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MEETING SUMMARY

West Africa Regional Technical Meeting on Adolescent and Youth Sexual and Reproductive Health

January 27-29, 2014

Dakar, Senegal

Introduction

Nearly half of the world's population is younger than age 25. West Africa reflects this demographic trend, with adolescents and children comprising a growing proportion of the population. This demographic shift presents West Africa with an unprecedented opportunity to accelerate economic development and tackle poverty. Yet to leverage this opportunity, governments must enhance their commitments to improving young people's sexual and reproductive health. Without widespread access to adequate sexual and reproductive health information and services, girls and young women in West Africa continue to give birth at a higher rate than any other place in the world; the fertility rate among 15-to-19-year-olds is 130 births for every 1,000 young women, while contraceptive prevalence rates across the region remain low and the unmet need for family planning high. At the same time, complications related to pregnancy, childbirth, and unsafe abortion kill more young women aged 15 to 19 around the world than any other causes. Young women account for 15% of maternal morbidities worldwide and 13% of maternal mortalities.

To help address these challenges and work with the governments of Francophone West Africa on their efforts to improve young people's sexual and reproductive health, the USAID-funded Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls Project (E2A), with Pathfinder International and the International Planned Parenthood Federation (IPPF), held a regional meeting for Francophone West African countries in Dakar, January 27 – 29, 2014. The meeting, titled *West Africa Regional Technical Meeting on Adolescent and Youth Sexual and Reproductive Health*, sought to enhance governments' commitments to introduce or scale up, where appropriate, best practices that would increase the impact of their adolescent and youth sexual and reproductive health (AYSRH) programs. The meeting followed the 2011 Ouagadougou family planning meeting, where nine West African countries developed action plans for improving women's uptake of family planning. At the Ouagadougou meeting, countries and donors made mutual commitments to improve access to family planning in the region. These commitments resulted in the creation of the "Ouagadougou Partnership," and the development of national family planning plans. These plans largely lacked a focus on adolescents and youth, however. The enhanced political will towards family planning in West Africa, complemented by the need to better define strategies and interventions to promote best practices related to AYSRH, inspired the organization of this conference.

Ministries of health from the same nine countries that participated in the Ouagadougou family planning meeting— Benin, Burkina Faso, Côte D'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo—sent representatives to the meeting in Dakar to learn about ways they could keep their action plans moving forward through the integration of best practices. Representatives from IPPF affiliates in those countries, staff from the E2A Project and from Pathfinder International, as well as partners and donors, including staff from USAID Washington and missions, the West African Health Organization (WAHO), the United Nations Population Fund (UNFPA), and the World Health Organization (WHO), attended the meeting.

Presentations, plenaries, and working group sessions focused on state-of-the-art practices in AYSRH that the nine countries may choose to introduce or scale up, possibly with support from the partners in attendance. These sessions were developed around several objectives, including helping participants reach a common understanding of the different realities and needs of young people in the region. Presentations were also designed to present the latest evidence and promising practices in AYSRH programming, as well as to familiarize participants with tools and approaches for systematically introducing and scaling up best practices in youth programming. Finally, the organizers intended for

these sessions to serve as an opportunity for participants to explore possible application of AYSRH best practices around their country-specific needs.

At the close of the meeting, representatives from each of the nine countries met with partners and donor staff to create roadmaps for accelerating youth programming within the scope of the action plans developed at the 2011 Ouagadougou family planning meeting, including the selection of best practices for implementation in their countries and plans for introduction or scale-up of those best practices. The meeting fostered knowledge, collaboration, and a commitment among governments to prioritizing and improving young people's sexual and reproductive health across West Africa.

