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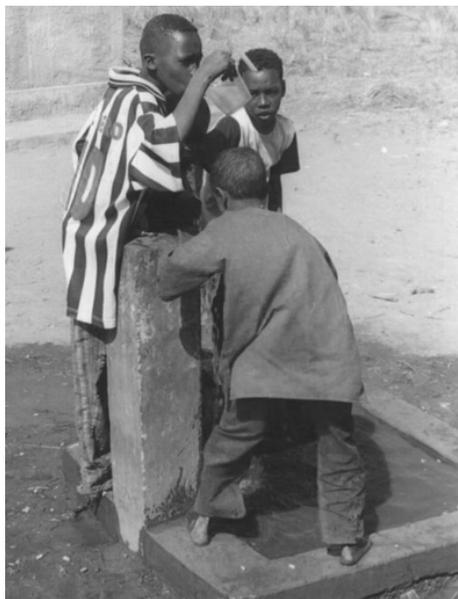
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## **Mainstreaming Adolescent Reproductive Health in Senegal** Enhancing Utilization of the Findings from the Youth Reproductive Health Project



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Frontiers in Reproductive Health Program

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## Background

From 1999–2003, FRONTIERS implemented a Global Agenda program of operations research (OR) projects to address the reproductive health (RH) needs of adolescents in four countries—Bangladesh, Kenya, Mexico, and Senegal. The project was implemented in urban areas of Saint-Louis and Louga, in northwestern Senegal, and was called Improving the Reproductive Health of Youth in Senegal.<sup>1</sup> The project supported a public sector, multisector intervention in communities, health facilities, and schools to enhance young people’s knowledge and behavior regarding reproductive health and HIV prevention, and systematically tested its feasibility, acceptability, effectiveness and costs. The study was implemented collaboratively by several organizations working at both the local and national levels. Implementing organizations included three government ministries (Health, Education, and Youth), the Center for Research and Training (CEFOREP), and the Population Training Group (GEEP). Overall the interventions had a significant positive impact on young people’s awareness and understanding of reproductive health issues, and (among sexually active youth) increased abstinence, and reduced incidence of multiple sexual partners.

The pilot project showed that a multisectoral partnership with government agencies and involving interventions in communities, schools, and public health clinics could have significant positive results. National, regional, and local committees involving all stakeholders and coordinated by the Ministry of Health (MOH) allowed the project to:

- Establish youth-friendly services at public health facilities at a reasonable cost, and increase young people’s use of the services;
- Establish links between the health centers and youth groups, social services, training centers, and the media;
- Enhance parents’ understanding of and support for youth reproductive health;
- Develop and deliver an in-school curriculum on reproductive health, including training for teachers and peer educators; and
- Develop a viable peer education program, supervised by staff from the participating ministries, to support community outreach, including reproductive health education of out-of-school youth.

Based on the success of the pilot project, FRONTIERS worked with the Ministries of Health and Youth to launch a follow-on project, Enhancing Utilization of the Findings from the Youth Reproductive Health Project. This ongoing project (2004–2007) is focused on sustaining adolescent reproductive health (ARH) activities in the two pilot districts and creating the conditions to enable scale-up of the youth activities in other areas of Senegal as well as

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<sup>1</sup> Diop, Nafissatou J. et al. 2004. "Improving the reproductive health of adolescents in Senegal," *FRONTIERS Final Report*. Washington, DC: Population Council.  
[http://www.popcouncil.org/pdfs/frontiers/FR\\_FinalReports/Senegal\\_Youth.pdf](http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/Senegal_Youth.pdf)

replication by other organizations in Francophone West Africa, including local government and nongovernment agencies, donors, service delivery organizations, and international agencies. Specifically, the project objectives are as follows:

1. Mainstreaming ARH within the Ministry of Health
2. Mainstreaming within the Ministries of Education, Sports, and Youth
3. Integrating lessons learned among partners and organizations working with adolescents
4. Scaling up ARH activities in the experimental zones and in other areas of Senegal
5. Replication in other Francophone African countries

