



**Final evaluation of the ChildFund-BMZ  
project on Reproductive and Menstrual  
Health of Adolescents and Youth in the  
regions of Thiès and Diourbel (Senegal)**

**Final Report**

**February 2025**

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## Acronyms

<b>APE</b>	Parents' Association ( <i>Association des Parents d'Élèves</i> )
<b>AVEEEC</b>	Welcome, Empowerment, Listening, Guidance, Advice ( <i>Accueil, Valorisation, Écoute, Empathie, Encadrement, Conseils</i> )
<b>ACS</b>	Community Health Actor ( <i>Acteur Communautaire de Santé</i> )
<b>ASC</b>	Community Health Worker ( <i>Agent de Santé Communautaire</i> )
<b>BMZ</b>	German Federal Ministry for Economic Cooperation and Development ( <i>Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung</i> )
<b>CAFARD</b>	Nightmares, Aggression, Smoking, Absenteeism, Distress ( <i>Cauchemars, Agression, Fumeur, Absentéisme, Ressenti Désagréable</i> )
<b>CGE</b>	School Management Committee ( <i>Comité de Gestion des Établissements</i> )
<b>DCMS</b>	School Medical Control Division ( <i>Division du Contrôle Médical Scolaire</i> )
<b>DSME</b>	Directorate for Maternal and Child Health ( <i>Direction de la Santé de la Mère et de l'Enfant</i> )
<b>EAJ</b>	Teen/Youth Spaces ( <i>Espaces Ados/Jeunes</i> )
<b>FGD</b>	Focus Group Discussion
<b>IA</b>	Academic Inspection ( <i>Inspection d'Académie</i> )
<b>ICP</b>	Head Nurse of a Health Post ( <i>Infirmier Chef de Poste</i> )
<b>ETI</b>	Education and Training Inspectorate ( <i>Inspection de l'Éducation et de la Formation</i> )
<b>IME</b>	School Medical Inspection ( <i>Inspection Médicale des Écoles</i> )
<b>KII</b>	Key Informant Interview ( <i>Entretien Informateur Clef</i> )
<b>MEN</b>	Ministry of Education ( <i>Ministère de l'Éducation Nationale</i> )
<b>MHM</b>	Menstrual Health Management ( <i>Gestion de la Santé Menstruelle</i> )
<b>MSAS</b>	Ministry of Health and Social Welfare ( <i>Ministère de la Santé et de l'Action Sociale</i> )
<b>NGO</b>	Non-Governmental Organization ( <i>Organisation Non Gouvernementale</i> )
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>PASSAJE</b>	Project for the Advancement of Youth Reproductive Health ( <i>Projet d'Amélioration de la Santé de la Reproduction des Adolescents et des Jeunes</i> )
<b>PDEF</b>	Partnership for Child and Family Development ( <i>Partenariat pour le Développement de l'Enfant et de la Famille</i> )
<b>PE</b>	Peer Educators ( <i>Pairs-Éducateurs</i> )

<b>PHFs</b>	Public Health Facilities ( <i>Établissements Publics de Santé</i> )
<b>RMH</b>	Reproductive and Menstrual Health ( <i>Santé Reproductive et Menstruelle</i> )
<b>AYRH</b>	Adolescent and Youth Reproductive Health ( <i>Santé de la Reproduction des Adolescents et des Jeunes</i> )
<b>TSTM</b>	Trauma, Sleep, Smoking, Stress, Menstruation ( <i>Traumatisme, Sommeil, Tabac, Stress, Menstrues</i> )
<b>UCOJ</b>	Youth Counseling and Guidance Units ( <i>Unités de Conseil et d'Orientation des Jeunes</i> )

## Executive Summary

### **Introduction-Background**

Since March 2022, the “Projet d'Amélioration de la Santé de la Reproduction des Adolescents et des Jeunes” (PASSAJE) has been implemented in 5 communes in Thiès and Diourbel regions of Senegal. The project is run by the NGO ChildFund and its local partners, notably the Kajoor Jankeen Federation in Thiès and the NGO Partenariat pour le Développement de l'Enfant et de la Famille (PDEF) in Diourbel, with funding from the BMZ (German Federal Ministry for Economic Cooperation and Development). It aims to meet the urgent Reproductive and Menstrual Health (RMH) needs of adolescents and young people (AJ).

The main objective of PASSAJE was to make RMH services accessible and available, while promoting positive behaviors among AJs. The project targets 16 schools and 16 health posts in 5 communes in the departments of Thiès and Diourbel. It is in line with national education and health policies and guidelines.

The project addresses critical issues such as the lack of appropriate sanitary infrastructure, taboos surrounding menstrual hygiene, and low community involvement in RMH education among adolescents and young people. The main areas of intervention include the construction and rehabilitation of sanitary infrastructures, capacity-building for local players, and community involvement through awareness-raising campaigns.

### **Methodology**

The project evaluation adopted a mixed approach combining qualitative and quantitative methods. This methodology enabled an in-depth, triangulated analysis of the project's results, comparing data from the baseline evaluation (2021) with that collected in 2025.

#### **Sampling and data collection :**

- *Quantitative: 400 adolescents and young people (AJ) were surveyed using structured questionnaires. The sample was stratified by gender (70% girls), school status (85% in school) and geographical location; infrastructures (health blocks) and spaces dedicated to adolescents and young people in schools and health posts were the subject of direct observations.*
- *Qualitative: 75 interviews and focus groups were conducted with key players: teachers, community leaders, healthcare providers and AJs. Interview guides were used to collect data on the perception and impact of interventions. Four in-depth interviews were conducted with actors at central level: Ministry of Health and Social Action (Division de la Santé des Adolescents et Jeunes et Cellule Genre) and, Ministry of National Education. The interviews were rounded off by a focus-group debriefing with ChildFund staff involved in PASSAJE.*

#### **Data analysis :**

- *Quantitative data were presented as proportions and averages. Appropriate statistical tests were used where necessary, at the 5% significance level.*
- *Qualitative data were categorized and interpreted according to evaluation objectives and criteria.*

#### **Ethical considerations:**

*Informed consent was obtained from all participants. Confidentiality was respected, particularly with regard to AJs' personal data.*

## **Results**

### **a) Relevance :**

*PASSAJE was deemed relevant by all stakeholders. The actions undertaken are aligned with the identified needs of AJs, as revealed by the following indicators:*

- *100% of facilities equipped for menstrual hygiene management (MHM).*
- *Adapted sanitary blocks have reduced girls' absenteeism from school from 12.5% to 9.9% due to menstruation (the target was reached in Diourbel with 5.4% absenteeism among girls).*
- *Interventions also targeted socio-cultural barriers, reinforcing community acceptance of RMH themes.*

### **b) Effectiveness :**

*The project met or exceeded several objectives:*

- *Adoption of positive behaviors: 90.8% of AJs adopt positive RMH behaviors, compared with 45.1% at the baseline assessment.*
- *Menstrual hygiene: 83.8% of girls practice appropriate menstrual hygiene, compared with 40% at baseline (target: 60%).*
- *Accessible services: 100% of schools and health posts offer adapted, quality RMH services.*
- *The 16 target schools have adapted sanitary blocks, with equipment such as washbasins, water tanks and sanitary towel chutes. These infrastructures have reduced girls' absenteeism from school, particularly in rural areas.*
- *Espaces Ados/Jeunes (EAJ), equipped with audiovisual resources and Internet access, offered secure spaces for counseling and awareness-raising.*

*However, despite real progress, some targets have not been met:*

- *Boys' knowledge: 44.6%<sup>1</sup> of boys know how to adopt a healthy lifestyle, compared with 15.5% at baseline and a target of 60%.*
- *Awareness of risk behaviors: 47.9%<sup>2</sup> of AJs identify risk behaviors, compared with 7.32% at the baseline assessment and a target of 60%.*

*The effectiveness of PASSAJE was linked to several factors mentioned by the project's external partners (Ministries of Health and Education): inclusive and participatory design, good management, participatory supervision.*

### **c) Efficiency:**

*In financial terms, PASSAJE's performance was judged to be efficient.*

*On the other hand, the fact that the project was financially supported by the BMZ right up to the end raises concerns about the project's medium- and long-term financial viability.*

*Projected revenues following the withdrawal of the main donor will not be sufficient to sustain PASSAJE's activities, unless the approach is reformulated, with a diversification of funding contributors, and an increase in the financial resources currently mobilized by the national side.*

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<sup>1</sup> at least 8 items cited out of the 15 expected

<sup>2</sup> at least 5 risk behaviors cited out of the 9 expected

**d) Impact :**

- Behavioral transformation: AJs have shown greater responsibility, notably through autonomous practices for the maintenance of sanitary infrastructures.
- Intersectoral collaboration: The education and health sectors have strengthened their links through an inclusive approach involving local consultation frameworks.
- Community involvement: Parents and communities have been sensitized through campaigns, improving communication around RMH.

