of the webinar.
- This webinar will be recorded, and a link will be circulated to all participants.

# TCI's Goal



# Opening Remarks



**Gwyn Hainsworth**

Senior Program Officer  
Bill & Melinda Gates Foundation

“ With 1.8 billion adolescents and youth in the world, and growing, we are starting to see shifts to more meaningfully address the needs of adolescents and youth within FP and SRH programs.

*The challenge ahead is how to do this at scale and in true partnership with young people.*



THE  
**tci** CHALLENGE  
INITIATIVE





# TCI's AYSRH Concentric Circle Strategy

Making data on youth sexual and reproductive health visible

Advocating for youth-friendly cities

Developing engaging messages for youth

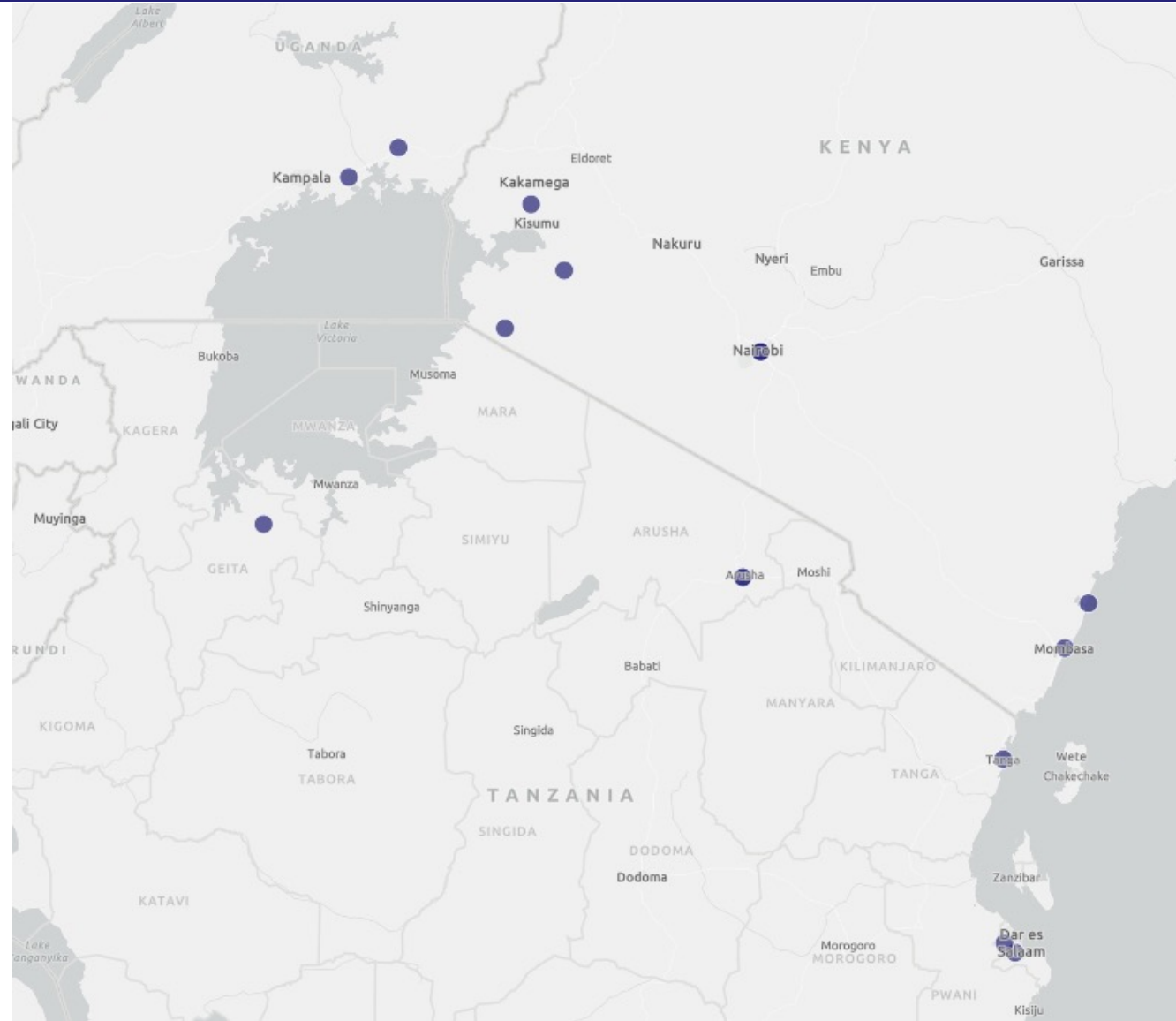
Addressing provider bias and service quality

# TCI AYSRH Platform

- TCI AYSRH platform supports a systems-strengthening approach, activating urban health system, municipal and community structures.
- Demand-driven: 96 cities submitted EOIs; 42 cities implementing in 8 countries
- Youth engagement in supporting UHC: Monitoring, advocacy, demand generation; improved access to quality health services with provider bias reduction and for community gatekeepers too
- The lessons discussed today are BEING DOCUMENTED as part of a special journal supplement...expected release Nov 2022!

# Making Data on Youth Sexual & Reproductive Health Visible

## EAST AFRICA



# TCI's AYSRH Goal in East Africa

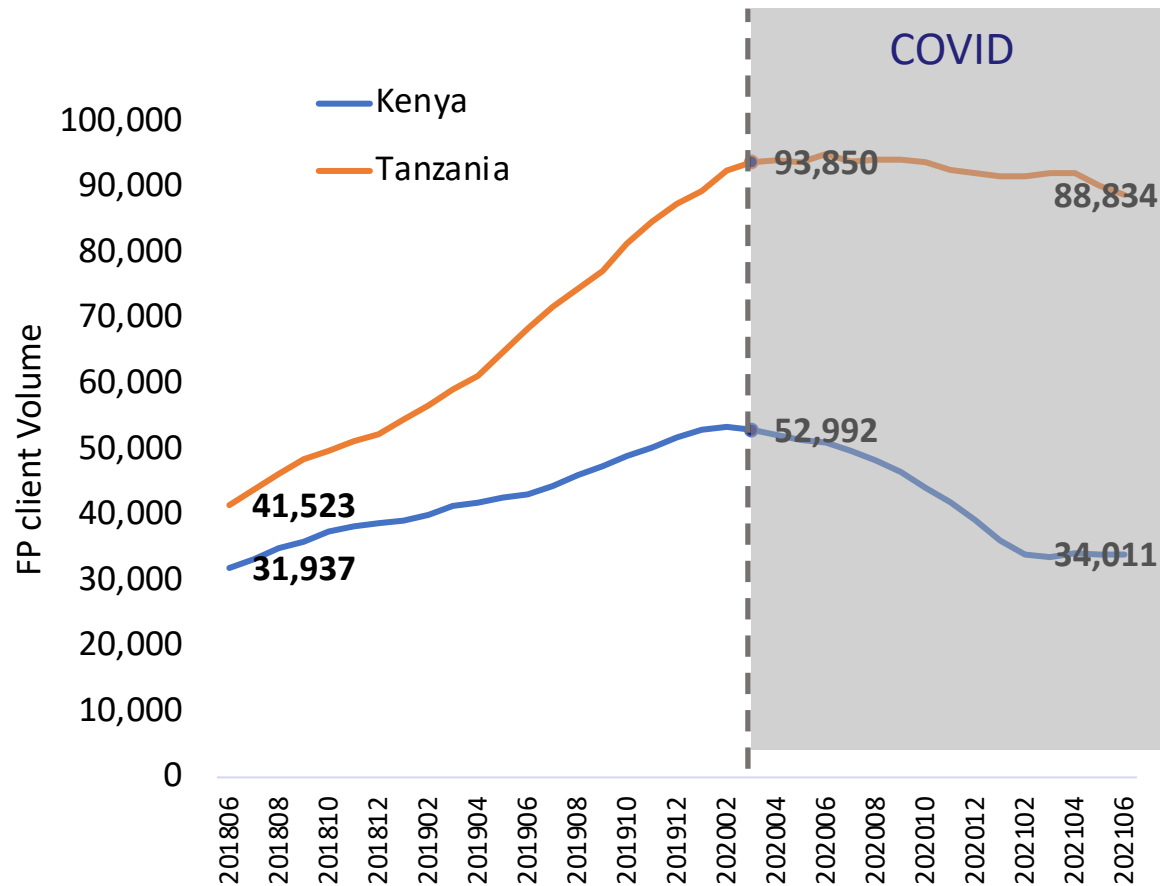
- Reduce teenage pregnancies in TCI supported cities
  - Teenage pregnancy rates  $> 20\%$
- Increase AY access to quality contraceptive services
  - Unmet need for FP among AY  $> 20\%$



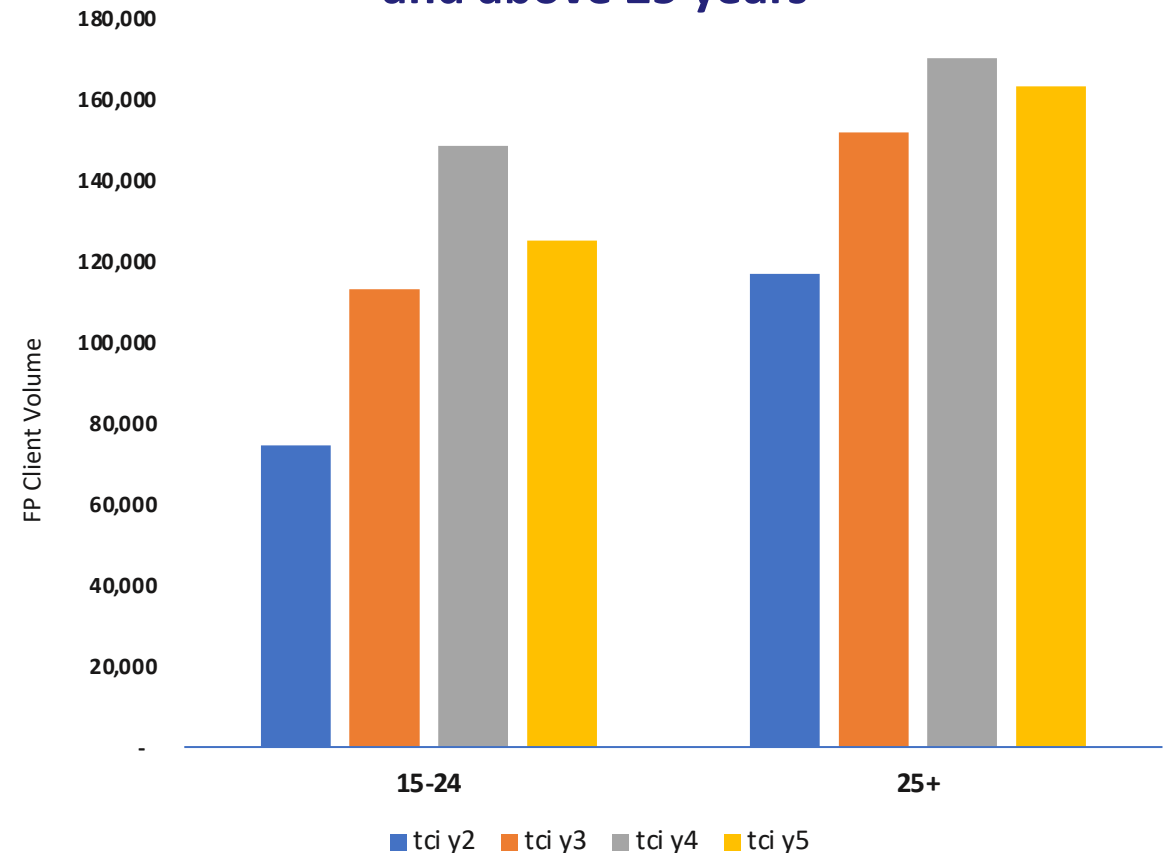


# AY-PMIS: Determining changes in AY (15-24 years) FP uptake since June 2018

Trend: FP client Volume (15-24)

