TECHNICAL WORKSHOP ON ADOLESCENT AND YOUTH SEXUAL AND REPRODUCTIVE HEALTH: EXPLORING PROGRESS & PLANNING FUTURE EVIDENCE-BASED INVESTMENTS IN DRC

KINSHASA, DRC
AUGUST 22-23, 2017

E2A Project | December 2017
About E2A

The Evidence to Action Project (E2A) is USAID’s global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive health care needs of girls, women, and underserved communities around the world by increasing support, building evidence, and leading the scale-up of best practices that improve family planning services. A Cooperative Agreement awarded in September 2011, E2A will continue until September 2019. E2A is led by Pathfinder International in partnership with ExpandNet, IntraHealth International, Management Sciences for Health, and PATH.

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This publication was made possible through support provided by the Office of Population and Reproductive Health, Bureau for Global Health, U.S. Agency for International Development, under the terms of Award No. AID-OAA-A-11-00024. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.
Acknowledgements

The Evidence to Action (E2A) Project gratefully acknowledges the generous support of the US Agency for International Development (USAID) for the creation of this report and the workshop it describes. The Bill & Melinda Gates Foundation also gave financial support to the conduct of the workshop. Pathfinder International and Democratic Republic of Congo’s (DRC) National Program for Reproductive Health co-hosted the workshop with E2A.

We thank representatives of Pathfinder International/DRC for serving as rapporteurs during the workshop. We thank Ame Atsu David for writing the original draft of the report in French and for translation into English. Elham Hassen and Regina Benevides of Pathfinder/E2A were key facilitators during the workshop and provided technical review of this report. Laurel Lundstrom and Elizabeth Williams of Pathfinder International/E2A supported the editing and design of the final report.

We recognize the national team and provincial teams who participated in the workshop, including the youth participants, presenters, and facilitators, for their instrumental role in conducting a productive AYSRH workshop in DRC.
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Introduction

In Democratic Republic of the Congo (DRC), adolescent and youth health and well-being remains a concern for the government and its various partners. Adolescents and youth aged 10-24 years account for 32.8% of the total population, i.e. approximately 23 million people across the country. According to the 2013-2014 Demographic and Health Survey, young people aged 15-24 years are a population at risk; it is during this period of life that they may experience different types of sexual intercourse and often have multiple partners. The survey indicates that 20% of young women and 19% of young men aged 15-49 years had their first sexual intercourse before they turned 14. Furthermore, among young people aged 18-24 years, 63% of young women and 59% of young men had their first sexual intercourse before 18. Unfortunately, this early sexual debut has negative consequences. The survey shows that 27% of adolescent girls, 15-19 years, have already started procreating, 21% have had already at least a child, and 6% are pregnant with their first child.

Factors affecting adolescent and youth health, wellbeing, and development include: limited knowledge of sexuality; inadequate supervision of young people due to the poor integration of the minimum package of adolescent/youth-friendly services in the health system; the lack of sexual and reproductive health (SRH) care facilities, and poverty.

Despite all efforts made and strategies put in place for improved adolescent and youth sexual and reproductive health (AYSRH), AYSRH has been plagued by many challenges in DRC. To rectify these challenges, in 2009, the National Adolescent and Youth Health Program (NAYHP) began to integrate the minimum package of adolescent-and-youth-friendly services (AYFS) into the national health system by developing service provision standards and training modules for clinical and community health providers. The aim of this action was to increase the coverage rate of AYFS. In March 2016, NAYHP also developed its 2016-2020 National Strategic Plan.

To date, the number of interventions in AYSRH have increased. However, most of these interventions focus on the generation of demand for AYSRH services. There is a need for: more acute understanding of how to improve service delivery, behavioral and social norms change strategies for specific subpopulations, and how to better engage youth in these efforts.

Building on these efforts, Pathfinder International, through its USAID-funded Evidence to Action (E2A) Project and with the NAYHP, organized an AYSRH workshop to examine how to enhance investments and actions to introduce and/or scale up evidence-based practices in AYSRH. The workshop was held in Kinshasa, August 22-23, 2017. These evidence-based practices seek to increase demand for AYSRH services, assess the quality of AYSRH services, and brainstorm strategies to engage communities, especially young people.

The workshop’s specific objectives included:

- Identify, share, and examine evidence-based practices for improving access to and the quality of contraceptive services to increase the use of contraceptive methods among adolescents and youth;
• Identify opportunities to strengthen the development and operationalization of a costed national strategic plan for adolescent and youth health and well-being;

• Identify opportunities to strengthen national and provincial annual AYSRH operational plans (OPs) with a special focus on the evidence-based practices highlighted as priorities in four provinces: Kinshasa, Lomami, Lualaba and Kasai Central;

• Enable young people to participate in identifying opportunities for applying evidence-based practices in national and provincial plans, as well as mechanisms for youth engagement in the implementation of these plans.

This workshop was inspired by learning drawn from the Technical Workshop on Adolescents and Youth Sexual and Reproductive Health, held in Ouagadougou, Burkina Faso, May 10-11, 2016, for the nine Ouagadougou Partnership countries in the West Africa Francophone Region. Representatives of DRC’s Ministry of Health and Pathfinder staff from DRC attended the workshop in Ouagadougou to learn how they could replicate the experience in Kinshasa.

A total of 72 participants took part in the DRC workshop. These participants represented: government institutions such as the Ministry of Public Health through its specialized programs (NAYHP, National Program for Reproductive Health, and the National Program Against AIDS); other government ministries (the Ministry of Primary, Secondary and Vocational Education, the Ministry of Youth, the Ministry of Gender); youth leaders from provinces supported by Pathfinder (Lualaba, Lomami, and Kasai Central provinces, and Kinshasa); national and international non-governmental organizations working in AYSRH across the country (Pathfinder, Tulane, Médecins du Monde, Association for Family Wellbeing, Reproductive Health Institute/Georgetown University); and donors and UN agencies (USAID, Department for International Development [DFID], United Nations Population Fund [UNFPA], World Health Organization [WHO], Packard Foundation, DKT International, Ministry of Social Development [MSD], and Merck).

Prior to the technical workshop, E2A held a pre-meeting workshop on August 21, 2017, with youth representatives from the four provinces to ensure the effective participation of young people in the technical workshop. This pre-meeting workshop had the following objectives:

1. Increase youth awareness and understanding of global evidence-based AYSRH practices;
2. Identify opportunities for applying global evidence to strengthen advocacy, programming, and service delivery;
3. Increase youth understanding of the costed national strategic plan for adolescent and youth health and well-being, and how it was developed.
Summary of Sessions, Presentations, and Discussions

The following themes were discussed at the workshop:

1. Implementing multiple service delivery models to address diverse AYSRH needs.
2. Expanding full access to a full choice of contraceptive methods for youth, especially to long-acting reversible contraception (LARC) and Depot Medroxyprogesterone Acetate (DMPA) subcutaneous injection (better known as Sayana Press®).\(^a\)
3. Meeting the SRH needs of newlyweds and first-time parents (FTPs) by generating their demand for contraception and pregnancy spacing, developing service delivery strategies aiming to increase the use of contraceptive services, and creating an enabling environment that is supportive of women’s and couples’ family planning choices.\(^b\)
4. Promoting multi-sector coordination among ministries to create more effective and sustainable solutions for quality SRH service delivery to youth.
5. Strategies to be adopted for sustainable scale-up of evidence-based practices.
6. Enhancing mechanisms for youth leadership and engagement in decision-making about AYSRH programs and services.