**e) Durability :**

- Advocacy actions have prompted some communities to allocate budgets for the management of health infrastructures and awareness-raising activities.
- The capacities of local players, including teachers and peer educators, have been strengthened, foreshadowing the continuity of interventions.

**f) Limits and challenges**

- Peer educators are volunteers chosen by their peers,
- Gaps remain in local micro-planning (e.g. unannounced meetings, lack of information flow), which may limit the project's overall effectiveness.

**g) Recommendations**

The main recommendations of the evaluation are to

- increase boys' involvement in awareness-raising activities
- improve local coordination between stakeholders in order to optimize project effectiveness
- increase the involvement of out-of-school adolescents and young people in PASSAJE PASSAJE's actions through targeted community approaches
- sustain the project by diversifying funding sources and increasing local authorities.
- Finally, structured post-intervention monitoring is needed to measure long-term impact and adjust strategies accordingly.
- 

**Conclusion**

*In conclusion, PASSAJE has laid the foundations for a structured response to the needs of young people, with measurable impacts and strong local ownership. The recommendations arising from this evaluation should enable us to improve the next phases of the project and maximize its long-term impact.*

# 1 Introduction

## 1.1 Object of evaluation

Since March 2022, ChildFund Germany, in collaboration with ChildFund Senegal, the Kajoor Jankeen Federation, the NGO Partenariat pour le Développement de l'Enfant et de la Famille (PDEF), the Inspections d'Académie of Thiès and Diourbel, and the Direction de la Santé de la Mère et de l'Enfant (DSME), have been implementing the Projet d'Amélioration de la Santé de la Reproduction des Adolescents et des Jeunes (PASSAJE). This project is financially supported by the German Federal Ministry for Cooperation and Development (BMZ).

PASSAJE aims to improve the health of adolescents and young people in 16 schools and 16 health posts in five (5) communes in the departments of Thiès (2 communes) and Diourbel (3 communes). The main objective is to improve access to and availability of Reproductive and Menstrual Health (RMH) services, while promoting positive behavior change among beneficiaries.

## 1.2 Theory of Change

PASSAJE, aimed at improving the Reproductive and Menstrual Health (RMH) of adolescents and young people in the Diourbel and Thiès regions of Senegal, is based on a theory of change articulated around several strategic interventions and expected outcomes. This approach combines actions aimed at infrastructure improvement, capacity building and community involvement.

### 1.2.1 Problem Statement

Adolescents and young people in these regions face significant challenges when it comes to RMH, including limited access to appropriate services, gaps in menstrual hygiene management (MHM), and socio-cultural barriers that limit their education and empowerment.

### 1.2.2 Vision of change

The project aspires to a school and community environment where:

1. Adolescents and young people have equitable access to adapted, quality RMH services.
2. Young girls can manage their menstrual hygiene with dignity and safety.
3. The community actively supports RMH and the well-being of young people.

### 1.2.3 Path of change

To achieve this vision, the project mobilizes three strategic levers:

#### 1.2.3.1 *Strengthening RMH services :*

- Creation and equipping of youth advice and guidance units (UCOJ) in health posts and Espaces Ados Jeunes (EAJ) in schools.
- Training of teachers, caregivers and peer educators to provide adapted AYPH services.
- Advocacy with local authorities to integrate RMH into budget priorities.

Expected outcome: Increased access to and use of RMH services by young teens in a safe and confidential environment.

#### 1.2.3.2 *Improved menstrual hygiene management (MHM) :*

- Construction of MHM-sensitive sanitary blocks in schools.
- Provision of cleaning products, MHM kits and manager training
- Introduction of waste reuse systems to promote sustainable practices.

Expected outcome: Young girls benefit from adequate infrastructures and resources, reducing absenteeism and the stigma attached to menstruation.

#### 1.2.3.3 *Knowledge building and community involvement*

- Development and implementation of awareness campaigns (e.g. "Sama Boop Sama Yitté").
- Organization of thematic days in schools and health posts.
- Mobilize local media to promote RMH-friendly behaviors.

Expected outcome: Better understanding and acceptance of RMH/MHM issues by young people and their communities.

#### 1.2.4 Key assumptions

- Adequate infrastructure and training for local players will lead to a better service offering.
- Community awareness and involvement will reduce the stigma associated with RMH and MHM.
- Partnerships with local authorities will ensure the sustainability of actions after the end of the project.

#### 1.2.5 Expected impact

In the long term, the PASSAJE project aims to reduce health inequalities and improve the quality of life of adolescents and young people in the target regions, by empowering them to make informed decisions about their menstrual and reproductive health.

This theory of change illustrates an integrated, participatory commitment to sustainable change, with a particular focus on empowering young people and ensuring the sustainability of project achievements.

### **1.3 Assessment reasons and objectives**

*The evaluation had the following objectives, according to the Terms of Reference submitted to the evaluator:*

General objective: to evaluate the project's objectives after three years of implementation in the 16 schools and 16 health posts targeted in the 5 communes of the Thiès and Diourbel departments.

Specific objectives :

- 1) *Evaluate the functionality of adolescent and youth reproductive and menstrual health (ARM/YH) services in the 16 schools and health facilities involved in the project (availability, use, adaptability to the needs of adolescents and youth), compared with the results of the baseline assessment.*
- 2) *Evaluate the Knowledge, Attitudes and Practices of adolescents and young people in the 5 communes covered by the project (Diourbel, Ngohé, Patar, Thiès-Est, Fandène) compared with the results of the baseline study.*
- 3) *Collect actual values of project indicators and compare them with baseline and target values. In the event of significant differences between target and actual values, explain the discrepancies with possible context-related reasons.*
- 4) *After comparing the baseline and final situations, analyze the improvements brought about by the project and their justification in terms of the schools' health environment, the life of the establishments and those of the surrounding communities.*
- 5) *Document innovations, successes, lessons learned, best practices and their impact on the reproductive health of young adolescents,*
- 6) *Assess the level of satisfaction of beneficiaries, implementers and other local and national stakeholders.*
- 7) *Identify opportunities, constraints and challenges related to the sustainability and scaling-up of intervention in the health, education, water, hygiene and sanitation, and local governance sectors.*
- 8) *Assess the capacity of PDEF (Diourbel) and Kajoor Jankeen (Thiès) to apply for and implement a project in line with BMZ policy and procedures.*
- 9) *Describe all key findings, lessons learned and recommendations*
- 10) *Suggest feasible and immediate measures to be implemented as part of the program under study.*
- 11) *Provide relevant recommendations for improving the intervention to better satisfy beneficiaries, stakeholders at all levels and the sectors concerned, with a view to sustainability and scaling-up.*

#### **1.4 Evaluation mission**

The evaluation team (see figure in appendix) was made up of a variety of complementary profiles:

- a Public Health Doctor, University Professor, team leader
- a Doctor in Socioanthropology, in charge of the qualitative aspect of the study
- a Doctor of Medicine, supervisor of the quantitative part of the study
- a Computer Specialist, database manager
- two (2) Doctoral Students in Socioanthropology, supervisors of the qualitative component
- three (3) Junior Socioanthropologists and a geographer as qualitative interviewers
- Twenty (20) Quantitative Interviewers (10 in each region),

The people involved in the evaluation were all independent and uninvolved in the design and implementation of PASSAJE.

In each region, the role of the heads of the partner federations (Kajoor Jankeen and PDEF) was to facilitate the mission, particularly in planning and making contact with respondents in health and school structures, territorial and local authorities, and peer educators.

## 2 Evaluation criteria and Questions

The evaluation criteria [1] are presented below, together with the main evaluation questions:

- Relevance :
  - Was the project in line with identified needs (Ministry of Health and Social Action, Ministry of Education, teenagers, communities)?
  - Was the project in line with the country's political orientations?
- Effectiveness:
  - Was the project coordination effective?
  - Was the project information system appropriate?
  - Was the project's system of objectives and indicators adequate and well planned?
  - Has the project been properly implemented in the field?
  - *Have the project's implementing partners (ChildFund, Kajoor jankeen and PDEF) lived up to expectations?*
  - Have the project objectives been achieved?
  - What are the related effects (positive or negative) of the project?
- Efficiency :
  - What is the project's cost/benefit ratio?
- Impact:
  - Has the project contributed to changing the behavior of adolescents and young people with regard to RMH and MHM?
  - Are there other (possibly negative) effects and/or a large-scale impact?
- Sustainability :
  - Will the positive effects of the project persist after the subsidy ends?
  - Are there risks and potentials for sustainable effectiveness at the level of the organization and target groups?
- Consistency :
  - Was the project carried out in harmony with other governmental and non-governmental initiatives pursuing the same goals?
  - Were the interventions complementary or synergistic with those of other projects operating in the same areas?

