

# ANALYSE DES JEUNES DANS LES PLANS DE MISE EN OEUVRE PF (CIP)

4ème Réunion Annuelle du  
Partenariat de  
**Compennelle Lou**  
Ouagadougou  
PAI

9 au 11 Décembre, 2015  
Cotonou, Benin



**PLANIFICATION FAMILIALE**

Le Partenariat de Ouagadougou

« Un voyage de mille lieues commence toujours par un premier pas »

# Objectifs

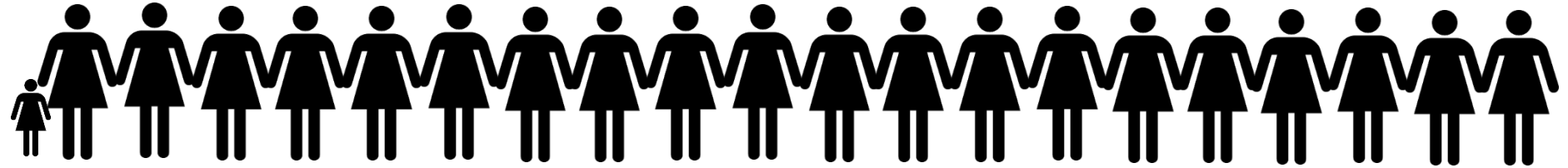
- Partager les résultats générales de l'analyse de la jeunesse dans 4 plans d'action PF (Burkina Faso, Niger, Sénégal, Togo)
- Ebaucher les prochaines étapes possibles
- Lancer le débat



≈ 40.000.000

Jeunes 10-24

Pays de Partenariat de Ouagadougou



≈ 20.000.000

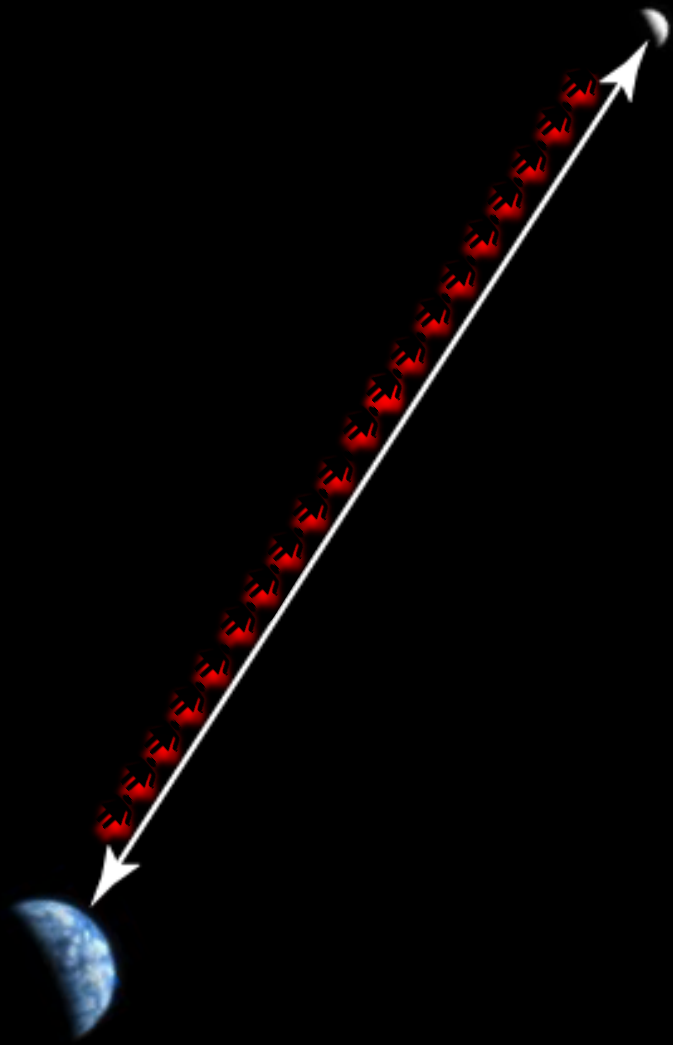
Jeunes Filles 10-24

Pays de Partenariat de Ouagadougou



**110 naissances sur 1000**

Par des Jeunes filles entre 15 et 18



**HIP** Health Improvement Partnership **Improving Sexual and Reproductive Health of Young People: A Strategic Planning Guide**

This document is intended to help program managers, planners, and decision makers through a strategic process to identify the most effective and efficient interventions supporting the sexual and reproductive health of young people. It was developed as part of a review and technical consultation on adolescent sexual and reproductive health and falls in the "Implementation of action."