Below is a summary of the presentations, outcomes of discussions, and lessons learned.

**Day 1**

**Session 1: Opening Ceremony**

During the opening ceremony, Dr. Aben Ngay from Pathfinder and Dr. Thibaut Mukaba from USAID/DRC welcomed participants and reiterated the need to meet AYSRH needs given the alarming statistics related to AYSRH. In his opening speech, Dr. Mbadu Muanda from NAYHP told participants how elated he was about the workshop. He said that the workshop was happening at the right time since national and provincial OPs were about to be revisited. The workshop was therefore going to equip the decision-makers at NAYHP to include evidence-based practices in the 2018 OP.

**Session 2: The Current Status of Interventions on Adolescent and Youth SRH Needs, Including Contraception, in the Four Provinces Supported by Pathfinder/E2A**

The purpose of the session was to enable the Provincial Health Department/NAYHP to share the current AYSRH priorities, including those related to contraception, for participants to be aware of the key aspects

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\(^a\) This builds on the *Global Consensus Statement on Expanding Contraceptive Choice for Adolescents and Youth to Include Long-Acting Reversible Contraception* and a Sayana Press pilot conducted by Tulane University in the DRC.

\(^b\) Based on evidence drawn from previous and ongoing interventions, particularly those conducted by E2A and Pathfinder, and studies on married adolescents and FTPs.
of the implementation of OP activities targeting adolescents and young people. The presentations focused on answering the two following questions:

1. What has your province done to increase access to and use of youth-friendly SRH services, including contraception, by young people?
2. What obstacles have you encountered in implementing SRH activities for adolescents and youth in your OP?

Below are the key points that emerged from the presentations.

A. The Situation in Kinshasa

The main issues facing adolescents and young people in Kinshasa include early pregnancies among girls younger than 19, sexually transmitted infections (STIs), and unsafe abortions.

To meet these challenges, the Provincial Health Department of Kinshasa conducted the following activities, which yielded the results described below:

- Setting up and equipping information spaces for young people on AYSRH.
  - 350 peer educators [PEs] and 35 community facilitators were trained in AYSRH. Out of the 465,879 adolescents reached by awareness programs, 288,706 used AYSRH services.
- Integrating an AYSRH package in 29 health facilities in 13 health zones (HZs) out of the 35 total HZs; 65 health care providers and 29 supervision team members of the HZs were trained in AYSRH.
  - This integration resulted in: 9,897 assisted childbirths; the treatment of 18,572 cases of STIs; care of 696 HIV-positive adolescents and 167 adolescent girls in post-abortion care; the distribution of 797,575 condoms in the community (700,525 male condoms and 90,50 female condoms), and 12,988 adolescent girls and young girls who received counseling and oral contraceptive pills.

Kinshasa’s Provincial Health Department encountered the following challenges while implementing the OP:

- OP budget is provisional and not provisioned;
- At the institutional level, the Provincial Health Department has limited equipment for supervising and monitoring AYSRH activities (only one computer to keep AYSRH data bank and one vehicle);
- Insufficient number of PEs trained in AYSRH in the health areas with the AYSRH minimum package;
- Failure to recruit PEs with the right profile (according to the NAYHP standards) in some HZs;
- Inadequate care materials and products for adolescents and young people in the health facilities offering AYSRH services;
- Long distances between the office of the HZ team and the health facilities.

B. The Situation in Kasai-Central

AYSRH has been integrated into the 15 HZs (of 26 total HZs) in Kasai Central’s Provincial Health Department, roughly a 57.6% of coverage rate. E2A operates a USAID/DRC-funded community-based
family planning program in four of the HZs, and the DFID-funded Project, Accès aux Soins de Santé Primaire (ASSP) operates family planning interventions, with Pathfinder’s technical support, in one HZ. In terms of achievements, the Kasai Central Provincial Health Department carried out the following activities:

- Training 139 young leaders as PEs with the support of USAID-E2A/Pathfinder (84) and ASSP (55) and 220 PEs with ASSP support;
- Training 100 clinical service staff in providing care to adolescents and youth (family planning, sexual and gender-based violence case management, post abortion care)—23 staff training with USAID/E2A support, and 77 with ASSP support;
- Awareness programs targeting adolescents and young couples to refer them to existing health facilities in 15 HZs;
- Capacity building of facility-based service providers and other staff on how to receive adolescents and youth and manage their information with confidentiality;
- Awareness-raising for adolescents and youth during major events (e.g., Valentine’s Day) on the prevention and case management of sexual violence and STIs;
- Interactive radio programs with adolescents and youth, encouraging them to go to health hubs to access adequate information and support;
- Using life experiences of adolescents and youth who are willing to share information and raise awareness among their peers;
- Setting up youth clubs in health facilities to promote access to services;
- Provision of counseling at community level.

The challenges encountered in the implementation of Kasai Central’s OP include:

- The NAYHP OP does not receive much support in Kasai Central;
- Facilities for young people’s access to information are neither developed nor equipped in the health areas (lack of Information, Education, and Communication materials and of video kits for awareness activities);
- Limited AYSRH coverage;
- Lack of service providers trained in AYSRH services;
- Lack of motivation among SRH service providers;
- NAYHP radio programs do not have support;
- Provincial Health Department’s limited means of transportation and lack of computers.

C. The Situation in Lomami

In the Lomami Provincial Health Department, the following activities have been implemented:

- Training youth community-based facilitators in peer education, family planning counseling, and provision of contraceptives (non-clinical methods);
- 12 youth community-based facilitators (including 5 men and 7 women) trained out of 136;
- Distribution of contraceptive information and services by the 12-trained community-based facilitators;
• Participation of 12-youth community based facilitators in family planning outreach strategies to increase access to range of contraceptives (including injectable contraceptives, implants) and health providers’ supervisory visits;
• Training 10 youth leaders and PEs (4 men and 6 women) to raise awareness among their peers;
• Distribution of communication tools/materials;
• Data collection and analysis;
• Implementation of the “Community Champions” approach;
• Refresher training of clinical AYSRH service providers and supervision of youth PEs.

The challenges encountered while implementing the OP of the NAYHP/Lomami Provincial Health Department include:

• Some parents are against contraceptive education and reproductive health awareness targeting sexually active youth and adolescents;
• Lack of youth-friendly spaces.

