Youth-Powered: PSI Côte d’Ivoire
Sexual and Reproductive Health Programming

A summary of key program components, results, and future directions.

SUMMARY

In the West African nation of Côte d’Ivoire, 42% of the population is under the age of 15. One-quarter of young women give birth before age 18, and the total fertility rate is 4.6 children per woman's lifetime. As the country’s significant youth population moves into and through adolescence, Côte d’Ivoire faces incredible need and opportunity to ensure the health and wellbeing of its young people. To support the Ivoirian Ministry of Health and Public Hygiene (MOHPH) in these efforts, Population Services International/Côte d’Ivoire (PSI/CI) works alongside and in service of youth to advance sexual and reproductive health (SRH).

PSI/CI designs and implements context-specific initiatives that leverage PSI’s global experience and commitment to youth in the region, while aligning with the ambitious goals of the Ouagadougou Partnership for Family Planning. By maintaining the needs and realities of youth at the center of program efforts, PSI/CI and its local partners bring health information, education, and services to young individuals in ways that are both accessible and acceptable. This document outlines PSI/CI’s recent achievements in youth SRH, highlights several key components for effectively working with youth, and describes PSI/CI’s vision and direction for the future of its SRH program.
In 2019, PSI/CI and local partners designed and utilized in-person and digital communication channels to reach individuals with high-quality SRH information and education. 108,613 individuals were reached in person, of which 80,975 (75%) were youth under age 25 residing in urban, peri-urban, and rural communities. A further 107,356 online users were reached through digital channels. Communication efforts included the referral of individuals to nearby health facilities and mobile outreach services where they could receive comprehensive, confidential SRH counseling and services.

PSI/CI further supported the MOHPH in 2019 to deliver 82,702 voluntary modern contraception services, of which 34,662 (41%) were provided to youth under age 25. Services included a wide range of methods, including highly effective long-acting reversible contraceptive (LARC) methods, which are often not readily accessible to young people, especially adolescents. 11,425 condoms, providing dual protection against sexually transmitted infections and unintended pregnancy, were also provided to people of all ages, including youth. Further, PSI supported the MOHPH in providing 343 instances of lifesaving post-abortion care (PAC) to women and girls during the 2019 calendar year.

PSI/CI’s support to contraceptive provision in 2019 show a wide variety of modern methods reaching different age groups, including youth and adolescents. In some instances, clients (especially adolescents) are hesitant to provide their age, due to social norms around youth sexuality. All contraceptive commodities distributed by PSI were procured by the MOHPH.
WHAT MADE THESE RESULTS POSSIBLE?

KEY COMPONENTS OF PSI/CI’S YOUTH PROGRAMS

While each of PSI/CI’s youth interventions is comprised of multiple, diverse activities, the following key components have proven particularly important to successfully working with and for youth across a variety of settings in Côte d’Ivoire. These components are relevant for both interventions that focus on demand generation, as well as those that provide SRH services directly.

1. Understand and respond to the needs of diverse youth populations

Unmet need for modern contraception in Côte d’Ivoire stands at 27%, impacting both adolescents and adults. However, not all young people in Côte d’Ivoire have the same needs or lived experiences regarding their SRH. Rural contraceptive users, for example, are more likely to access services in public facilities than their urban counterparts. Identifying and elevating the experiences of different youth populations enables PSI/CI and local partners to tailor intervention approaches to these groups. One application of this segmentation technique is using different communication channels for different audiences (table 1). As youth in Côte d’Ivoire are not homogeneous, the multi-channel approach intentionally offers SRH information and education in different ways across different youth population segments.

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<tr>
<th>Table 1: PSI/CI’s communication channels are designed to reach different youth population segments</th>
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<tr>
<td><strong>Social Media</strong></td>
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<td>Digitally connected youth, many living in urban areas, engage with both lifestyle and health content through PSI/CI’s Facebook channels. These platforms are designed and branded to align with the interests of their respective youth populations, while maintaining accurate health information from credible sources. The <em>Entre Nous Facebook Page</em>, built for girls aged approximately 15-24, has over 100,000 followers. Users engage with <em>Auntie Midwife</em> via public posts and private messages on topics including contraceptive, menstrual health, and relationships. <em>Didier</em> is an online graphic drama reaching young men who work in the urban informal sector. The drama series was built from a human-centered design process that identified archetype males in Ivorian society; the storyline reflects real-life challenges of young men in Abidjan, whilst promoting health messages around contraceptive use, gender dynamics, and relationships. By building social media engagement from the perspective of the end user, PSI/CI curates information and approaches that resonate with the intended audience.</td>
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<td><strong>Peer-to-peer Mobilizing</strong></td>
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<td><strong>Big Sister Mentoring</strong></td>
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<td><strong>Group Education Sessions</strong></td>
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Identifying, validating, and supporting the diverse experiences of different youth population segments has facilitated a program approach that uses appropriate channels to reach a given audience. PSI/CI and local partners continue to adapt and evolve communication channels, as well as the information they contain, to meet the changing needs of Youth in Côte d’Ivoire.

