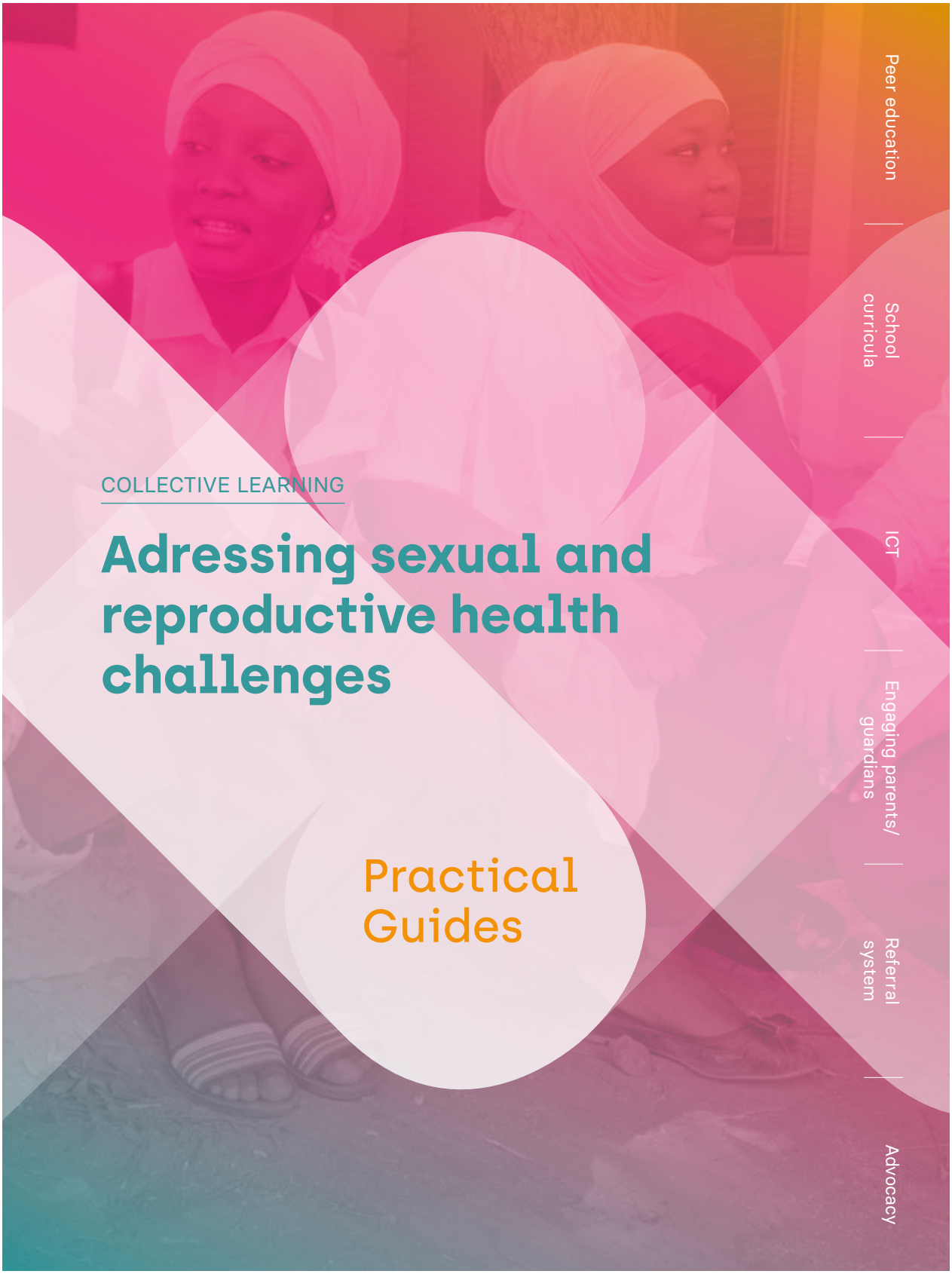


Peer education

School curricula

ICT

Engaging parents/ guardians

Referral system

Advocacy

COLLECTIVE LEARNING

# Adressing sexual and reproductive health challenges

## Practical Guides

INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME

EXPERTISE FRANCE

**The 5% Initiative was launched in 2011 and is France's indirect contribution to the Global Fund. Its mission: to support eligible countries – French-speaking countries in particular - to develop and implement Global Fund-supported programs. The 5% Initiative's work takes three forms.**

By mobilizing qualified experts for short-term assignments, the program is able to provide tailored technical assistance to build the capacity of partner countries around specific needs: support to access, manage and implement Global Fund grants, or to manage health commodity supply chains, etc.

The 5% Initiative also funds catalytic projects over two to three years. Projects are selected through calls for proposals to develop innovative activities or conduct operational research to improve responses to the three pandemics.

A new funding channel was created in 2018 to respond to policy and/or strategic challenges related to the changing needs and priorities of relevant countries, the Global Fund and France.

The 5% Initiative operates under the supervision of the French Ministry of Europe and Foreign Affairs (MEAE). Strategic implementation of the 5% Initiative is led by Expertise France, the French public agency for international technical assistance.

COLLECTIVE LEARNING

# Addressing the sexual and reproductive health challenges of adolescents and young girls: sharing experiences

## Practical Guides

COLLECTIVE LEARNING

# Addressing the sexual and reproductive health challenges of adolescents and young girls: sharing experiences

Practical Guides

# Overview

# INTRODUCTION



Due to the high numbers of adolescents and young people, they are a priority target group in the response to the three pandemics. Under-25s represent more than half of the population of West and Central Africa. Adolescents (10-19 years according to the WHO) and young people (20-24 years) also appear to be more exposed to health risks. It is often cited that health care is not well adapted to the needs of young people and adolescents: lack of availability of contraception, lack of access to free care, lack of prevention programs, restrictive legislation in accessing testing for minors... Healthcare providers also appear to be inadequately trained in providing care and support to young people. However, access to health is crucial for this vulnerable age group to continue schooling - especially for girls - to access employment and to establish equitable social norms between women and men.

In addition to fragile health systems, the cultural and socio-economic contexts in which these young people live can also hinder their access to care. In rural areas in particular, many studies demonstrate that child marriage is more prevalent than in cities, which can lead to early sexual intercourse, sexual violence and unwanted pregnancies. Condom use is particularly low due to the lack of dedicated sexual and reproductive health (SRH) services and the fact that there are negative social representations surrounding them. While this situation affects both young men and women, the latter remain the hardest hit: in sub-Saharan Africa among adolescents between the ages of 15 and 19, four out of five new infections affect girls.

Young women aged 15 to 24 are twice as likely to be living with HIV as men[1]. While significant progress has been made in reducing HIV-related mortality in adults, among adolescents HIV-related deaths have increased over the last decade, raising the urgent need for recognition of the specific sexual and reproductive health needs and issues facing adolescents.

1. UNAIDS, "2019 factsheet - Latest statistics on the state of the AIDS epidemic", https://www.unaids.org/en/resources/fact-guide

# A dedicated call for projects

The 5% Initiative launched a call for projects in 2015 with the importance of this issue in mind to achieve the goal of ending HIV and AIDS by 2030. The call focused on "adolescents and young girls" and 6 projects were selected. There were five priority areas of intervention:

- **Understanding:** the determinants of infection, access to care and disease burden among adolescents and young girls;
- **Preventing:** infections through innovative strategies;
- **Adapting:** the provision of care, from testing/diagnosis to medical care and support by promoting multidisciplinarity and the community approach to better meet the specific needs of these populations;
- **Combating discrimination:** among key populations and people living with HIV (PLHIV) by promoting an integrated approach between SRH policies, policies to combat gender-based violence and HIV/AIDS policies;
- **Strengthening youth involvement:** in the design, implementation, monitoring and evaluation of programs to combat HIV/AIDS, malaria and tuberculosis.



## FROM REPRODUCTIVE HEALTH TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Since the 2000s, the concept of sexual and reproductive health has focused on promoting responsible sexual behaviors and the existence of "sexual rights". SRH therefore also refers to values of autonomy, consent and reciprocity in the pursuit of pleasure and well-being[2].

"Taken together, sexual and reproductive health and rights (SRHR) can be understood as the right for all, whether young or old, women, men or transgender, straight, gay, lesbian or bisexual, HIV positive or negative, to make choices regarding their own sexuality and reproduction, providing they respect the rights of others to bodily integrity. This definition also includes the right to access information and services needed to support these choices and optimize health." - UN Women[3]

This shift from a physical approach, which was prevalent in the 80s and 90s, focusing on the concrete health problems (unwanted pregnancies, sexually transmitted infections...) of young people and adolescents to a social-cultural approach, focusing on the quality of life and satisfaction of individuals, have made it possible to integrate issues around gender-based violence and social determinants that affect young people's access to health into the area of SRH. Levels of intervention are becoming more diverse and now include, in addition to treatment, education and counseling, a particular focus on reducing sexual risk, stopping treatment and non-adherence. This shift promotes strengthening of the role of communities and organizations working with young people as an interface with health system actors.

2. Defining sexual health: report of a technical consultation on sexual health, 28-31 January 2002, Geneva www.who.int/reproductivehealth/topics/gender_rights/defining_sexual_health/en/in dex.html

3. https://trainingcentre.unwomen.org/mod/glossary/view.php?id=151&mode=letter&hook=S&sortkey=&sortorder=asc

# 6 selected projects

## 1

### Promoting the emergence of a "youth approach" in DRC

Médecins du Monde implemented a sexual and reproductive health project in Kinshasa and North Kivu from 2016 to 2018. After the first phase of the study looking at the sociocultural determinants of HIV transmission among young people, training sessions on the "youth approach" were held with health providers and community workers. Youth corners were also established within health facilities. The evaluation revealed beneficial effects: young people were more involved (peer educators) and had improved awareness of the services on offer; health providers were more caring and less stigmatizing towards young people; there was an increase in testing due to the target group being more accepted.

## 2

### Strengthening youth SRHR leadership in Senegal

After surveying 400 young people about their SRHR needs, Oxfam's "Connecting4Life" project began in Senegal in 2016 and ended in 2018. It worked to strengthen youth leadership on issues of sexuality by supporting them to create media productions on awareness and promote peer education in 120 schools, including Koranic schools. Interactive education platforms, based on a questions and answers approach between young people and telephone counselors, were established to improve knowledge around contraception and HIV modes of transmission.