## **Results to date in mainstreaming ARH**

### **1. Mainstreaming ARH within the Ministry of Health (MOH)**

- a. Since 2004 the MOH has led the development of an inter-ministerial coordination body to guide ARH activities and the expansion of project elements to all areas of Senegal.
- b. Based on the findings of the pilot study, Adolescent Health was established as a priority and a strategic goal in Senegal's reproductive health agenda. As part of the repositioning of family planning, the MOH determined that improving ARH would have a significant and sustainable impact on overarching goals to increase contraceptive prevalence and reduce maternal mortality in Senegal. The MOH identified adolescent reproductive health as a strategic priority and has included it in the 2005 revision of national health guidelines.
- c. The educational and training curriculum and tools from the pilot project were revised in collaboration with a group of experts in ARH issues in 2006 and were adopted by the MOH as national documents. The life skills curriculum *Grandir en Harmonie* [Growing Up in Harmony] will be used to teach ARH to in-school youth, train providers on youth-friendly services, and train peer educators working in youth centers.
- d. A policy document, the National Strategy on Adolescent Health in Senegal, was finalized and published in 2006 with support from FRONTIERS and WHO. This document provides guidance for managers of ARH programs at both national and local levels. The MOH, WHO, FRONTIERS, and other partners involved in ARH, collaborated in an official launching ceremony held in September 2006.<sup>2</sup> The

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<sup>2</sup> See "Senegal: Launch of the National Strategy on Adolescents and Young People's Health," FRONTIERS announcement. Washington, DC: Population Council, 2007.  
[http://www.popcouncil.org/frontiers/utilization/Senegal\\_news\\_0107.html](http://www.popcouncil.org/frontiers/utilization/Senegal_news_0107.html)

launching ceremony served both as a vehicle for publicizing the national strategy and as a means of promoting ARH to program managers in various sectors. The strategy has been widely distributed at the central and local levels, and further dissemination is planned at the district level. FRONTIERS helped the MOH prepare guidance on developing and costing ARH operational plans, and this guidance has been distributed to all health districts.

- e. Adolescent Reproductive Health was included in the Norms and Guidelines in Reproductive Health during the revision process conducted by the Ministry of Health in December 2004.
- f. Activities to consolidate ARH work in the two health districts of Saint-Louis and Louga are still underway. Based on the needs expressed during a situation analysis one year after the pilot study, refresher training is being given to the members of the Technical Committee and the association of peer educators in Saint Louis. This refresher training will include information on improving fund-raising mechanisms and replacing and training peer educators.
- g. The MOH received technical assistance to develop its 2006 central and regional action plans for three regions (Kolda, Fatick and Saint-Louis). FRONTIERS also provided assistance with the 2007 action plan that has been submitted to the MOH's Division of STI/HIV/AIDS for funding by the World Bank.

## **2. Mainstreaming within the Ministries of Education, Sports, and Youth**

Based on the findings from the pilot study, the Ministry of Education and its partner, the Population Training Group (GEEP), integrated ARH within schools. GEEP, which was responsible for the school intervention during the OR study, continues to introduce and teach the curriculum for adolescent health, *le Devenir Accompagné* [A Guide for the Future]. This curriculum has been revised and is being edited; and most teachers throughout Senegal are aware of it. Six high schools in Dakar, Saint-Louis, Thiès, and Tivaouane are using the curriculum, and other schools are being selected to expand its use.