Presentations & Panels

An opening session was led by representatives from E2A, USAID, the Ouagadougou Partnership, and Senegal's Ministry of Health, which described the context for the meeting. Following this session, presentations and panel discussions covered topics such as:

- AYSRH policies and programs
- Systematic approaches to introduce and scale up best practices
- New evidence related to AYSRH
- Best practices to improve AYSRH

Youth as Seen by Youth Marketplace

The meeting began with an interactive session whereby young people from NGOs and youth associations in Senegal were posted at four different stations to report data collected from their peers concerning their thoughts about AYSRH and rights. Participants were invited to visit the four stations to hear what the young people had to say and discuss the data. Information shared included the following:

Station 1: Information and education:

- Lack of information for out-of-school youth
- Inadequate information addressing young people's needs
- Lack of sex education at home and school
- Information on contraception focuses on condoms, while the other methods are reserved for adults

Station 2: Young people and access to services:

- Disrespectful and judgmental attitude of providers
- Not respecting the right to confidentiality
- Insufficient Information about services and rights
- Mismanagement of contraceptive side effects
- Financial barriers
- Incomplete packages of services
- Contraceptives not always available

Station 3: Sociocultural barriers:

- 'Moralistic' attitude towards young people (instead of addressing their problems)
- Stereotypes and prejudices regarding young people accessing sexual and reproductive health services
- Religious barriers
- Judgment of sexual orientation

- Lack of communication between parents/child
- Modesty

Station 4: Legal context and policies:

- Lack of laws applied and agreements ratified
- Lack of information about existing policies
- Misunderstanding about rights and laws among young people
- Credibility of legal system: law legitimizing early marriage, law limiting access to abortion, law about consent for HIV test, criminalization of HIV

Panel session on AYSRH policies and programs in Francophone West Africa

The nine participating countries identified challenges relevant to implementing AYSRH policies and programs in their countries, priorities on which the countries are focusing, and progress towards implementing the Ouagadougou action plans. Some challenges included the high prevalence of sexually transmitted infections and HIV, early marriage and pregnancy, the lack of sexual and reproductive health information and services offered to young people, and the poor quality of AYSRH services. Priorities were identified as well, and included preventing early marriage, improving access to quality AYSRH services, increasing multi-sectoral collaboration, and intensifying the monitoring of AYSRH programs. Emphasis was also placed on the need for poverty reduction, adapting sexual and reproductive health services to the needs of young people, creating synergies among relevant actors, and creating a supportive environment (legal, religious) for the provision of AYSRH services. Countries were at different stages of implementing their Ouagadougou action plans, with varied commitment, enthusiasm, and desire to reposition family planning to meet Millennium Development Goals 4 and 5. Country representatives spoke of the need for support to refine action plans, speeding up their implementation, closing funding gaps, fostering better coordination of stakeholders at the country level, as well as need to monitor progress and financial commitments. With regard to AYSRH, country representatives presented ongoing work related to AYSRH, most of those efforts still implemented on a small scale, and with weak documentation.

Systematic approaches to introduce and scale up best practices

Alexis Ntabona from ExpandNet and Suzanne Reier from Implementing Best Practices Initiative presented the ExpandNet approach, *Nine steps for developing a scaling up strategy*, and distributed hard copies of guides outlining the approach. The presenters also offered 12 recommendations that can be applied to encourage the development of pilot projects focused on the long-term goal of scale-up including ensuring the relevance of the intervention; engaging in a participatory process involving key stakeholders; keeping the innovation simple; adjusting the innovation to the relevant context; planning for documentation, evaluation and diffusion of learning; testing the innovation in a variety of settings and under realistic operating conditions; and conducting advocacy for financial support beyond the pilot, among others.

New evidence

Prioritizing pregnancy spacing among first-time parents

Regina Benevides of E2A, during her presentation, highlighted the fact that although evidence shows that mothers should space their pregnancies by at least 24 months for the healthiest outcomes, most programs have not targeted young married mothers to space their pregnancies. She specifically defined the neglected population as "first-time parents"—that is, young married mothers under the age of 25 years and their partners who have had their first child and who want to space their second and subsequent pregnancies. Recommendations given for improving availability and access to health services among first-time parents included strengthening referral linkages between pregnant adolescents and health facilities as well as reducing costs and improving contraceptive distribution. Another

recommendation focused on improving the quality of care for young mothers by ensuring that health care providers understand and address their unique needs. Also important is the need to ensure that there are laws, policies, and systems in place that recognize the special needs of first-time parents and encourage them to seek assistance, such as establishing regulatory frameworks that eliminate non-medical and cultural restrictions on the provision of contraception for youth. A brief handed out to meeting participants summarizes the recommendations outlined in the presentation.