### 3 Methodological approach

#### 3.1 General approach

The evaluation of the BMZ project for Adolescent and Youth Reproductive Health in the Thiès and Diourbel regions was conducted using a dual qualitative and quantitative approach. The results observed in 2025 were compared with those of the baseline study carried out in 2021. Given the constraints associated with end-of-year activities and the vacation from classes from December 23, 2024 to January 02, 2025, data collection took place in two phases, as shown in the table below:

*Table 1 Mission progress*

	<b>Period</b>	<b>Activity</b>
Phase I	14/12/24	Training qualitative interviewers in Dakar
	December 15-19, 24	1 <sup>st</sup> Qualitative data collection phase
Phase II	02/01/25	2 <sup>nd</sup> Deployment of quantitative and qualitative interviewers
	02/01/25	On-site training for quantitative interviewers (Diourbel and Thiès)
	January 03, 2025	Pre-testing of collection instruments
	January 04-10, 2025	Quantitative data collection (simultaneously in Diourbel and Thiès)
	January 04-10, 2025	2 <sup>nd</sup> qualitative data collection phase (simultaneously in Diourbel and Thiès)

#### 3.2 Sampling and data collection

##### 3.2.1 Collection tools

Data was collected using a variety of media (see appendices), according to target groups:

Table 2 Information gathering media by target group

Target	Information gathering media
1. Adolescent and youth beneficiaries (in and out of school)	<ul style="list-style-type: none"> <li>• Structured questionnaire</li> <li>• Focus group guide</li> </ul>
2. Peer educators UCOJ/EAJ	
3. Partner federations	<ul style="list-style-type: none"> <li>• In-depth focus group interview guides</li> </ul>
4. Health authorities (MCD, ICP, SFE)	<ul style="list-style-type: none"> <li>• In-depth interview guides</li> </ul>
5. Health post providers (cover EAJ) (ICP/ midwives)	
6. Community health actors, CDS members	
7. IA/ETI	<ul style="list-style-type: none"> <li>• In-depth interview guides</li> </ul>
8. Focal points	
9. Departmental technical advisors & CTR; national education ensured/supervised/supported the entire hygiene block construction process (1/ETI)	
10. Administrative and territorial authorities	<ul style="list-style-type: none"> <li>• In-depth interview guides</li> </ul>
11. Schools (sanitary blocks, water points, UCOJ) and health posts (EAJ)	<ul style="list-style-type: none"> <li>• Direct observation grids</li> <li>• Data collection grids for UCOJ at school and EAJ at PS</li> </ul>
12. Teacher trainers	<ul style="list-style-type: none"> <li>• In-depth interview guides</li> </ul>
13. School managers / MHM team members	
14. MHM kit manager	
15. PASSAJE coordination teams in Thiès and Diourbel	
16. Thiès: regional sanitation department	
17. Diourbel: regional hydraulics department	

### 3.2.2 Sampling

Study targets were selected according to the procedures described below:

- 1) Adolescents and young people drawn from the 5 intervention communes and stratified according to the number of middle/secondary school pupils in the sites concerned. Both sexes were included. The sample size was calculated according to the formula used in descriptive cross-sectional studies

$$n = \frac{\varepsilon^2 P \cdot Q}{e^2}$$

Where:

- P= prevalence of the phenomenon in the population studied. We will take the frequency of 30.49% of adolescents who were able to name at least 5 good MHM practices, found in the baseline assessment.
- $Q = 1 - P = 69.51$
- n= sample size
- $\varepsilon$ = reduced deviation corresponding to an Alpha 5% risk= 1.96
- e= precision required by the researcher= 7%.

The size calculated was 166 subjects; this was multiplied by two to take account of the cluster effect, giving a total of 332 subjects, rounded up to **400 subjects to be surveyed** for the 2 sites combined.

The selection was made using an accidental quota procedure; the quotas were determined according to the indications provided by the sponsor, and are as follows:

- 85% of young people attend school
- 15% of young people not in school or out of school
- 70% female subjects
- 30% male subjects

The distribution of quotas is shown in the table below:

*Table 3 Quota sampling of teenagers for the questionnaire survey*

	Adolescents and schoolchildren (85%)		Adolescents and out-of-school youth (15%)		
	F (70%)	M (30%)	F (70%)	M (30%)	
Diourbel	143	62	25	11	241
Thiès	94	41	17	7	159
	237	103	42	18	400

The stratification of the sample by school size is shown in the table below:

Table 4 distribution of the sample of teenagers to be surveyed by school (quantitative questionnaire)

Region	Municipality	School	Workforce	Number of youth questionnaires in the facility	
				Girls	boys
Thiès	Thiès East	CEM El Hadji Amadou Ba Sampathe	1 354	15	6
Thiès		CEM Diamaguene	1 078	12	5
Thiès	Thiès East	CEM Hersent 2	1 000	11	5
Thiès		CEM Parcelles Assainies	994	11	5
Thiès	Fandène	CEM Lalane	489	5	2
Thiès		CEM Darou Salam	1 504	17	7
Thiès	Fandène	Lycee Fandene	693	8	3
Thiès		Fahu High School	1 400	16	7
Diourbel	Diourbel	CEM Grand Diourbel	2 758	31	13
Diourbel	Diourbel	CEM Ndiourbel Tock	1 142	13	5
Diourbel	Diourbel	CEM Ex CEMT	2 150	24	10
Diourbel	Diourbel	CEM Keur Cheikh 2	858	10	4
Diourbel	Diourbel	CEM Medinatoul	740	8	4
Diourbel	Diourbel	Lycée d'enseignement Général Diourbel	2 928	32	14
Diourbel	Ngohe	CEM Ngohe	1 750	19	8
Diourbel	Patar	CEM Sambe	613	7	3
			21 451		

The questionnaire survey was completed by 60 young adolescents around the health posts (21), at a rate of 4 young adolescents per post polarizing a locality.

- 2) In each region, it was planned to survey 4 health posts and 4 schools, as exemplary cases to deepen the quality of the results. The contrasting criteria were geographical area (urban and rural) and the assessment of project results by local implementing partners, notably the *Kajoor Jankeen* (Thiès) and *PDEF* (Diourbel) federations.

Table 5 Qualitative sampling of health and school facilities

Regions	Satisfactory results		Unsatisfactory results		Total
	Urban	Rural	Urban	Rural	
Thiès					
- CS/PS	Hersent	Fandèen	Sampathé	Sam Ndiaye	4
- Schools	CEM Diamaguène CEM Herzent 2	CEM Fandèen	Lycée Fayu		4
Diourbel					
- CS/PS	CS Diourbel	Lagnare	Ker Cheikh Anta	Patar	4
- Schools	CEM Grand Diourbel	Lycée Ngohé	CEM Ker Cheikh	CEM Sambé	4
<b>Total</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>16</b>

A total of 16 facilities were visited, 8 healthcare facilities and 8 schools in each region. In each facility, we conducted at least 4 semi-structured interviews (SSI) and 4 focus group discussions (FGD), distributed as shown in the table below.

Table 6 Breakdown of in-depth interviews and focus groups by school and health facility

Regions	ESP		Schools		Partners
	SSI	FGD	SSI	FGD	FGD
Thiès	1 ICP 1 SF	1 Parents 1 Teens-Girls	1 Main 1 Reference teachers 1 Kit manager	1 APE/CGE 1 Teen-Girl	1 Members <i>Kajoor Jankèen</i> 2 Peer educators - Students - Relay
Diourbel	1 ICP 1 SF	1 Parents 1 Teens-Boys	1 Main 1 Teacher referents 1 Kit manager	1 APE/CGE 1 Teens	1 Baol Federation members 2 Peer educators - Students - Relay

In all, the teams conducted 75 interviews and focus groups in the two regions. This number will be supplemented by interviews with institutional players.

- 3) The following targets completed the qualitative part of the survey:
  - Prefect or sub-prefect
  - Mayor or municipal counselors
  - IA/ETI/ construction supervisor and gender focal points
  - MCD/SR Coordinator/Focal Points
  - Sanitation services.

### 3.3 Data processing and analysis

Quantitative data from the CAP survey were translated into proportions; cross-tabulations were performed between exposure and consequence variables to assess the existence of an association, using appropriate statistical tests at the 5% significance level.

Interviews were systematically recorded (with respondents' permission) and transcribed. Content was categorized, sub-categorized, triangulated and interpreted according to the study's objectives.

### **3.4 Ethical considerations in evaluation**

An information and consent form (see appendices) has been systematically submitted to all respondents, who will be asked to sign before the start of data collection activities (in-depth interviews and focus groups).

Focus group participants were recorded by gender, age and location. No information was recorded that could be used to identify them retrospectively.

The "institutional" respondents, on the other hand, were identified by their first and last names, their functions and their places of work. However, only functions are included in the results. The list of respondents is appended to the study report.

Only members of the team set up by the consultant will have access to the raw evaluation data. The database will be transmitted to the sponsor at the end of the evaluation.