Throughout the step-by-step, programmatic response should address the diverse cultural, religious, and ethnic needs. Programmatic response should be designed to be meaningful and relevant to the target audience and take into consideration the unique needs and preferences of the target population.

**Step 1: Know your adolescents.**

Adolescents are a diverse group of young people with diverse backgrounds, cultures, and developmental stages, and a time when many young people begin exploring romantic and sexual relationships. Consequently, an individual's need for sexual and reproductive health information, education, and services may change rapidly during adolescence.

In order to ensure programming best meets the needs of young people, you should:

- Which adolescents are being met?
- What percentage of young people beginning sex at age 15, 16, or 17?
- Do young people have an adequate source of contraceptive information?
- What is the level of contraceptive use among adolescents?



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**ICRW** International Center for Research on Women

**Understanding the Adolescent Family Planning Evidence Base**

July, 2014

This paper was prepared by Alison Branda, Magalya Decker, and Suzanne Peterson with financial assistance from the Bill & Melinda Gates Foundation and the Bill & Melinda Gates Foundation. The authors would like to thank all of the individuals who provided input and feedback on this paper. The study was supported in part by the Bill & Melinda Gates Foundation.

**GHSP** GLOBAL HEALTH, SCIENCE AND PRACTICE

**COMMENTARY**

**What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices**

Undersecretary Undersecretary, Conference Series, Sylvia Wang

**Introduction**

Over the past decade, a large body of evidence has generally been effective in reducing young people's rates of unintended pregnancy and sexually transmitted infections (STIs) and rates of child, maternal, and newborn mortality. However, not all interventions are effective, and some are even harmful. This commentary reviews the evidence on interventions commonly accepted as best practices, but which have not been shown to be effective. The goal is to help program managers and decision makers understand what does not work, so they can avoid these interventions and focus on those that do work. This commentary is intended to be a starting point for a more in-depth review of the evidence on adolescent sexual and reproductive health.

**What Does Not Work?**

There are several interventions that have been shown to be ineffective or harmful in reducing adolescent pregnancy and STI rates. These include:

- **Condom-only interventions:** Interventions that focus solely on providing condoms, without providing other forms of contraceptive education and counseling, are not effective in reducing adolescent pregnancy and STI rates.
- **Condom-only interventions with peer educators:** Interventions that focus solely on providing condoms, without providing other forms of contraceptive education and counseling, and that use peer educators, are not effective in reducing adolescent pregnancy and STI rates.
- **Condom-only interventions with group discussions:** Interventions that focus solely on providing condoms, without providing other forms of contraceptive education and counseling, and that use group discussions, are not effective in reducing adolescent pregnancy and STI rates.

**Conclusion**

Program managers and decision makers should be aware of the evidence on what does not work in adolescent sexual and reproductive health. This information can help them avoid these interventions and focus on those that do work. This commentary is intended to be a starting point for a more in-depth review of the evidence on adolescent sexual and reproductive health.

## Une étape décisive

Les plans de mise en œuvre chiffrés



Burkina Faso, Niger, Senegal, Togo



# Observations



Les besoins des jeunes **ne sont pas pris en compte**  
de manière adéquate

# Observations

Les interventions suggérées ne sont pas nécessairement basé sur une **forte base de données** probantes ou font **preuve d'efficacité**.