Positive youth development

Catherine Lane of USAID expressed the need for a paradigm shift related to interventions for young people. She said that a focus on the "problems of adolescence" has led to AYSRH programs that focus on the prevention of common problems and their consequences, as opposed to a focus on opportunities and positive youth development. Some of this tendency relates to a misunderstanding of the cognitive development of adolescents. Recent studies show that adolescence is a critical development period and that adolescent brains are not completely mature and are going through many changes, which may also affect their behavior. It is important therefore to invest in a 'positive approach' to youth, and to reorient ourselves; adolescence is a period which can offer opportunities, and does not need to be viewed as something that needs to be treated. The support of parents, schools, and communities to address young people's needs is crucial for healthy growth and development of their full potential and personal assets.

Best practices

Preventing early marriage

Rodrigue Ngouana from the NGO *Equilibres et Population* presented his organization's effort to mobilize countries around the health and empowerment of young girls. He began his presentation by pointing out the breadth, determinants, and consequences of early marriage. He mentioned that that every day worldwide approximately 39,000 girls younger than age 18 (many in West Africa) are married, largely due to pressures from poverty and cultural and religious practices. The relatively high prevalence of early marriage has resulted in several negative outcomes, including lowered school attendance and literacy for girls, an increased risk of maternal and child mortality, and reinforced gender inequalities. He then presented the level of commitment to ending early marriage in West Africa, demonstrated by the conventions which countries in the region have signed. He recalled the diversity of strategies applied to address early marriage and offered the following recommendations:

- Increase the documentation of early marriage through targeted studies to increase visibility of the issue and improve knowledge;
- Work with parents and the community to abandon harmful practices, and respect the equality of girls and boys;
- Promote sexuality education to change social norms both within formal and non-formal settings;
- Improve the political and legal environment to support girls, and pass and enforce existing laws against early marriage; and
- Adapt health services to meet the needs of girls by training personnel in youth-friendly approaches.

Comprehensive sex education (CSE)

Faida Nsensele introduced IPPF's approach to sexual education which is based on rights, sensitivity to gender and culture, and providing youth with scientifically proven information. IPPF's goal of educating young people focuses on helping to develop their skills, values, and attitudes so that they are able to make informed choices and enjoy their sexuality with pleasure and responsibility. Evidence related to CSE for youth indicates that it does not promote sexual activity and the adoption of risk behaviors; rather, it delays the age of first sexual intercourse and has a positive impact on regulating behavior and health. CSE improves the use of condoms and contraception among adolescents and contributes to a

reduction in the number of sexual partners. To implement CSE programs, it is necessary to review and amend sex education curricula, build the capacity of relevant actors, build political commitment for the approach, and mobilize necessary resources. CSE programs have to be tailored by age of the target population and take into account specific needs at different life cycle stages. During discussions, sociocultural and religious barriers were highlighted as constraints to the implementation of this approach in West Africa.

Reaching first-time parents with family planning

Gwyn Hainsworth of Pathfinder International presented PRACHAR, a successful program implemented in India, which reached young married parents to delay first birth until age 21 (by increasing age of marriage and use of contraceptives), and space the first and second births by at least three years. PRACHAR applied a segmented, behavior-change, lifecycle approach to reach different groups with appropriate interventions based on their age and marital status. This approach takes into consideration that reproductive health needs change throughout one's life, and that age, gender, and cultural determinants play an important role in defining the capacity of choosing the use of contraception. The groups identified were: adolescent boys and girls, newly married couples without children, pregnant women or postpartum women (first or second child), couples with one child, parents and mothers-in-law, and the community in general. This program resulted in an increase in the use of contraceptives among young married couples and first-time parents. The approaches employed by PRACHAR have been adapted for use in Northern Uganda, Burkina Faso, Guinea, and Niger. Three components are essential to the adapted program designs:

- Supportive AYSRH policies and national strategic plans, and integration of AYSRH into public health services that are tailored to meet the needs of young married women;
- Small empowerment groups for young women, community meetings for mothers-in-law and husbands, advocacy to religious and traditional leaders; and
- Home visits to young married women and community-based distribution of contraceptives.