### **3.5 Strengths and limitations of the method**

#### 3.5.1 Strengths

- Compliance with OECD criteria: in line with the sponsor's requirements, the evaluation complied with international standards, in this case the OECD criteria (relevance, effectiveness, efficiency, impact and sustainability). The use of these criteria ensures a rigorous and standardized analysis of project results. These criteria facilitate the identification of strengths, weaknesses and prospects for improvement, based on recognized international benchmarks. They also enhance the credibility and usefulness of the conclusions for stakeholders and decision-makers.
- Mixed approach (quantitative and qualitative): The evaluation combined quantitative data, gathered from several sources. This triangulation of information sources strengthened the validity and depth of the analysis.

#### 3.5.2 Limits

- Absence of a control group: from a strictly methodological point of view, our evaluation was based on a before-and-after comparison without the use of a control group, which makes it more difficult to attribute the observed changes exclusively to the PASSAJE interventions. The non-selection of a comparison group is accepted in quasi-experimental evaluations. Moreover, selecting a comparison group would entail additional, unbudgeted costs.
- Assessing the sustainability of results: The study focuses on immediate and intermediate results, but does not assess in depth the sustainability of the project's effects after its completion, which could be months or even years after the end of the project.
- Self-reporting bias: Quantitative data on the adoption of RMH behaviors are based on self-reporting by respondents, which can lead to social desirability bias (exaggeration of good practices or minimization of risky behaviors).

## 4 Results

### 4.1 General comments

Some variables that had been measured in the baseline evaluation have been removed from the present evaluation, for the reasons mentioned above, and linked to the cyclical evolution of the project. These include :

- Condom distribution
- Fitting out the teachers' sanitary block

The tools have been significantly improved; for example, the "negative" variables (what not to do during menstruation) have been eliminated in favor of positive ones (what to do), which have been the subject of learning and awareness-raising content. In addition, the target age has been stabilized at 10-24, instead of 12-19 at the start of the project.

### 4.2 Project results PASSAJE

#### 4.2.1 Project relevance

##### 4.2.1.1 *PASSAJE, a project in line with the country's political orientations*

Young people (under 35) make up the vast majority of the Senegalese population. This underlines the importance of considering them in public policies, particularly in the fields of education and health, and in particular with regard to women, who are also the main target of PASSAJE.

The National Agenda for Transformation ("**Référentiel 2050**"), Senegal's new policy framework, calls for the implementation of "*targeted measures such as the prevention of early pregnancies, catch-up programs for young girls who have dropped out of school because of marriage or early pregnancies,(p 11)*".[2]

The National Health and Social Development Plan (*Plan National de Développement Sanitaire et Social*, in French), the strategy document for implementing Senegal's health policy, calls for the reinforcement of an integrated service offer adapted to adolescents and young people (Line of Action 31), in line with established norms and standards. [3]

The Strategic Plan for School Health 2024-2028, as part of a global and coherent framework for improving health at school, also proposes, among other things, "*Strengthening Reproductive Health and Healthy Life Skills of adolescents and young people among students*" (p 51). The school sector emphasizes traditional values such as chastity, virginity, self-confidence and self-esteem...[4]

PASSAJE's orientations are therefore in line with those of the Republic of Senegal, as stated in several political and strategic documents: Agenda National de Transformation 2050 (2024), Plan National de Développement Sanitaire et Social (2019), Plan National de Santé Scolaire (2023).

The project was deemed highly relevant by the actors interviewed at central level (MSAS and MEN). The project met a pressing need to combat school absenteeism among girls caused by menstrual hygiene problems:

*"Many girls drop out of school because of menstrual management"* (MSAS gender unit interview).

The MEN added that the project had introduced innovative solutions, notably the construction of inclusive and "gendered" sanitary blocks, meeting the specific needs of girls, including those

living with disabilities. From this point of view, the Childfund team demonstrated great flexibility in adapting the project to local needs, notably by revising the intervention zones to improve coherence between the health posts and the associated schools.

At the local level, PASSAJE was a response to perceived needs.

#### 4.2.1.2 *PASSAJE, a response to needs in schools and the community*

The schools faced a number of challenges, such as deteriorated or inadequate sanitary blocks. This resulted in poor attendance by girls, and hygiene and environmental problems (towels thrown in the open air or in toilets). Many girls dropped out of school because they were teased for having blood stains on their clothes, or punished for missing a period. These attitudes were respectively the expression of boys' and some teachers' lack of knowledge about the manifestations of menstruation in girls. It was in this context that PASSAJE contributed to break this taboo, by establishing a climate of dialogue and communication between the actors involved in MHM.

The perceived relevance of the project explains the high level of ownership on the part of school heads and teachers. They show a readiness and understanding of the strategies, particularly with regard to management, monitoring and awareness-raising tools. According to them, PASSAJE's interventions are helping to improve girls' school performance:

*"Thanks to the availability of these products and facilities, girls no longer go home in case of menstrual pain. With the project, a monthly comparison of absences linked to menstruation has been set up, showing a clear reduction in absences and improved learning conditions ", IEF, Thiès.*

From this point of view, between January 2023 and September 2024 (21 months), project data show that, out of 2,701 absences of young girls in Thiès, 78 were related to menstruation (3%). In Diourbel, only 61 absences were reported, all related to menstruation (100%).

The construction of sanitary blocks, the distribution of sanitary towels and analgesics for menstrual pain are extracurricular interventions, but necessary for the development of the pupils.

- *Reconnecting with the teen/youth segment in PES thanks to PASSAJE*

The management of ARJS has long been a major challenge in public health facilities (PHFs). According to the healthcare professionals interviewed, the challenges are mainly linked to the structuring of the offer, which does not correspond to the demand from teenagers/young people.

- Young girls often complain about the quality of the welcome they receive at PHFs.
- Maternity hospital opening and closing times often prevent unmarried girls from accessing care without exposing themselves to the social judgment of married women.

- The ostentatious position of maternity hospitals does not guarantee confidentiality for teenage patients.

As a result of all these constraints on access to care, teenagers/young people fall back on dangerous alternatives (especially self-medication) to care outside the PHFs, compromising their health and even their lives.

PASSAJE's community-based interventions sought to resolve these difficulties. To this end, health providers (nurses, midwives) and relays have been trained in One To One techniques, AVEEEEC (Welcome, Empowerment, Listening, Guidance, Advice) and TSTM (Trauma, Sleep, Smoking, Stress, Menstruation) with the aim of improving the quality of reception in the PHFs. In addition, we are building/rehabilitating teen/youth spaces (EAJ) and involving permanent teen peers to reconnect with the teen/youth fringe.

*"Training in AVEEEEC techniques has really helped us improve the quality of our reception. [...] It's clear that AVEEEEC plays an important role in increasing the number of young people visiting<sup>3</sup>. Sometimes they come and go in my office. As soon as they find someone, they say hello and automatically return to the EAJ. As soon as I see these attitudes, I understand that they want to tell me something about their health. I leave the office. I go home, then send someone to call them for me". (KII, Female, 39, nurse, Thiès).*

The installation of EAJs, equipped with TVs and WiFi connections, gives teens/young people non-healthy reasons for attending PSEs, which can serve as an alibi for choosing the right times to consult paramedics about their health concerns.

- *A positive evolution in mother-daughter communication*

Like the climate of misunderstanding of girls' attitudes at school, family relations between mothers and daughters were also tainted in prejudice, as the words of one midwife attest:

*"A young girl using cloth as protection during her menstruation developed an infection. Her mother, thinking she was having promiscuous sex, took her to the health post. The midwife confirmed that the infection, from which she was suffering, was linked to the prolonged use of tissues during menstruation." (KII, Midwife, 32, Ngohé, Diourbel).*

Thanks to training in the interpersonal approach, organized by PASSAJE to build the capacity of community relays (who are also mothers), some agents became aware of the role of mother they had to play, starting with their own families. For example, some mothers explain that it was after this training that they began to communicate better with their daughters.

*"I used to educate other girls about Menstrual Health Management, without including my own daughter. It was during this training that I realized that my daughter, aged 17, needed my advice. In reality, I'm a very hard mother with my children. She doesn't dare*

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<sup>3</sup> No factual information available; this is a professional's perception.

*come and talk to me about reproductive health for fear I'll scold her. But when I came out of the training course, I realized how important it was to break down the barrier between me and my daughter. Today, our communication on these issues has improved considerably." (KII, Woman, Relais/bàjjenu gox, 47, Fandeen, Thiès).*

Thus, the actors interviewed perceive PASSAJE as a relevant intervention, as it responds directly to the real, but often unexpressed, needs of the populations concerning Menstrual Health Management (MHM) and Adolescent and Youth Reproductive Health (AYRH).

#### 4.2.2 Project efficiency

##### 4.2.2.1 Key project indicators

The table below shows the evolution of key PASSAJE indicators, as formulated by the project.