D. The Situation in Lualaba

The activities carried out by the Lualaba Provincial Health Department include:

• Training 40 providers in AYSRH services;
• Training 25 young people in peer education;
• Integration of AYSRH activities in 6 out of 14 HZs (42% of coverage), and 20 out of 230 health areas (8.6% of coverage);
• Development of an OP for Lualaba;
• Sharing data on AYSRH issues;
• Integration of AYSRH in the community-based distribution strategies and activities;
• Organization of 537 awareness sessions led by young people on different themes (early pregnancy, youth abortion, use of contraceptive methods, drug addiction, sexual violence);
• Organization of experience sharing between young people from Mutshatsha and Bunkeya HZs on best practices;
• Advocacy with Administrative and Political Authorities (APAs) (Mayor of the Kolwezi city, territorial administrators of Mutshatsha and Lubudi) to finance the development of youth facilities and other AYSHR activities.

AYSRH activities in Lualaba are carried out with a lot of difficulties (logistical and financial). The challenges encountered in the implementation of the Lualaba OP by the Provincial Health Department are:

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\(^{c}\) In five health areas, E2A piloted a community mobilization approach referred to as “Champion Communities.” Diverse stakeholders comprise Champion Communities, such as community leaders, health officials, local political leaders, and youth leaders. The Champion Communities approach is adapted from the DRC Integrated HIV/AIDS Project (ProVIC). The approach entails development of a steering committee that creates action plans around certain pressing issues, such as access to family planning.
• Multiplicity of reporting tools at the grassroots level (low integration of AYSRH indicators in the new national health information system);
• Lack of financial and logistical means (papers, computer, printer, etc.) for the reproduction of reporting templates and the implementation of planned activities;
• Lack of support for coaching/supervisory visits to AYSRH activities in the HZ.

The presentations helped all participants to understand that the participation and contribution of all stakeholders (government, technical and financial partners, and young people) is imperative for the success of AYSRH activities in the provinces.

**Session 3: Evidence-Based Practices for Improved Access to and Increased Use of Adolescent- and Youth-Friendly Health Services, Including Contraception**

This session, which mainly consisted of presentations and questions and answers, provided participants with the opportunity to increase their knowledge and to have a good understanding of evidence-based practices for reinforcing adolescent- and youth-friendly contraceptive service delivery. The session was marked by four important presentations. Key points from these presentations are summarized below.

**Presentation 1: Overview of Evidence in Effective and Promising AYSRH Practices (Dr. Franck Akamba, Pathfinder International)**

According to the 2013-2014 Demographic and Health Survey, the fertility rate of adolescent girls in the DRC was 6.2%. This rate increased to 7.2% in 2015. According to the 2007 Demographic and Health Surveys, the modern contraceptive prevalence rate for adolescents, 15-19 years, was 5.1% and 8.1% for young women 20-24 years (in union and not in union, but sexually active). The 2013-2014 Demographic and Health Surveys reported that this rate remained consistent for adolescents 15-19 (5.0%) and increased for young women aged 20-24 (10.5%). With respect to modern contraceptive prevalence among girls aged 15-19, married/in union vs. sexually active non-married girls, the rate was 4.4% for married girls and 23% for non-married sexually active girls in 2007. As of the 2013-2014 Demographic and Health Surveys, the rate increased slightly for married/in union girls (5.4%) and decreased for non-married sexually active girls (19.5%). These alarming figures indicate that it is time to take action. Solutions to change this situation must be grounded in existing global policy frameworks, such as the Sustainable Development Goals, the 2030 Family Planning Strategy, and lessons learned from Pathfinder/E2A interventions in DRC. These solutions should focus on the following:

- Removing legal and political barriers;
- Stopping the "one size fits all" approach (target married and sexually active non-married girls);
- Making the full range of contraceptive products available to youth;
- Providing integrated services to youth where they live;
- Putting in place a package of activities to enhance health providers’ skills;
- Linking contraceptive services with complementary interventions (Comprehensive Sexuality Education, Family and Community Support, Girls’ Empowerment, Multi-sectorial Coordination, etc.);
- Ensuring meaningful participation of youth.
Presentation 2: Extending Contraceptive Choices to Adolescents and Young People (Dr. Antwisi Delphin, UNFPA; Dr. Rianne Gay, Pathfinder International)

According to the presentation, 225 million women have an unmet family planning needs globally; 74 million pregnancies are unwanted, and 20 million women are at risk of having abortions. In the DRC, the rate of unmet need is 24%. Globally, the contraceptive prevalence rate is 64% and Africa has the lowest rate (28%). Not a single country in Africa has a contraceptive prevalence rate among girls aged 15-19 that is more than 45%. Zimbabwe, Gabon, Congo, Namibia, and Swaziland are among the countries with the highest rates. Between 2005 and 2010, Africa recorded the highest birth rates among adolescents (82.2 per 1,000). Adolescent fertility rates (per 1,000 girls aged 15-19) in the DRC are 138 in the DRC, 229 in the Central African Republic, 190 in Angola, 147 in Congo Brazzaville, and 140 in Uganda. In the DRC, the national total fertility rate is 6.6%; 4.2% in Kinshasa, 7.3% in Eastern Kasai, 7.6% in Katanga, and 8.2% in Western Kasai. Nationally, 21.2% of adolescent girls (15-19) have already had a live birth: 9% in Kinshasa, 19.9% in Eastern Kasai, 20.7% in Western Kasai, and 24.2% in Katanga.

According to the WHO, pregnancy poses significant risks for adolescent girls. More than 70,000 maternal deaths occur each year among adolescents aged 15-19. Of the 3.2 million unsafe abortions among women aged 15-24 in developing countries, nearly 50% occur in Africa, with an unsafe abortion rate of 26 per 1,000 girls. It is therefore important to extend comprehensive sexuality education to make all reversible contraceptive methods available and accessible for the benefit of adolescent girls and young people. From a medical perspective, adolescents and youth are eligible to use all reversible contraceptive methods as well as emergency contraception. For this to happen, it is essential that:

- Providers are trained, not only on contraceptive technology, but also on the provision of AYFS;
- Adolescents and youth have access to comprehensive information and quality counseling services on all contraceptive options;
- A supportive and enabling legal environment is urgently acted upon to ensure adolescent and youth access to comprehensive and informed contraceptive choices: This includes: supportive laws, policies, and guidelines; community support; promotion of gender equity; and adolescent and youth participation in programs and decision-making about AYSRH.