Youth-friendly services

During this presentation, Regina Benevides of E2A said that the goal of youth-friendly services is to reduce barriers to accessing comprehensive, high-quality, equitable, and effective services for young people. This goal can be supported by involving young people in the design of health programs. Youth-friendly services require that providers be trained, the quality of services be improved, and the demand for youth-friendly services be generated through community-based activities. There is no "one-size-fits-all" model for youth-friendly services that will be appropriate for all adolescents and young people, as there are many different kinds of youth, including those that are in different age groups, in school and out of school, single and married, from urban and rural areas, and those that identify as lesbian, gay, transgender, among others. She therefore encouraged services to be adapted to the special needs of each group, giving several examples which included building awareness in schools among very young adolescents, postpartum visits to health centers for first-time parents, and offering health services at night to better serve the needs of certain key populations. Criteria for choosing a model included the country context, the design of the scale-up strategy (private sector, community-based), and the populations targeted.

Practices that work, and don't work

From an overview of studies, Valentina Baltag of WHO discerned between strategies that are effective for programs targeting adolescents and youth and those that are not. She said one example of a popular intervention that has been shown not to work is standalone health centers with recreation facilities (videos, games, television) for the delivery of sexual and reproductive health services to young people. Recent studies and reviews show that recreational facilities within standalone youth centers do not attract a larger youth population; these facilities are instead used primarily by older male youth who live

near the youth centers. Besides showing no impact or limited/short-term impacts for the use of sexual and reproductive health services, they have also been found to be expensive and unsustainable. Peer-to-peer training for HIV prevention was another example given which is still lacks evidence of efficacy. Legislation itself does not change the way health services are delivered and received, as well. Some examples of what works included training providers to deliver HIV services to young people, and community interventions to generate demand and create an enabling environment. In terms of preventing early marriage, small-scale programs help young girls in terms of access to information, empowerment, competencies, and support networks, whereas large-scale, vertical programs can offer incentives that increase school retention and delay marriage.

Long-Acting Reversible Contraceptives (LARCs)

Rouguiatou Diallo, director of the USAID-funded West Africa regional project, Agir-PF, presented trends in utilization of contraceptive implants and intrauterine devices (IUDs), also known as long-acting, reversible contraceptives (LARCs). Her presentation showed that use of LARCs in Africa, and particularly Burkina Faso, Côte D'Ivoire, Mauritania, and Niger, is generally weak, although rates vary depending on context. A significant challenge to the uptake of LARCs in Africa includes the influence of providers who prefer provision of short-term methods, typically due to prejudice against LARCs, although WHO criteria states that these methods can be used by many different women, including teens, unmarried youth, and those who have not had a child. She said that based on scientific recommendations for the provision of IUDs and implants, the strongest approaches for increasing uptake of these methods are: task-shifting so that primary and intermediate health workers can provide LARCs, having providers (nurses and midwives) or primary/mobile health centers specifically dedicated to the provision of LARCs, and generally strengthening the capacity of the public sector to provide LARCs. She emphasized that clients' rights be respected and that a wide variety of contraceptive methods be available.

Youth-led approach

Katherine Watson of IPPF began by describing the problems often experienced by young people seeking sexual and reproductive health services, such as being sent away from facilities, services and policies that aren't tailored to their needs, and the fact that they are not being treated as equal partners in making decisions about their sexual and reproductive life. The IPPF's "Triangle Approach" to youth programming focuses on CSE, youth-friendly services, and advocacy for political and social change. Between these three components, there is an overlapping section which comprises gender, youth participation, and sexual rights. The organization applies this approach to address youth needs, trying to cover a range of factors influencing young people's lives. Activities are based on the following principles: services accepted, services adapted to the needs of young people, and services led by young people. This approach enabled IPPF to double the number of services offered to young people from 24,315,883 in 2009 to 42,740,204 in 2012.