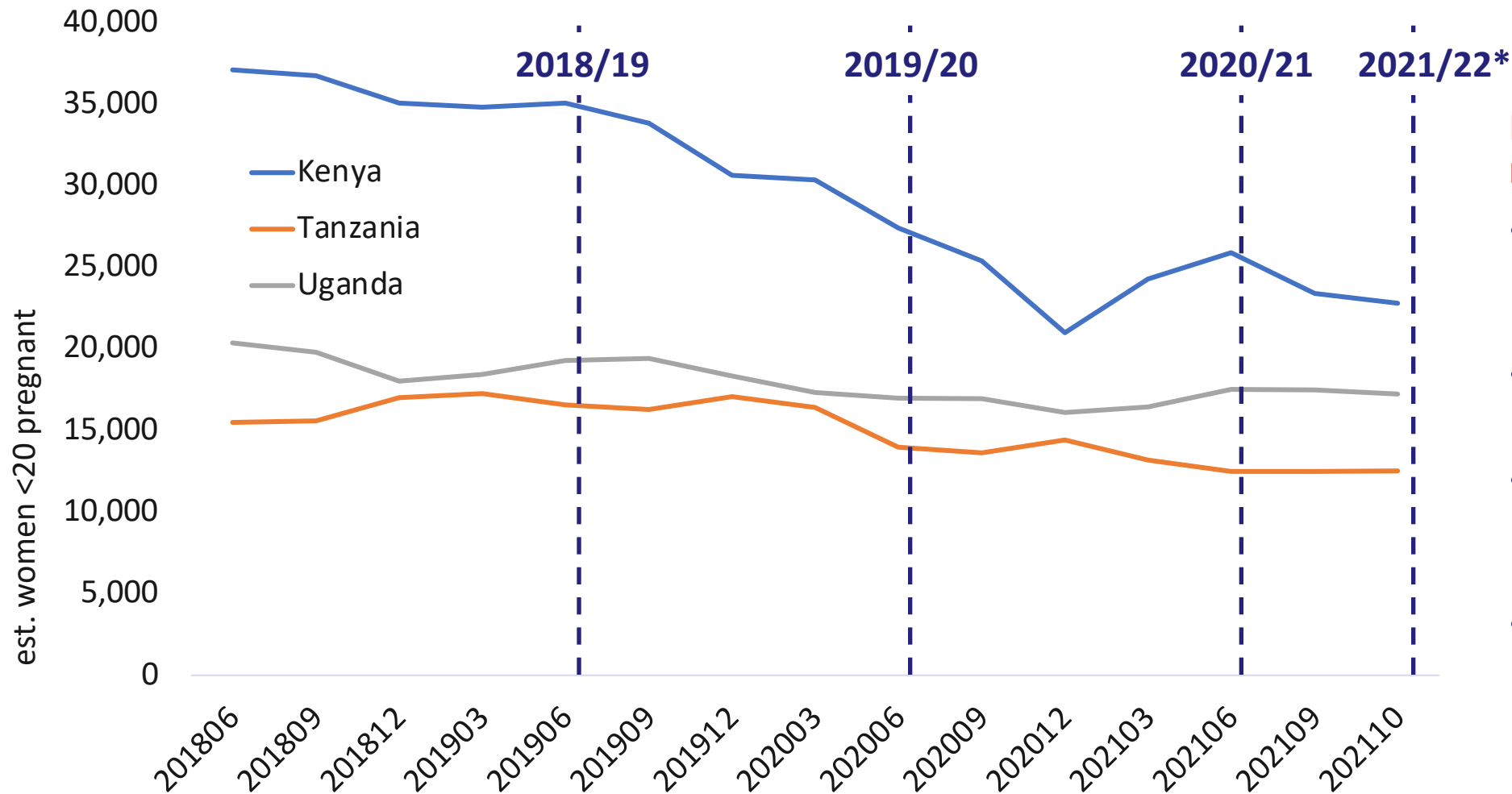


Comparison of FP client volume: AY (15-24 years)  
and above 25 years



- Data collected from 135 of 976 TCI supported health facilities, 48 months of data collected: July 2017-June 2021

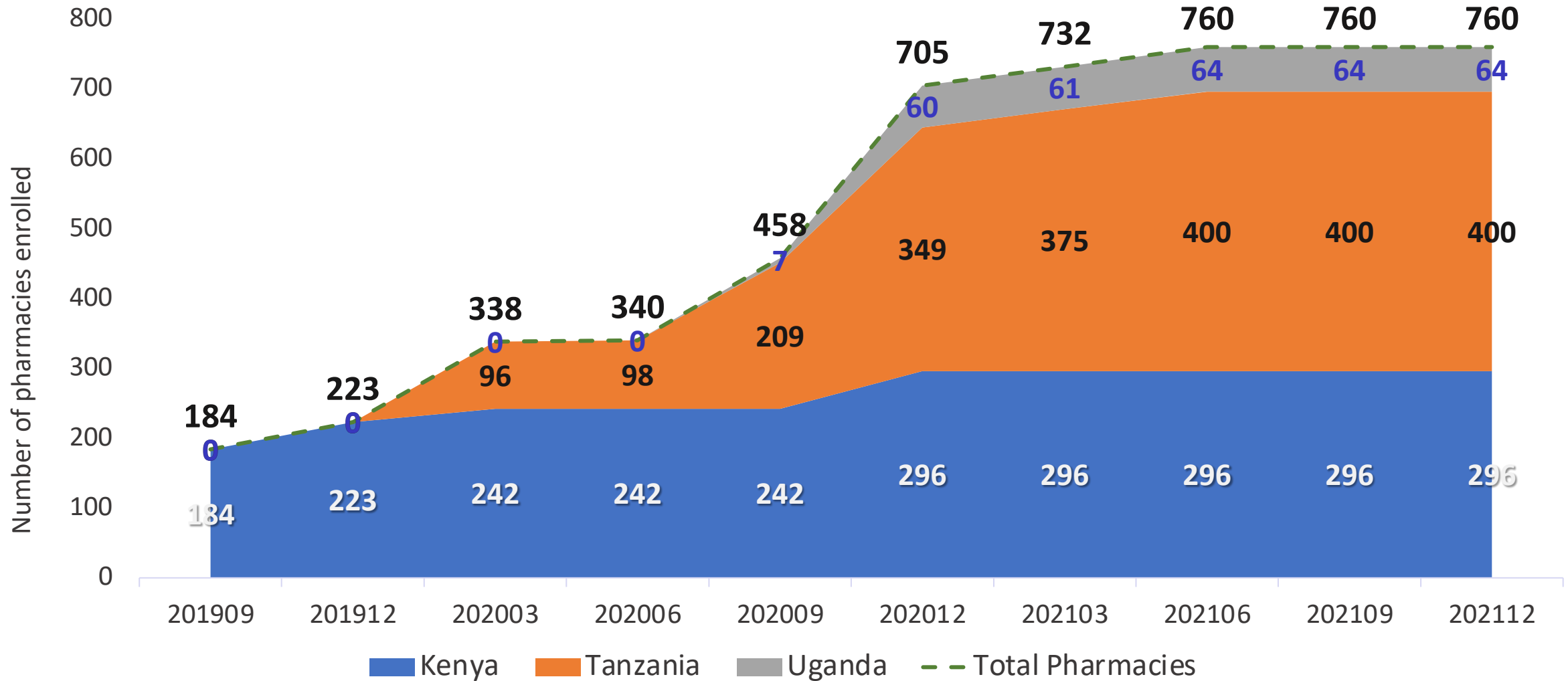
# Modeling HMIS-ANC: Teenage Pregnancy Rates in TCI-supported Geographies



## Methodology still under review

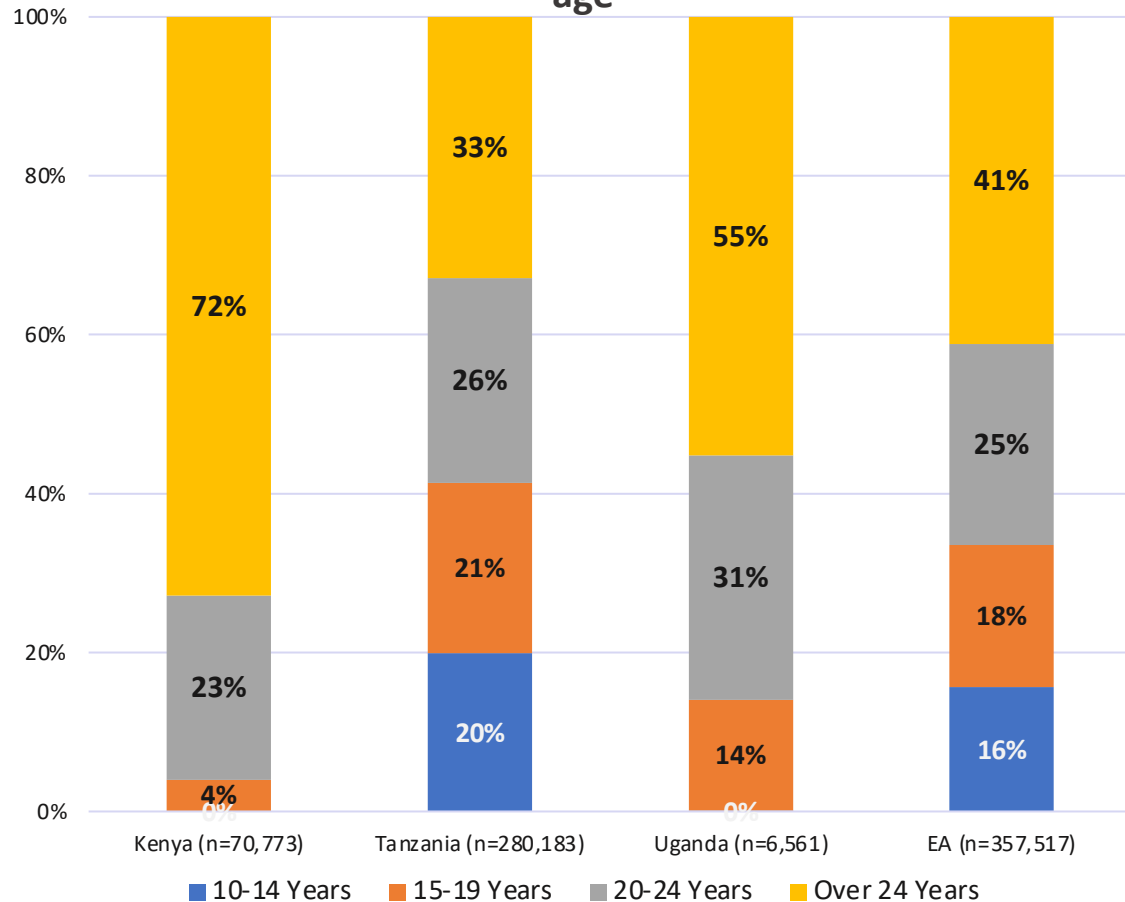
- Methodology uses HMIS 1<sup>st</sup> ANC visits summarized on a monthly basis
- Survey data is used to estimate gestation
- Gestation data used account for those who would have delivered
- Rolling sums used to estimate number of women pregnant