2. Engage youth throughout the intervention lifecycle

**PSI/CI’s co-design, co-implementation, and co-monitoring** techniques bring young people to the table to articulate what matters to them, how they prefer to receive information and services, and how they measure success. By engaging young people early and often throughout the project lifecycle, this approach challenges traditional power structures held between NGOs and communities, seeking to create a more equitable working environment for youth.

One example of this approach is the direct hire of youth consultants to lead key portions of PSI/CI’s interventions. In the **YouthLead** project, co-implemented by PSI/CI and CARE/CI, eight young people led on-the-ground data collection for an evaluation of key barriers to youth access to contraception in different regions of Côte d’Ivoire. This data collection included engagement with local authorities and with other young people in the communities, as well as physical analyses of where youth-friendly services were located in those communities. By having young people lead this process, the project gained important insights to inform the intervention design, while also evaluating the skills and abilities of young people to conduct important and thoughtful analyses. Further, the project provided capacity-building opportunities for young consultants to polish their data collection and analysis skills.
A second way of ensuring youth voice remains elevated in SRH programming is to use the preferred channels that young leaders already have at their disposal. The Entre Nous initiative, for example, maintains WhatsApp groups with its young leaders to both send out and receive back key information about the project events, strategy, and design. While rapid text exchanges can be relatively informal, these WhatsApp conversations are effective in rapidly gathering feedback from youth on project activities, and what changes they would suggest making. Because this consistent engagement occurs on the WhatsApp platform that many young people already use in their personal and professional lives, it reduces the burden on young people when feeding back information to project staff.

As shown through these examples, PSI/CI is working to ensure appropriate value and compensation are afforded to youth for their efforts and invaluable insights to designing, implementing, and evaluating effective youth programming.

3. Reach youth with convenient and high-quality services

Nationally, current contraceptive use by young people in Côte d’Ivoire is skewed towards condoms, comprising 73% of the method mix among 15-19 year-olds and 44% of the method mix among 20-24 year-olds. 66% of users ages 15-24 obtain their method from a private source, with the majority of methods coming from a pharmacy or drug shop. While discretion and convenience make retail shops a preferred source of contraception for young people, in practice this means that very few are receiving comprehensive SRH counseling, nor are they able to select from a wide range of contraceptive methods. Understanding the desires and preferences of young people, PSI works to integrate the benefits of retail shops (such as youth-friendly confidentiality and ease-of-access) into public sector SRH services, both in rural and urban areas, while also ensuring access to a wide range of contraceptive methods, including LARC methods, which are growing in popularity among young people. This is achieved through support to static MOHPH health facilities and deployment of mobile clinics, as outlined below.
**Ensure facilities offer high-quality, youth-friendly services**

In collaboration with the MOHPH, PSI/CI supports public-sector clinical staff to expand the types of SRH services they offer and to ensure those services are both of high quality and appropriately suited to serve the needs of young people. This includes:

- Training providers on clinical competency for contraceptive technology (including provision of long-acting reversible methods) and post-abortion care.

- Adapting PSI’s approach to [Training Health Providers in Youth-Friendly Health Services](#) to the Ivoirian context. An external evaluation has shown that this training is effective when part of a comprehensive package of interventions and sustained when accompanied by demand generation activities.\[x\]

- Conducting routine supportive supervision of providers to ensure quality of services, data reporting, and youth-friendly approaches.

- Engaging providers in *Values Clarification* exercises, enabling them to explore their own attitudes towards a wide range of SRH services, and particularly around their attitudes towards providing SRH services to young people.
**Bring SRH services closer to clients using mobile clinics**

Mobile clinics enable remote and underserved communities, including youth, to access a wide range of high-quality contraceptive services. PSI/CI’s trained providers, accompanied by public sector district and facility-level health providers, travel to zones with high unmet need to both mobilize communities around use of family planning and to respond to that demand with services. Key to the success of the mobile clinics is collaboration with local organizations that work closely with the communities that host mobile service delivery.

