Guide for TCI Integrated FP and AYSRH Program

Introduction

The goal of TCI's FP and AYSRH integrated program is "Greater self-reliance of local governments to scale up family planning and AYSRH high-impact interventions, leading to sustained improvements in urban health systems and increased use of modern contraception, especially among the urban poor". This will be achieved through sustainability of FP and AYSRH programming across the 4 pillars of:

- **Increased political and financial commitment** and increasing release or spent of commitments by state and local government areas (LGAs) for FP and AYSRH programming
- **Capacity strengthening** of government health managers, designers, and implementers to manage, implement and monitor proven FP and AYSRH programs
- **Institutionalization of proven FP and AYSRH interventions** into state and LGA health policies, work plans and guidelines
- **Sustained demand** by using and leveraging government and community demand and social mobilization structures, like community-based organizations (CBOs), patent and proprietary medicine vendors (PPMVs) and Community Health Influencers, Promoters and Services (CHIPs) agents

The AYSRH program components are designed for implementation across the 4 levels of the concentric model described below.

I. Making data on youth sexual and reproductive visible

- Strengthen AYSRH governance by establishing/strengthening the Adolescent Health and Development Technical Working Group (AHD TWG)
- Report AY disaggregated data using project management information system (PMIS) and disseminate the data with stakeholders at state and LGA data review meetings

II. Advocating for youth-friendly cities

- Meaningful engage youth by incorporating Life Planning Ambassadors in relevant health system structures, such as TWGs, coordination meetings, etc., and platforms at state and LGA levels
- Commit funds for AYSRH programming leveraging government mechanism, like Advocacy Core Group (ACG) activities and media
- Incorporate proven interventions into state and LGA health operational plans and guidelines

III. Developing engaging messages for youth

- Use state-specific AY audience segmentation and design AY SBCC messages and materials
- Facilitate state collaboration and partnership with youth-led and youth-focused CBOs to improved demand creation
- Strengthen PPMVs for improve access and referral services

IV. Addressing provider bias and service quality

- Incorporate AYFHS minimum standard into the state family planning supportive supervision (FPSS) and conduct at least 2 integrated AY-FPSS visits across supported health facilities
- Incorporate AYSRH into whole site orientation (WSO) and conduct at least 2 integrated WSOs in supported health facilities
- Incorporate AYSRH into in-reach activities for supported facilities

To ensure accountability and guide integrated FP and AYSRH program implementation for results, the following AYSRH outcomes and milestones are outlined in the table on the next page.

AYSRH expected outcomes and milestones

Concentric model	**Milestone 1: Pre-implementation**	**Milestone 2: Implementation period: Year 1**	**Milestones 3: Implementation period Year 2**	**Milestones 4: Pre-graduation period Year 3**
Making data on youth sexual and reproductive visible	Assessed functionality of state and LGA AHD TWG-related coordination platforms at the health system level	Formed/strengthened AHD TWG with evidently visible youth participation Three rounds of retrospective data collection conducted across supported health facilities to document service uptake and use of PMIS for decision-making	Conduct AHD TWG coordination meeting at least every quarter Integrated FP and AYSRH DQA (data quality assessment) conducted at least twice Leveraging on platforms (M&E TWG, Partners meeting, AHD TWG) for data use and dissemination of AYSRH data Support routine data collection and reporting	Other IPs and/or state government funding the quarterly AHD TWG meetings Decisions and activities by the AHD TWG inform the development of state health strategic documents, like AOP, CIP and guidelines
Advocating for youth-friendly cities	Identified at least 10 Life Planning Ambassadors (LPAs)	At least 50% of LPAs are in state and LGA health structures and system, like AHD, ACG, SBCC, etc., and participate in national, state, LGA and community engagement/meetings with policy makers on issues affecting AYSRH	State RH and FP strategy documents and meeting platforms prioritizing AYSRH-contraceptive need SMoH, PHC agency/board and AHD line MDAs funding AYSRH-related interventions	AYSRH appropriate budget and funding in SMoH, PHC agency annual budget AYSRH proven interventions in state and LGAs health strategic documents, funded and implemented

		Identified and decorated at least 2 FP-AYSRH Champions in the state	Inclusion of AYSRH proven interventions in health system documents, like AOPs, CIP, TSTS etc.	
Developing engaging messages for youth	Identified youth-led and focused CBOs supporting AYSRH in the state and recommend for collaboration with the state AHD Identified social mobilization platforms like SMs for immunization, CHIPS agents and others with sizable number of young people (<25) as social mobilizers at the community level	Conducted the AYSRH state audience segmentation data collection exercise and shared with the identified SM platforms for adaptation Coached state DG, SBCC and media network on messaging and content creation for AYSRH based on the state audience segmentation findings Quarterly disaggregated social mobilization data reporting for <25 and >25 in the quarterly report Conducted stakeholder engagement through intergenerational dialogues, outreaches and community meeting on issues affecting young people Some level of engagement between CBOs and AHD-Officers	Strengthened engagement between CBOs and AHD-Officers Presence of state and LGAs AYSRH-trained SMs, community volunteers, SBCC TWG and media network Increased number of AYSRH and age-disaggregated contraceptive messages and health programs in social and traditional media Increased reporting of AYs reached and referred with contraceptives information and services	Increased reporting of AYs reached and referred with contraceptives information and services across supported facilities and data used to improve state SBCC program design and messages

Addressing provider bias and service quality	Conducted integrated FP and AYSRH performance improvement assessment (PIA) and developed remedial plan in selected facilities Engaged with the state association of PPMVs	Trained and coached at least 1 health manager and service provider on AYFHS across the supported health facilities Conducted at least 1 AY-WSO across all the supported high volume sites Conducted at least 2 on-the-job and routine integrated supportive supervision Hold routine meetings between state and association of PPMVs	Conduct at least one round of integrated supportive supervision across health facilities bi-annually. 50% of the AYSRH supported health facilities meet the AYFHS criteria (i.e., green line)	80% of the AYSRH supported health facilities meet the AYFHS criteria (i.e., green line) Increased uptake of contraceptive services across the supported health facilities on the PMIS