# Observations

Les jeunes les plus **vu****nérables**  
ont été laissés pour compte

Vivant en milieu rural isolés  
Déscolarisés

La vulnérabilité des **jeunes filles** est aggravée

# Observations

La mise en œuvre et l'évaluation sont entravées

Il y a une insuffisance des données de référence et des indicateurs

Les activités ne sont souvent pas chiffrées

Une absence de moyens



nécessaires

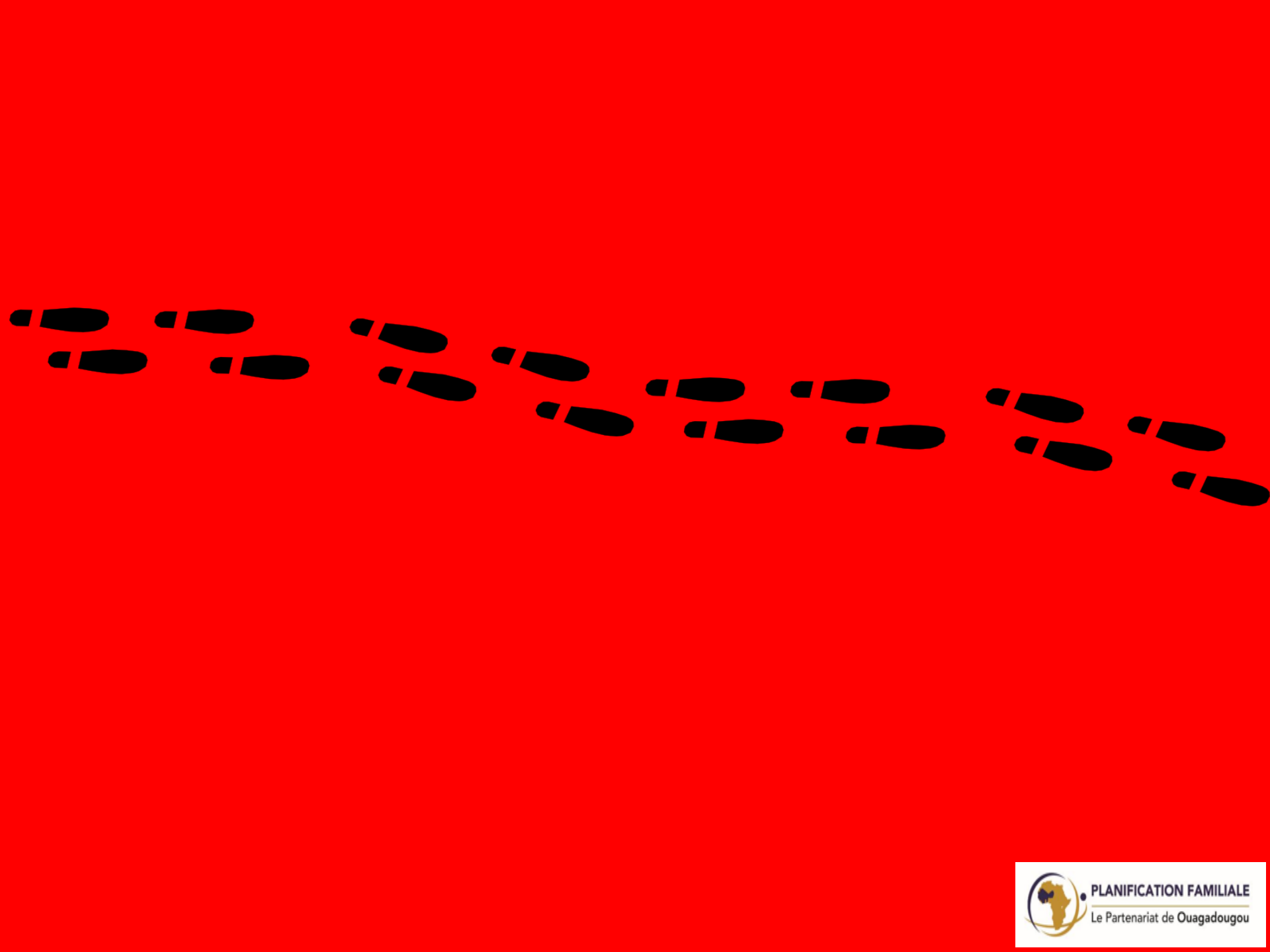
## Quelques Conclusions préliminaires

**Intégrer les jeunes**, y compris les plus vulnérables, dans les plans d'une façon systémique sur la base d'éléments de preuve

**Assurer l'action** (évaluer le cout, donner les moyens, et mettre en œuvre une suivi et évaluation adéquate)

**Adopter une approche holistique** incluant le plus large environnement politique et régulateur

**Inclure la jeunesse** dans l'élaboration et le suivi des CIP dans le futur proche



**MERCI**