Behavior Change Communication

Joseph Petraglia from Pathfinder International described the differences between Information, Education and Communication (IEC) and behavior change, reminding everyone that although the terms are often used interchangeably, they are in fact different approaches. Behavior change requires communication upwards from the community, while IEC delivers information and interventions downwards to the community. He explained difficulties in implementing a behavior-change approach which seeks to influence not just individual behavior, but also the environment (policies, infrastructure) and social context (norms, relationships). Oftentimes when program implementers think they are doing behavior change, they are in fact doing IEC because the teaching methods with which they have experience and are comfortable continue to follow the top-down approach rather than the bottom-up approach—working with the community to identify needs and challenges. He finished with questions about the kind

of support that young people need (IEC vs. behavior change), structural elements linked to IEC in AYSRH programs, and solutions to using behavior change as a way to better understand barriers to IEC.

Country Team Working Groups

At the culmination of the conference, representatives from each country worked together with a facilitator and rapporteur to develop roadmaps for integrating AYSRH best practices into their Ouagadougou action plans. The discussion was guided by the principles of the ExpandNet methodology for scale-up. During these working group sessions, the teams identified national needs and challenges. In thinking about how they were going to implement the best practices, the country teams were particularly concerned about the following:

- The need to maintain enthusiasm and dedication among the country team who would be charged with implementing the best practices;
- Religious and social barriers;
- Challenges related to coordination among health system stakeholders and adequate resources for implementation;
- Having monitoring and documenting systems in place to measure and evaluate results systematically, honestly, and objectively; and
- Reconciling budgets to ensure the best practices are a priority.

As the teams voiced their concerns, they worked with facilitators to identify strategies that would help to ameliorate some of these challenges. They then selected best practices, and planned for the introduction or scale-up of those best practices. This plan was then transformed into a roadmap that includes necessary steps, a timeline for implementation, essential resources, available resources, and people charged with implementation. While the roadmaps are still in draft form, the following table is an overview of country needs and best practices selected.

COUNTRY	NEEDS	BEST PRACTICE SELECTED
Benin	Unwanted and early pregnancies among unmarried youth	In-school education using curricula
Togo	Access to high-quality services for young people	Adapted services
Senegal	Insufficient use of services by young people; services unsuited to the needs of adolescents	Youth spaces in health services
Niger	Early marriage/early pregnancy	IEC/BCC to opinion leaders; Improvement of quality information
Burkina Faso	Early marriage/early pregnancy	Community-based distribution of contraceptives to young people
Guinea	Early pregnancy and weak contraceptive prevalence for married adolescents	Home visits to mothers-in-law, husbands, adolescents
Côte d'Ivoire	Early pregnancy and sexually transmitted infections/HIV	Test response to delivering information and services to school and health services delivery points using AYRSH services
Mauritania	Early marriage (early pregnancy) in young girls 14-22 years	Implication of religious leaders and home visits
Mali	Early pregnancy in young people 10-24 years	Implication of involving young people in planning and implementing programs

Next Steps

At the conclusion of the meeting, leaders from all three of the organizations managing the conference spoke about next steps to ensure that AYSRH commitments are met. Each country team was encouraged to return home and begin taking steps to put their roadmaps into action, including convening stakeholders from within the ministry of health and other relevant ministries (gender, education), civil society, and young people themselves. The conveners of the meeting suggested that motivated teams with sound plans might be able to receive technical or financial support for the implementation of their roadmaps. Country teams were also encouraged to follow up with the partners working in their respective countries, including USAID-funded projects (E2A and Agir-PF), IPPF affiliates, and Pathfinder International as well as other partners working on AYSRH. Finally, the possibility of a follow-up meeting and technical assistance from the organizing partners were mentioned, which would be scheduled with country teams once there has been some progress implementing the roadmaps.