Table 7 Evolution of key project indicators

Baseline (2021)	Target (quantitative and qualitative)	Final situation (2025)
Only 45.1% of adolescents and young people have a positive attitude (healthy lifestyle, respect for menstrual hygiene). This was revealed in a survey of 20 schools carried out as part of the feasibility study. This also applies to the following percentages of the actual situation. For example, around 40% of schoolgirls have of menstrual hygiene.	-65% of adolescents and young people have a positive attitude towards sexual and reproductive health (healthy lifestyle, menstrual hygiene management). -60% of schoolgirls practice a hygienic approach to menstruation.  For example, they change sanitary towels at least 2 to 4 times a day, and wash and change their underwear at least once a day.	<b>90.8% of adolescents and young people have a positive attitude (healthy lifestyle, respect for menstrual hygiene).</b>  <b>83.8% of schoolgirls practice a hygienic approach to menstruation.</b> <b>the progress observed is linked to:</b> - <b>good overall project management (conception, execution, follow-up)</b> - <b>availability and accessibility of inputs</b> - <b>support from EAJ and UCOJ</b>
Only 2.5% of schools and health facilities (22 were surveyed as part of the feasibility study) offer sexual and reproductive health services to young people.	-80% of schools and health posts provide sexual and reproductive health services for adolescents and young adults, for example on diseases, contraception and menstruation.	<b>All schools and health facilities offer menstrual and reproductive health services to adolescents and young people .</b>
None of the target schools has a management system that takes into account menstrual hygiene management.	-100% of the target schools have a menstrual hygiene management system . Each of the 16 schools has a pharmacy stocked with medicines and sanitary towels, and peer seminars are organized on a regular basis.	100% of schools have a menstrual hygiene management system
31.9% of students are aware of menstrual hygiene management standards.	-70% of students are aware of menstrual hygiene management standards.	<b>75.2% of students are aware of menstrual hygiene management standards</b>

Currently, there is an average of 1 toilet for every 115 pupils (1 toilet for 104 boys and 1 toilet for 127 girls) in the 16 schools <sup>2</sup> , none of which are adapted to MHM.	By the end of the project, the ratio has been reduced to one toilet for every 80 pupils (1 toilet for every 80 boys and 1 toilet for every 80 girls). MHM-adapted toilets for girls are available in the sanitary buildings of 16 target schools.	<b>In Diourbel, the current ratio is one toilet cubicle for every 62 girls, and 1 cubicle for 54 boys. In Thiès, the current ratio is one toilet cubicle for 56 girls, and 1 cubicle for 48 boys. Coverage of schools with GHM-sensitive is 100%</b>
12.5% of girls miss school because of their periods.	7% of girls miss school because of their periods.	<b>5.3% of girls miss school because of their periods (4.9% in Thiès and 5.4% in Diourbel).</b>
Only 15.5% of boys know how to adopt a healthy lifestyle. The criteria for a healthy lifestyle are described under 3. Direct/indirect target group.	-60% of boys know how to lead a healthy life. They know about menstruation, puberty and reproduction, avoid the risks of early and unprotected sex, and generally know how to stay healthy.	<b>44.6 % of boys know how to adopt a healthy lifestyle</b> (at least 8 positive items out of 15) In general, we observed a lack of involvement of boys in PASSAJE activities, as corroborated by low attendance at UCOJ and EAJ
Only 19.4% of girls know how to lead a healthy life.	-60% of girls know how to live a healthy lifestyle. They know about menstruation, puberty and reproduction, and avoid unhealthy habits.	<b>61.4% of girls know how to adopt a healthy lifestyle.</b> (at least 8 positive items out of 15)
Only 7.32% of teenagers are aware of risky behaviors that can jeopardize their sexual health.	-60% of teenagers are aware of risky behaviors that can jeopardize their sexual health.	<b>47.9% of teenagers are aware of risky behaviors that can jeopardize their sexual health. (at least 5 items cited out of the 9 expected).</b>
None of the local agencies foresee additional resources for SSR/MGD.	At least 3 of the 5 local authorities, at least one in each municipality (commune), provide additional resources for SSR/MGP.	<b>5/5 of the target communes provide additional resources for SSR/MGP. However, it should be noted that rural communes (Fandeen, Patar and Ngohé) provide resources directly to the schools, while the urban communes (Thiès-Est for</b>

		example) go through the parents' associations (APE and CGE). The contributions are financial (CGE subsidies), human (recruitment of cleaning ladies), material (distribution of hygiene kits) and school sanitation before the start of the school year (hygiene service).
Local partners do not have sufficient knowledge of BMZ project procurement, management, procedures and policies.	-The knowledge of the two local partners' staff of BMZ procurement, management, procedures and project guidelines has been strengthened. The financial and narrative reports submitted are of good quality.	<b>Through a series of training courses provided by ChildFund Deutsch, local partners (Kajoor Jankeen and PDEF) have been effectively enabled to master BMZ procedures and reporting techniques . Ongoing monitoring by Childfund Senegal, based on meetings online , enables gaps to be progressively readjusted. This mastery is reflected in the quality of the reports submitted (financial and narrative). Only minor corrections have been made by national and international managers.</b>
Education authorities have too few skills to manage and monitor school health projects.	The 90% skills of health service providers in the field of SRH, including MHM, have been improved. Healthcare providers can educate and inform adolescent girls about the signs of puberty, proper menstrual management, the risks of early unprotected sex and family planning/contraception methods.	<b>100% of the skills of EPS agents have been improved by mastering tools such as the One To One approach, the TSTM and CAFARD.</b>  <b>N B : The skills of some midwives have not been improved due to their non-involvement in PASSAJE.</b>

	<p>The capacity of 90% of educational authorities (school, ETI and IA) have been strengthened in order manage and monitor adolescent health project. They can: - Identify and analyze situations in which measures can be taken to maintain students' sexual and reproductive health - Provide individual assistance to promote health awareness and commitment tailored to the situation - Organize and implement collective actions within the framework of SRH - Develop the professional practices needed to implement SRH interventions.</p>	<p><b>These competency aspects have not been particularly discussed with school authorities (schools, IA ETIs). Rather, the themes rather concerned planning, management planning, management, coordination activities , resource mobilization , problem problem-solving, supervision...</b></p>
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In terms of quantitative indicators, an analysis of key PASSAJE results generally shows a favorable trend in indicators; in most cases, initial targets are even exceeded. Underperformance was particularly marked in the following areas

- improving boys' knowledge of healthy living skills, which have not yet reached the desired levels
- awareness of risky behaviours that can affect the sex lives of young teenagers, who have also failed to reach expected levels

#### 4.2.2.2 *Development of AYRH services in health facilities and schools*

The AYRH offer is present in all the health structures and schools visited: UCOJ and EAJ are present in all the structures enrolled in PASSAJE, i.e. 15 in total, as shown in table 7.

*Table 8 Distribution of the types of facilities surveyed for observation of the AYRH/MHM offer, by region*

Regions	Municipalities	Structure types		
		Schools	Healthcare structures	Total
Diourbel	Diourbel	6	7	14
	Ngohe	1	1	1
	Patar	1	1	2
	Total	8	9	17
Thies	Fandene	2	0	2
	Thies	6	7	13
	Total	8	7	15

The results of the UCOJs (in health facilities) over the entire project period show a total attendance by 2,714 adolescents and young people in the two project regions, from January 2023 to September 2024 (21 months, i.e. a monthly average of 129), with a clear predominance of women (92%).

As for the EAJs (in schools), the results show a total attendance of 1,433 adolescents/young people, i.e. a monthly average of 68, again with a clear female predominance (93%).

In all facilities, there is a healthcare staff member (nurse, midwife, etc.) or teacher trained to offer the RMH service to young teens. In schools, this staff is most often a teacher (93.8%) and

in PPSs an SFE (87.5%). The main findings are reported below (detailed tables can be found in the appendix):

- 1) The total number of agents dedicated to AYRH/MHM services is 73, with an average of 2 agents per structure, including 38 agents in Diourbel and 35 agents in Thiès.
- 2) All schools and PPS facilities have a youth helper (or peer educator) trained in RMH who provides the service for the facility.
- 3) The equipment needed to offer quality services to young teenagers is available in all the health and school facilities we visited.
- 4) Management materials for activities carried out with young people are available in all the health and school facilities visited. Posters on the anatomy of the female and male body, RMH promotional materials, audiovisual equipment and sound systems are available in all facilities.
- 5) RMH/MHM services in the healthcare or school setting, and referral to the appropriate services in case of need, are available in all facilities.
- 6) Menstruation and menstrual health management were the main theme of the teens' information and counselling activities.
- 7) Almost all of our agent-teachers (93.5%) are aware of organizations for teenage boys and girls. These organizations are most often talk groups (93.5%) and youth *teams*.
- 8) Around 9/10 of the facilities visited integrate activities targeting adolescent girls and boys into the planning and monitoring of health facility activities.
- 9) Various activities are deployed, including RMH Awareness Campaigns; according to PASSAJE data, 541 community and individual meetings were organized in Thiès between January 2023 and September 2024 (out of a target of 280); in Diourbel, the figure was 522 in the same period (out of a target of 360).
- 10) Almost all the facilities are frequented by young people (including more than 90+ young women) who feel comfortable there; confidence, confidentiality, intimacy and conviviality in interactions are ensured in 96.9% of facilities and all facilities give young teens opportunities to give their opinions on the services offered.
- 11) Discussions/debates (100%) and interviews/counseling (93.8%) are the main activities targeting young adolescents at the health or school facility.