Presentation 3: Meeting the Needs of Married Adolescents through Demand Generation and Service Delivery (Dr. Regina Benevides, E2A/Pathfinder International)

Globally, 90% of births among adolescents and youth take place within wedlock. Each year, more than 4 million adolescents in 56 countries have a second or third child due to rapid, repeat pregnancies. The unmet need for contraception is widespread and there are few programs that target this population. In the DRC, 3 million adolescents, 15-19 years, are sexually active. The minimum age of marriage for girls is 15.8 years. More than 21% of girls who are married/in union are 15-19 years old, and only 5.4% of married adolescents aged 15-19 use family planning methods. The rate of unmet need for contraception among

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\[d\] WHO (2015).
married girls aged 15-19 is 30.8%. These figures highlight the need to target married adolescent girls in AYSRH programs. Pathfinder has developed projects, such as PRACHAR in India and Gender Roles Equality and Transformations Project in Northern Uganda, and other interventions in Burkina Faso, Guinea, Niger, Tanzania, and Nigeria, which have targeted young married women and first-time parents (FTPs) with contraceptive information and services. All of the approaches used by Pathfinder were inspired by the socio-ecological model using an evidence-based approach. This model includes three levels of intervention:

1) Individuals/Couples
   - Home visits with young girls and young married couples
   - Referral to health facilities
2) Family/Community
   - Actions targeting husbands, co-wives and community leaders
   - Small group meetings for young married girls/women and FTPs
3) Structural
   - Strengthening youth-friendly service delivery
   - Strengthening the political and legal framework

The lessons learned from Pathfinder’s project for young married women and FTPs in Burkina Faso are related to:
- Involving mothers-in-laws;
- Taking co-wives into consideration;
- Involving husbands;
- Taking into consideration the diversity of married adolescent girls;
- Having a complementary approach of home visits and small group discussions.

In Niger, the following preliminary observations have been related to:
- Reaching young married girls before their first pregnancy;
- Importance of involving religious leaders;
- Mothers are perceived as a source of reliable information;
- Very few young married girls discuss family planning with their husbands;
- Importance of considering the seasonal migration of husbands;
- Importance of taking into consideration the fear of young married girls of being received by a male health service provider.

Based on the lessons learned from these projects, Pathfinder recommends the following key approaches for married adolescent girls:
- Integrate demand generation and service delivery in interventions;
- Include interventions at the individual, community, and structural levels in the socio-ecological model;
- Include influential people in interventions (e.g., husbands, mothers-in-law, co-wives, religious leaders);
• Provide community-based services and access to a wide range of methods including LARC and Sayana Press to young people;
• Take youth needs into account in policies;
• Ensure evaluations are conducted and scale-up strategies are developed;
• Ensure the participation of young married girls and FTPs in the design of interventions.

**Presentation 4: Youth Participation: Outcomes of the Youth Pre-meeting Workshop and Recommendations for Strengthening Youth Participation in Interventions (Marie Musifu, Representative of Youth Participants)**

As indicated in the introduction, the workshop was preceded by a preparatory meeting with youth representing the provinces of Kinshasa, Lomami, Kasai Central, and Lualaba. At this meeting, the youth participants listed the following challenges related to SRH information and services.

**Service delivery**
• Lack of confidentiality of service providers and poor reception of youth seek AYSRH services;
• Health service providers limiting young people’s access to contraceptive methods;
• Programs developed in cities; consider expanding programs in other provinces and even in rural areas (in the outskirts of major cities);
• AYSRH information and services not adapted to the needs of young people.

**Demand generation**
• Existing traditions and customs reinforce prejudices about AYSRH;
• Lack of support from the community: caregivers, APAs are neither informed nor involved;
• Sexuality considered a taboo topic;
• Insufficient youth-friendly educational materials in the health centers.

**Enabling environment**
• Religious leaders and parents should be involved in the elaboration of messages on unwanted pregnancy and STIs/HIV prevention;
• Lack of teacher training; poor integration of comprehensive sexuality education into school curricula.

**Coordination**
• Limited involvement of youth in all processes (design, development, implementation, monitoring, evaluation, research);
• Limited involvement of youth in multi-sectoral engagement;
• Lack of funding for youth association projects;
• Inadequate dissemination of AYSRH-related policies;
• Lack of information among youth about the OP development processes;
• OPs exist, but implementation/applicability is not necessarily guaranteed;
• OPs exist, but do not meet the needs of young people in their contexts: Some activities in these OPs are not defined to meet the actual needs of young people.
Session 4: Taking into Account Adolescents’ and Young People’s Activities in the Provincial Health Departments’ Operational Plans

The purpose of this session was to familiarize participants with the methodology used for the preliminary OP analysis. In her presentation, Dr. Elham Hassen of E2A/Pathfinder, explained that in most cases, OPs are developed on an annual basis. The same activities are repeated every year without spending time to assess changes and to reflect on what worked and what needs to be improved to enhance efforts and achieve even better results. Based on this observation, Pathfinder/E2A developed a methodology for analyzing countries’ Costed Implementation Plans for Family Planning (CIPs), which was used to analyze OPs in DRC to see how well they reflect the SRH needs of youth. It was the first time that this type of analysis was conducted in the DRC. Pathfinder/E2A worked in collaboration with the NAYHP as a partner in this process. The NAYHP observed this methodology when its representatives attended the Ouagadougou meeting in May and expressed the desire to replicate the same type of work in the DRC.

Description of the methodology and findings

The first part of the analysis consisted of examining how the OP activities were distributed among four categories of activity types:

- service delivery
- demand generation
- enabling environment
- coordination

These four categories are important to ensure integrated service delivery is in line with people’s health needs. But in each context, the composition of these dimensions varies. The finding from this analysis show that a large part of the national OP in DRC is devoted to coordination activities.
The second part of the analysis entailed examining the distribution of the NAYHP’s overall budget among the four categories of activities. The objective of this second phase was to see how the budget is allocated across activity types. For example, in the national OP, service delivery includes many more activities compared to other categories. This gives an indication in the analysis and helps us to ask more questions about priorities when allocating budgets. It is important to note that the two pie charts should not necessarily be aligned. For example, some activities that come from a category such as service delivery may cost more than coordination activities. Therefore, the first pie chart may show more coordination activities, while the second pie chart shows a budget mostly allocated to service delivery.
The third and last part of the analysis aims to examine to what extent the OP activities consider/integrate eight global evidence-based practices. The eight types of practices are:

- **Provision of adolescent- and youth-friendly SRH services**
- **Expanding the range of contraceptive methods available to adolescents and young people (including LARCs and DMPA-SC)**
- **Inclusion of vulnerable and underserved youth groups (including married adolescent girls and FTPs)**
- **Youth participation and leadership in AYSRH programs**
- **Multi-sectoral coordination for AYSRH**
- **Comprehensive sexuality education**
- **Support to families and communities for AYSRH**
- **Girls’ empowerment**

Each activity is color coded to determine how well the activity aligns with each of the evidence-based practices.