## 3

### Exploring innovative strategies to reach young drug users in Vietnam

The "Saving the Future" project, led by Supporting Community Development Initiatives (SCDI) between 2016 and 2019, had three components. The first phase of the project focused on a survey to determine the prevalence of HIV, STIs, and hepatitis B and C among young injecting and non-injecting drug users, which revealed that transmission risk was linked to risky sexual behaviors, which were sometimes influenced by habitual drug use. The second phase aimed to build the capacity of community-based organizations to provide outreach to young drug users and to promote the continuum of care through online platforms and the use of information and communication technology (ICT). Finally, the project also empowered around ten young drug users who were given training and participated in the Vietnam Civil Society Partnership Platform on AIDS in 2018.

## 4

### Fostering a multi-stakeholder community approach to SRH

After conducting an initial phase of anthropological surveys focusing on adolescent sexuality in Mali and Niger, the JADES (standing for "youth and adolescents in health" in French) project led by Solthis between 2016 and 2019, raised awareness and mobilized the community on SRHR issues, through intergenerational child-parent dialogues, peer education, organizing testing in places frequented by young people, training health workers and by involving religious leaders, women's groups or parent groups. According to the evaluators, the project increased rates of retention in care of young people living with HIV, increased access to viral load testing and improved attendance of young people at health centers.

### Meeting the needs of the most vulnerable adolescents and young people

The Samu Social International project was conducted in Congo, Mali and Senegal. It aimed to adapt health programs and services for HIV, malaria and tuberculosis to the needs of children and young people on the streets and in situations of family and social breakdown. In order to achieve this, "knowledge, attitudes and practices" studies were undertaken, capacity building activities were carried out for organizations and relevant care and support services at health centers and finally specialist health education tools on prevention and treatment were created.

### Building the capacity of health personnel

The Grandir project led by Sidaction in five African countries, aimed both to strengthen the teams providing care and support to adolescents affected by HIV and AIDS in 10 organizations through training and supervision, and to involve this population group more in developing health policies that concern them, in particular through a peer-education mechanism. The intervention helped to better structure care and support given to adolescents (reorganizing services, specialised counselling, managing disclosure...).



# **A training** and learning exercise

Between 2016 and 2017, the 5% Initiative organized training and support sessions on sexual and reproductive health topics to support project leads and their partners. These trainings were also an opportunity to meet others working in the field who often face similar issues but opportunities to share are relatively rare. In 2018, although the projects were about to end, the 5% Initiative organized a learning workshop in Dakar to highlight the richness and distinctive features of each project and to encourage collective reflection around key SRHR challenges. To encourage discussion, each contributing organization identified an experience in advance that could provide operational learning for their peers.

**FOR MORE INFORMATION**

Watch: Our YouTube video "Initiative 5% - Sexual and reproductive health learning workshop"

The learning process involves learning from peers by promoting dialogue, analyzing one's own experiences and producing knowledge.

This document consists of six learning guides, resulting from the experiences selected by certain organizations from the "adolescents and young people" call for projects and reflects the discussions that emerged from the collective workshop. These six guides should not be seen as a comprehensive theoretical tool around the types of intervention in this field. Rather, they provide reflections and operational solutions that have been tried out, as well as insights from actors involved and practical advice.

The central purpose of this learning exercise was to consult the knowledge of contributing organizations, the difficulties they face and potential interventions around five themes:

- multi-stakeholder mobilization;
- gender mainstreaming;
- use of digital technologies;
- peer education;
- training staff in contact with young people.

Peer education

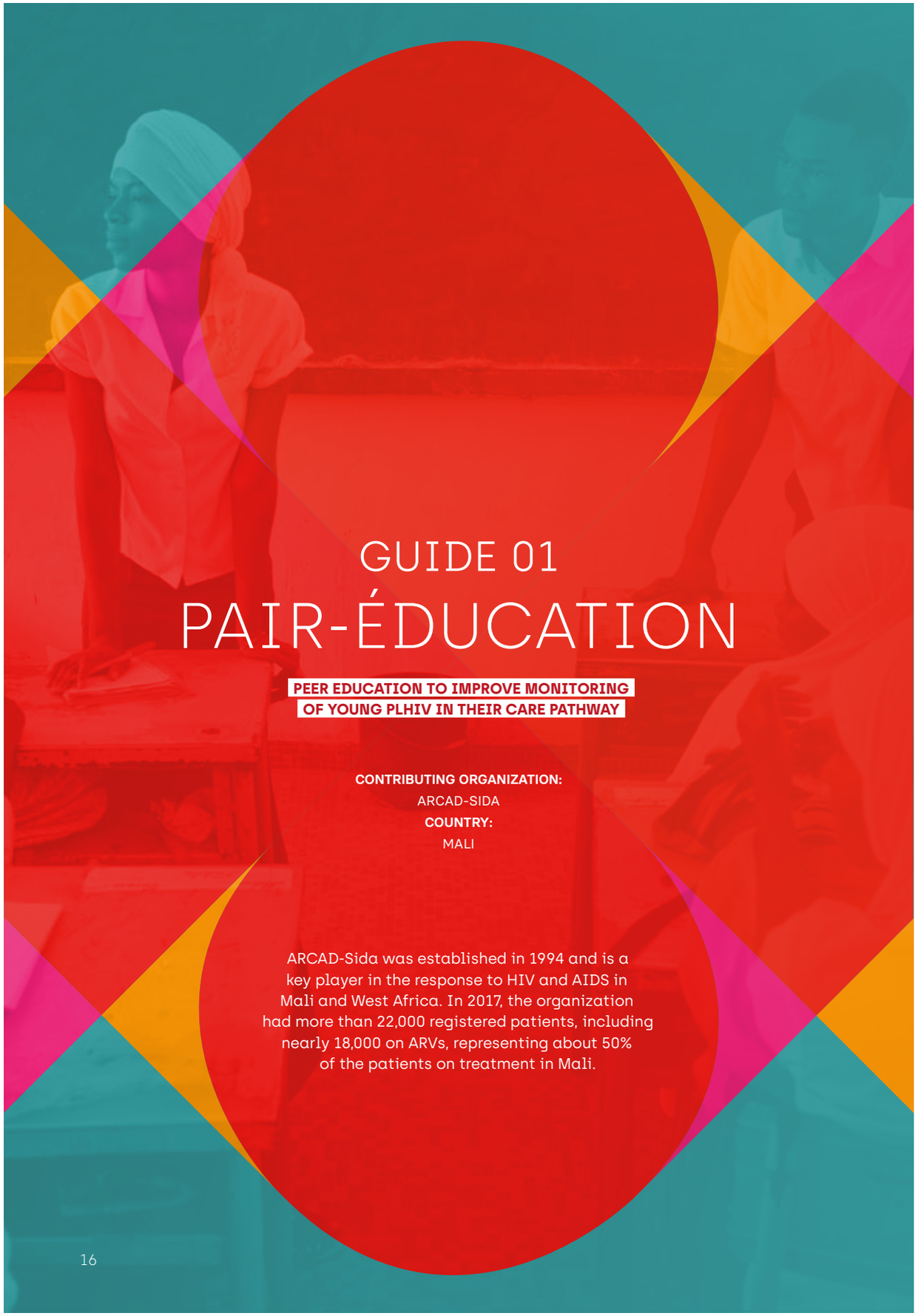
School curricula

Information and communication technologies



# Adapting service delivery to the specific needs of adolescents and young girls

The fact that young people and adolescents are so heavily affected by the HIV epidemic is linked to the fact that sexual and reproductive health services not being well adapted to their needs, whether they are provided by health centers or by community-based organizations. The qualitative importance of the link between care providers and young people and the involvement of parents are two fundamental areas for prevention work, to facilitate disclosure and to limit the risk of young people not accepting their status or not adhering to treatment. Grouping 10 to 19 year olds as a homogenous population group of young people is the wrong approach as there are different age groups within this group, each with distinct needs and issues. There are varying approaches taken by SRHR actors to prevent this key population group from being missed by existing available services and to enable adolescents to be independent in their access to health. The three following guides discuss the use of peer education, awareness raising of SRHR in schools and the use of information and communication technology as a way of sharing information and providing sex education.



GUIDE 01

# PAIR-ÉDUCATION

**PEER EDUCATION TO IMPROVE MONITORING OF YOUNG PLHIV IN THEIR CARE PATHWAY**

**CONTRIBUTING ORGANIZATION:**
ARCAD-SIDA
**COUNTRY:**
MALI

ARCAD-Sida was established in 1994 and is a key player in the response to HIV and AIDS in Mali and West Africa. In 2017, the organization had more than 22,000 registered patients, including nearly 18,000 on ARVs, representing about 50% of the patients on treatment in Mali.







**BACKGROUND**

## Why peer education?

Like other countries in the sub-region, young people in Mali have poor access to SRH services. In addition to a lack of financial resources, national policies are not always adapted to certain categories of adolescents, especially the youngest and those in vulnerable situations, and they overlook the response to gender-based violence[4].

Peer education was selected as an intervention strategy for the following reasons: peer education was developed in the context of the response to HIV and AIDS and it makes it possible to circumvent the taboos linked to sexuality, which are particularly prevalent in sub-Saharan Africa. It also makes it possible to discuss SRHR in a setting free from the moralizing judgments and discriminatory behavior that adults, whether parents, teachers or carers, may sometimes have towards adolescents.

### TESTIMONIAL

**"WHAT WAS ON OFFER WAS INADEQUATE AND COMPLETELY UNSUITABLE!"**

At the beginning of the project, the midwife in charge of the ARCAD-Sida sexual and reproductive health unit worked with the pediatrician to identify problems related to adolescent sexuality: "This is how we discovered that adolescents face a lot of difficulties (STIs, early pregnancies, abortions...), and don't have anyone to talk to about it within their family or within organizations. We then put in place specific measures: individual consultations, discussion groups, STI consultations and contraception. However, this proved to be insufficient and unsuitable. Addressing SRHR issues in this way proved delicate, both for inadequately trained and prepared care providers, and for young people themselves, who were embarrassed to talk about sexuality for fear of being judged or stigmatized"

4. Equilibre & Populations, « Santé et droits sexuels et de la procréation des adolescent.e.s au Mali. Policy and Program Analysis: Opportunities for UNFPA », November 2017.

STRATEGY

# Key questions to ask

This peer education approach was intended to enable adolescents and young girls living with HIV to access SRH services and sexuality information while sensitizing uninfected adolescents to reduce the risk of stigmatization of their HIV-positive peers. It also facilitated STI diagnosis and management and promoted family planning.

### HOW TO IDENTIFY AND MOBILIZE THE DIFFERENT ACTORS?

Peer education aims to empower young people to make their own decisions about their sexual health, but it also requires ongoing support from a multidisciplinary team of care providers, representatives from organizations, parents and community leaders.

**ARCAD-Sida worked with:**

- In a health and "listening" center (CESAC) in Bamako: a midwife, head of the SRH unit and a doctor, in charge of pediatric care;
- Organizations: the managers from partner organizations in charge of coordinating and planning project activities; the "children's" project officer who provides psychosocial care to children and adolescents; parents' associations;
- A group of 16 peer educators (half boys, half girls).