12) Meetings and/or community mobilization (96.6%) are the main activities carried out for parents and families.

#### 4.2.2.3 Sanitary facilities in schools

Table 9 Distribution of schools for the toilet observation guide

<i>Region</i>	<i>Municipality</i>	<i>Toilet observation guide</i>
<i>Diourbel</i>	Diourbel	6
	Ngohe	1
	Patar	1
<i>Thiès</i>	Thiès	6
	Fandène	1
<i>Total</i>		16

A total of 16 sites were visited, including 8 in each region.

##### 4.2.2.3.1 Observations of the toilets in the student block

- *Availability of equipment in girls' toilets*

All the schools in our sample have separate student toilets.

- *Availability of equipment in girls' toilets*

Table 10 Availability of equipment in girls' toilets

<b>Toilet facilities for girls</b>	<b>Region</b>		
	<b>Diourbel</b> N = 8	<b>Thiès</b> N = 8	<b>Total</b> N = 16
<b>At least 4 cabins</b>	8 (100.0%)	8 (100.0%)	16 (100.0%)
<b>Hand washing device</b>	8 (100.0%)	8 (100.0%)	16 (100.0%)
<b>Water tank or running water system</b>	8 (100.0%)	8 (100.0%)	16 (100.0%)
<b>Wash basin</b>	8 (100.0%)	8 (100.0%)	16 (100.0%)
<b>Bag rack</b>	6 (75.0%)	8 (100.0%)	14 (87.5%)
<b>Sink</b>	8 (100.0%)	8 (100.0%)	16 (100.0%)

All the toilets in the girls' schools visited have at least 4 cubicles, a hand-washing facility, a water tank or running water system, a washbasin and a sink. In addition, 2 toilets in the Diourbel region (CEM Sambe and CEM grand Diourbel) have no shelves for holding bags<sup>4</sup>.

<sup>4</sup> Bag holders are available in these 2 schools instead of shelves.

- *Availability of equipment in boys' toilets*

Table 11 Availability of equipment in boys' toilets

Toilet facilities for boys	Region		
	Diourbel	Thiès	Total
	N = 8	N = 8	N = 16
At least 4 cabins	8 (100.0%)	8 (100.0%)	16 (100.0%)
Hand washing device	8 (100.0%)	8 (100.0%)	16 (100.0%)
Water tank or running water system	8 (100.0%)	8 (100.0%)	16 (100.0%)
Wash basin	8 (100.0%)	8 (100.0%)	16 (100.0%)
Bag rack	6 (75.0%)	8 (100.0%)	14 (87.5%)
Sink	8 (100.0%)	8 (100.0%)	16 (100.0%)

All the toilets in the schools for boys we visited are fully equipped.

- *Toilet facilities*

Table 12 Toilet layout

Toilet facilities	Region		
	Diourbel	Thiès	Total
	N = 8	N = 8	N = 16
Access ramp	8 (100.0%)	8 (100.0%)	16 (100.0%)
Sufficient space for a wheelchair	8 (100.0%)	8 (100.0%)	16 (100.0%)
Door handles	7 (87.5%)	5 (62.5%)	12 (75.0%)
Handles near toilets	8 (100.0%)	6 (75.0%)	14 (87.5%)
Accessible switches	8 (100.0%)	7 (87.5%)	15 (93.8%)

All the toilets in the schools visited have a ramp and sufficient space for a wheelchair. Handgrips and switch accessibility are lacking in some schools. The slight gaps observed are due to material deterioration.

- *General condition of toilets*

Table 13 General condition of toilets

General condition of toilets	Region		
	Diourbel	Thiès	Total
	N = 8	N = 8	N = 16
Tiling available	8 (100.0%)	8 (100.0%)	16 (100.0%)
Sight glass	8 (100.0%)	8 (100.0%)	16 (100.0%)
At least two septic tanks	8 (100.0%)	8 (100.0%)	16 (100.0%)

All toilets in the schools visited are well equipped

#### 4.2.2.4 Evolution of Knowledge, Attitudes and Practices in RMH among adolescents and young people

The table below shows the overall evolution of knowledge of good hygiene practices in RMH/JA. The good practices taught concern the following notions: washing hands at least once or twice a day; changing protection at least three times a day, or when it is soaked; washing the vulva properly with water; changing underwear at least once a day; washing hands before and after changing sanitary protection; properly maintaining reusable protection; properly disposing of single-use towels

Table 14 Evolution of knowledge on good hygiene practices

	Diourbel		p	Thiès		p
	2021	2025		2021	2025	
Good menstrual hygiene practices	N=218	N=174		N=192	N=116	
% who know more than 5 good practices	20,64%	48.99%	<0,01	41,67%	35.34%	0,06

Generally speaking, knowledge of good practices has improved in Diourbel. In Thiès, there was a decline, but the difference was not statistically significant (p=0.06).

The table below shows the evolution of knowledge about the consequences of poor menstrual hygiene. This knowledge concerned the following items: infections, unpleasant odors, loss of self-confidence, stress, negative environmental consequences.on the environment.

*Table 15 Evolution of knowledge on the consequences of poor menstrual hygiene.*

CONSEQUENCES OF POOR MENSTRUAL HYGIENE	DIOURBEL		P	THIES		P
	2021 N=218	2025 N=247		2021 N=192	2025 N=164	
% WHO KNOW AT LEAST 3 CONSEQUENCES	6,42%	36.03%	<0,01	12,50%	40.85%	<0,01

Knowledge of the consequences of poor menstrual hygiene has increased in both project regions, among adolescents and young people in the target sites. This increase is roughly equivalent in both sites.

The table below concerns girls who agree with the healthy life skills taught in the awareness-raising sessions: chastity; abstinence; avoidance of early sexual relations, multi-partnership; virginity; self-confidence and self-esteem; modesty and decency; ...

*Table 16 Evolution of skills required for a harmonious reproductive and menstrual life*

COMPETENCIES EXPECTED OF A YOUNG TEENAGER FOR A HEALTHY AND HARMONIOUS SEXUAL AND REPRODUCTIVE LIFE	DIOURBEL		P	THIES		P
	2021 N=218	2025 N=247		2021 N=192	2025 N=164	
% WHO KNOW MORE THAN 4 HEALTHY LIVING SKILLS	0,92%	44.13%	<0,01	21,88%	23.78%	=0,76

Adherence to healthy lifestyle habits among adolescents and young people has developed very favorably in Diourbel. In Thiès, on the other hand, it has remained rather stagnant at 23.78%, compared with 21.88% at baseline.

The table below shows the progress made in terms of good practices in AYRH, concerning the following items:

Table 17 Evolution of good practices in AYRH

	Diourbel		p	Thiès		p
	2021 N=147	2025 N=174		Thiès N=142	Thiès N=116	
Carrying out the following practices						
% with fewer than 7 good practices	31,29%	40.23%		17,61%	56.90%	
% who implement 7 good practices	21,09%	18.97%		37,32%	17.24%	
who implement more than 7 best good practices	47,62%	40.80%	0,26	<b>45,07%</b>	25.86%	<b>&lt;0,01</b>

The proportion of young adolescents with more than 7 good practices in RMH remained stable in Diourbel, while it fell in Thiès.

#### 4.2.2.5 Globally inclusive coordination

Two levels of coordination have been set up to disseminate information about PASSAJE.

##### - Strategic directions set at central level

Coordination at central level focuses on the collegial management of the project's strategic and institutional issues. It brings together ChildFund staff (including partners Kajoor Jankeen and PDEF) and the various focal points in the Ministries of Education and Health. There is also a national Consultative Framework for Actors in the field of Sexual and Reproductive Health of Adolescents and Young people, in which ChildFund participates.

##### - An inclusive system for disseminating information at regional level

The second is provided by local technical partners - *Kajoor jankeen* and PDEF - who act as a link between ChildFund and local players. It is subdivided into two circuits: one for the administrative authorities, which mainly involves setting up a consultation framework around the prefects, and the other for community service providers, which relies more on a local dissemination system.

*"We have developed several local tools to better coordinate activities. In Thiès, we've set up a Whatsapp group with all the UCOJ mentor teachers." (Focus group, Kajoor Jankeen Federation, Thiès).*

*"Actors are often involved in several activities at the same time. To ensure that they receive the necessary information from the project, we combine several approaches, such as telephone calls to remind them of meeting dates, and supervision visits when we take the opportunity to share important information" (Focus group, PDEF, Diourbel)*

*"Even more instantaneous approaches such as the creation of Whatsapp groups between school, community and health provider peer educators have been observed;*

*the same thing also exists between teacher-coaches." (Interview with PDEF manager, Diourbel)*

The breakdown of information is therefore based on a local approach. This has enabled information to be disseminated more effectively, particularly to school heads and health structures (ETIs, Principals, ICPs), and explains the generally satisfactory implementation of activities.