- a. The Senegalese Ministry of Sport integrated ARH issues into its pre-service training curriculum for schools, and into its masters degree in Sports Education. A training of trainers was held for the ministerial staff using the Grandir en Harmonie curriculum. Following this training, 25 sport and education master trainers and staff were trained. As a next step, Ministry of Sport will integrate ARH into the training curriculum for its inspectors.
- b. The Ministry of Youth used the curriculum Grandir en Harmonie for the training of peer educators in its Youth Promotion project, financed by the USAID Global Fund and UNFPA. They will reproduce the curriculum Grandir en Harmonie for youth training in two regions (Kolda and Tambacounda).
- c. The Youth and Associative Life Division (DJVA), another department of the Ministry of Youth, invited FRONTIERS staff to join its steering committee for implementation

of its new initiative, *Espaces Jeunes* [Spaces for Youth]. This presidential initiative seeks to establish a special facility in every administrative region of Senegal where youth can obtain skills training, access the Internet, and hold cultural, sports, and entertainment events. The MOY has agreed to integrate the ARH model in these facilities, eight of which have been built to date.

### **3. Integrating lessons learned among partners and organizations working with adolescents**

Technical assistance provided during the pilot study strengthened the partnerships among various agencies including the MOH, the Ministries of Youth (MOY), Social Development (MSD), and Justice (MOJ), as well as with youth associations, youth centers, and municipal authorities.

- a. The MOJ collaborated with local nongovernment organizations in the training of 30 peer educators in Saint-Louis. Those receiving training included at-risk youth such as house servants, shoeshine boys, cars washers, and teenage mothers.
- b. The YMCA has worked in Senegal since 1982 and has implemented its ARH program since 1993. They have been selected to work with more than 250 youth associations across the country. Their core trainers requested a training of trainers by FRONTIERS and will receive training on the Grandir en Harmonie curriculum.
- c. In addition, international organizations including Management Sciences for Health, UNICEF, UNFPA, and the Center for the Development of Population Activities (CEDPA) have used findings from the pilot study in their youth interventions.

### **4. Scaling up ARH activities in the experimental zones and in other areas of Senegal**

- a. Fifteen “Technical Forms” describing the nature, objective, and cost of ARH activities were prepared by the MOH with assistance from FRONTIERS. These forms were distributed to all health districts to help them develop a plan of action.
- b. Two regions of Senegal (Fatick and Kolda) developed an implementation plan for ARH activities. One of these (for the region of Fatick) will be submitted to the African Development Bank, which expressed a commitment to fund these activities. This commitment followed the dissemination about the findings from the pilot project and the launch of the national ARH policy among regional and district level medical staff and their partners in the region of Kolda and Fatick.
- c. Capacity building aimed at mainstreaming ARH activities is continuing. A national training of trainers session with the two curricula (for health providers and for peer educators) took place in April 2007 with WHO collaboration. The core trainers then will train local master trainers at regional and district levels.

All the basic elements for expanding ARH activities to other regions are present in Senegal today. The national strategy on adolescent health, the technical forms, and the training mechanisms for both health providers and young people are foundations for a successful adolescent health program. Tools for training teachers and the school peer educators are

available. Underlying this framework is a multisectorial and multi-disciplinary team of government staff that is prepared to support the districts as they plan and undertake their ARH work.