All presentations from the meeting, which are in French, can be viewed here.

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Annex 1: List of Participants

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Annex 2: Agenda

Monday January 27, 2014

08H00 – 08H30	**Welcome PARTICIPANTS – Novotel – Meeting room – Saly 1**
08H30 - 09H30	**Opening Session: Young People in Francophone West African Countries: What Are the Priorities?** Gwendolyn Morgan (Deputy Director, Evidence to Action (E2A) Project) Cate Lane (Youth Advisor, Office of Population and Reproductive Health, Global Health Bureau, USAID/Washington) Fatimata Sy (Coordination Unit Director, Ouagadougou Partnership, IntraHealth) Dr. Marie Jesus Buabey (Director of the Adolescent and Youth Reproductive Health Division, Ministry of Health, Senegal)
09H30 - 09H45	**Objectives and Methodology for the Meeting** Dr. Cheikh Tidiane Cisse, Moderator
09H45 - 10H45	**Youth Seen by Youth: AYSRH Data and Trends in the Region** **Moderator:** Faida Nsensele (Youth Officer, IPPF Africa Regional Office) **Panel:** Abdou Mandiang and Pape Momar Mbaye (Choices Project Officer, ASBEF) Ndeye Khady (Girls Living with Disabilities, Centre Ngindy, Senegal) Maurice Sene (Fédération des Enfants Parrainés par Child Fund, Senegal) Nourou Mbao (Association Espoir, Senegal
10H45 - 11H00	**Break**
11H00 - 12H00	**Status of AYSRH Policies and Programs, Part I** **Moderator:** Daniele Nyirandutiye (Deputy Director, Health Office, USAID/West Africa) **Panel:** Dr Idrissa Maiga (Director, Reproductive Health, Ministry of Health, Niger) Dr. Djenaba Sanon (Director, Family Health Division, Ministry of Health, Burkina Faso) Dr. Mamady Kourouma (Director of the National Family Health and Nutrition Division, Ministry of Health, Guinea) Dr. Mahfoud Boye (Coordinator, Reproductive Health Program, Ministry of Health, Mauritania)

12H 00- 13H00	**Lunch**

13H00- 14H00	**Status of AYSRH Policies and Programs, Part II** **Moderator**: Dr. Fatou Ndiaye (USAID/Senegal) **Panel:** Dr. Thierry Tossou Boco (Head of the Maternal and Child Health Division, Ministry of Health, Benin) Dr. Marie Jesus Buabey (Director of the Adolescent and Youth Reproductive Health Division, Ministry of Health, Senegal) Dr. Laurence Éliane Gnangoran Abhe (Coordinator of the National Reproductive Health/Family Planning Policy, Ministry of Health, Cote d'Ivoire) Dr Bore Saran Diakit (Head of the Maternal and Child Health Division, Ministry of Health, Mali) Dr. N'Tapi K. Kassouta (Head of the Maternal and Child Health Division, Ministry of Health, Togo)
14H00 - 15H15	**Systematic Approaches to Introducing and Scaling up Best Practices in AYSRH Programming** **Presenters/Facilitators:** Alexis Ntabona (ExpandNet member, consultant for Partners in Expanding Health Quality and Access) and Suzanne Reier (Technical Officer, Department of Reproductive Health and Research, Implementing Best Practices Consortium)
15H15 - 15H30	**Break**
	Overview of Working Group Session Process and Outcomes, ExpandNet
15H45 - 17H00	**Working Group Session 1**: **Identifying and Prioritizing Country AYSRH Needs and Challenges**