# TCI's Engagement with Pharmacies in EA

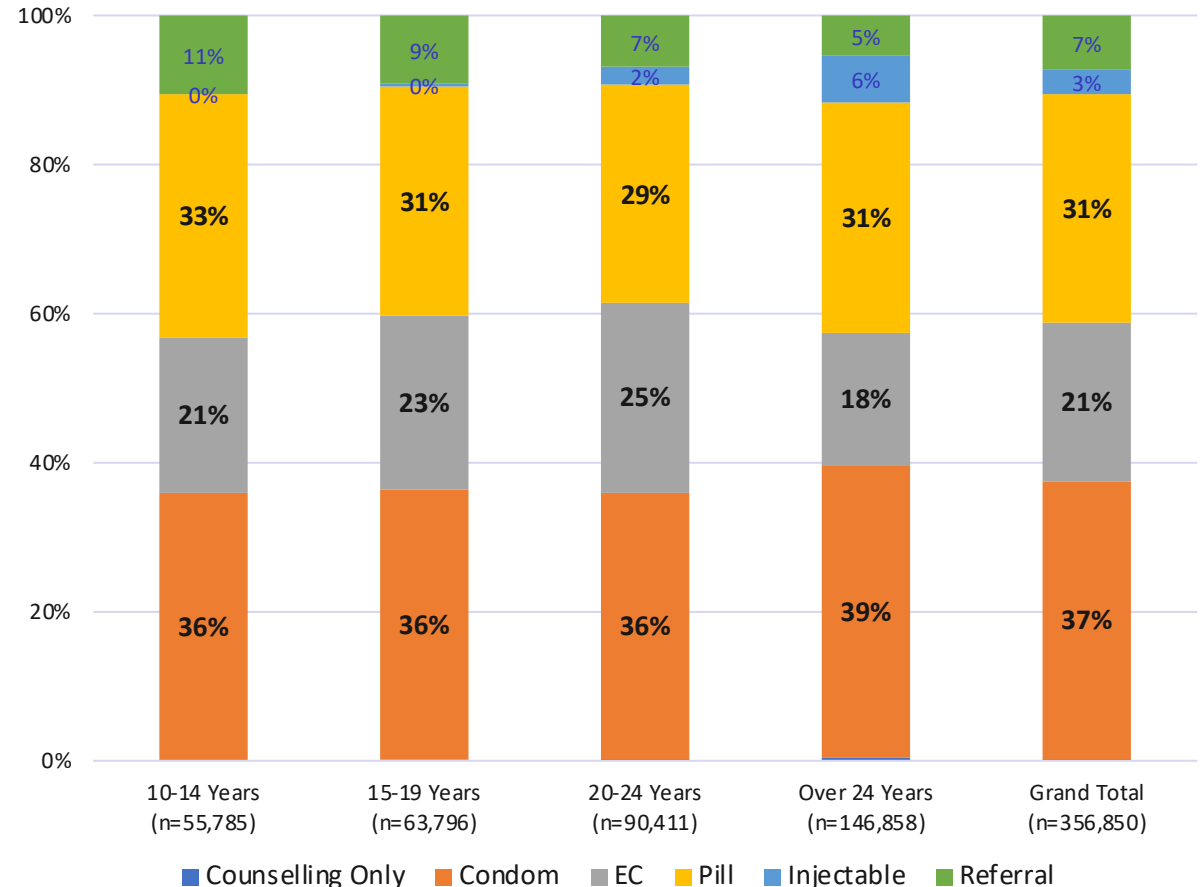


# Client and service profile in Pharmacies (Oct'19-Dec'21)

% Distribution of clients served at pharmacies by age



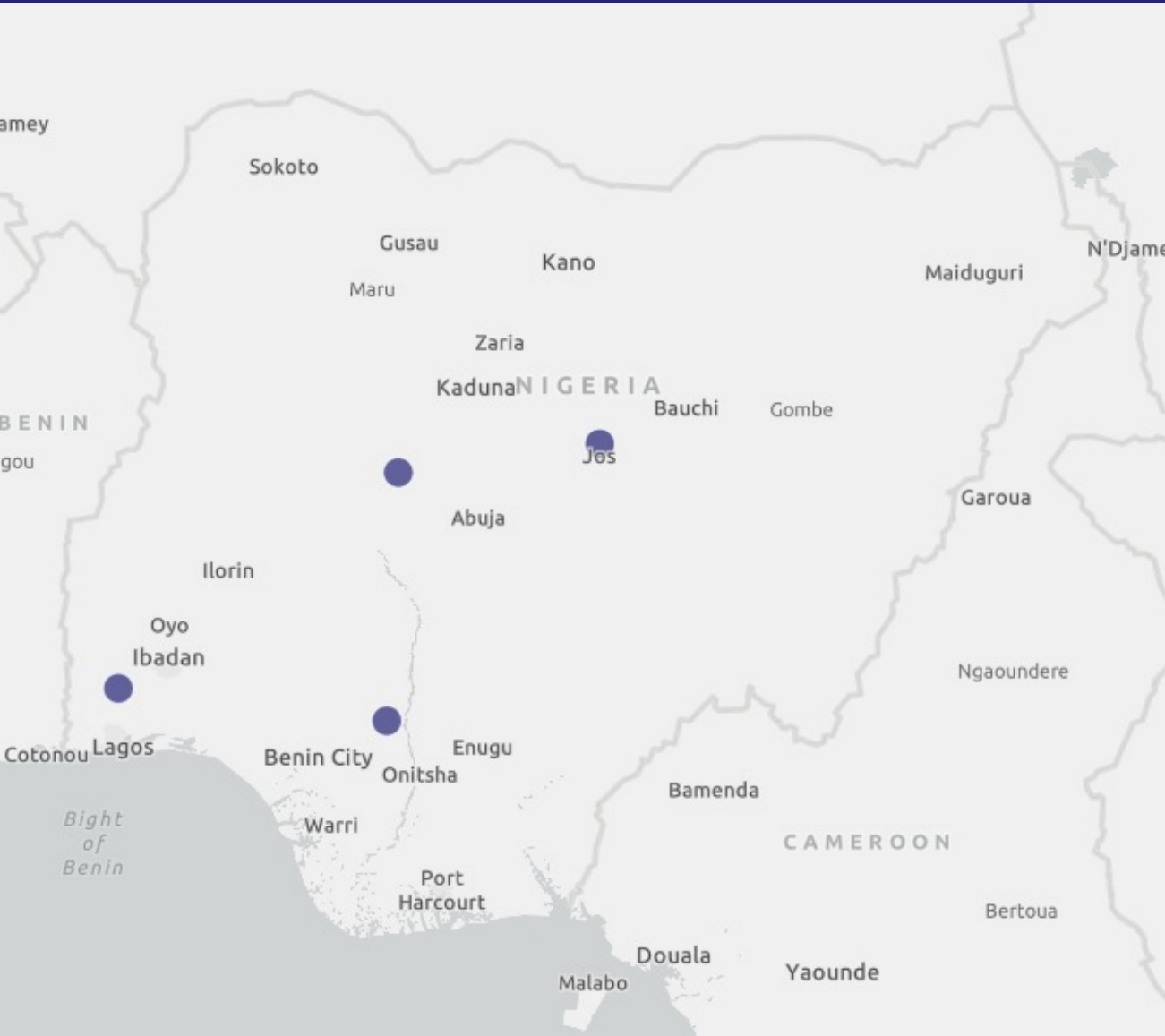
% Distribution of clients served by method received and age category



# Linkage of Pharmacy Data on HMIS

- Pharmacies have been included within monthly governance meeting (e.g., FP/AYSRRH PIT/HMT) to discuss their achievements, share learnings and updates
- Pharmacy data used to showcase at national and geography forums to advocate for inclusion and support of pharmacies to report within HMIS
- Experiences from pharmacies used to guide roll out of the HMIS pharmacy reporting pilot in Kenya
- In Tanzania, HMT teams adapted the HMIS FP register and summary tool to support pharmacy reporting contraceptive data
- In Tanzania, pharmacies have been linked to health facilities to enable submission and aggregation of their reports on HMIS/DHIS-2

# Advocating for Youth-Friendly Cities



## NIGERIA



# Meet Mrs. Nvou Pam, AHD Desk Officer

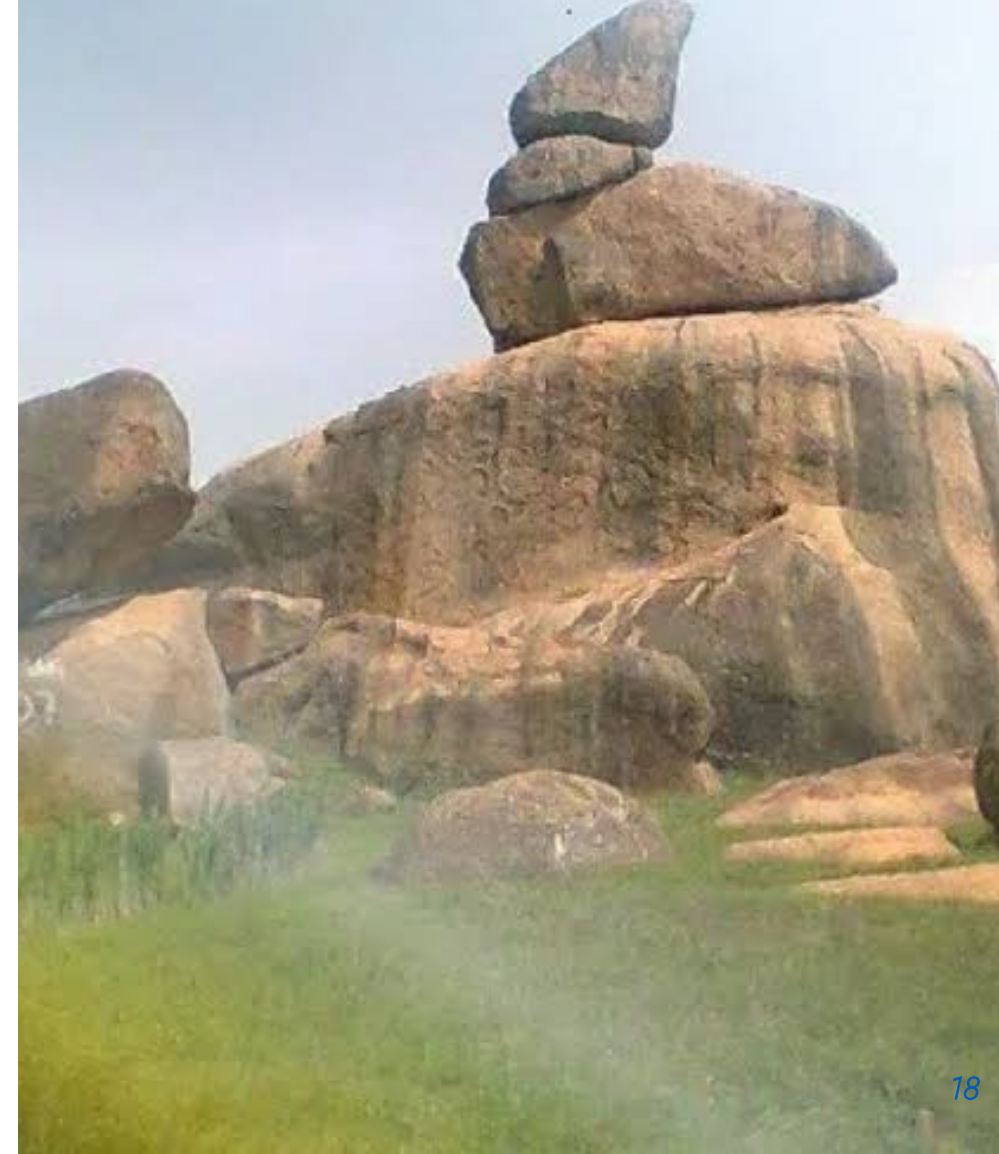


- Mrs. Nvou is a highly dedicated and conscientious community health worker with an outstanding service record and background in community service with the Plateau state government for over 23 years.
- She works full-time with Plateau State Primary Health Care Development. As the State Adolescent Health Desk Officer, she has supported the state to coordinate the implementation of high-impact AYSRH interventions throughout the state. Her office provides strategic direction and support to service providers, implementing partners, civil society organizations, non-state actors and community health workers to scale up access to quality PHC services, including contraceptive services.
- As a certified family planning provider, Mrs. Nvou has been identified in Plateau state as a peer coach who supports capacity building of service providers and young people.