## **5. Replication in other Francophone African countries**

- a. A national strategic plan for ARH was developed in Guinea with technical assistance from FRONTIERS. Guinean MOH staff at the highest level played a strong leadership role in the development of this policy document.
- b. FRONTIERS presented findings from the pilot and scale-up projects at a forum on youth, reproductive health, and HIV organized by the Regional Centre for Research, Population and Development in June 2005 in Dakar. Representatives from Burkina Faso, Chad, Mali, Niger, and Senegal, as well as policymakers, journalists, and representatives from USAID, international donors, youth groups and nongovernment organizations, attended this gathering. Program officers from the attending countries expressed much interest in having their own Ministries of Health play the leading role in adolescent programming in collaboration with other development sectors. Policymakers agreed that the National Strategy on Adolescent Health in Senegal introduced in 2006 provided a useful model for countries planning to develop a multi-sectoral approach to adolescent health. Developing collaboration with organizations such as AWARE, UNFPA, WHO/AFRO and USAID should provide the technical and financial support necessary for these five countries.
- c. WHO strongly endorsed the multisectoral approach to ARH programming developed in Senegal following the FRONTIERS pilot youth study. At a workshop organized by WHO, "Orientation Program for Adolescent Health," FRONTIERS gave presentations on working with providers and with communities. Following these presentations, WHO/AFRO expressed interest in a formal collaboration with FRONTIERS to assist 10 countries in the implementation of the parent-child communication model developed in the pilot study. FRONTIERS will provide guidance in the development of training for health care providers.
- d. FRONTIERS provided assistance to help the Centre for Population Training and Research (CEFOREP) plan for the scale-up of adolescent health programs with funding from the AWARE Project in Burkina Faso and Mali.
- e. The Mauritanian Ministry of Education is adapting and translating the community ARH curriculum Grandir en Harmonie into Arabic, with financial support from UNICEF and UNFPA.

## Conclusion

This extended program of mainstreaming ARH in Senegal and other Francophone West African countries is ongoing and entails three phases:

1. **Operations Research:** A three-and-a-half-year phase of implementing a multisectoral approach in two districts in northern Senegal.
2. **Utilization:** A one-year phase aimed at creating the conditions favorable to utilization of the OR study findings by others ministerial sectors and partners, finalizing training tools, and developing a policy document for adolescent reproductive health. This phase also entailed consolidation of activities in the experimental areas and expanding them to new regions of Senegal.
3. **Scale-up:** A two-year phase (current period) to promote the Senegalese model for addressing adolescent reproductive health by establishing a collaboration among CAs, donors, and international agencies in order to scale up the program in Senegal and replicate it in Francophone West Africa.

**The following publications on the Senegal Adolescent Reproductive Health Project can be found on our website:**

Diop, Nafissatou J. and Anta Fall Diagne. 2007. "Mainstreaming adolescent reproductive health in Senegal: Enhancing utilization of the findings from the youth reproductive health project," *FRONTIERS Report*. Dakar: Population Council

"Senegal: Mainstreaming adolescent health: building on local support systems," *FRONTIERS OR Summary* no. 64. Washington, DC: Population Council, 2007.

"Grandir en harmonie: Curriculum d'animation des pairs-éducateurs et des aides-ados ou jeunes écoutant" [Growing up in harmony: Animation curriculum for peer educators and adolescent helpers or young counselors]. Dakar: Population Council, 2007.

"Grandir en harmonie: Document du références" [Growing up in harmony: Reference document]. Dakar: Population Council, 2007.

"Grandir en harmonie: Guide de l'utilisateur" [Growing up in harmony: User's guide]. Dakar: Population Council, 2007.

"Grandir en harmonie: Les questions/réponses les plus fréquentes posées par les adolescent(e)s" [Growing up in harmony: Adolescents' most frequently asked questions and responses to them]. Dakar: Population Council, 2007.

"Senegal: Launch of the National Strategy on Adolescents and Young People's Health," *FRONTIERS announcement*. Washington, DC: Population Council, 2007.

Diop, Nafissatou J. et al. 2004. "Improving the reproductive health of adolescents in Senegal," *FRONTIERS Final Report*. Washington, DC: Population Council.

"Senegal: Involve community networks in adolescent reproductive health," *FRONTIERS OR Summary* no. 35. Washington, DC: Population Council, 2003.

"Senegal: FRONTIERS adolescent reproductive health project update: Et si on en parlait [And if one speaks about it]," *FRONTIERS Project Update* no. 1. Dakar: Population Council, 2001.

See: [http://www.popcouncil.org/frontiers/projects/afr/Senegal\\_UtilizationRI.htm](http://www.popcouncil.org/frontiers/projects/afr/Senegal_UtilizationRI.htm) or e-mail [frontiers@pcdc.org](mailto:frontiers@pcdc.org)