- **GREEN**: Activities closely aligned with the evidence-based practices.
- **YELLOW**: Activities somewhat aligned with the evidence-based practices.
- **GREY**: Activities not aligned and/or not applicable to the evidence-based practices.
This methodology helps to:

1. Review evidence-based practices that seek to improve adolescent and young people’s access to, and use of, quality contraceptive services;
2. Identify opportunities for strengthening the development or implementation of OPs:
   a. Reinforce activities that specifically target adolescents and young people.
   b. Improve the inclusion of adolescents and young people in non-specific activities.

Session 5: Reflection on the OP Analysis and Suggestions to Strengthen the Analysis

The objective of this session was to share reflections about the OP analysis and to propose elements for strengthening the analysis. Participants were divided by province to review the analysis of their respective OPs. The following reference documents were distributed to participants to facilitate the discussion.

- Family Planning 2020: Assessing Opportunities for Family Planning Programming among Youth in DR Congo
- WHO: Adolescent contraceptive use (DRC);
- Population Reference Bureau (PRB): Youth Family Planning Scorecard;
- Global Consensus Statement: Expanding Contraceptive Choice for Adolescents and Youth to Include Long-Acting Reversible Contraception;
- Descriptions of the eight evidence-based practices.

The exercise allowed each province to complete a worksheet with suggestions of additional elements to be considered in the OP analysis.
**Session 6: Pulse Taking Exercise**

With this participatory exercise, participants determined a priority action for their respective province, which they wrote on a post-it based on the discussions earlier in the day. These priorities were revisited at the end of day two.

**Day 2**

Day 2 started with a reminder of the lessons learned from day 1. The guidelines were then shared for the first session of the day.

**Session 1: Exploring and Integrating Evidence-Based Practices in OP Development**

The purpose of the session was to examine how to integrate evidence-based practices in the development of OPs. Participants were divided into thematic groups in accordance with the eight types of evidence-based practices and were asked to discuss the following questions:

1. *What are the most important challenges (or obstacles)?*
2. *Which strategies have you successfully used to overcome challenges and obstacles?*
3. *To what extent are these activities aligned with the global evidence on youth-friendly service delivery?*

The following reference documents were distributed to facilitate discussions:

- Summary of evidence-based practices
- OP analysis worksheets (national and three provinces) (see Figure 3)

**Summary of Group Work**

**Provision of adolescent- and youth-friendly SRH services**

**What are the most important challenges (or obstacles)?**

- Lack of adequate youth spaces
- Lack of confidentiality
- Inadequate reproductive health supply
- Other topics than reproductive health are not included
- Data on adolescents and youth are not disaggregated
- Limited involvement of adolescents and young people in planning
- Limited number of clinical, community, and non-clinical AYSRH service providers
- Limited AYSRH coverage

**Which strategies have you successfully used to overcome challenges and obstacles?**

- Capacity building of clinical, non-healthcare, and community providers
- Integration of AFYS in some areas (allocation of youth-dedicated spaces, supply of products, provision of services)
- Advocacy for data disaggregation by age, marital status, literacy status to the NAYHP
Advocacy to UNFPA for the procurement of reproductive health supply, commodities, and equipment

Production of tools with competency-based approach

To what extent are the activities in your OP aligned with the global evidence on youth-friendly service delivery?

Expanding the range of contraceptive methods available to adolescents and young people (including LARCs and DMPA-SC)

What are the most important challenges (or obstacles)?
- Inadequate training of service providers in AFYS
- Limited provision of contraceptive methods by health providers
- Traditions and customs
- Unfavorable legal framework for provision of contraception to adolescents and youth
- Rumors about the negative effect of all methods

Which strategies have you successfully used to overcome challenges and obstacles?
- Training of clinical and community-based service providers and non-care providing staff
- Advocacy with the government to increase budget allocation for contraceptives
- Drafting an "Answers to questions and myths around AYSRH including contraception" document
- Establishing national and provincial Permanent Multi-Sectorial Technical Committee (PMTC) to monitor reproductive health law including contraception
- Targeted awareness campaign on contraception

To what extent are these activities aligned with the expansion of family planning choices?

Inclusion of vulnerable and underserved youth groups (including married adolescent girls ad FTPs)

What are the key challenges (or obstacles)?
- The late arrival of young couples for prenatal consultations
- Stigmatization of young married girls seeking contraceptive services
- Traditions and customs which believe that if a young married girl goes early to seek SRH services, she runs the risk of miscarriage (myth)
- Stigmatization of young married girls using contraceptive methods
- Service providers’ attitudes
- Lack of information about the existence of contraceptive services
- Exclusion of young married girls or FTPs from decision-making (they must get permission from parents)

Which strategies have you successfully used to overcome challenges and obstacles?
The activities outlined in the OP are general (for all adolescents and youths). They should be adapted to the target population (young married girls and FTPs).

To what extent are these activities aligned with the global evidence on how to reach married adolescents and first time parents?

- Integrate "youth-friendly training" for service providers on counseling
- Adopt a more focused approach to the needs of young marrieds and FTPs during home visits
- Target specific issues in the media/social networks (radio, TV, etc.)
- Facilitate the training of small groups of young married girls or FTPs' clubs on gender and SRH issues

Related Specifically to First-Time Parents:

- Identify young couple models (leaders) to encourage the formation of small groups or FTP clubs
- Organize regular meetings of FTP clubs
- Add information about SRH needs of FTPs and young married girls to awareness programs targeting parents, traditional authorities, APAs, educational institutions, and encourage positive deviance
- Integrate capacity building among providers targeting YMG and FTP such as counseling on contraceptive choices during prenatal consultations and postpartum contraceptive supply
- Advocate for gender equity in decision-making

Youth participation and leadership in AYSRH programs

What are the key challenges (or obstacles)?

- Young people are poorly involved in the processes of advocacy, planning, monitoring and evaluation of activities, and research in AYSRH
- Young people lack information about how to participate in AYSRH activities
- Young people are often not trained in youth participation
- The law prevents young people from choosing freely the services they need
- Intergenerational conflict

To what extent are these activities aligned with the global evidence on youth engagement and youth-adult collaboration?