Peer educators were selected from among the young people living with HIV looked after by ARCAD-AIDS: "Selection was based on their availability, their experience and their motivation. We also took into account how often they came to the site and how willing they were to testify in front of their peers."

### ASSIGNING ROLES: WHO DOES WHAT AND WITH WHOM?

Prior to the start of peer education activities, the identified adolescent volunteers were trained, which helped to set out their duties - advice and referrals - and those of the health care team. The emphasis was on the scope of each party's activities to prevent peer-education from replacing therapeutic assistance.

The midwife supported peer educators to do individual interviews with adolescents, to organize and carry out focus group discussions and provided support upon request where situations arose. The topics covered were the various stages of adolescence, the concept of SRH, knowledge of STIs and HIV, modes of transmission and prevention methods.

Peer educators are also involved in the treatment education process for adolescents struggling with their treatment, by helping the health center's SRH unit to organize consultations, prepare patient records and carry out follow-up. Finally, they lead the WhatsApp awareness and information platform on SRH, called "Espace jeunes" (meaning youth space), which is useful to provide information to all young people, not only young people living with HIV.

IMPACT

# Lessons learned

**1. MOBILIZING THESE DIFFERENT ACTORS SIMULTANEOUSLY HELPS TO IMPROVE RELATIONSHIPS BETWEEN ADOLESCENTS AND CARE PROVIDERS, AND PROVIDES THE LATTER WITH THE SKILLS THEY NEED TO BETTER MEET THE NEEDS OF ADOLESCENTS.**

TESTIMONIAL

**A YOUTH PEER EDUCATOR**

"The trainings allowed our care providers, doctors, midwives and counselors to take an interest in us, to listen to us a little more. Thanks to all this information, they are more understanding and more attentive to our needs."

TESTIMONIALS

**THE HEALTHCARE TEAM**

"As a midwife, I am no longer reluctant to put adolescent girls on contraception and talk about sexuality."

"Before it was difficult for me as a prescriber to disclose their status to them, I left it to the psychologists. Now on I find it easy to approach children and let them know their status."

## 2. PEER EDUCATION INCREASES YOUTH LEADERSHIP ON SRH ISSUES AND IMPROVES TREATMENT MANAGEMENT

### A PEER EDUCATOR TALKING TO FATOU[5], A YOUNG FEMALE SEX WORKER

**Midwife:** "After the SRH unit for HIV-positive adolescents and young people opened at CESAC in Bamako, we carried out activities such as STI consultations and family planning, etc. A 17-year-old girl named Fatou came for STI consultations. We treated Fatou, but she came back every 15 days with a new infection. In an individual consultation, I tried to understand where all these infections came from, but Fatou did not confide in me.

At one point her ARV treatment review session with one of our peer educators coincided with one of Fatou's many consultations: we felt it necessary for her to have a consultation with the peer educator so that he could detect the problem we were unable to identify. That day, after about fifteen minutes, the peer educator managed to discuss her situation and found out that she was a sex worker."

**Peer educator:** "We continued to support Fatou to significantly reduce her repeated infections and prevent her from transmitting the AIDS virus to her partners. We talked about prevention methods during consultations as well as at the adolescent/youth adherence club. Today, Fatou says she no longer takes risks. She has much fewer infections."

**Fatou's mother:** "Thanks to home visits and advice given by these peer educators, my daughter is more stable and more respectful towards everyone. I approve of the peer educator approach because they share experiences with our children and give them self-esteem."

5. Name has been changed for reasons of confidentiality.

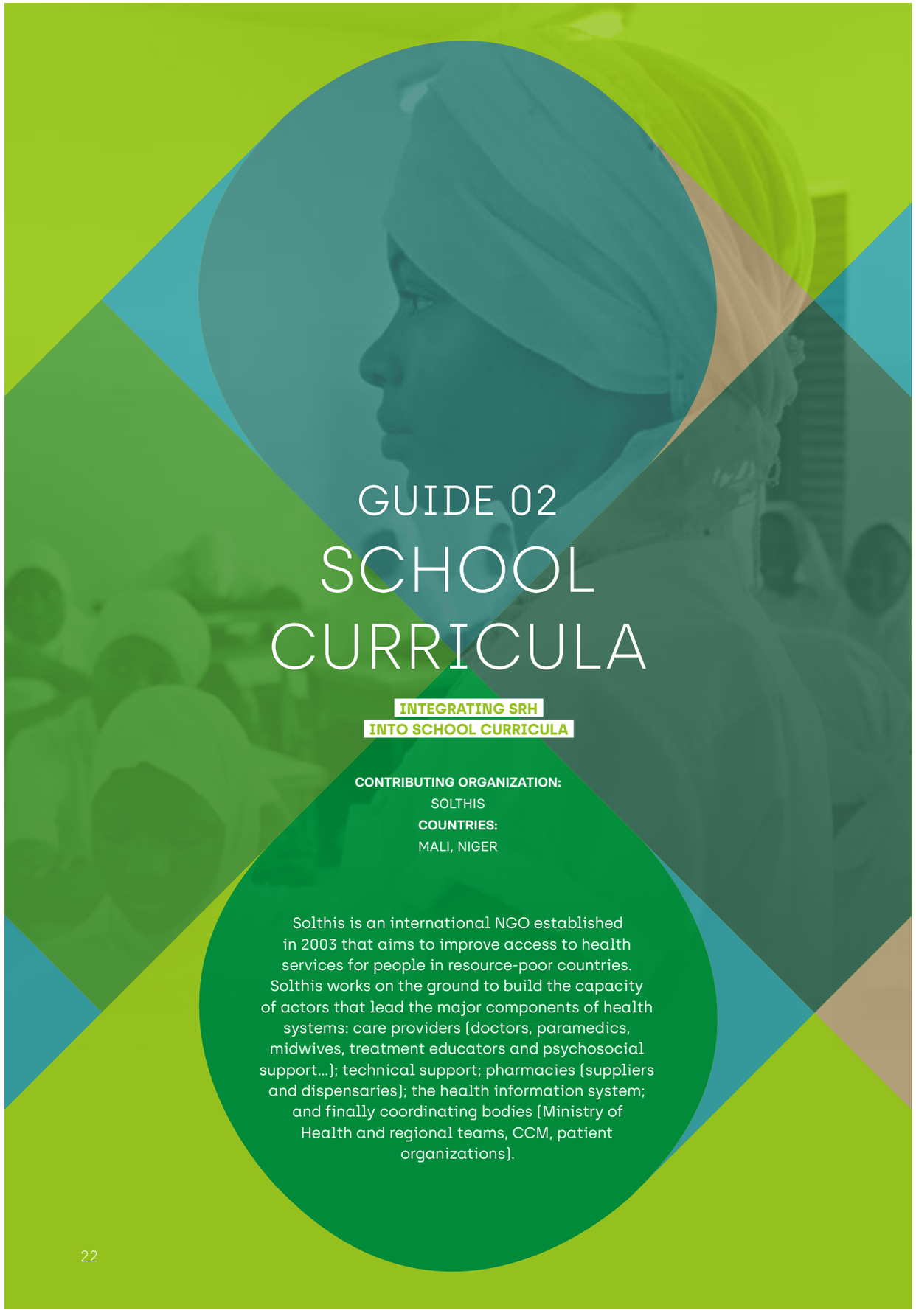
## 3. A PEER EDUCATION SYSTEM REQUIRES A SUPERVISORY FRAMEWORK AT VARIOUS LEVELS

### SUPPORTING PEER EDUCATORS AND ADAPTING THEIR ROLE TO THE SITUATIONS THEY ENCOUNTER

During educational talks peer educators working together in pairs were sometimes overwhelmed: the discussion may, for example, turns to issues around the norms of young people's behavior from a moral and religious point of view, veering away from the topic of risky behavior.

It was therefore necessary to work with the peer educators to go through the issues that they found difficult. During educational talks, it is important for supervisors to be present for two reasons: to maintain a calm and reflective atmosphere, rather than a disruptive one, and to intervene and steer discussions, where necessary.

It is also necessary to set out the peer educator's tasks to have a clear idea of what is required (teaching materials, training, dedicated time slots, etc.). The supervision phase also provides an opportunity to check that the mobilized young people are not using their own financial resources to carry out their role as peer educators (purchasing teaching materials, condoms, etc.) and that the activities they carry out for the organization do not create any problems for them.



GUIDE 02

# SCHOOL CURRICULA

**INTEGRATING SRH INTO SCHOOL CURRICULA**

**CONTRIBUTING ORGANIZATION:**
SOLTHIS
**COUNTRIES:**
MALI, NIGER

Solthis is an international NGO established in 2003 that aims to improve access to health services for people in resource-poor countries. Solthis works on the ground to build the capacity of actors that lead the major components of health systems: care providers (doctors, paramedics, midwives, treatment educators and psychosocial support...); technical support; pharmacies (suppliers and dispensaries); the health information system; and finally coordinating bodies (Ministry of Health and regional teams, CCM, patient organizations).







**THE CONTEXT**

## Poor mobilization of teachers on SRH issues

Integrating SRH modules in schools requires real investment, especially when it comes to training teachers and school nurses. SRH is often only mentioned in terms of reproduction. Issues around family planning, gender and related violence, menstruation and HIV prevention are rarely covered in more depth. In addition, family planning protocols in place at health facilities can also exclude adolescents (minors or unmarried). In this way, school can be a good environment to gather adolescents and young people together in large numbers to raise their awareness about SRH issues as early as possible.

**Organizations and community actors are working to achieve this on two levels:**

- They conceive and design tools and / or more appropriate approaches (manuals, guides, ICT, social networks...), with the participation of different stakeholders (teaching staff, education authority, students, parents) then test them within the framework of the existing curricula. These tools and modules are designed to respond to age-related issues and to enable young people to make informed choices about their own health.
- They also work at a more strategic level with national policy makers to advocate for modified curricula that systematically integrates SRHR.

**The JADES ("Jeunes et adolescent.e.s en santé") project implemented by Solthis focuses on two areas of work:**

- Initial focus on advocacy aimed at (1) integrating comprehensive sex education (CSE) in schools in Mali and (2) improving Niger's approach to CSE, as modules have already been integrated into programs, unlike Mali;
- They also introduced a focus on awareness activities in schools in two institutions in the city of Ségou, Mali.

THE STRATEGY

# Changing the legal framework to be able to train teachers

Solthis combined mobilizing teachers with introducing peer education. It was primarily life science teachers that benefited from the SRH training and who were provided with equipment (board games, images, posters). These teachers also supervised the mobilized peer educators - 50% were girls. With the aim of scaling up in the future and to ensure the approach is sustainable, a tutoring system was later established between new and old peer educators, in order to constantly renew the pool of young people mobilized.