# The Plateau State Journey

## Background

1. Plateau state has an estimated Population of 4.7 million people, with over 1.2 million constituting adolescents and young people.
2. Prior to TCI partnership, the state AYSRH program was not structured:
  - No costed plan
  - No official AHD office.
  - Inadequate funding
  - Inadequate involvement with young people in decision making on SRH need
3. At the facility and community levels, AYSRH program is characterized with:
  - Cultural and religious barriers
  - Provider's bias
  - Weak parent-young people communication on SRH



# What works

## 1 Advocating for state funding of AYSRH program through:

- Multi-sectoral coordination platform AHD-TWG
- Adolescent Health and Development desk office of the state
- Advocacy Core Groups
- Activities of the Life Planning Ambassadors
- Use of media to amplify issues of AYSRH

## 2. Promoting adolescents and youth participation across state and community systems and structures:

- Life planning ambassadors: With the support of TCI, 22 young persons trained on different and equipped for participation on issues around AYSRH
- Meaningful AY participation through the incorporation of young people into RH/FP and AYSRH state, LGA, Community and facilities like the ACG, SBCC, Media, TWG etc.

## 3. State led-youth friendly facilities:

- Incorporation of WHO and national minimum standard package of AYFHS into the state FPSS checklist to enhance the quality FP services for AY
- Presence of state AYSRH coaches
- Coaching and mentoring of clinical and non-clinical providers via WSOs, OJT, on-the-job tools, TCI-U and supportive supervision



# Key Results

- Over 5,000 (15-24 years) took up various contraceptive methods across 25 facilities in the state.
- The state government released **56,173,659 NGN** for integrated FP/AYSRRH program in the two years of the implementation of the AYSRRH program.
- The state government through the SOML funds printed and distributed data tools to enhance reporting and documentation of FP uptake and use of data for decision-making.
- State unified annual AYSRRH costed plan with interventions of all the line MDAs (example of quick win: release of BHCPF for renovation to be youth-friendly).
- Issues around AYSRRH are receiving government attention as a result of proactive engagement of TWGs, LPAs, ACGs, media and AHD-state desk office, serving as the coordinating unit.

# Meet Joyce Asanato, Life Planning Ambassador

- Joyce Asanato holds a degree in history & international relations. A life planning ambassador with the plateau state health care development board, where she actively & passionately contributes to the implementation of quality AYSRH in the state.
- Joyce uses traditional and new media to increase visibility of needs of young persons, while also engaging with policy makers, technocrat, religious, schools and community leaders to address policy issues and socio-cultural norms around AYSRH issues.
- She currently supports the state healthcare board in partnership with the challenge initiative to ensure AYSRH data accuracy, visualization and use for AYSRH programming and is member of state advocacy core group and AHD technical working group.



# How the LPA approach stimulated “The Plateau” Youth-friendly Governance

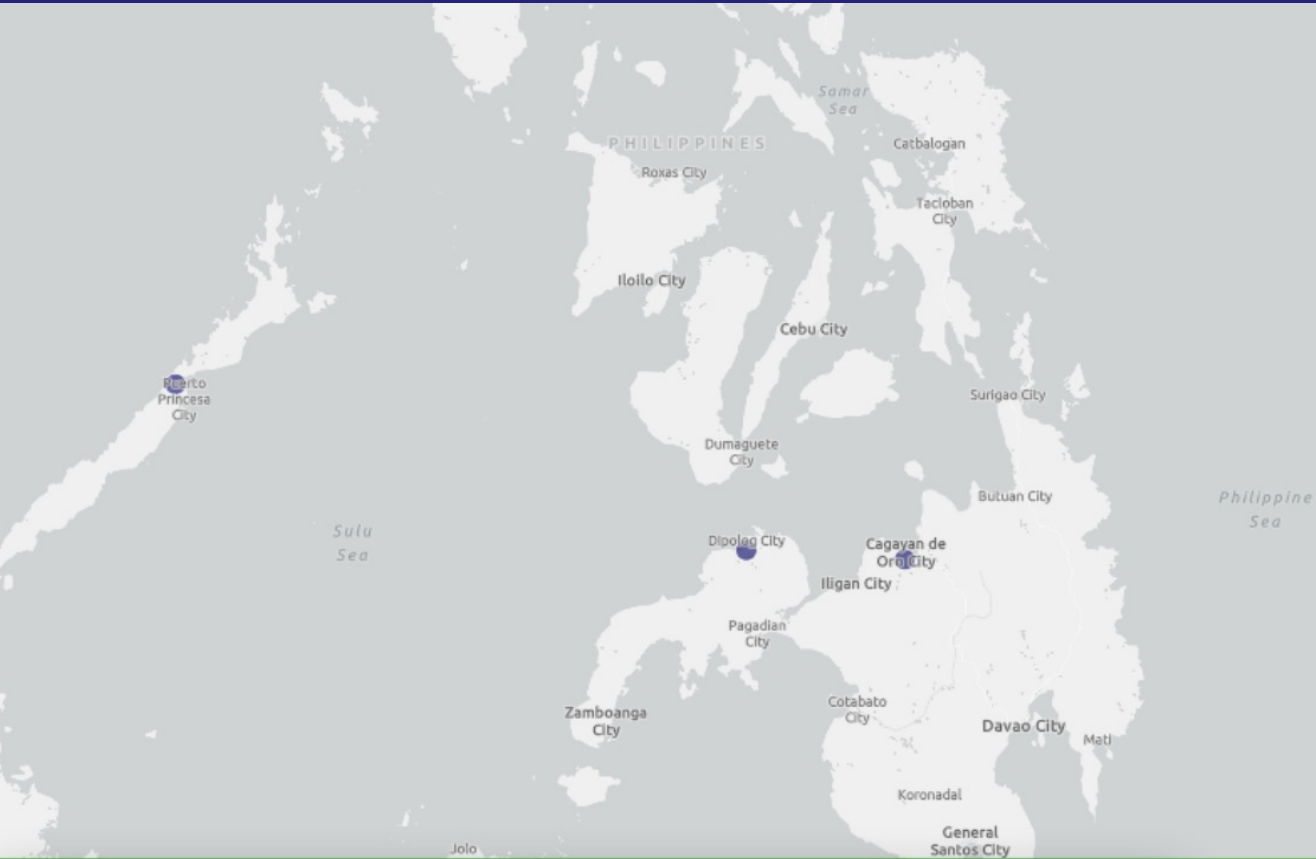
## LPA engagement for Local Government Resource Committed resulted in:

- Commitment from key policymakers and technocrats for inclusion of AYSRH budget line in SMOH and board, funding of AHD interventions across annual budget of all the line MDAs.
- Release of funds from SMOH and board for the implementation of the AYSRH program for the last 2 years.
- Active media collaborations with media organizations to amplify policy issues around access and social cultural barriers mitigating access and uptake of FP services by AY.
- Several religious and community influencers publicly supporting access to contraceptives for sexuality active AY; this was facilitated through intergenerational dialogues.
- Recent break on the “silence” around adolescent and youth sexual & reproductive health in communities around Plateau.
- Increased participation of young people in the state health response.



# Advocating for Youth-Friendly Cities

## THE PHILIPPINES



**POPCOM**  
Empowering Filipino Families



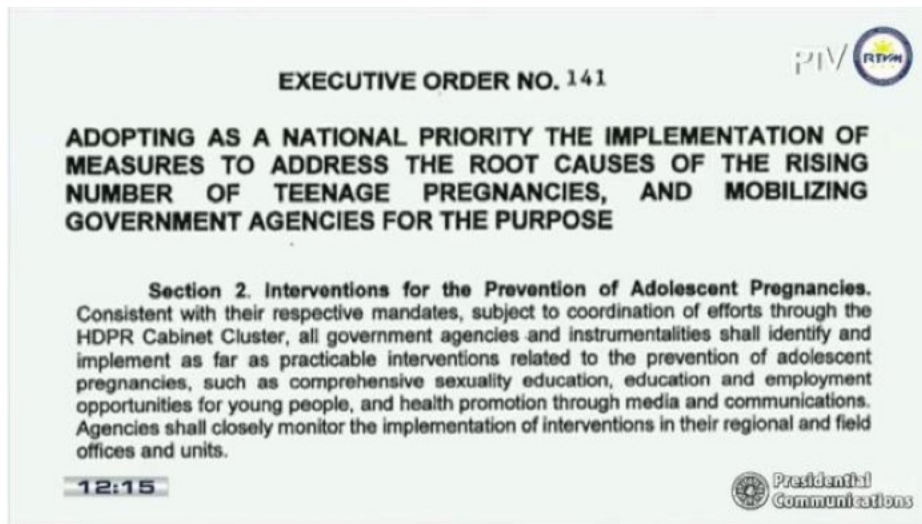
# Importance of building youth capacity and engaging them to AYSRH

About 7 livebirths were born to children 10-14 every day in 2019- Phil Statistics Authority

Over 1/3 of the SDG targets (10) are youth-specific



## Philippines' Executive Order 141



Philippine Youth Development Plan  
Nine Centers of participation

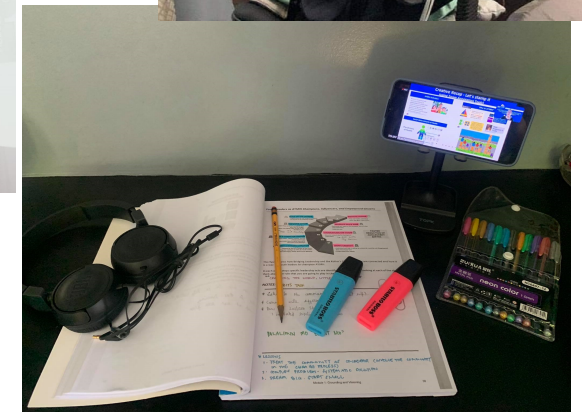
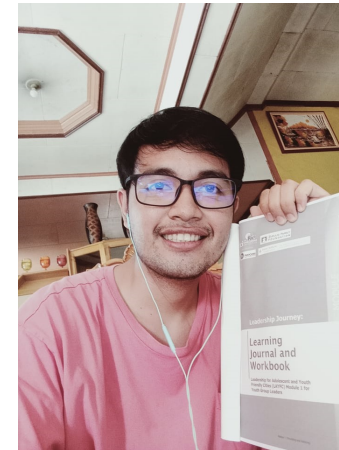
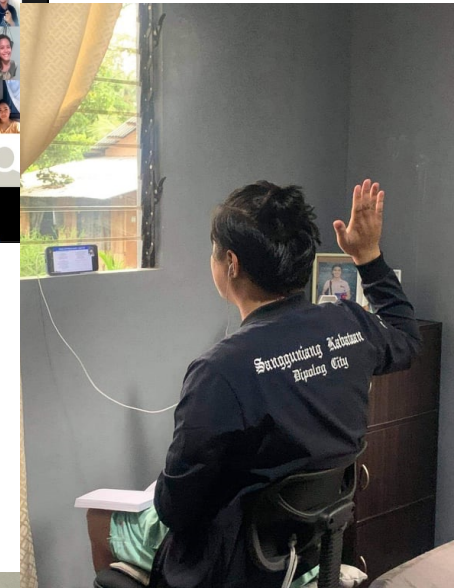
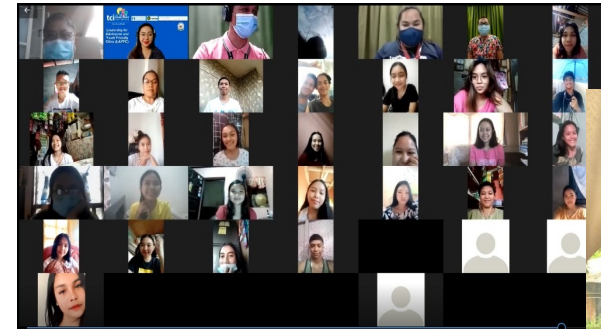