- Identification and selection of young people from their associations or groups
- Capacity building of youth in advocacy, planning, monitoring and evaluation, and research on AYSRH
- Youth involvement at all stages of planning, implementation, monitoring and evaluation, and AYSRH advocacy
- Advocacy for “contraception for all” law

Multi-sectoral coordination for AYSRH

What are the key challenges (or obstacles)?
Highlighting each province’s specificities in relation to the sectors where youth can be found, and defining strategies for integrating them in AYSRH

Impossible to make provincial task forces work

Organizational capacity building for structures and service providers

**Which strategies have you successfully used to overcome challenges and obstacles?**

- Mapping of stakeholders (interventions and actors) in the youth sector
- Making provincial task forces functional
- Organizing AYSRH trainings for all task force members
- Organizational support from all sectors working with youth on AYSRH
- Ensuring AYSRH activities are monitored and evaluated

**To what extent are these activities aligned with the overall evidence on multi-sectorial collaboration?**

a. Multidisciplinary and multi-sectorial approach and involving multiple sectors for policy making
   - Making provincial task forces work
   - Mapping stakeholders (interventions and actors) working in the youth sector

b. Establishing a Permanent Multi-Sectorial Technical Committee
   - Making provincial task forces work

c. Capacity building of actors in various areas
   - Organizing AYSRH trainings for all the task force members
   - Organizational support from all sectors working for AYSRH

d. Developing control and evaluation systems
   - Ensuring that AYSRH activities are monitored and evaluated

**Comprehensive sexuality education**

**What are the key challenges (or obstacles)?**

- Socio-cultural (negative social norms, traditions/custom) barriers
- Legal barriers
- Religious barriers
- Level of education
- Attitude of service providers
- Parents

**Which strategies have you successfully used to overcome challenges and obstacles?**

- Value clarification/awareness raising (creation of clubs at community level, youth-friendly spaces)
- Education and training, referral (health providers)
- Awareness raising (parent-peers, family action group)

**To what extent are these activities aligned with the global evidence on comprehensive sexuality education?**
The activities are in line with the evidence-based practices because they integrate nine components (human rights, gender equality, right to adequate information, safe and healthy learning environment, SRH-related services, participatory teaching methods, advocacy, and cultural relevance, all formal and informal sectors).

Support to families and communities for AYSRH

What are the most important challenges (or obstacles)?
- Lack of parental support
- Taboos around sexuality (parents prefer others to take care of this responsibility)
- Religious leaders are not informed/religious beliefs relating to family planning
- Youth perceptions of family planning (birth spacing and limitation)

Which strategies have you successfully used to overcome challenges and obstacles?
- Working with trusted family members whom youth confide in
- Training youth as community-based contraceptive distributors/PEs
- Training religious leaders/APAs in AYSRH
- Campaigns and mass communication
- Parent-PE approach

To what extent are these activities aligned with the global evidence on supporting families and communities?
- Media campaign and mass communication
- Awareness of leaders including religious leaders
- Working with community groups

Girls’ empowerment

What are the most important challenges (or obstacles)?
- Girls’ low level of education
- Traditional norms (early marriages, inferior status)
- Gender barriers
- Poverty

Which strategies have you successfully used to overcome challenges and obstacles?
- “Every Girl in School” Campaign organized by UNICEF
- Parental awareness of AYSRH
- Training of PEs, religious leaders
- Parent-student program of Enseignement Primaire Secondaire et Professionnel

To what extent are the activities in your OP aligned with the global evidence on girls’ empowerment?
Session 2: Analysis of Opportunities for Including AYSRH in the OP Activities

The purpose of the session was to analyze existing opportunities to include AYSRH in the general OP activities focused on adolescents and youth. Participants were encouraged to reflect on how such activities can contribute to advancing the AYSRH strategic plan. The three provincial and the national team reviewed the activities in the OP relating to AYSRH (based on the evidence-based practices discussed in Session 2). Below are the results of the group work.

Multi-sectoral coordination

<table>
<thead>
<tr>
<th>Activity</th>
<th>Improved version of the activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity #1: Hold quarterly task force meetings at central level.</td>
<td>Hold task force meetings at central and provincial levels. Restructure the coordination of adolescents and youth with the task force. Establish a mechanism for mobilizing funds for meetings. Set up multi-sector committees to monitor AYSRH program and policy implementation.</td>
</tr>
<tr>
<td>Activity #2: Conduct mapping exercise of AYSRH interventions 26 provinces.</td>
<td>Identify stakeholders and AYSRH interventions in the 26 provinces.</td>
</tr>
<tr>
<td>Activity #3: Develop 27 databases on adolescent and youth health.</td>
<td>Develop an AYSRH database. Advocate for the integration of some AYSRH indicators in the national health information system template. Set up a monitoring and evaluation unit. Strengthen NAYHP capacity in database management.</td>
</tr>
</tbody>
</table>

Comprehensive sexuality education

<table>
<thead>
<tr>
<th>Activity</th>
<th>Improved version of the activity</th>
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</thead>
<tbody>
<tr>
<td>Activity #1: Integrate comprehensive sexuality education in 6,450 service delivery structures/schools, churches.</td>
<td>Integrate aspects of comprehensive sexuality education in the school curriculum. Carry out advocacy activities with stakeholders. Develop teachers’ manual for comprehensive sexuality education. Train a pool of teacher trainers in AYSRH.</td>
</tr>
<tr>
<td>Activity #2: Form clubs in schools/youth associations.</td>
<td>Organize health clubs in 78 schools/ youth associations for peer education. Carry out advocacy work with the schoolmasters/ youth association leaders. Organize youth in health clubs. Train youth in AYSRH approach.</td>
</tr>
<tr>
<td>Activity #3: Set up/equip 3 youth information and health service centers.</td>
<td>Make available information centers for young people (set up, equip these centers, and train providers in youth-friendly services).</td>
</tr>
<tr>
<td>Activity #4: Train 330 parents on peer education in HZs.</td>
<td>Train 330 champion parents on peer education in health zones and create family action groups.</td>
</tr>
</tbody>
</table>
### Adolescent- and youth-friendly SRH service delivery

<table>
<thead>
<tr>
<th>Activity</th>
<th>Improved version of the activity</th>
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</thead>
<tbody>
<tr>
<td>Activity # 1: rain 120 clinical providers of health centers and 500 community health providers in AYSRH in the city of Kinshasa.</td>
<td>Train 240 clinical providers of health centers and 1,000 community members (community health service providers, teachers, parents and religious leaders) in AYSRH in the city of Kinshasa.</td>
</tr>
<tr>
<td>Activity # 2: Support clients newly and previously accepting modern contraceptive methods.</td>
<td>Nothing to change</td>
</tr>
<tr>
<td>Activity # 3: Advocate for the integration of adolescent health modules in school curricula, HZs.</td>
<td>Nothing to change</td>
</tr>
<tr>
<td>Activity # 4: Train 150 clinical service providers at health centers and 500 community service providers in AYSRH in the Province of Kinshasa.</td>
<td>Train 150 caregivers and non-caregivers in AYSRH service delivery. Support the delivery of outreach strategies; train 500 community providers: pharmacists, community-based distributors, PEs including youth, in AYSRH service delivery.</td>
</tr>
<tr>
<td>Activity # 5: Set up /equip 1 youth information and health service center.</td>
<td>Set up and equip adolescent- and youth-friendly centers in 20 health centers of the province.</td>
</tr>
<tr>
<td>Activity # 6: Regularly supply the two youth centers with drugs, medical and non-medical products, office supplies.</td>
<td>Supply the 20 centers where AYSRH has been integrated with drugs, contraceptives and other supplies and materials.</td>
</tr>
</tbody>
</table>