### LAUNCHING AN ADVOCACY APPROACH

To unite these different actors, they had to share some common principles and objectives. A launch workshop was organized in Bamako in order to take stock of the situation and set out the initial strategic focus areas for integrating CSE (Mali) and improving integration of CSE (Niger) in primary and secondary education programs. This coordination exercise also laid the groundwork for advocacy led by the coalition of civil society organizations (CSOs).

Comprehensive sex education aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives. (UNESCO, 2018)

**In Mali,** where CSE is not yet integrated into school curricula, this first meeting allowed the coalition of CSOs to formalize the advocacy plan through:

- Developing a list of primary (the Ministry of National Education) and secondary targets (parliamentarians, media personalities and opinion leaders.
- Establishing a small committee to frame the argument.
- Setting out a communication strategy for each area of advocacy.
- Organizing meetings with the Ministry of National Education.
- Post-meeting follow-up.

**In Niger,** the project benefited from the support of the Regional Directorate of Secondary Education, who are regularly invited to attend awareness-raising sessions conducted by peer educators. This involvement of the Ministry made it possible to make rapid progress in terms of advocacy and mobilizing the government on SRHR issues.

## TESTIMONIAL

**FROM TWO REPRESENTATIVES FROM THE MINISTRY OF SECONDARY EDUCATION IN NIGER**

"For us, this project fits well with the fight against girls dropping out of school, which is directly linked to early and unwanted pregnancies. I attended several awareness sessions and I saw that peer educators had a good rapport with their supervisory teachers; these teachers have become social advisors and confidants. Parents themselves understand and accept that the information adolescents need is not always what they are able to provide."

"There are three educational talks a week for classes of 70 students minimum, in groups of fifteen. I attended from time to time as part of the school health division (DSS) supervision. Of the 120 teachers at the Bourja school (4,000 students) targeted by the project, 25 were trained. Teaching was over 72 hours. The project has also provided the school with appropriate materials: the boards give all students access to the illustrations. I am pleasantly surprised by the parents' support. Three awareness sessions were organized specifically for them, and there were nearly 100 participants. At the last session, in the presence of the head of school, teacher representatives, the DSS and religious leaders, parents requested another session in the new school year for new parents. Among the parents, some who were from a religious background and benefited from listening to other parents."

### WORKING IN KORANIC SCHOOLS

In both Mali and Niger, the number of Koranic schools has increased over the last twenty years[6]. It was therefore important for Solthis to integrate these Koranic schools into their interventions. The tools for teachers were designed to take account of the religious context and were developed based on values recognized in the Koran, such as hygiene.

## TESTIMONIAL

**FROM A MARABOUT IN MARADI, NIGER**

"I manage a Koranic school of 700 students. We currently have 13 active religious leaders in Maradi, 8 men and 5 women. We were invited to present our vision of youth as part of the JADES project. At first, I was a bit skeptical but along the way, I started to understand. Then some of us went to explain to other religious leaders in our districts about the challenges around adolescent health; we did this on our own initiative. This may be surprising, but with regard to adolescent health, we are all in agreement, even if we have different ideologies. All the Islamic leaders have accepted the reality of AIDS, and the need to protect young people against this disease.

We have thought about youth protection strategies, we can do things, but we need parents. We meet each month with parents to discuss our vision with them. We also cover issues concerning girls, managing menstrual cycles for example, female marabouts discuss this in meetings with mothers. Youth health awareness has been integrated into the curricula of the Koranic school that I lead. This approach has also been adopted by the other marabouts we have been able to sensitize, which now represents around 40 schools. I no longer need the project to continue my work, but there aren't enough Koranic schools involved compared to the need."

6. « Écoles coraniques et éducation pour tous, quels partenariats possibles ? Mali, Niger, Sénégal », Agence française développement, December 2014.

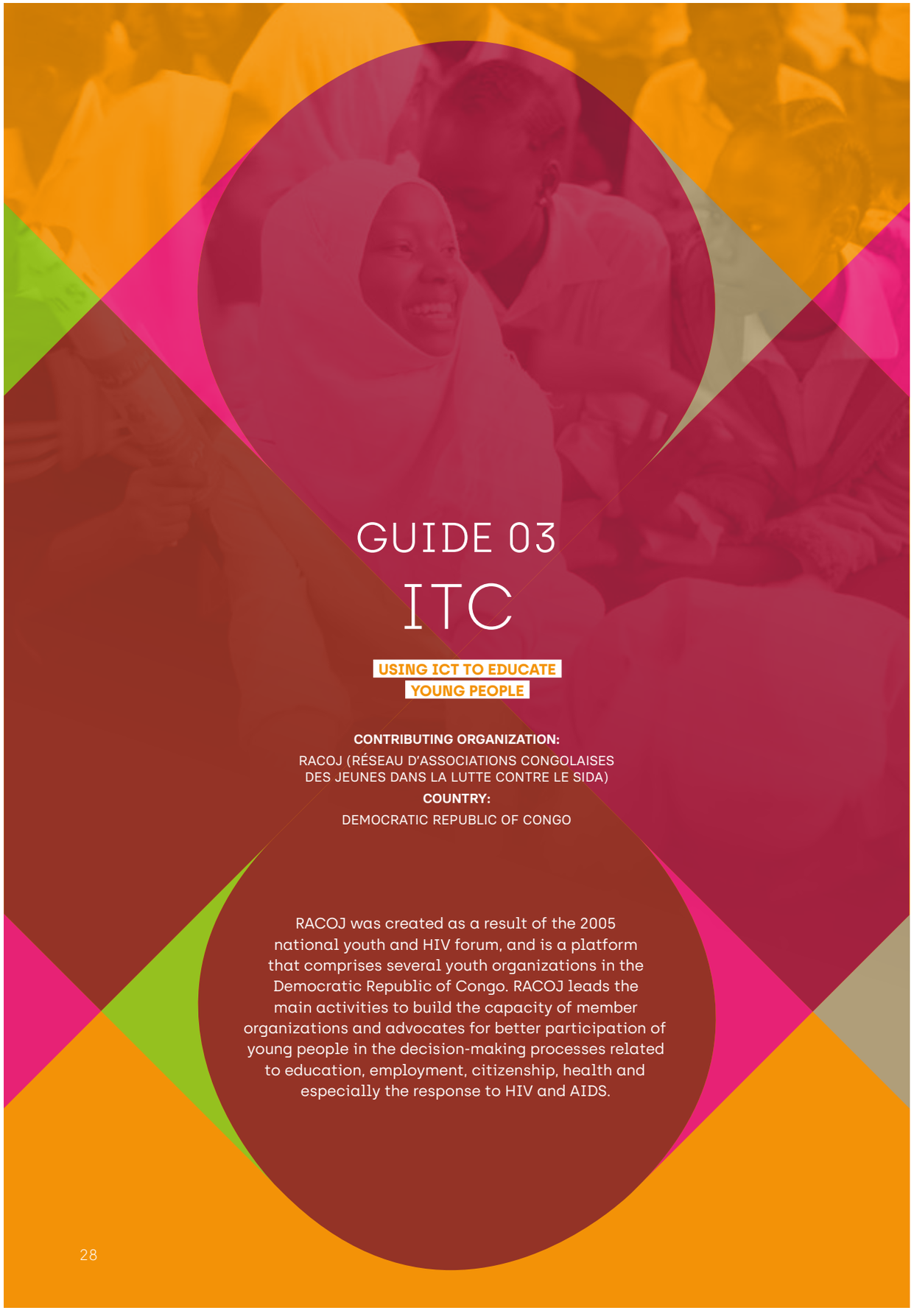


IMPACT

# Lessons learned

In Mali, the process of integrating SRHR modules into the education curricula has benefited from the leadership of the Ministry of National Education. There has been a real synergy of actions between actors, especially between the authorities and civil society. A national consultation framework of those working on comprehensive sex education, led by the Ministry and coordinated by Groupe Pivot Santé Population, has been established. A road map for integrating CSE into the Malian education system is being developed, as a national multisectoral committee being set up to implement it.

However, the process has proved long and tedious. The low level of consultation and information sharing among members of the consultation framework on a subject that remains very sensitive has negatively affected mobilization and work dynamics. The progress made by the project, in terms of mobilizing teachers, religious leaders, parents and young people themselves, is unfortunately isolated and precarious. For it to continue it needs to be endorsed at political level, which accounts for the advocacy initiatives for comprehensive sex education to be integrated into school curricula.



# GUIDE 03
# ITC

**USING ICT TO EDUCATE YOUNG PEOPLE**

**CONTRIBUTING ORGANIZATION:**

RACOJ (RÉSEAU D'ASSOCIATIONS CONGOLAISES DES JEUNES DANS LA LUTTE CONTRE LE SIDA)

**COUNTRY:**

DEMOCRATIC REPUBLIC OF CONGO

RACOJ was created as a result of the 2005 national youth and HIV forum, and is a platform that comprises several youth organizations in the Democratic Republic of Congo. RACOJ leads the main activities to build the capacity of member organizations and advocates for better participation of young people in the decision-making processes related to education, employment, citizenship, health and especially the response to HIV and AIDS.





**CONTEXT**

## Social networks - a relevant mobilization channel

As part of the project led by Médecins du Monde in the Democratic Republic of Congo between 2016 and 2018, RACOJ integrated social networks in its SRHR awareness toolbox: a Facebook page was created called "Projet jeunes et VIH"[7] (meaning youth and HIV project), designed as a discussion interface with adolescents and young people on SRHR. The page is now followed by more than 1,800 people. Thanks to this remote support system, the organization could access young people who were previously difficult to mobilize, those who were out of school, such as pregnant adolescents or marginalized young people, and encourage them to participate, while also respecting their anonymity.

7. https://www.facebook.com/Projet-Jeunes-et-VIH-1153374438015381/

THE STRATEGY

# Create, moderate and share a Facebook page on SRH

The page is coordinated by the RACOJ member administrator during working hours. Questions can be asked publicly on the page or users can ask the administrator directly, in a private message. Once the page was created, RACOJ promoted it directly to young people in schools, through local media and in meeting places, through presentations and by distributing flyers. They also used Facebook's paid promotion service. By the end of 2018, the page had had a total of almost 45,000 visits.