"we were exposed to several leadership trainings already but it was our first time to know more about AYSRH and the opportunities we can do about it" - LAYFC Youth Leader during the LAYFY Module 1 Day 1 takeaways session

By end of 2021, there would be 166,775 adolescent parents that would be in need of social protection

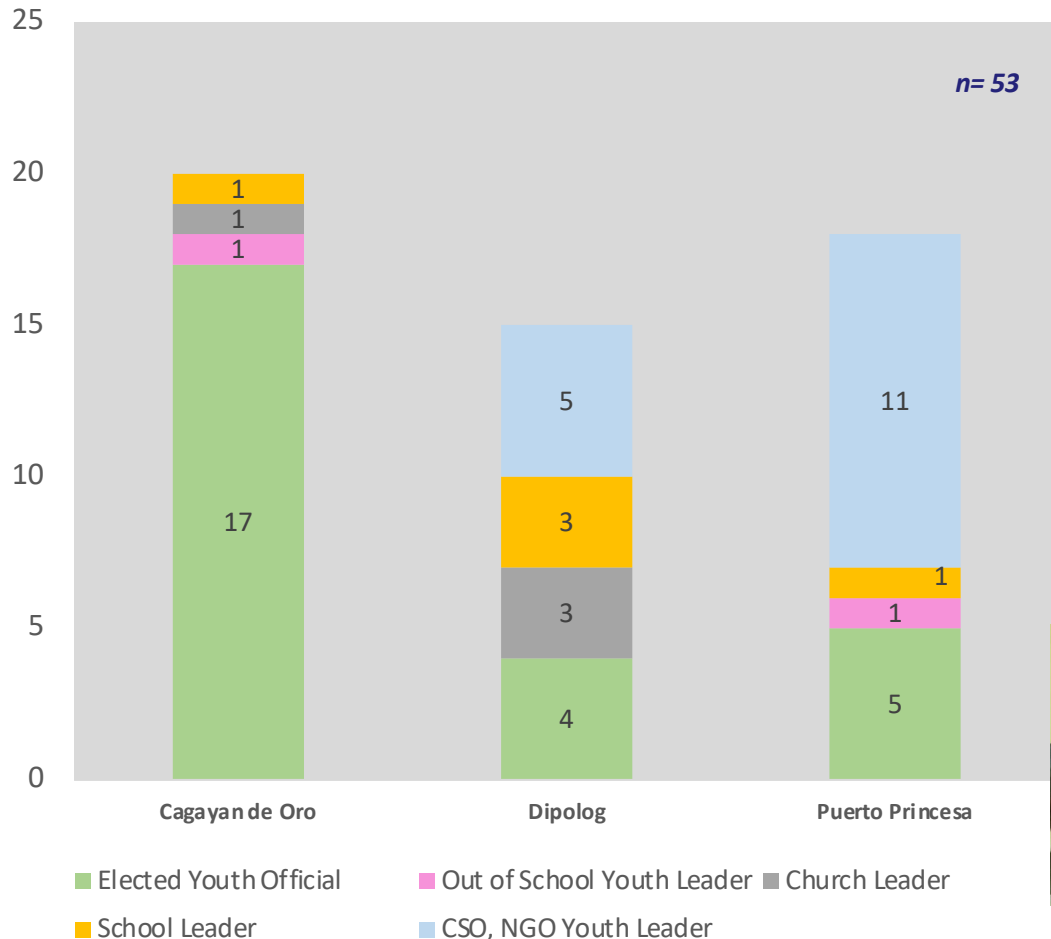
# Leadership for Adolescents and Youth-Friendly Cities (LAYFC) for Youth Leaders

- ❖ A 3-day AYSRH leadership program with 6 months practicum intervention for the elected and non-elected youth group leaders serving the identified poorest barangays and/or those actively implementing programs on the city level
- ❖ 53 youth leaders completed the 3-day module: Cagayan de Oro- 20 Youth Leaders; Dipolog- 15 Youth Leaders, 18 – Puerto Princesa
- ❖ LAYFC for Youth Leaders contributes to:
  - **Demand Generation:** Meaningful Youth Engagement and Social Behavior Change
  - **Supply:** Adolescent Friendly Health Facilities as peer counselors
  - **Governance:** Data and Management Use, AYSRH Plan and Budget
- ❖ Youth Leaders are coached by City Leadership Teams Members (mostly City Government department heads and health workers) and TCI Phil hub



# Leadership for Adolescents and Youth-Friendly Cities (LAYFC) for Youth Leaders

## Classification of Youth Leaders



## Topics during LAYFC for Youth Leaders Module 1

- ❖ AYSRH in the Philippines
- ❖ Bridging Leadership
- ❖ Youth Story of Personal Transformation
- ❖ Leadership Journey
- ❖ Leadership Capital
- ❖ Systems Thinking
- ❖ Stakeholder Analysis and Dialogue
  - Deep Dive Activity (Onsite interview of Teenage Mothers)
  - Prototyping of BCD Plans



# 21 Proposed Behavioral Interventions Identified

## Dipolog:

1. LAYFC for Student Leaders
2. SHAPE Module
3. **Parent-Teen Talk**
4. U4U

## Puerto Princesa:

1. Certificate earning online courses for teenage mothers applying for jobs
2. Online and modular training from ALS and TESDA
3. Training for Teenage mothers to set up online business (live selling of goods related for mothers)
4. **YOUTH CONGRESS**-Increased number of adolescents accessing the health services, increase number of youth who are open to discuss ASRH with their families
5. Structural interventions-Youth center/clinic, condom dispenser, youth friendly, youth day, youth friendly seal
6. Youth Networks- Peer Motivators Pool, care kits, youth forum, testimonials, life skills, livelihood program, scholarship

## Cagayan de Oro

1. Flexible Modality for Social Services
2. **Proactive PPAs based on Teen Profiles/Profiling**
3. Educational Support \* Skills Development \* Scholarship Opportunities
4. **Information Drive : leaflet distribution, visibility of information in the barangay health centers, social media campaigns**
5. Livelihood Program
6. BalikSkwela (back to school program)
7. Rekorida (public announcements)
8. **Creation of yearly database of teenage mothers and creation of organization for teenage mothers/ parents**
9. Continued “kamustahan” with teenage mothers
10. Panagtigom (Gathering of Youth)
11. **Konsulta Kommunidad (community outreach for teenage mothers)**

# Youth Leaders Interventions/Activities

## EARLY PREGNANCY AND YOUTH SUMMIT

83 adolescents and youth leaders participated in the summit called by the City Mayor Darel Dexter T. Uy

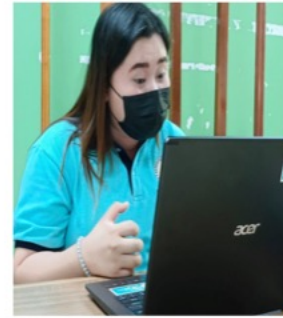


## PARENT-TEEN TALK

50 parents and 49 teens of Dipolog's five priority barangays to educate and enhance the skills of parents as well as adolescents in a two-way communication about SRH concerns.



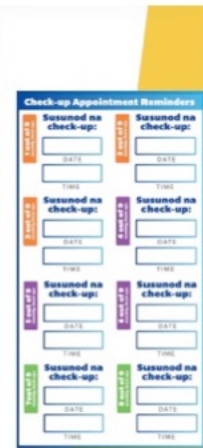
## REPRODUCTIVE HEALTH AND HIV AWARENESS SEMINARS (Usapang K, Iskawt Arampangan)



## DATA GATHERING USING HEADSS TOOL

HEEADSSS Rapid Questionnaire for Adolescents (10-19 years old)	
(Questions on Home, Education, Employment, Activities, Substance Use, Reproductive Health)	
Ang checklist na ito ay pinunan sa:	Petsa:
<input type="checkbox"/> RHU: <input type="checkbox"/> Hospital: <input type="checkbox"/> Lying-in: <input type="checkbox"/> Bahay:	<input type="checkbox"/> Iba pa:
Pangalan:	Kasarian: <input type="checkbox"/> Lalake <input type="checkbox"/> Babae
Kapanganakan:	Edad:

## HEALTH AND SOCIAL CARE KITS FOR TEENAGE MOMS



TEENCREDIBLES

# Types of Interventions Led by Youth Leaders

## Physical (Concrete Tools)

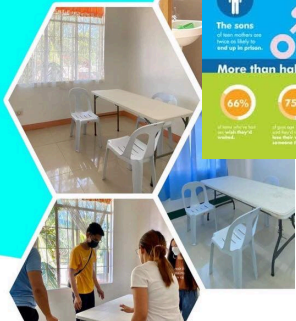
- Community-based Teen Centers Inaugurated

**CANITON COMMUNITY-BASED TEEN CENTER**  
A road to Adolescent and Youth Health Friendly Facility

**Launching**  
2 COMMUNITY BASED TEEN CENTERS

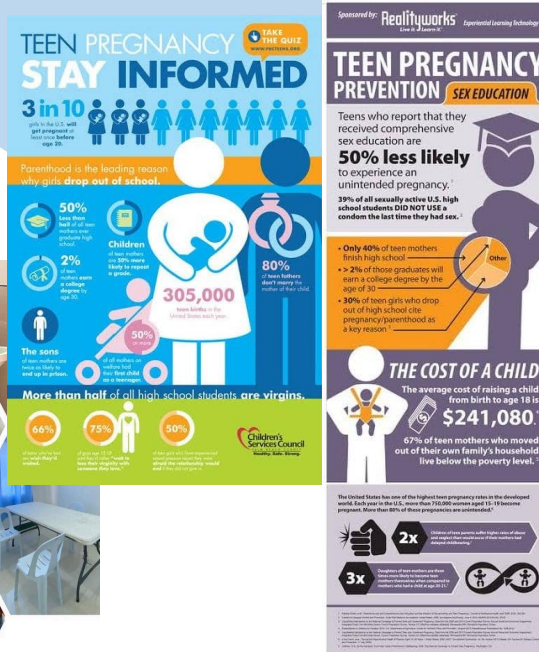
November 20, 2021 | 08:00 AM

via zoom



## Digital (Behavioral Communications)

- Infographics
- Teencredibles



## Tiny Habits (Action Prompts)

- Increase of teenage mothers with regular prenatal consultations
- Increase contraceptive access of 15-19 yrs



## Structural (Behaviorally Informed Policies)

- Increased City and Barangay Budgets for AYSRH coming from Sangguniang Kabataan Funds
- Policies and Plans for AYSRH (CBDYP Plans for 2022)

# Ways Forward

- Monitor and Evaluate ongoing projects of Youth Leaders
- Continue Coaching of Youth Leaders
- Provide Additional Capacity Building -*LAYFC for Youth Leaders Module 2*
- Train new batch of youth leaders in LAYFC coming from the 10 new TCI Cities