Tuesday, January 28, 2014

8H30 - 9H30	**AYSRH Emerging Evidence** **Moderator:** Dr. Fatou Sarr Diop (Focal Person for Adolescents and Youth, UNFPA West and Central Africa Region) **Presenters:** *First Time Parents Synthesis Report*, Regina Benevides (Senior Youth Advisor, E2A Project) *Positive Youth Development,* Cate Lane (Youth Advisor, USAID)
9H30 – 11H10	**AYSRH Best Practices: What We Have Learned from the Field, Part I** **Moderator:** Dr. Valentina Baltag (Technical Officer, Adolescent Health, Department of Maternal, Newborn, Child and Adolescent Health, WHO) *Comprehensive Sexuality Education*, Faida Nsensele (Youth Officer, IPPF Africa Regional Office) *Early Marriage Prevention*, Rodrigue Ngouana (Coordinator of West Africa Region, EquiPop) *First Time Parents: a SRH/FP Approach for Young Married Women and Their Partners,* Gwyn Hainsworth (Senior AYSRH and Gender Advisor, Pathfinder International) *Youth-Friendly Services,* Regina Benevides (Senior Youth Advisor, E2A Project, Pathfinder International)
11H10 - 11H25	**Break**
11H25 – 13H00	**AYSRH Best Practices: What We Have Learned from the Field, Part II** **Moderator:** Caroline Crosbie (Senior Vice President, Pathfinder International) **Presenters:** *Offering an Expanded Method Mix to Young People: The Inclusion of Long Acting Reversible Contraception,* Rouguiatou Diallo (Chief of Party, AgirPF) *Youth-centered Approach,* Kat Watson, (Youth Officer, IPPF*)* *From IEC to Behavior Change,* Joseph Petraglia (Senior Advisor for Behavior Change, Pathfinder International) *Learning from What Hasn't Worked,* Dr. Valentina Baltag (Technical Officer, Adolescent Health, Department of Maternal, Newborn, Child and Adolescent Health, WHO)
13H:00 - 14H00	**Lunch**
14H00 - 15H15	**Working Group Session 3: Planning for Introduction and Scale Up of Best Practices**
15H15 - 15H30	**Break**
15H30 - 16H45	**Working Group Session 3: Planning for Introduction and Scale Up of Best Practices**
16H45 - 17H00	**Conclusion**
17H00 –17H30	**Film Projection - *Le choix de Janet***
17H30 – 18H30	**Wrap up**

Wednesday, January 29, 2013

8H30 - 11H00	**Working Group Session 4: Defining Action Steps**
11H00 - 11H15	**Break**
11H15 - 12H45	**Country Action Plans and Priorities on AYSRH, Part I** **Moderator:** Fatimata Sy (Coordination Unit Director, Ouagadougou Partnership, IntraHealth) **Presenters:** Dr Idrissa Maiga (Director, Reproductive Health, Ministry of Health, Niger) Dr. Djenaba Sanon (Director, Family Health Division, Ministry of Health, Burkina Faso) Dr. Mamady Kourouma (Director of the National Family Health and Nutrition Division, Ministry of Health, Guinea) Dr. Mahfoud Boye (Coordinator, Reproductive Health Program, Ministry of Health, Mauritania)
12H45 - 13H45	**Lunch**
13H45 - 15H45	**Country Action Plans and Priorities on AYSRH, Part II** **Moderator:** Dr. Johanna Austin-Benjamin (Director of Primary Health Care and Disease Control, WAHO) **Presenters:** Dr. Thierry Tossou Boco (Head of the Maternal and Child Health Division, Ministry of Health, Benin) Dr. Laurence Éliane Gnangoran Abhe (Coordinator of the National RH/FP Policy, Ministry of Health, Cote d'Ivoire) Dr Bore Saran Diakit (Head of the Maternal and Child Health Division, Ministry of Health, Mali) Dr. N'Tapi K. Kassouta (Head of the Maternal and Child Health Division, Ministry of Health, Togo) Dr. Marie Jesus Buabey (Director of the Adolescent and Youth Reproductive Health Division, Ministry of Health, Senegal)
15H45 - 16H00	**Break**
16H00 - 17H00	**Next Steps and Closing Statements** **Moderator:** Dr. Cheikh Tidiane Cissé **Speakers:** Gwendolyn Morgan (Deputy Director, E2A Project) Caroline Crosbie (Senior Vice President, Pathfinder International) M. Yilma Melkamu (Director of Programs and Technical support, IPPF Africa Regional Office)