**TESTIMONY**

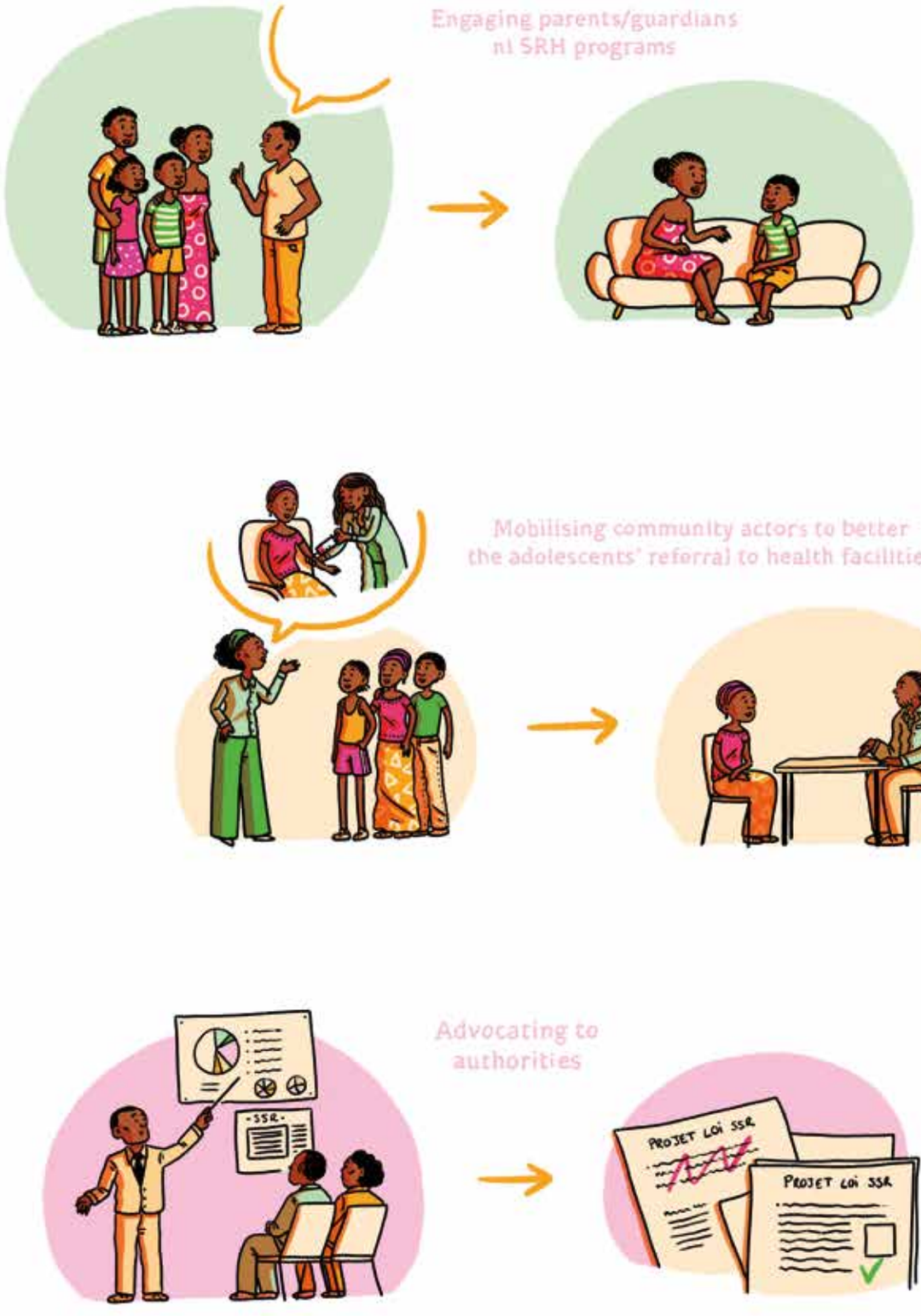
**FROM THE FACEBOOK PAGE ADMINISTRATOR**

"We were impressed by the young people's ability to ask questions about HIV and SRH without being embarrassed or ashamed. Through this they have shown great confidence in sharing their sexual health issues or those of their friends. We have been successful in remotely sensitizing people to come for voluntary testing, responding to young people's concerns about STIs / HIV and reproductive health. In other words, we have provided a remote counseling service."

IMPACT

# Lessons learned

Although there has been recognition of the quality of discussion, the level of discussion remains too low. It seems that the project has not managed to develop a subscriber loyalty strategy; some members are no longer active as they don't connect regularly. The issue of sustainability with this type of approach remains central because coordinating the page on an ongoing basis require a dedicated person who is trained and possibly supervised. It may be necessary to map in advance resource persons (midwives, community actors, health workers, etc.) that can be mobilized to support the page administrator to respond to questions.

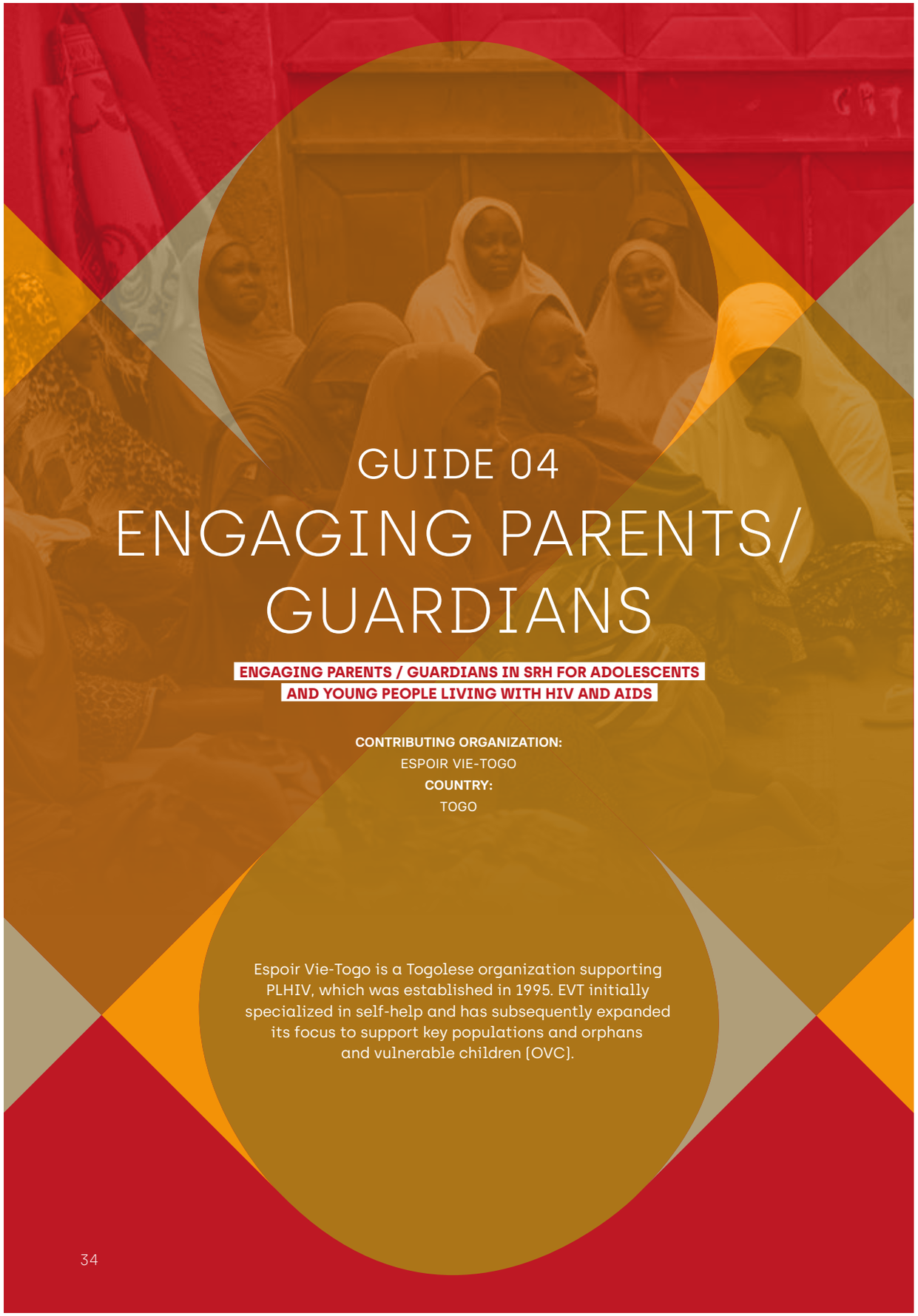



# Opening up SRH interventions: the multi-stakeholder approach

In recent years, there has been particular focus on integrating health interventions. Horizontal integration between different and interdependent sectors has long been observed, particularly in the context of the rise of community actors and organizations. Their contribution to the response to HIV and AIDS has proved crucial in terms of prevention, treatment adherence and psychosocial perception of the disease, but integration of these actors into health systems has been slow. In addition, vertical integration between decision-making and operational levels has, in many ways, hampered the effectiveness of interventions.

The experiences presented below have in common that they have all tried, at different scales and levels, to integrate interventions and to bring together all the actors concerned:

- Involving the parents of adolescents living with HIV (EVT, Togo).
- Creating consultation frameworks between health and community actors involved in the care of young people (RACOJ, DRC).
- Advocating for policymakers to be more involved in the concerns of young people, to better understand their challenges, and to work to change policies accordingly (RACOJ, DRC).



GUIDE 04

# ENGAGING PARENTS/ GUARDIANS

**ENGAGING PARENTS / GUARDIANS IN SRH FOR ADOLESCENTS AND YOUNG PEOPLE LIVING WITH HIV AND AIDS**

**CONTRIBUTING ORGANIZATION:**
ESPOIR VIE-TOGO
**COUNTRY:**
TOGO

Espoir Vie-Togo is a Togolese organization supporting PLHIV, which was established in 1995. EVT initially specialized in self-help and has subsequently expanded its focus to support key populations and orphans and vulnerable children (OVC).





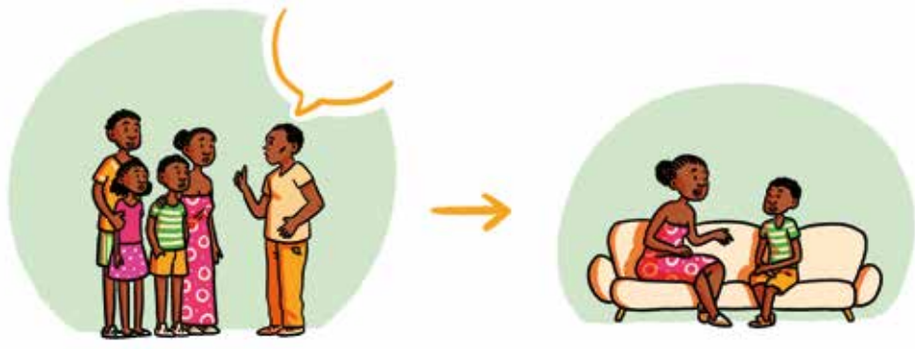


**THE CONTEXT**

## Parental involvement remains uncommon

Communication between parents and children about SRHR issues is often hindered by beliefs and taboos. Establishing intergenerational dialogue within the family, is nevertheless beneficial: in contexts with low levels of schooling and a lack of local health services, parents and guardians are key to sensitizing young people. However, SRH projects are often limited to mobilizing young people and teachers and often struggle to integrate their activities into families. Parental involvement is uncommon and faces motivation problems: two other contributing organizations, Médecins du Monde and OXFAM, both reported the same difficulties regarding overcoming the initial reluctance of mothers and fathers and starting a long-lasting dynamic of parent-child discussion on these topics.