# Dipolog City Youth Leaders' Experience

**Hon. Mandel Zoe B. Lugasan**  
Councilor/ SK Federation President  
Dipolog City





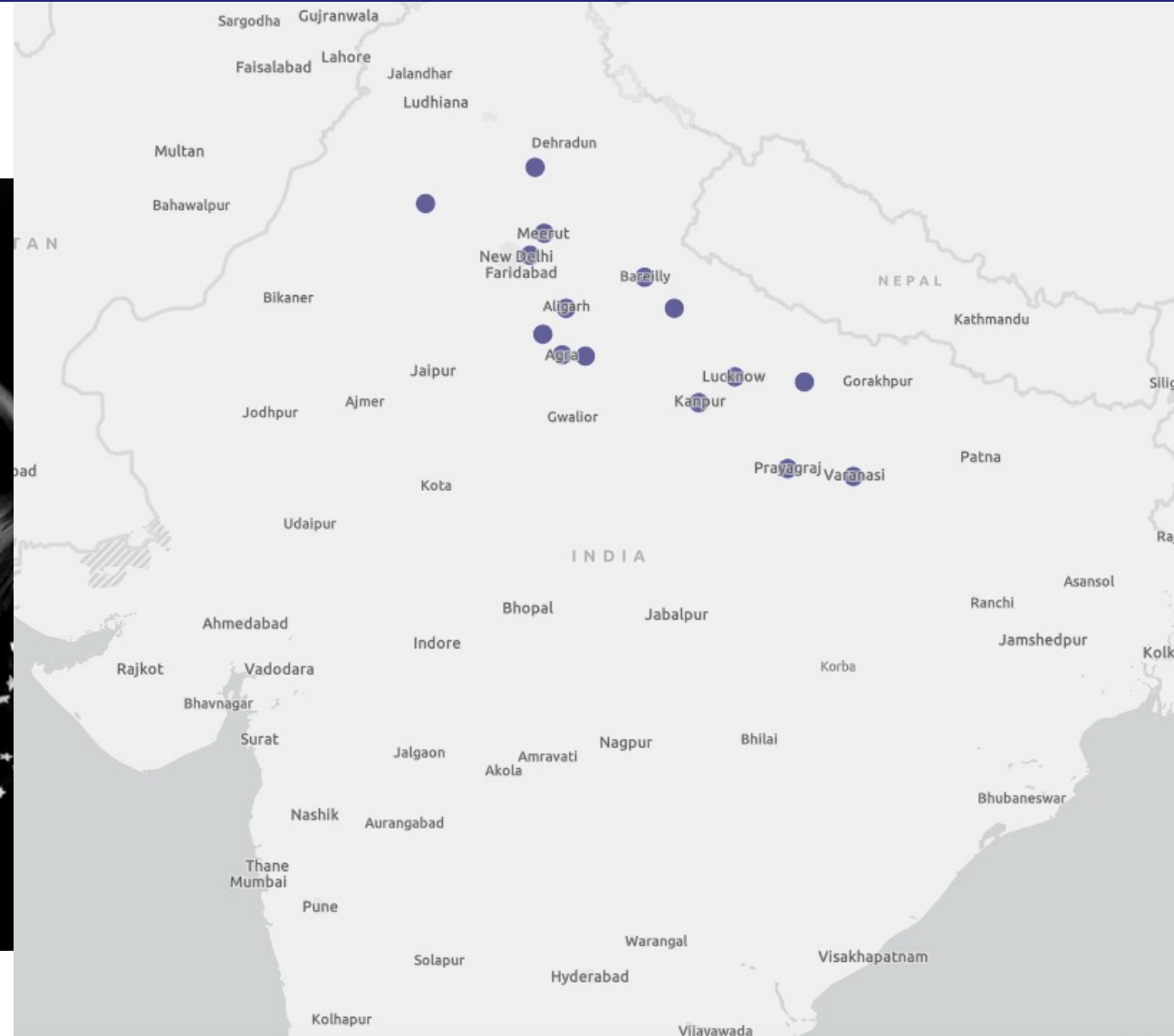
Q&A

# Demand Generation: Developing Engaging Messages for Youth

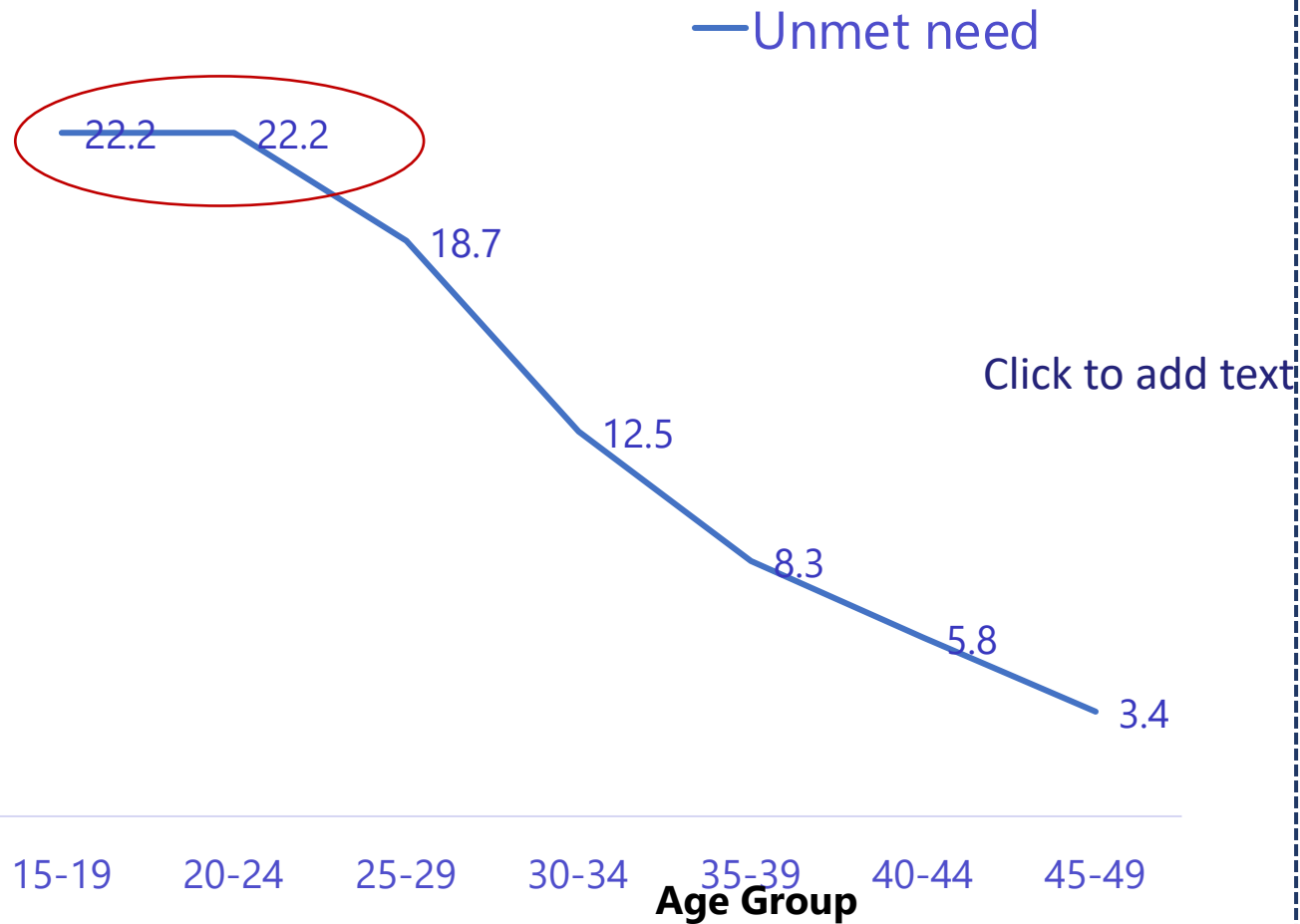
## INDIA



young girls engage in a game designed around self perception at the UPHC on Adolescent Health Day.



# Why it is important to work for young parents and AY?



Source: NFHS 4, India

Unmet need is the highest in the lower age group



# First Time Parents



De-prioritized by family planning value chain

Low use of contraceptives

High rates of rapid repeat childbearing

Social vulnerabilities and isolation

Low correct knowledge on family planning methods

Inability to negotiate use of FP methods with gate keepers

Lack of agency

# Key Implementation Steps

## IDENTIFY THE INFLUENCER

### ASHA

- Saturate 100% non-users (FTP) with information on family planning methods and refer them to FP – Fixed

DEMAND



### Medical Officer/ Doctor

- Offer all methods including IUCD/IC to FTPs

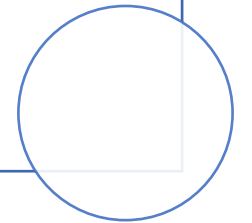
SUPPLY



### Chief Medical Officer

- Expanding method choice in UPHC

ENABLING  
ENVIRONMENT



# Identification of non-users among FTPs

## COACH YOUR INFLUENCER

ASHA collect a significant amount of data; however, lacks a systematic approach to analyse the data at the last mile of service and information delivery



**No. of  
pregnant  
women in  
her area**



**No. of  
eligible  
couple in  
her area**



**No. of  
couples  
adopted  
permanent  
method**



**No. of  
couples  
adopting  
spacing  
methods**

TCI coaches build capabilities in ASHA to re-organize data that is already available in her multiple registers to view, comprehend, and utilize for the decision-making

# AYSRH- Reach unmarried adolescent



Have limited access to credible and non-judgmental sources of advice

limited information and conversation on menstrual hygiene and safe sex

limited understanding of the self-risk of getting pregnant

limited knowledge on missed period might indicate pregnancy

Low correct knowledge on family planning methods

Inability to negotiate use of FP methods with gate keepers

# AYSRH for unmarried adolescents: Increasing Awareness and Creating Demand

Initially this tools are used only in 5 classic cities only, now after the suggestions received by city officials of other cities, all tools will be used in 10 scale up cities as well as during Community and Facility AHD

## Objective of the tools:

- ✓ **Tool 1- Safety Tools:** To build recognition of the risk of unprotected sex and unwanted pregnancy and the availability of contraception as a safety tool
- ✓ **Tool 2- Emergency Preparedness Game:** Availability of Emergency Contraceptive (EC) p as a tool for preventing pregnancy in the event of unprotected sex
- ✓ **Tool 3- Flipbook with story:** To build recognition of the importance of consent in a sexual relationship and to build self-efficacy to negotiate on contraceptive usage
- ✓ **Tool 4- Contraception Match the Cards:** Messaging on different methods of contraception and their availability



Card set for girls



Situations list

Emergency tool cards



Game board - contraception method





# Addressing Provider Bias & Service Quality

## FRANCOPHONE WEST AFRICA

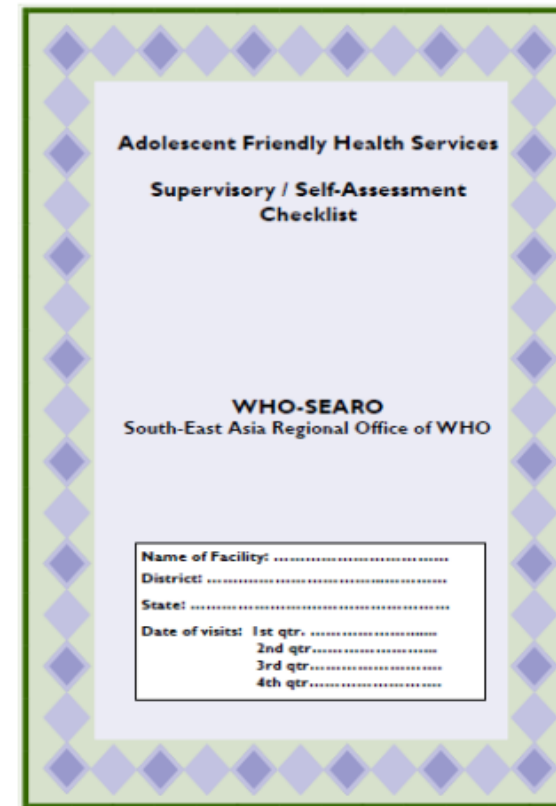
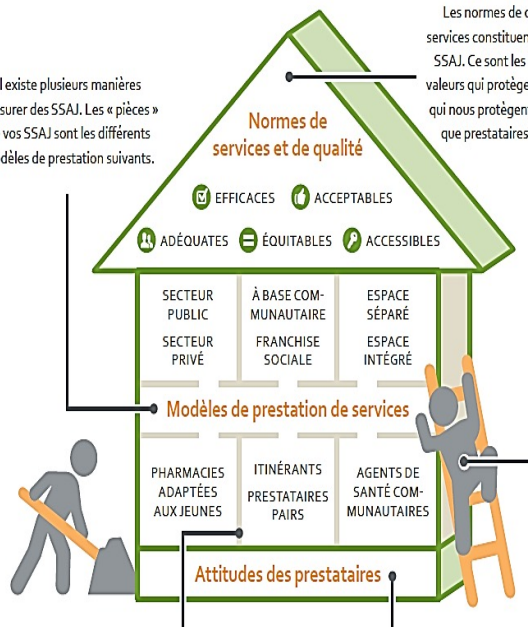