To ensure effective implementation and sustainability of the mobile clinic approach, PSI/CI-trained peer mobilizers generate demand and awareness in advance of the mobile clinic, and clients are linked to the nearest public health facility for follow-up, including any needs for LARC removal. Mobile clinics reach diverse youth populations including in **rural and agrarian communities**, where fixed services are often geographically far away from clients. In 2019, 13,547 rural youth users were reached. Alternatively, mobile clinics also set up services at the *Entre Nous* events in urban and peri-urban settings, so that individuals who attend can receive on-the-spot services.
4. Foster positive youth development

As PSI/CI and local partners work with and in service of youth for improved SRH, it is important that these efforts take place within the context of positive youth development (PYD), elevating the assets, agency, and contribution of youth, as well as building an enabling environment for their success.xi The following table demonstrates some ways that PSI/CI fosters PYD in its youth programming.

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<th>Table 2: How Elements of PYD\textsuperscript{xiii} are integrated into PSI/CI’s youth-powered programs</th>
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<td><strong>Assets</strong></td>
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<td><strong>Agency</strong></td>
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<td><strong>Contribution</strong></td>
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<td><strong>Enabling Environment</strong></td>
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WHERE PSI/CI IS LOOKING IN THE FUTURE

As PSI/CI and local partners continue to learn from, adapt, and transform SRH programs to meet the needs and desires of young people, programmatic components will likewise evolve to respond to youth realities. In alignment with PSI’s forward-looking global commitment to revolutionize the way young people access contraception, PSI/CI will focus on shaping markets, shifting policy and funding, and strengthening global capacity, including through the following priorities:

Respond to the unique needs of young women, aged 20–24, particularly in urban areas.

Though segmentation analysis, PSI/CI identified that 20-24-year-olds do not generally visit youth-designated health centers, which they perceive as specifically for adolescents under age 20. Further, the urban 20-24-year-old age group often has some purchasing power from formal or ad-hoc employment. As such, this group will benefit from receiving education and information at their places of employment or training. Further, they should be referred to health facilities that more closely align with their identity as young women. PSI/CI has therefore designated specific peer mobilizers to engage 20-24-year-olds at training and vocational centers and refer them to high-quality health services with providers who effectively engage with this age group. New innovations in technology, including automated ‘chatbot’ referral systems, while relevant for various population segments, will specifically support these digitally connected youth to access healthcare more effectively.

Explore opportunities to engage the private sector and to further build the capacity of local organizations

As approximately two-thirds of FP users under age 25 obtain their methods from a private source, PSI/CI seeks to engage private-sector providers, to further explore how successful approaches in the public sector might be adapted and/or replicated in private facilities. Specifically, there is opportunity to link 20-24-year-olds with purchasing power to private health facilities that offer high-quality, respectful, and age-appropriate care to this population segment. PSI’s global experience with youth-friendly services in the private sector, including in francophone West Africa, offers a strong foundation on which to build out private sector engagement. Further, PSI/CI will continue to reinforce the capacity of local partners, including young consultants, to provide communities with high-quality SRH information and education, building the abilities of local entities to support youth in their communities, including through referral to public and private health services.
High-quality youth programming should be scaled for greater impact. PSI/CI will support the MOHPH to introduce and scale youth-friendly services, contributing to the National Action Plan for FP and Côte d’Ivoire’s commitments to the Ouagadougou Partnership. PSI’s Health Network Quality Information System will be used to support supervision and performance of MOHPH providers, ensuring that clinical quality remains at the forefront of SRH services. Finally, PSI/CI will continuously fortify its partnership with the MOHPH, peer NGOs, and local NGOs to ensure coordination, leveraging of resources, and sustainability in efforts to support the country’s youth.

Support the MOHPH to scale effective practices in the public sector

Elevate and respond to the needs of women and youth living with disabilities

Building off the success of collaboration with the National Association of the Deaf of Côte d’Ivoire, PSI/CI will continue to engage with, and actively seek out, experts from marginalized communities, ensuring key SRH resources are adapted to, and available for, various populations. This equity-focused approach will be an intentional effort to reach more and diverse individuals.

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PSI/CI’s work is made possible through the generous support of donors, including:

Global Affairs Canada
Dutch Ministry of Foreign Affairs
Maverick Collective - an initiative of PSI
Sall Family Foundation, in collaboration with CARE

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xv. Ibid.
xvi. Ibid.
xvii. Ibid.
xviii. Ibid.