In Togo, Espoir Vie-Togo (EVT), an organization supporting PLHIV, is implementing a training and empowerment project with Sidaction for young people infected and / or affected by HIV that includes a component that involves parents / guardians on issues of sexuality. Beforehand, EVT first found that parents were not very involved and that they were lacking knowledge about HIV prevention. Many of them did not envision that their adolescent child already had an emotional and sexual life. Through interviews and training sessions on SRHR, the program aimed to make parents important links in safer sex education and to establish positive parent-child communication.



STRATEGY

# A triangulated training approach

### AN INDIVIDUALIZED AND COLLECTIVE MECHANISM

The project mobilized three target groups: adolescents living with HIV and AIDS, their parents and a team of care providers; and operated at both individual and collective levels. The parents of adolescents were able to benefit from individual interviews with the team of care providers and attended focus groups that brought together young people together with their mothers and fathers.

Care providers were trained together to provide support to young PLHIV and to involve their parents in their care pathway through "step by step sensitization": the issue was discussed in more depth several times during staff meetings and training sessions, facilitated by EVT, were also provided at health centers.

### SELECTING THE THEMES TO BE COVERED

In order to reduce the risk of parents dropping out or losing interest, EVT adapted the discussions on SRHR to focus on two (of the many potential) introductory issues:

- Do adolescents living with HIV and AIDS have the right to have a love life or sex life and can this topic be discussed within the family?
- What is the impact of puberty on adolescents?

These open questions allowed for adults' perceptions about the sexuality of their children to be questioned in order to better understand this transition period. It was a matter of gradually changing the negative perceptions, alleviating fears and blockages generated by ignorance and misunderstandings and facilitating dialogue between children and parents.



IMPACT

# Lessons learned

A positive impact was observed on treatment adherence and the relationship between parents and children and parents and care providers. Parents who participated in the awareness sessions said they were better prepared to approach the topic of sexuality with their adolescent children in a more open way. At a general level, the involvement of parents in project activities facilitated its implementation.

Parents who are well sensitized can also influence their peers and improve how the SRH of young people is managed in other social circles (family, religion, professional...). It may therefore be relevant to measure the impact of these outreach activities on dialogue between parents and between adults.

### FOR MORE INFORMATION

**"Pouvoir Partager • Pouvoirs Partagés"** is a program that supports women living with HIV to disclose their status to those around them. It was designed and created in collaboration with Canadian community organizations and health and social care workers, and was successfully adapted in Mali by ARCAD-SIDA. This guide, which is available on Plateforme ELSA's website, takes the form of a toolkit to enable women to *"make informed decisions and put in place action plans to enable them to take ownership of their decision".*

### AMÉLÉ'S STORY[8]

EVT worked with Amélé, a 17-year-old HIV-positive adolescent. When the organization's psychologist met her, Amélé had not yet disclosed her status to the boy she had fallen in love with. "Amélé was torn between fully enjoying her relationship and disclosing her HIV status at the risk of being rejected by her lover and she needed someone to talk to" says a member of EVT. "We invited Amélé's guardian for a personal interview and listened to her questions and increase her awareness of SRH among adolescents who are emotionally and sexually active. Subsequently, the psychologist met with the couple to facilitate disclosure of Amélé's status to her boyfriend. He was offered an HIV test and he tested negative. Having been reassured by the health care team, he agreed to continue his relationship with Amélé.

8. Name has been changed for reasons of confidentiality.

In addition to children and parents, it is necessary to integrate young adults into sexual health programs as parents / guardians sometimes withdraw from their child's care during this transition period. It has been observed that some parents / guardians and adolescents become disinterested due to the duration of treatment.

**This experience was also an opportunity to raise some of the obstacles and difficulties related to parental involvement:**

- The beliefs of parents and adolescents about HIV can create a barrier to treatment adherence and to establishing open dialogue between them and with the care providers. By taking this mindset into account in advance, it allows for beliefs about adolescent sexuality to be gradually deconstructed and to better guide the content of group and individual trainings and interviews.
- Not all parents have the same level of involvement: while intergenerational communication is essential, it does not completely eliminate risky behavior. Other awareness-raising and training activities should be used to complement the engagement of parents / guardians.



**IN NIGER, THE JADES PROJECT LED BY SOLTHIS COMBINES PEER-EDUCATION AND PARENTAL AWARENESS RAISING.**

Aïssata and Kader, both final-year peer-educators, are talking to first-year students in a secondary school about stigmatisation suffered by people living with HIV.

A music performance is organized by the local NGO Lafia Matassa and led by Aïssata and Bakar in the Family Planning courtyard. The two peer-educators use this gathering to discuss and raise awareness about adolescents' sexual behaviours, contraceptive methods, STDs and the treatment offer.

Mothers came to talk with a community facilitator : the project also works with parents by informing them about their children's SRH. Parents become reliable information sources for their own adolescents.

GUIDE 05

# REFERRAL SYSTEM

**ESTABLISHING A REFERRAL SYSTEM**

**CONTRIBUTING ORGANIZATION:**

RACOJ (RÉSEAU D'ASSOCIATIONS CONGOLAISES DES JEUNES DANS LA LUTTE CONTRE LE SIDA)

**COUNTRY:**

DEMOCRATIC REPUBLIC OF CONGO

RACOJ was created as a result of the 2005 national youth and HIV forum, and is a platform that comprises several youth organizations in the Democratic Republic of Congo. RACOJ leads the main activities to build the capacity of member organizations and advocates for better participation of young people in the decision-making processes related to education, employment, citizenship, health and especially the response to HIV and AIDS.





**THE CONTEXT**

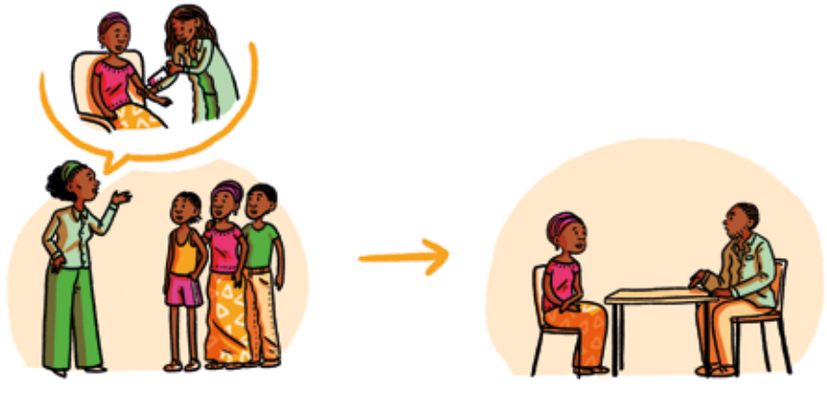
## A silo approach, differing visions

In the Democratic Republic of Congo, only 18% of 15-19 year olds have a good knowledge of HIV. 24.5% report having had unprotected sex in the last 12 months. Only 18.7% of 15-19 year olds have a good knowledge of HIV (modes of transmission, methods of protection, etc.)[9]. Based on a study of the socio-cultural determinants of HIV transmission among adolescents and young people aged 10 to 24 years conducted in 2016 in North Kivu and Kinshasa[10], RACOJ found a clear lack of collaboration between community actors and health centers. This situation resulted in low referral rates of HIV-positive adolescents and young people that the organization was working with. The lack of a shared vision by community and health actors on the SRHR issues of young people and adolescents contributed to complicating dialogue and potential partnership.

Each was acting in their own area, which hindered the dissemination of information.

To resolve this situation, RACOJ wanted to facilitate a multi-stakeholder dialogue to enable everyone to act together on SRH issues. Establishing a functional referral system and gaining the confidence of young people and parents should also improve take-up of HIV and AIDS services by young people.

"A community promotes responsible sexual behaviors by providing the knowledge, resources and rights individuals need to engage in these practices." (WHO, 2000)



9. Demographic Health Survey 2013 - 2014
10. Study on socio-cultural determinants of HIV transmission among young people aged 10 to 24, Kinshasa - North Kivu, Médecins du Monde, 2016.

THE STRATEGY

# Focus on existing synergies

### CREATING COMBINED COMMUNITY AND HEALTH CENTERS STRUCTURES

RACOJ set up listening and information centers for adolescents (known as CEICA): trained peer educators worked in these centers and capitalized on adolescents and young people coming to play for free to share trustworthy and reliable messages about STIs, HIV and AIDS and other issues related to sexual and reproductive health. Peer educators also conducted awareness-raising sessions outside CEICA at sporting events and celebrations. RACOJ has also created youth corners within the health facilities, led by peer educators, who are responsible for carrying out sensitization and referral activities, and are coordinated by nurses and laboratory technicians. In parallel, religious leaders and teachers have also been trained and informed about the available health care services so that they can also refer any adolescents having problems.

### CREATING LINKAGES AND MOBILIZING THE COMMUNITY

In order to create synergy, the RACOJ project needed to create and facilitate regular exchanges between community actors and healthcare providers. Monthly meetings brought together actors from the same area to collectively evaluate the referral system, share any difficulties encountered and think together about possible solutions. These discussion forums at the local level also happened at regional level, between the two project intervention areas (Kinshasa and North Kivu region), and provided a springboard to improve the approach.

In order to evaluate the effectiveness of this activity, RACOJ used referral tokens to trace young people's care journey from the community center to the health center. The youth referral rate increased to 70% by the end of the project.