# Introduction

## AMÉLIORATION CONTINUE DE LA QUALITÉ DES SERVICES POUR ACCROITRE L'ACCÈS ET L'UTILISATION : FONDEMENTS

### Caractéristiques des services adaptés

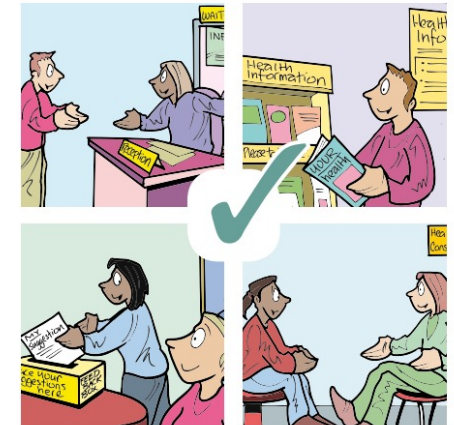
Il existe plusieurs manières d'assurer des SSAJ. Les « pièces » de vos SSAJ sont les différents modèles de prestation suivants.




### Quality Assessment

#### GUIDEBOOK

A guide to assessing health services for adolescent clients



# Grille d'évaluation de la qualité des services de santé sexuelle et de la reproduction adaptés aux besoins des adolescents et jeunes

  
**tc** THE CHALLENGE INITIATIVE  
AFRIQUE DE L'OUEST FRANCOPHONE

*Grille d'évaluation de la qualité des Services de Santé Sexuelle et de la Reproduction adaptés aux besoins des Adolescent(e)s et Jeunes*

**NOM ET COMMUNE DU PPS OBSERVÉ :**

\_\_\_\_\_

\_\_\_\_\_

*Version du 13 Octobre 2021*

5 COMPOSANTES	15 CRITERES
A. COMPETENCES SPECIFIQUES DES PRESTATAIRES EN COUNSELING AVEC LES JEUNES	2
B. CARACTERISTIQUES DU POINT DE PRESTATION DE SERVICES	7
C. FEEDBACK DES CLIENT(E)S ADOLESCENT(E)S ET JEUNES	2
D. COMMUNICATION AVEC LES ADOLESCENT(E)S ET JEUNES SUR LA PF/SSRAJ AU SEIN DU PPS ET AU SEIN DE LA COMMUNAUTE	2
E. DONNEES DU DERNIER TRIMESTRE	2



# Déroulement de l'évaluation

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N°	ETAPES DE L'ÉVALUATION
1	Préparation de l'évaluation
2	Orientation des équipes cadres, responsables des PPS et superviseurs sur l'outil et les méthodes de l'évaluation
3	<b>Collecte des données (Briefing, entretiens et observation, débriefing y compris le classement et l'élaboration du PRP et une copie de la grille remplie laissée au PPS) ;</b>
4	Saisie et analyse des données par PPS, District Sanitaire, Département ou Région ;
5	Restitution des résultats et consolidation des plans de résolution des problèmes ;
6	Mise en œuvre des plans de résolution des problèmes (PRP) ;
7	Programmation d'une nouvelle évaluation à travers la supervision ciblée ou intégrée (normalement tous les 3 mois pour être en mesure de renseigner trimestriellement l'indicateur national « nombre de PPS offrant des services adaptés »).

---

# Scoring et plan de résolution des problèmes

SCORES	POURCENTAGES	MENTIONS	CLASSEMENT DES PPS	DISTINCTIONS HONORIFIQUES
00 à 07 points	00 à 49%	Médiocre	Peu adaptés	Pas de distinction honorifique
08 à 09 points	50 à 59%	Passable	Peu adaptés	Pas de distinction honorifique
10 à 11 points	60 à 79%	Assez bien	Moyennement adaptés	Pas de distinction honorifique
12 à 13 points	80 à 89%	Bien	Adaptés	<p>Deux étoiles vertes</p> 
14 à 15 points	90 à 100%	Très bien	Adaptés	<p>Trois étoiles vertes</p> 

COMPOSANTES ET CRITERES D'OBSERVATION	SCORES OBTENUS A L'OBSERVATION	FACTEURS EXPLICATIFS DU NIVEAU DU CRITERE	ACTIONS CORRECTRICES A ENTREPRENDRE	PERSONNE RESPONSABLE DE L'EXECUTION	DATES LIMITES DE REALISATION

# Application de la grille et mise en œuvre des PRP

## Application de la grille dans 312 PPS dans 6 Villes entre décembre 2020 et novembre 2021 :

- 60 à Cotonou,
- 36 à Abomey-Calavi,
- 88 dans l'UCOZ,
- 24 à Bobo-Dioulasso,
- 20 à Abidjan et
- 84 à Ziguinchor.

Villes	# de prestataires formés sur la réduction des biais entre 2019 et 2021
Abomey-Calavi	119
Cotonou	222
UCOZ	210
Bobo-Dioulasso	44
Koudougou	104
Ouagadougou	226
Abidjan	20
Nioro	170
Ziguinchor	313
<b>Total</b>	<b>1428</b>

## Orientation de tout le personnel du site dans 229 PPS dans 4 Villes entre 2019 et 2021 :

- 36 à Abomey-Calavi,
- 83 à UCOZ,
- 06 à Ouagadougou,
- 104 à Ziguinchor

## Coaching entre 2019 et 2021 (cas de 2 villes) :

- 552 séances à UCOZ,
- 842 séances à Ziguinchor

# Résultats des évaluations : étude du cas de l'UCOZ

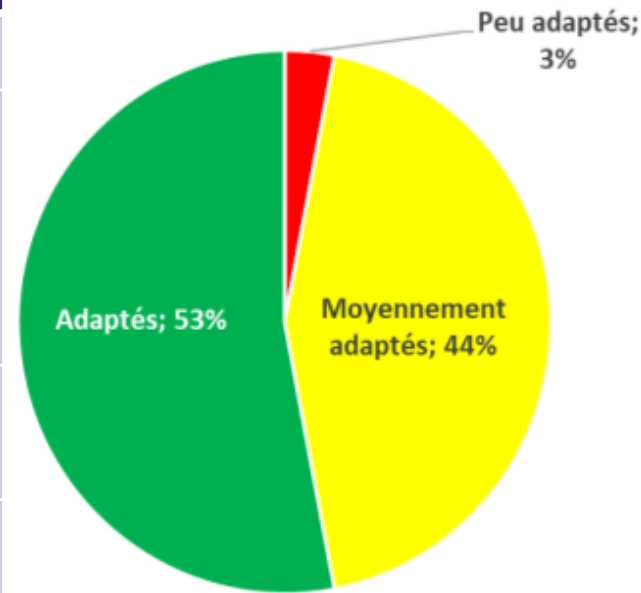
Juin 2018 à mai 2019

Un programme de PF Classique

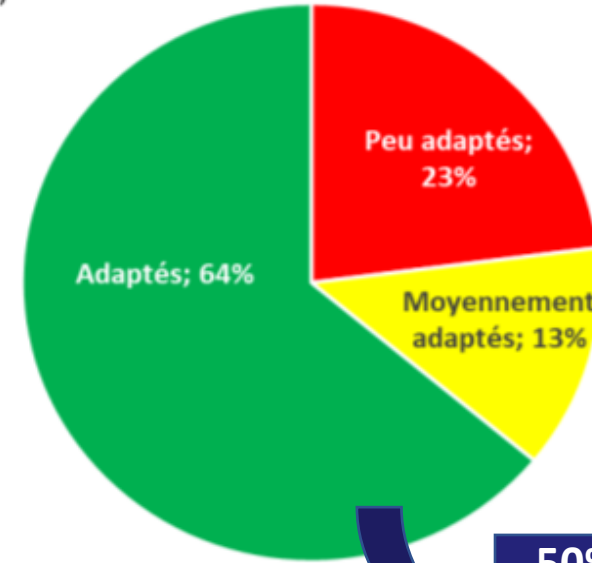
- Identification Systématique des Besoins du Client en PF
- Journées Spéciales d'offre gratuite des services de PF
- VAD/Relais Communautaires...

Un programme spécifique de SSRAJ

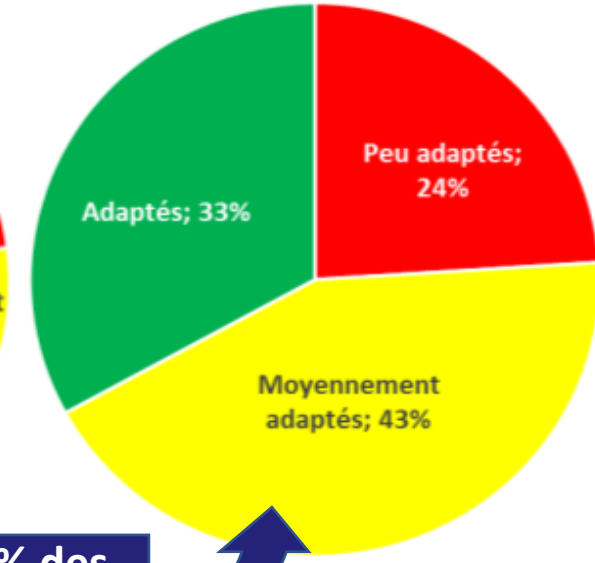
- Formation des prestataires sur la réduction des biais
- Orientation de tout le personnel du site
- Formation des JLT
- Coupons gratuits
- Mercredi des jeunes
- IEC/CCC dans les écoles, universités et ateliers et campagne numérique
- Registre de données désagrégées selon l'âge...