#### 4.2.2.6 *Generally satisfactory implementation in the field*

In addition to good coordination, the successful implementation of PASSAJE relies on the training of providers, the setting up of support teams and the development of a system for reporting difficulties encountered and monitoring the evolution of indicators.

##### - *Committed support teams*

Implementation (MOE) of the activities relied on support teams set up in schools and health establishments. In schools, the MHM team is made up of students, community health workers (relais or *bàjjenu gox*), representatives of parents' associations (APE or CGE) and teachers. The diversity of players involved in the school MHM team is a guarantee of ownership of the project's activities in the schools.

In health facilities, PASSAJE is supported by nurses, midwives and peer educators. The level of involvement of health workers (head nurses or midwives) varies from place to place. In certain conflict situations, we have observed a greater involvement of ICPs.

##### - *A system for tracing and reporting difficulties through peer educators*

Peer educators act as intermediaries between teenagers/young people and health structures. Their mission is to facilitate access to essential services by directing teens and young people (whether in or out of school) to available reproductive health services. To maximize the impact of this interface role between teenagers and menstrual health services, PASSAJE has equipped them with experience notebooks/registers with which they list needs and provide feedback on their activities. Through this channel, they pass on information to the Kajoor Jankeen and PDEF federations.

##### - *ChildFund, Kajoor jankeen and PDEF: scope and limits of implementing partners*

Beneficiaries perceive implementation partners as reliable and rigorous collaborators.

*"ChildFund and PDEF agents are really reliable. They cultivate transparency in all their interventions. [...]" (KII, Male, Doctor, 41, Diourbel).*

*"[...] Above all, I note their rigor in managing activities. I remember Mrs. D. came by to check the functionality of the UCOJ. But she noticed the lack of a power socket. She bought*

*an extension cord with her own money to give to the students. When I asked her about it, she replied: "Above all, they're my children. I just want them to have more conveniences at UCOJ" (KII, Male, Teacher in charge of UCOJ, 36, Thiès).*

However, stakeholders have deplored the negative impact of unannounced meetings on the motivation of implementing actors. Sometimes scheduled on the spot by technical partners, support team meetings are held spontaneously, often during school hours. This situation forces teachers to reschedule missed classes.

*"Teachers involved in PASSAJE activities are not informed in time. Unannounced visits by the project team mean that lessons with our pupils have to be cancelled. However, assessments are now carried out at national level. If we miss classes, we risk penalizing our students. It would be better to plan the activities so that we can organize ourselves in advance" (KII, Teacher, Life and Earth Sciences, aged 43, Diourbel).*

Sometimes these hours are lost, resulting in a reduction in the quantum of students' time, hence the importance of planning activities flexibly when unforeseen circumstances arise in the scheduling of teaching activities.

The absence of a schedule of opening hours and vacations for peer educators also crystallizes frustrations within this category.

*"The facilitator turns up unexpectedly and calls me to come and open the EAJ. But I have a job. I can't leave to come without my boss's permission. When I told the facilitator, she said: "You knew what you were getting into when you signed up. That's no way to address a collaborator. For all these reasons, I gave up on PASSAJE. There's no clear planning of activities, days and hours. We go ahead on a whim. (Focus group, Pairs-éducateurs, Thiès)*

These shortcomings in planning, coupled with the lack of financial incentives, relatively weaken the impact of PASSAJE.

- *The financial incentives of PASSAJE would be financially lower than those of other projects.*

Comparisons between projects remain a ubiquitous attitude among local players. This enables them to rank the personal benefits that could be derived, and to determine how much effort and energy to devote to one project or another.

*"I make no secret of the fact that I love money. We like PASSAJE, but taaliwuñu dara (they don't give money). The ICPs don't even have a budget for themselves. We provide energy, thank you very much" (KII, Woman, 39, nurse, Thiès).*

*"Normally, during awareness-raising sessions, we have to motivate participants: even with water. But with PASSAJE, the participants taunt us by saying: you're making us talk*

*into the void. Then we have to go home empty-handed". (Focus group, Relais communautaires, Diourbel).*

It should be noted that neither the remuneration of community players nor free care were included in the activities and results of PASSAJE. The community relays, who are supposed to be "volunteers", nevertheless hope to make a living from their activities. The question of volunteering in a context of habitual precariousness is thus raised again here.

- *The repercussions of discontinuity of information between service providers*

The discontinuity of information between different health and education service providers suggests gaps in project implementation. This leads to inconsistency in the messages conveyed to young people and families, as well as duplication of effort or lack of coordination in interventions.

*"We haven't noticed any frequenting of our facility by healthcare providers. If someone is ill, in most cases they are given paracetamol to ease the pain. When we're referred to the station, they (the providers) don't even look at the paper we were given at school. The student is obliged to pay for his own care. " (Focus group, Boy, 18-22, Ngohé, Diourbel)*

*"Very often, the IME (School Medical Inspectorate) is our first point of contact. Now, in relation to the configuration of the project, we were told that when there are cases of complications, we could refer the patients to the health center. But Mrs. S. had a lot of trouble once at the health center when she evacuated a pupil; she paid the costs herself. There were no free services. (...). There were only two activities where health care providers came to assist. But apart from that, I didn't notice their involvement" (KII, Male, Teacher, 51, CEM EX CMT, Diourbel).*

It should be noted here that, as PASSAJE staff pointed out, free care was not one of the project's objectives. Similarly, the difficulties associated with the cost of care contrast with PASSAJE's desire to encourage young teenagers to seek care when they need it. This raises the question of the integration of care, which is essential for optimal, comprehensive care of young teenagers. This situation is a limiting factor in the overall effectiveness of the project, and has an impact on beneficiary satisfaction.

In a context marked by precariousness and a somewhat expectant mentality, clear and proactive communication should be provided on the objectives and expected results of projects.

#### 4.2.3 Impact of PASSAJE

The evaluation shows that PASSAJE has had a multidimensional impact. Its effects can be seen in several areas.

#### 4.2.3.1 Overview of large-scale effects

- *Perceived impact on the health of adolescents and young people*

The positive impact of the project is evident on several levels. The project has encouraged a change in behavior among teenagers, with better adoption of good hygiene practices:

"The students have organized themselves to maintain the toilet blocks themselves, reinforcing their sense of responsibility.)

The Childfund team introduced environmental-friendly sanitary blocks, while incorporating building standards adapted to local needs. The involvement of schools and teachers has created a supportive environment for girls, notably with the UCOJ.

- *(Re)connecting the education and health sectors*

With PASSAJE, the health and school sectors, necessary and traditional partners, had the opportunity to work together on a joint project, under the impetus and coordination of ChildFund. This fruitful collaboration has led to the harmonization and standardization of protocols for the care of adolescents and young people, regardless of their status.

PASSAJE has therefore helped to strengthen collaboration between the school and health sectors. Historically, these two sectors have always worked together to combat certain childhood diseases. In October 2018, the cervical cancer vaccine and iron-folic acid supplementation to combat anemia in young girls were included in the Expanded Program on Immunization (EPI). The school was one of the intervention clusters where agents had to find children to carry out vaccinations. However, the Adverse Post-Immunization Events (stomach ache, vomiting, etc.) often raised the incomprehension of the pupils' parents. *"Several parents came to the school to ask us for explanations. We found ourselves in a delicate situation in which we were unable to provide satisfactory explanations"*, says an Education and Training Inspector (IEF).

All these stumbling blocks kept the two sectors apart, and they ended up operating in isolation from each other. Although PASSAJE has benefited from a political environment conducive to the implementation of "school health" activities (*cf.* national strategic plan for school health, adopted in 2024), it has capitalized on the institutional relationships established by its local partners to set up cross-cutting activities. The result is a synergy of action between players in the two sectors, based on an inclusive approach built around a "consultation framework" chaired by the prefects of each region. This collaboration can be seen in the referrals of teenagers and young people by peer educators in health posts, talks organized in schools, etc., testifying to the gradual rebuilding of links in the PASSAJE intervention regions.

- *Breaking community taboos around MHM*

PASSAJE has succeeded in breaking the taboo surrounding menstrual hygiene management through awareness campaigns and a series of training courses for all stakeholders, especially parents.

*"In the beginning, parents didn't talk to their daughters, even though they were more experienced on the subject. Some moms have a complex about talking to their daughters, and normally a daughter should come and confide in her mom if she sees something she doesn't understand. But, you know, we moms are so busy trying to make money, we don't even have time to talk to our daughters! Since PASSAJE's intervention in our area, there are no longer any barriers between mother and daughter. Now, parents communicate with their daughters about reproductive health issues." (Focus group, Mother, aged 25-45, Patar, Diourbel).*

By openly addressing the issue of menstruation, the project has helped to change perceptions and encourage constructive dialogue within communities, thereby reducing the associated stigma, as can be seen in the box below.