### Youth participation and leadership in AYSRH programs

<table>
<thead>
<tr>
<th>Activity</th>
<th>Improved version of the activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity # 1: Support health structures in providing services to pregnant girls under age 19.</td>
<td>Support health facilities to conduct quality assessments with youth of services which provide care to pregnant adolescent girls under age 19.</td>
</tr>
<tr>
<td>Activity # 2: Support the training of 250 PEs in AYSRH of the Province of Kinshasa.</td>
<td>Support youth associations in training 250 PEs in AYSRH in the Province of Kinshasa.</td>
</tr>
<tr>
<td>Activity # 3: Partner with three youth NGOs in Kinshasa for mainstreaming the AYSRH in the Minimum Package of Primary Healthcare Services.</td>
<td>Partner with existing youth platforms in Kinshasa to mainstream AYSRH into the Minimum Package of Primary Healthcare Services.</td>
</tr>
</tbody>
</table>
Support to families and communities for AYSRH

| Activity # 1: Develop and make Information, Education, and Communication (IEC)/ Behavior Change Communication (BCC) materials and contraceptives available in 10 service delivery points in HZs. | Improved version of the activity: Provide enough IEC/BCC materials and contraceptives to service delivery points of the 10 HZs. |
| Activity # 2: Organize PE, adolescent and youth awareness activities on the causes/enabling factors, consequences of having sex at an early age. | Improved version of the activity: Organize targeted awareness campaigns (schools, youth associations) on the causes/enabling factors of early sexual debut and its consequences. |
| Activity # 3: Set up a package of recreational activities for adolescents and youth. | Organize one-day recreational activities for 240 adolescents and youth on the SRH best practices. |
| Activity # 4: Educate 80% of youth, parents, and community leaders on AYSRH services available in the HZs of intervention. | Strengthen youth capacity to educate peers, parents and community leaders about AYSRH services in the targeted HZ structures. |

Session 3: Finalization of the OP Analysis and Setting Priority Actions for the National AYSRH Strategy Implementation

During this session, participants reviewed the priorities they noted on post-its on the first day. Among the priority actions, they put an emphasis on the new creation of a “youth subgroup” to the PMTC, which will officially engage youth in AYSRH-related decision-making. They also highlighted the importance of working on the barriers preventing adolescents and youths from accessing SRH information and services. Taking into consideration the specific needs of young married girls and FTPs was also mentioned in the priorities.

Session 4: Recommendations/Priorities for Strengthening the Operationalization of the OPs

At the end of the workshop, the following recommendations were made as action steps to be implemented at national and provincial levels to strengthen the operationalization of OPs.

Recommendations to the government:

- ✓ Create a multi-sectorial framework for AYSRH.
- ✓ Advocate parliaments (national and provincial) to add a budget line for the AYSRH to their respective budgets.
- ✓ Support the NAYHP technically and financially for the development and implementation of national and provincial OPAs (based on evidence-based practices).

Recommendations to technical and financial partners and donors:
Each representative of technical and financial partners and donors must present the strategies and conclusions of this workshop to their respective institutions.

Through the President and the Vice President of the PMTC, who are representatives of international organizations, the strategies and resolutions of the workshop will be presented to the PTMC in order to align partners’ support to AYSRH programs with evidence-based practices.

The PMTC should request a slot in the quarterly meetings of the Health Donors’ Group to share the strategies and resolutions of this meeting to guide future funding.

Young people’s recommendations to the PMTC:

- Carry out an evaluation of the family life education course in schools and scale up.

Young people’s recommendations to DRC government/Ministry of Health:

- Engage, support, and facilitate youth advocacy work for the adoption of the AYSRH Act.
- Organize the use of NTIC (Social Networks) for AYSRH programs.
- Bring reforms to the health centers in the HZs by integrating psychosocial support service for adolescents and youth.
- Set up and equip adolescent and youth support centers in the provinces.
- Facilitate the creation of a national youth network for exchange of experience and capacity building in AYSRH.
- Involve adolescents and youth at all levels of the OP as well as strategic and action plans development processes.

Young people’s recommendations to technical and financial support partners:

- Provide free AYSRH services to adolescents and youth.
- Expand the intervention areas for funding.
- Develop a national consultation framework for adolescents and youth and mechanisms to follow up on these recommendations;
- Facilitate national and international trips for experience sharing.
- Involve adolescents and youth at all levels of AYSRH decision-making.
- Anticipate an adequate budget line in NAYHP to fund all national OPs to avoid the constraints of funding shortages in all five renewable years.

**Session 5: Closing Ceremony**

The workshop ended with closing remarks from Pathfinder International/E2A Project, PMTC, and USAID/DRC. In their remarks, the three institutions thanked participants for a fruitful meeting and exhorted them to implement the recommendations from the meeting.
Conclusion

The workshop facilitated the exchange of knowledge and technical reflections in mixed teams, and helped support the implementation and scaling up of good practices in contraceptive programming for youth. Pathfinder/E2A was able to use its experience with assisting West African countries to examine their CIPs, and implement and scale up evidence-based AYSRH approaches. The working sessions allowed participants to reflect on existing plans and to identify opportunities for promoting AYSRH in accordance with evidence-based practices. Youth involvement and leadership was highlighted as a key aspect for sustainable implementation and scaling up of high-impact evidence-based practices.
Appendix A: Workshop Program Outline