Graphique 1 : Représentation des résultats de l'évaluation de la qualité des services dans l'UCOZ, Juin 2019



Graphique 2 : Représentation des résultats de l'évaluation de la qualité des services dans l'UCOZ, Mars 2020

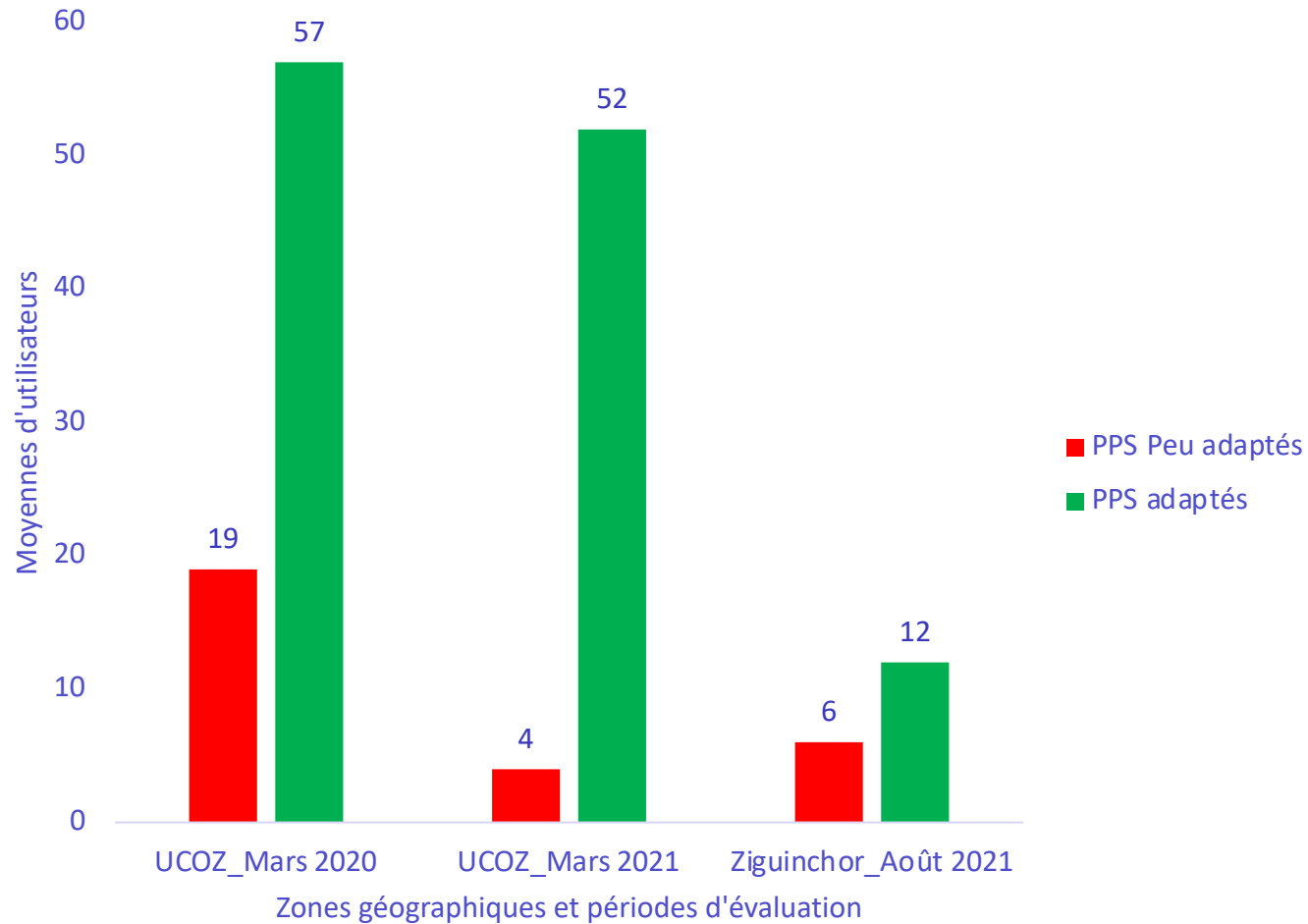


Graphique 3 : Représentation des résultats de l'évaluation de la qualité des services dans l'UCOZ, Mars 2021

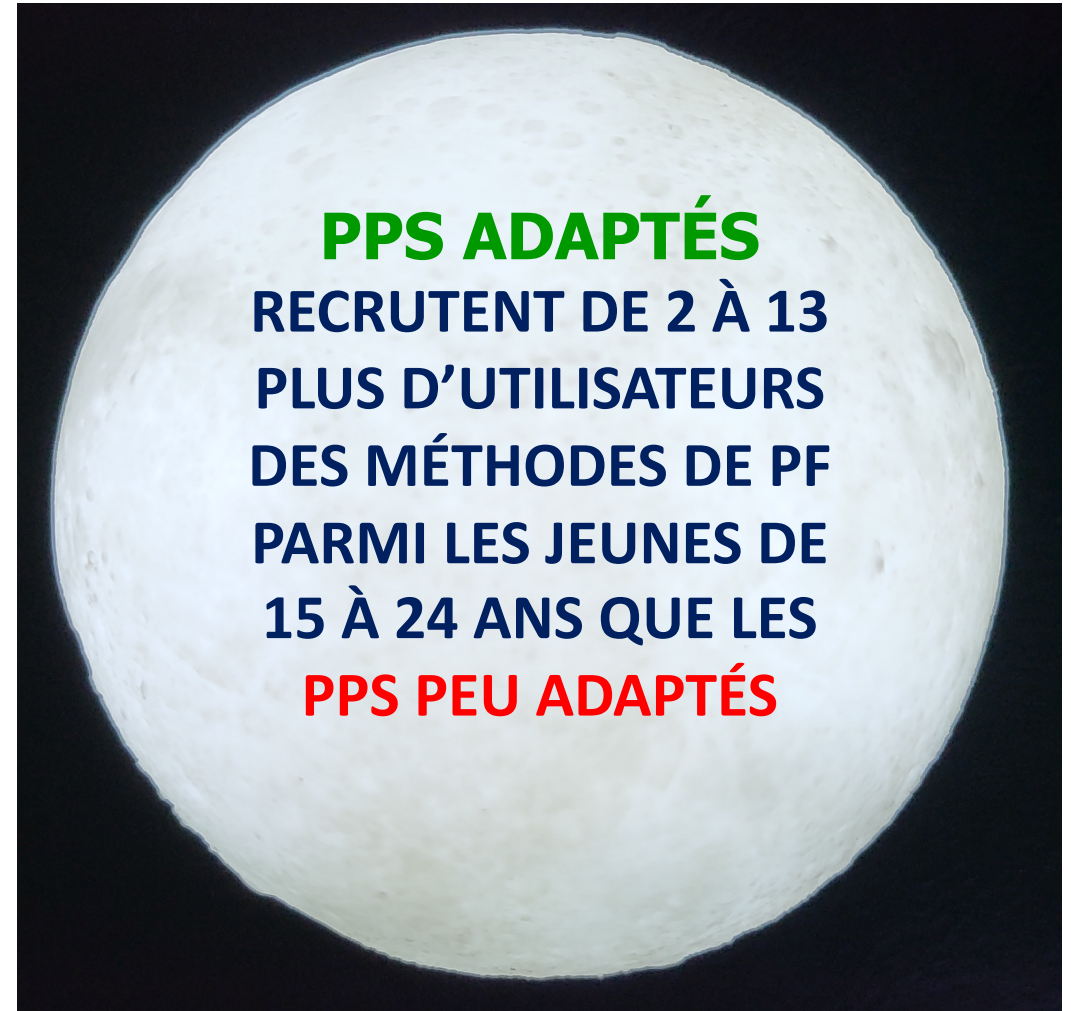
50% des PPS

COACHING & MISE EN ŒUVRE DU PRP

# Résultats des évaluations : la qualité améliore l'utilisation



**Graphique 6** : Moyennes d'utilisateurs des méthodes contraceptives dans les PPS adaptés et les PPS non adaptés entre 2020 et 2021 à UCOZ et Ziguinchor selon les résultats des évaluations de la qualité des services.



# Facteurs de dégradation de la qualité des services : cas de l'UCOZ

- **Compétence, engagement et stabilité du personnel ;**
  - Les mouvements du personnel notamment les affections de prestataires selon qu'ils soient compétents et engagés (ou non) d'un PPS à un autre influence la qualité dans l'un ou l'autre des sens.
- **Qualité des services dans les cliniques privées ;**
  - Il leur est difficile d'appliquer les stratégies développées dans le public telles la gratuité ou encore la réalisation d'activités de communication au sein de la communauté. Également ils ont de personnel assez instable et la PF n'est pas toujours leur fort. Il manque des produits contraceptifs et même des prestataires formés pour les administrer et tout cela influence la qualité des services.
- **Situation de la crise sanitaire du Covid-19**
  - Le changement de priorité a contribué au ralentissement de l'offre **gratuite** des méthodes aux adolescents et jeunes dans **68% des PPS** qui ont basculé du vert au rouge ou au jaune. **Ils ont perdu 1 point** et les ruptures de stocks ont été observées dans 21% des PPS et **ils ont encore perdu 1 point**.
  - La distanciation physique n'a pas permis aux PPS de mener des activités de sensibilisation de routine au sein des PPS ni au sein de la communauté dans **43% des PPS** concernés. **Ils ont perdu 3 points**.
- **Difficile implication des jeunes dans l'amélioration de la qualité des services**
  - 100% de ces PPS ont **perdu 2 points** par rapport au recueil et la prise en compte du feedback des jeunes avec leur pleine participation, **car cela ne se fait pas**. Ces points perdus ont suffi pour faire basculer des PPS Verts vers le Rouge ou le Jaune.

# Conclusion

- **Un niveau de qualité atteint n'est jamais figé.** Il faut continuer les efforts pour lever ou réduire les obstacles, améliorer la qualité de façon continue à travers le coaching, la supervision et la mise en œuvre des plans de résolution des problèmes élaborés ;
- **L'adaptation des services existants aux besoins des adolescents et jeunes est efficace** (les autres services sont mis à contribution et c'est tout le site qui est concerné et cela évite la stigmatisation) ;
- **La participation des jeunes n'est pas gagnée d'avance.** Il faut fournir l'effort nécessaire pour le recueil et la prise en compte du feedback des jeunes sur la qualité avec leur pleine participation ;
- **L'institutionnalisation de l'approche ou de la grille d'évaluation de la qualité est nécessaire pour l'amélioration continue de la qualité des services.** Les actions de plaidoyer en cours en vue de l'intégration de l'approche dans les documents de politiques et stratégies de SSRAJ à tous les niveaux (central, intermédiaire et périphérique) doivent être poursuivies et renforcées. Cette institutionnalisation peut être opérationnalisée à travers la supervision formative ciblée ou la supervision formative intégrée ;
- **Un environnement juridique habilitant et protecteur pour les prestataires** offre des conditions favorables pour l'amélioration continue de la qualité des services adaptés aux besoins des adolescents (mineurs de 15 à 17 ans) et pour leur utilisation. Les efforts de plaidoyer doivent être soutenus dans ce sens.



Q&A

# Closing Remarks

“*In spite of the commitments made by States Parties contained in plans, policies, programmes and declarations...negative social, cultural, economic and legal factors continue to threaten the lives and health of a large number of women and girls... The effective realization of these commitments is, however, dependent on:*

- Political will
- Enhanced capacity
- Sustainable resourcing
- Effective monitoring and evaluation

Special Rapporteur on the Rights of Women in Africa.  
Interession Report of the Mechanism of the Special  
Rapporteur on The Rights of Women in Africa - 52nd Ordinary  
Session of the African Commission on Human and Peoples'  
Rights. Yamoussoukro, October 2012.



**Dr. Venkatraman Chandra-Mouli**

Addressing Vulnerable Populations  
Sexual and Reproductive Health and Research  
World Health Organization

# Continue the discussion on TCI-U's Community of Practice

<https://tciurbanhealth.org/groups/aysrh/>

## Adolescent and Youth Sexual and Reproductive Health



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# Learn more about TCI's AYSRH Programming

- **Scaling Access to Contraception for Youth in Urban Slums: The Challenge Initiative's Systems-Based Multi-Pronged Strategy for Youth-Friendly Cities**  
[Frontiers in Global Women's Health](#)
- **Invisible No More: Activating the Urban Health System to Deliver Quality Adolescent and Youth-Friendly Health Services**  
[\(English & French\)](#)
- **Youth in Action: How TCI is Fostering Meaningful Youth Engagement in Sexual and Reproductive Health Programming**  
[\(English & French\)](#)



# Thank You!



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