IMPACT

# Lessons learned

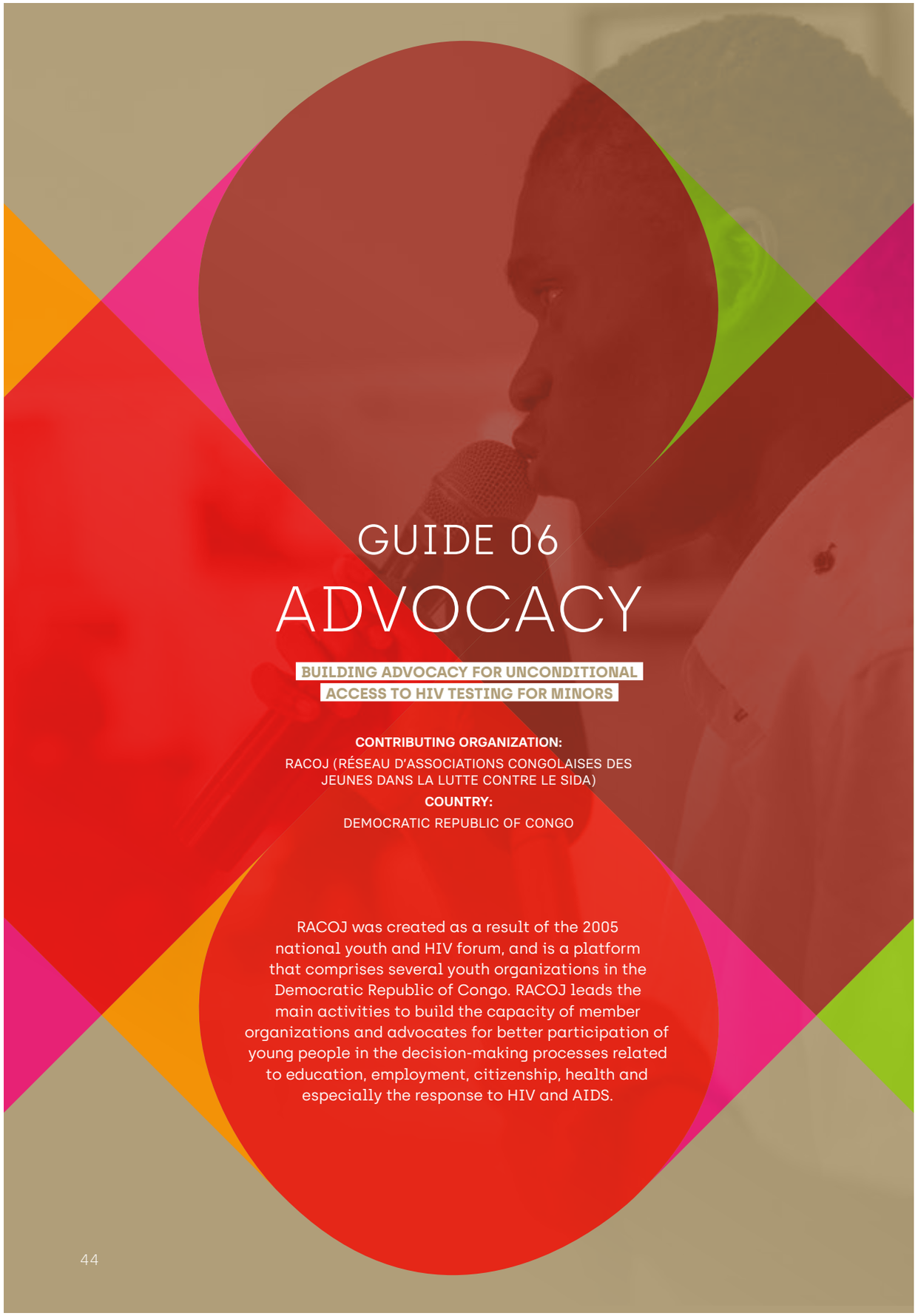
Bringing together these different structures made it possible to pool efforts but also to strengthen the legitimacy of community initiatives in the eyes of users, parents and adolescents. Regular meetings also reassured health workers who feared that the CEICA would lead to overwork that health centers would be unable to absorb. In response to these concerns, RACOJ emphasized the existing synergies as well as the benefits of community counseling for young people, but also for health workers who operate at secondary level.

Although this was a necessary intervention, it nevertheless faced structural difficulties. The fact that STI treatment is not free of changes is seen as an obstacle to STI screening and it is demotivating for young people. Regular stock-outs of HIV inputs and the high turnover of health personnel also tend to weaken collective efforts.

**TESTIMONY**

**MANAGER OF THE SELEMBAO POLYCLINIC IN KINSHASA**

"Thanks to CEICA, our organization has gained reputation in the community: young people come to seek services because the information is passed by word of mouth that the center is friendly for young people"



# GUIDE 06
# ADVOCACY

## BUILDING ADVOCACY FOR UNCONDITIONAL ACCESS TO HIV TESTING FOR MINORS

**CONTRIBUTING ORGANIZATION:**

RACOJ (RÉSEAU D'ASSOCIATIONS CONGOLAISES DES JEUNES DANS LA LUTTE CONTRE LE SIDA)

**COUNTRY:**

DEMOCRATIC REPUBLIC OF CONGO

RACOJ was created as a result of the 2005 national youth and HIV forum, and is a platform that comprises several youth organizations in the Democratic Republic of Congo. RACOJ leads the main activities to build the capacity of member organizations and advocates for better participation of young people in the decision-making processes related to education, employment, citizenship, health and especially the response to HIV and AIDS.





THE CONTEXT

## A legal framework that affects the health of young people

In several African countries, the legal and educational framework for SRH has long been affected by the ABC approach (Abstinence - Be Faithful - Use a Condom): the principles of this strategy are still present in many strategic frameworks of national responses, although its effectiveness is not proven and even appears to delay young people's access to reliable information on SRH.

In the Democratic Republic of Congo, the law on protecting the rights of people living with HIV does not allow young people under the age of 18 to access the voluntary testing services, without the consent of their parents or guardians (Article 37). It also stipulates that the test results of minors must be shared with parents or guardians (Article 39). However, in family environments where parents and children do not talk about sexuality, seeking the consent of parents to get tested is often impossible. Many young people give up, or their parents, who are often in denial about the early sexual activity of their children, refuse.

To overcome this obstacle, civil society actors have come together as part of an "advocacy consortium" to advocate to Congolese parliamentarians, so that the law allows minors to freely access voluntary testing services.


THE STRATEGY

# Carrying out multi-level advocacy

### SET UP AN ADVOCACY GROUP, SET TARGETS AND A TIMELINE

In order to carry out this project to modify the legal framework, RACOJ mobilized its network of partners at national and international levels, in particular: Union congolaise des organisations des personnes vivant avec le VIH (UCOP+), Forum Sida, Ligue nationale antituberculeuse et lépreuse du Congo (LNAC), Médecins du Monde France and Belgium, UNAIDS and UNDP.

Following around twenty meetings, the coalition set out its priority targets (parliamentarians, groups of young parliamentarians, senators...) and organized formal and informal meetings with these key actors.

A first date was set in November 2017, one month before the vote on the new bill, to hold a forum, at the headquarters of the National Assembly and the Senate in Kinshasa, to present to parliamentarians the arguments in favor of minors accessing testing and testing results without the consent of legal guardians. The forum was organized with the support of the Assembly's socio-cultural commission.


### FRAMING THE ARGUMENT

The coalition gave priority to two key messages to articulate its advocacy focus at this meeting:

- **Respecting the political commitments made to respond to HIV and AIDS:** this involved citing the political commitments made by the Congolese government, in particular in relation to Sustainable Development Goal 3[11] and the three 90s[12], and emphasizing the consequences of legal barriers to testing for young people on ending AIDS by 2030.
- **The discriminatory and deadly nature of the July 14, 2008 law:** "the numbers are available!" RACOJ highlighted: 65% of adolescents and young people aged 15-19 have had their first sexual encounter, of which 22% before the age of 15, and more than 90% of cases of HIV infection among young people are through sexual intercourse[13]. In light of this, the national legal environment represents a significant barrier to accessing testing and treatment for this particularly at-risk population.

### DIVERSIFYING INTERVENTIONS

In addition to formal meetings with policy makers, the advocacy strategy focused on two key opportunities:

- On World AIDS Day 2016, RACOJ and Médecins sans Frontières Belgium participated in a "Flash mob" on the theme "AIDS does not wait for me to be 18". The show was performed by around twenty young dancers, with a banner above them stating "Law 08/011, raise the barriers now!".
- In order to make their cause more visible, RACOJ, supported by the UNAIDS Country Director and the MSF Belgium Communications Officer, also organized a meeting with around 15 public and private media managers.

11. SDG 3 aims to ensure the health and well-being of all, by improving reproductive, maternal and child health, by reducing major communicable, non-communicable, environmental and mental diseases (UNAIDS) by 2030.
12. The three 90s have three priority objectives to end the AIDS epidemic: by 2020, 90% of people living with HIV know their HIV status; 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; 90% 90% of all people receiving antiretroviral therapy will have viral suppression.
13. Study on socio-cultural determinants of HIV transmission among young people aged 10 to 24, Kinshasa - North Kivu, Médecins du Monde, 2016.

IMPACT

# Lessons learned

In July 2018, the 08/011 law was finally amended[14]: Article 39 on disclosing HIV test results to a minor now mentions the possibility for health workers not to share the results with parents or guardians, if it is in the best interests of the child. However, Article 37, which RACOJ also focused on, still makes the consent of parents or guardians mandatory for minors wanting to test for HIV. The objective of modifying the legal framework relating to testing minors has been partially achieved. Certain factors that RACOJ did not take into account interfered with the process of sensitizing parliamentarians.

## FACTORING IN THE POLITICAL AGENDA AND ITS PRIORITIES

During the preparatory phase, this advocacy project appeared to benefit from a relatively favorable context. It was supported by the President of the National Assembly and high-level international actors such as UNAIDS, and the advocacy message was also part of the "All In" Initiative, launched in 2015 with the support of PNMLS.

The "All In" initiative is a platform for action and collaboration to mobilize a social movement to achieve better outcomes for adolescents by fundamentally changing programs and policies. The platform aims to unite actors from all sectors to accelerate the reduction of AIDS-related deaths and new HIV infections among adolescents by 2020, to end the AIDS epidemic by 2030.

The November 2017 forum, however, did not generate the expected participation: out of the expected 100 parliamentarians, only around fifty turned up. In retrospect, it seems that the chosen date conflicted with the parliamentary agenda and in particular a vote on electoral laws and finance of high importance, which were debated at the same time by all political parties. In addition, the draft law amendment was supported by an opposition member, which prompted some of the members close to the government to eventually reject the proposed changes.

The electoral and parliamentary calendar can therefore constitute a godsend or create obstacles. In order to limit the risk of manipulation of an advocacy priority for the purposes of political positioning, it is necessary to choose the timing of the activities but also to try, as far as possible, to promote a balanced political representation among the political actors mobilized.