<table>
<thead>
<tr>
<th>4PM-5:30PM</th>
<th>Home</th>
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<tbody>
<tr>
<td>4PM-5:30PM</td>
<td>OPENING SESSION: HOW TO ACCELERATE THE IMPLEMENTATION OF INTERVENTIONS TO IMPROVE HNSAR IN PROVINCES?</td>
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<tr>
<td>Moderator:</td>
<td>Dr. Alexis Ntabona - ExpandNet</td>
</tr>
<tr>
<td>Speeches by:</td>
<td>• Pathfinder- Dr. Aben Ngay</td>
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<tr>
<td></td>
<td>• USAID- Dr. Thibaut Mukaba</td>
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<td></td>
<td>• PNSA-Director Mbadu Muanda</td>
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<tr>
<td>Opening speech (10 min):</td>
<td>• Ministry of Public Health - National Minister of Public Health</td>
</tr>
<tr>
<td>4PM-5:30PM</td>
<td>Photo shoot</td>
</tr>
<tr>
<td>4PM-5:30PM</td>
<td>PRESENTATION OF PARTICIPANTS, OBJECTIVES AND METHODOLOGY OF THE WORKSHOP</td>
</tr>
<tr>
<td>Moderator:</td>
<td>Dr. Alexis Ntabona</td>
</tr>
<tr>
<td>• Presentation of participants: names, structure and province</td>
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<tr>
<td>• Administrative announcements- PI/DRC (Teddy Mambo)</td>
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<tr>
<td>• Presentation of the objectives and agenda of the workshop</td>
<td></td>
</tr>
<tr>
<td>4PM-5:30PM</td>
<td>PANEL WITH THE PROVINCIAL DPS / COORDINATIONS OF THE NAPS: THE CURRENT SITUATION OF INTERVENTIONS TO MEET THE NEEDS OF YOUNG PEOPLE AND YOUNG PEOPLE IN RELATION TO ARASS, INCLUDING CONTRACEPTION</td>
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<tr>
<td>Moderator:</td>
<td>Dr. Didier Lukeme - PNSA</td>
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<tr>
<td>Speech by:</td>
<td>• PNSA focal point - Kinshasa</td>
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<td></td>
<td>• NAAS focal point - Lualaba</td>
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<td></td>
<td>• NASP focal point - Lomami</td>
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<td></td>
<td>• NASA - Kasai Central Focal Point</td>
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<tr>
<td>Discussion:</td>
<td>moderated by moderator</td>
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<tr>
<td>4PM-5:30PM</td>
<td>Coffee break</td>
</tr>
<tr>
<td>4PM-5:30PM</td>
<td>PANEL: EVIDENCE-BASED PRACTICES TO IMPROVE ACCESS AND INCREASE UTILIZATION OF ADOLESCENT AND YOUTH-FRIENDLY HEALTH SERVICES, INCLUDING CONTRACEPTION IN ADOLESCENTS AND YOUNG PEOPLE</td>
</tr>
<tr>
<td>Moderator's comment:</td>
<td>Dr Antwisi Delphim - UNFPA</td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
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<tr>
<td>4PM-5:30PM</td>
<td><strong>Presentation 1:</strong> Overview of Evidence on Effective and Promising Practices in ARASSW - Dr. Franck Akamba, Pathfinder International</td>
</tr>
<tr>
<td></td>
<td><strong>Presentation 2:</strong> Expanding the choice of contraceptive methods for adolescents and young people - Dr. Antwisi Delphin and Dr. Rianne Gay, Pathfinder International</td>
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<td><strong>Presentation 3:</strong> Meeting the needs of married adolescents through demand generation and service delivery, Dr. Regina Benevides, Pathfinder International</td>
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<td></td>
<td><strong>Presentation 4:</strong> Youth Engagement: Youth Pre-Conference Findings and Tips on How to Strengthen Youth Participation in Youth Survival Initiatives - Representing Youth Participants.</td>
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<tr>
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<td><strong>Discussion:</strong> moderated by moderator</td>
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<tr>
<td>4PM-5:30PM</td>
<td>Lunch break</td>
</tr>
<tr>
<td>4PM-5:30PM</td>
<td><strong>PRESENTATION: TAKING INTO ACCOUNT THE ACTIVITIES OF ADOLESCENTS AND YOUNG PEOPLE IN THE OPERATIONAL ACTION PLAN OF THE DPS</strong></td>
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<tr>
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<td><strong>Moderator:</strong> Dr. Samy Topango</td>
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<td></td>
<td><strong>Presentation:</strong> Methodology and preliminary observations of the analysis on the consideration of adolescents and youth in provincial operational action plans - Dr. Elham Hassen, Pathfinder International</td>
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<tr>
<td></td>
<td><strong>Clarification questions:</strong> facilitated by the moderator</td>
</tr>
<tr>
<td>4PM-5:30PM</td>
<td><strong>ORIENTATION ON GROUP WORK - SESSION 1</strong></td>
</tr>
<tr>
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<td><strong>Presented by:</strong> Dr. Regina Benevides</td>
</tr>
<tr>
<td>4PM-5:30PM</td>
<td><strong>WORKING GROUPS: SESSION 1</strong></td>
</tr>
<tr>
<td></td>
<td><strong>facilitators</strong></td>
</tr>
<tr>
<td></td>
<td>• Group 1 National: Dr. Didier Lukeme</td>
</tr>
<tr>
<td></td>
<td>• Group 2 National: Dr. Samy Topango</td>
</tr>
<tr>
<td></td>
<td>• Group 3 Kinshasa: Dr Jean-Marie Kalala - PNSA</td>
</tr>
<tr>
<td></td>
<td>• Group 4 Kinshasa: Dr Franck Akamba</td>
</tr>
<tr>
<td></td>
<td>• Group 5 Lomami: Dr Yvette Mulongo - Pathfinder International</td>
</tr>
<tr>
<td></td>
<td>• Group 6 Lualaba: Dr Rachelle Yodi - PNSR</td>
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<tr>
<td></td>
<td>• Group 7 Kasai Central: Mrs Albertine Mavinga - Pathfinder International</td>
</tr>
<tr>
<td>4PM-5:30PM</td>
<td><strong>EXERCISE OF &quot;TAKING PULSES&quot;</strong></td>
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<td><strong>Hosted by:</strong> Dr. Samy Topango</td>
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<td><strong>End of the day</strong></td>
</tr>
</tbody>
</table>
Appendix B: List of Participants

Dr. MUKENGESHAYI KUPA
Mr. Muanda MBADU
Dr. Didier LUKEMA
Dr. Jean-Marie KALALA
Dr. Sammy TOPANGO
Dr. Jonas KAPETSHI
Dr. Irene MOKUBABILI
Mme Albertine MAVINGA
Dr Yvette MULONGO
Dr. Rachelle YODI
Mme Odette NGOIE
Mme Florence KITENGE
Dr. Alice MBUYI
Dr. Tutu KALUME
Dr. Baudoin MAVULA
Dr. Body ILONGA
Dr. Joseph MAVUNGU
Prof. Vincent LUKUNKU
Mr. Patrice MILAMBO

Dr. Bernadette MBU
Dr. Delphine ANTWISI
Dr. Freddy SALUMU
Dr. Arsène BINANGA
Dr. Thibaut MUKABA

Dona MOLEKA
Anita MBOUACHIRA
Dr. Chalet SELEGO
Dr. Wivine MBWEBWE
Mr. Gaby KISSALA
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Mr. Teddy LANDU
Mr. Carlin VESE
Annosee SEMOPA
Gracia DIANTISA
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Mr. Hugo BADIBANGA
Marie MUSIFU

Secretary General
NAHP
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PNRPH
PNRPH
PNRPH
D10
D10
D11
Kinshasa Provincial Health Department
PNCPs
PNLCT (Toxicomanie)
D6
WHO
UNFPA
UNICEF
Tulane
USAID
DKT
MDM
ASF/PSI
MSH
SCEV
Save the Children
Kinshasa/COJET
Kinshasa/PECS
Kinshasa/RACOJ
Kinshasa/RAJECOPOD
Kinshasa/Si jeuness savais
Kinshasa/AJHK
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MCP PNSR/CPSR DPS Kasai Central
Head of Central Kasai Provincial Health Department
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Lomami
E2A/Pathfinder
E2A/Pathfinder
E2A/Pathfinder
Pathfinder International
Pathfinder/DRC
Pathfinder/DRC
Pathfinder/DRC
RTNC 1
RTNC 2
TV 50