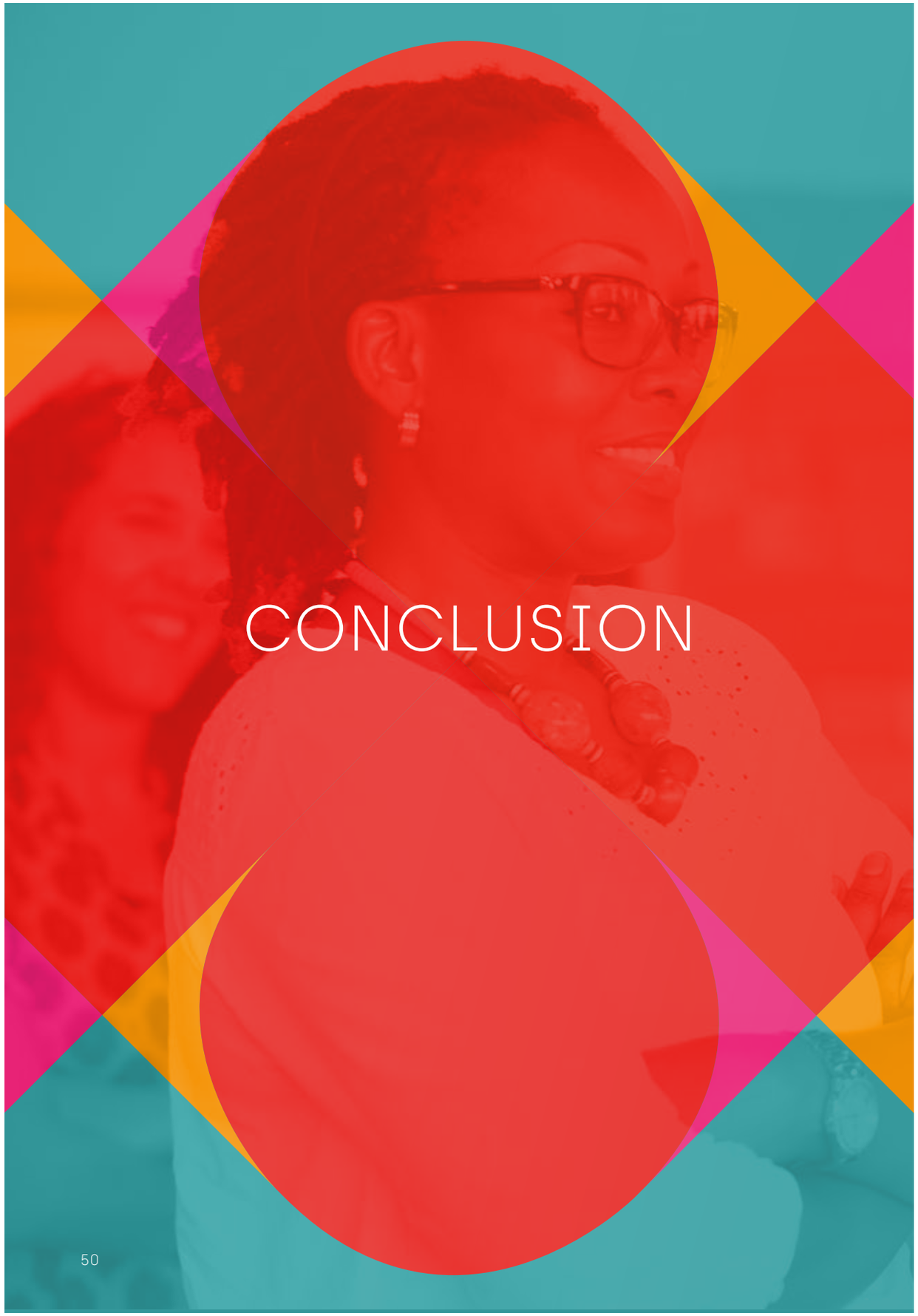
Despite this apparent failure, it is worth noting that the issue of changing the law in relation to testing minors without parental consent is now on the table: it has entered the public debate.

## ADAPTING YOUR ARGUMENT IN LINE WITH THE LEVEL OF KNOWLEDGE OF YOUR TARGET AUDIENCE

The rationale developed included a legal component and a more contextual component, aimed at demonstrating the vulnerability of adolescents to HIV and AIDS. However, it did not take into account some deep-seated perceptions that could create obstacles and blockages for MPs. Indeed, according to RACOJ, some politicians considered that HIV and AIDS remained a taboo issue particularly affecting people "with bad behavior" and feared that the bill for young people to freely access testing would diminish parental authority. An initial investigation would undoubtedly have made it possible to better assess the level of knowledge of parliamentarians on the issue to guide the rationale in order to make it resonate more. Finally, the overview of international commitments to combat HIV and AIDS seemed to be a less effective argument than the use of arguments based on national realities, namely the counterproductive nature of the laws criminalizing or stigmatizing HIV and AIDS[15] in DRC.

14. Law No. 18/012 of July 09, 2018 amending and supplementing Law No. 08/011 of July 14, 2008, Journal officiel de la République démocratique du Congo, July 23, 2018

15. For more information, see « Dépénalisation du VIH en RDC – Cas pratique », Serge Tamundele (UCOP+), http://toolkit.hivjusticeworldwide.org/wp-content/uploads/2018/12/De%CC%81pe%CC%81nalisation_VIH_RDC_Etude_de_CAS.pdf



# CONCLUSION



The collective learning approach presented in this collection of guides has highlighted two important areas for sexual and reproductive health interventions; two entry points from which CSOs and community actors can scrutinize their work.

- The issue of adapted service delivery, particularly around prevention, to the needs of adolescents and young people, provides potential for reflection on the opportunities offered by ICT to reach this crucial target group to combat pandemics. The experiences presented around peer education and awareness-raising in schools both emphasize the importance of thinking as a network to work in partnership with all the educational, family or religious actors that support young people and adolescents and influence their behavior.
- The issue of integrating SRH interventions, on the other hand, emphasizes the existence of synergies, some explored and some yet to be explored, between actors and spheres that usually operate separately.

## FOR MORE INFORMATION

**The gender and HIV ("Genre et VIH")** toolkit was designed by Plateforme ELSA and is available online. It uses practical and participatory tools to facilitate understanding around concepts of gender, to identify stereotypes and discrimination, and to establish HIV prevention, care and support programs to overcome these issues. This toolkit provides materials to build skills in several stages over a period of more than 12 months.

## SEXUALITY, A TOTAL SOCIAL FACT

The diversity of these six experiences shows the need to think of the issue of health, and therefore of sexuality, as a "total social fact": SRH interventions are part of a combination of institutional psychosocial, religious and economic factors that we must consider. The experiences discussed in this document advocate for:

- an integrated **decentralized approach:** by creating bridges between local health facilities and community / organizational actors while including parents and teachers. These interventions help to get sexuality out of the purely medical field and match them as closely as possible to the concerns of young people and adolescents to allow for a close link between awareness-raising and prevention and the existing provision of care. This partnership strategy is also an opportunity to better understand (for each local situation and at all levels) the existing gaps and to inform consolidated advocacy, with the health and political authorities, particularly on economic and legal obstacles for young people and adolescents to access their health.
- **a participatory, horizontal approach:** The bottom line of SRH programs is the autonomy of young people and adolescents on health issues. For prevention, if access to information is a crucial factor for them to be able to exercise their rights to health, it will only truly bear fruit and will only be sustainable if the target group are directly linked to its objectives. Through peer education and strengthening the leadership of adolescents and young PLHIV, SRH programs are able tackle issues that result in gender-based violence and the underlying processes of stigma, which the fear of testing stems from.

### OUTLOOK

Efforts made to pool experiences and knowledge should not stop there. The blind spots of this learning exercise outline new paths of collaboration and sharing for the actors involved in the field of SRH:

- How have these adolescent and youth SRH programs articulated medical issues (anatomy, how the body works, contraception, STIs, and HIV and AIDS) around **issues of rights and gender representation?**
- How not to lose sight of the **issue of sustainability and local ownership** in terms of the intervention principles presented?



# Acronyms

**ANCS :** Alliance Nationale contre le Sida

**ARCAD-SIDA :** Association de Recherche, de Communication et d'Accompagnement à Domicile des personnes vivant avec le VIH/sida

**ARV:** Antiretrovirals

**ASDAP :** Association de Soutien au Développement des Activités de Population

**CBO:** Community Based Organization

**CEICA :** Centre d'écoute et d'information convivial pour les adolescent.e.s

**CESAC :** Centre d'Écoute, de Soins, d'Animation et de Conseils

**CSE :** Comprehensive sex education

**CSO:** Civil society organization

**DRC:** Democratic Republic of Congo

**EVT :** Espoir Vie Togo

**ICT :** Information and communication technologies

**KAP:** Knowledge, attitudes and practices

**MDM :** Médecins du Monde

**MSF :** Médecins sans Frontières

**OVC:** Orphans and vulnerable children

**PLHIV:** Person Living with HIV

**PNMLS :** Programme national multisectoriel de lutte contre le Sida

**RACOJ :** Réseau d'associations congolaises des jeunes dans la lutte contre le Sida

**RAES :** Réseau Africain Education et Santé

**SCDI:** Center for Supporting Community Development Initiatives

**SOLTHIS :** Solidarité thérapeutique et initiatives pour la santé

**SRH:** Sexual and reproductive Health

**SRHR:** Sexual and reproductive health and rights

**STI:** Sexually transmitted infections

**UCOP+ :** Union congolaise des organisations des personnes vivant avec le VIH

**UNDP:** United Nations Development Programme

**WHO:** World Health Organization

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**Illustrations:**
The Ink Link / Aude Mermilliod



## The learning process

### 2015

The 5% Initiative launches a call for projects on the theme "Adolescents and young girls", at the end of which six projects were selected, for a cumulative total of more than 4 million Euros. Nine countries are covered: Burkina Faso, Burundi, Côte d'Ivoire, Mali, Niger, Democratic Republic of Congo, Senegal and Togo.

### 2016 - 2017

Two training sessions on "sexual and reproductive health, sexuality education, gender and human rights" are organized in Dakar to strengthen the skills of project leads and their partners.

### September 2018

Five project leads (OXFAM, Samusocial International, Sidaction, Médecins du Monde France, Solthis) and their local partners participate in a learning workshop on SRH projects, organized by the 5% Initiative.

### October 2018 - October 2019

Evaluation of the six selected projects by STEPS Consulting and Gaïa Développement.

This document is the result of a collective process, bringing together more than twenty actors in the field, the 5% Initiative team and Expertise France Health Department's Pôle d'Appui technique et transversal and the project evaluators.
It was coordinated and written by Perrine Duroyaume, Hélène Gombert, Anne Boutin (Gaïa Développement) and Marie-Eve Richardier (STEPS Consulting).

The 5% Initiative would like to thank all the people involved in reviewing it and especially the organizations that carried these projects and who participated in the learning process and in trainings: ANCS, ARCAD-Sida, ASDAP, Enda Santé, Equilibres & Populations, Espoir Vie-Togo, Lafia Matassa, GEEP, Médecins du Monde, One World, Oxfam, RACOJ, Samu Social International, Sidaction, Solthis.

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