*Lesson learned 1 : Breaking taboos in villages with religious connotations, the case of Sam Ndiaye*

The village of Sam Ndiaye is characterized by a dense community life. It is characterized by a strong influence of traditions and religious leaders, in which reproductive health issues remain a taboo subject, discussed only in private. In this context, the presence of leaders can either be an asset for local ownership or represent an obstacle to the development of grassroots interventions on "sensitive" subjects, where the way to discuss them is socially normalized. In the latter case, access to information is controlled, opening the door to misunderstanding, prejudice and poor health practices.

The development of an exchange framework based on arguments adapted to the religious and cultural context has enabled the members of the *Kajoor Jankeen Federation*, in collaboration with the health providers, to convince the key leaders of this village (Imam, Koranic master, village chief) of the conformity of PASSAJE's health objectives with the village's socio-religious norms. The effects of their respective involvement are legitimization of the interventions, ownership of the activities carried out by the teenagers/young people, and acceptance of the teenagers/young people's participation by their parents. The direct effects are the improvement of Menstrual Health Management (MHM) and the strengthening of intergenerational relations, particularly between mothers and daughters, thanks to a better mutual understanding of the issues at stake. Ultimately, young girls have been made more aware of menstruation, breaking the silence surrounding the subject.

- *"PASSAJE has boosted AYRH indicators in PHFS".*

In the opinion of healthcare professionals, PASSAJE has boosted AYRH indicators over the past three years.

*"In this neighborhood, we used to record an average of three cases of early pregnancy or clandestine abortion every year. Since PASSAJE was set up, we have seen fewer cases of unwanted pregnancy[...]. Adolescents participate massively in the discussion sessions. In short, PASSAJE has boosted the AYRH indicators in the post" (KII, male, 41, nurse, Thiès).*

According to PASSAJE data, during the project's implementation period, 19 cases of pregnancy were recorded in targeted schools in Thiès, compared with 21 in Diourbel.

- *"PASSAJE has made school more human!"*

According to school staff, PASSAJE's infrastructure is more than just a material investment. Referring to the importance of installing mini-drills, one teacher argues that *"no water, no health, no hygiene! With PASSAJE, the school has regained its human face"* (KII, Male, aged 51, UCOJ supervisor, Thiès). In this way, PASSAJE gives the school back its humanity by becoming a place of education, well-being and safety for all those involved. PASSAJE's concrete actions give it a credibility recognized by stakeholders.

PASSAJE has also contributed to a change in boys' attitudes. This progress is illustrated by striking anecdotes, told by the authors themselves or by eyewitnesses to the events.

*Anecdote 1: "Before PASSAJE, we used to make fun of girls with menstrual periods, but now we support them because we've accepted that what's happening to them is a natural phenomenon,"* confide boys aged 12-15 from Fandeen, Thiès.

*Anecdote 2: "A second-grader (now 18) had a traumatic experience during her first period. Sitting next to a boy, she was mocked by her classmates when stains appeared on her jeans. Because of this embarrassing situation, she pretended to be sick for three days to escape the gaze of her tormentors. Finally, she no longer wanted to attend the school. Her mother had to move to allow her to continue her studies at another school,"* recounts a local councillor.

Ignorance of menstrual manifestations even affects some teachers, who are less aware of the changes in girls' behavior due to their masculine nature.

*Anecdote 3: "I sent a girl home because she'd missed an assignment. My first reaction was that she wanted to miss the test. When I asked her to explain, she replied: 'Monsieur Diagne, febaru jigën (women's disease)'. What do I know, I'm a man ((bows my head))! But I realized that I was wrong ((Pale face...Sorry look)). In reality, ...er! She was absent because she had painful period",* confesses a teacher, 34, Fayu, Thiès.

*Anecdote 4: "I asked a student a question on the blackboard. But she literally refused. I was astonished. I insisted, but she wouldn't get up because she felt a menstrual leak. I didn't understand the situation. I hit her and insulted her. After class, she waited for everyone to leave before seeking help from a neighbor to clean her clothes. That's when I knew!"* admits a 33-year-old teacher at Fandeen high school.

This excerpt illustrates the unimaginable cases of violence to which young menstruating girls can fall victim, in environments still marked by archaic conceptions of teacher-student relationships. Fortunately, the PASSAJE project has helped to correct these conceptions.

Menstruation was a time of "great anguish", during which young girls suffered all kinds of psychological, physical and verbal violence, the consequences of which were absenteeism and malaise. The non-functional nature of the sanitary infrastructure led adolescent girls to adopt attitudes of withdrawal, which teachers were not necessarily aware of.

#### 4.2.3.2 *Contribution of the project to changing the behaviour of adolescents and young people with regard to AYRH and MHM*

- *Creating spaces of trust and mutual support between teens*

For a long time, ARJS has been a difficult problem to solve in the school system. Several attempts to deal with ARJS have had only modest results, due to young people's lack of interest in the interventions put in place for them. PASSAJE was confronted with this reluctance in its early days:

*"At first, the girls just stood outside the door. They didn't have the courage to come and to ask us for sanitary towels. Sometimes, they would finally agree to come and you'd ask them if they were in pain and they'd answer without shame. I think that if we've achieved this result, it's because we've had to raise awareness about the benefits of this project, and that they understood that menstruation is natural and normal!"* (KII, Male, Materials accountant, CEM EX CMT, aged 51, Diourbel).

PASSAJE succeeded because "it was able to combine practicality with pleasantness". Peer educators have been trained in AVEEEEC and *One To One* techniques to provide emotional support to those going through difficult situations linked to their reproductive health or well-being. Without any specific solicitation on the part of the young people, they take advantage of the daily gatherings in the spaces to raise awareness among their peers about RASJ and MHM (menstrual hygiene management) issues.

However, the success of their work is intrinsically linked to the provision of facilities such as group rooms, TV sets, Wi-Fi connections, etc. Far from being a luxury, these facilities make UCOJs and EAJs above all into convivial spaces for young people, from which friendly bonds of solidarity develop. Peer educators use this window of opportunity to encourage mutually supportive behavior.

- *Promoting youth solidarity*

Leave your bag in the classroom in case of an unexpected onset of menstruation:

*"Thanks to Mrs. Y's advice, we now support each other. We've developed a technique for helping each other discreetly. In fact, when one of us sees her period (menstruation) in class, she goes out and leaves her bag there. [...] Yes, she leaves her bag so as not to arouse suspicion in the others, especially the boys. So, one of us goes out to help her get the sanitary towels and change, and another brings her bag!"* (Focus group, girl-students, aged 13-16, Cem EX, Diourbel).

Contribute 100 FCFA every Wednesday to buy sanitary towels:

*"We're in a very poor neighborhood. Young girls are tricked by jakartamen (motorcycle taxis) because they don't have money to buy sanitary pads. [...]. They get impregnated because they feel indebted to these people, who sometimes help them to eat or support themselves. So we set up the SH fund. Every Wednesday, we buy sanitary towels which we distribute to the members of the girls' tontine". (Focus group, out-of-school girls, aged 15-18, Darou Salam, Thiès).*

- *Well-being, self-confidence and academic performance in adolescent girls*

Since the installation of sanitary blocks and the distribution of hygiene kits, girls have become more involved in school activities.

*"I used to come straight home. I didn't want to spend another minute at school. But since the installation of the blocks and above all the setting up of the UCOJ, me and my girlfriends have found our place at school. It's magical!"* says F N, a 3rd grade student from Thiès.

*"I have nasty periods. They come without warning. I used to live with this fear in my stomach. I know, the students 'dañio sew' (they're teasing). That's why I feel more reassured now that the sanitary blocks have been installed! [...] I didn't worry about towels because I always have some in my bag, but the problem was having a clean place to change,"* says AM, a high school student from Diourbel.

*"To tell you the truth, my parents never gave me money to buy sanitary pads. I understand that they don't have any money. But since started distributing the kits, I'm less stressed about my period,"* says BF, a pupil at CEM Ngohé, Diourbel.

PASSAJE has also helped to increase young people's self-confidence in public speaking, and their ability to convince their peers of the importance of using AYRH and MHM services.

*"Before the PASSAJE project I was very shy. But after the leadership training and the one-to-one interview with the PASSAJE project, I'm able to communicate well and raise awareness among our friends both at school and in the community. I've sometimes raised awareness among a friend who was in stressful situations and at risk of falling into substance abuse" (Focus group, Peer educators, mixed, 15-16 years old, Sambé, Diourbel).*

*"The PASSAJE project has enabled us to communicate with girls about menstruation. At first, we had trouble communicating with the girls about the issue. We could even see bloodstains on our little sisters' skirts, but we didn't understand. But with PASSAJE, we can now understand and communicate with them confidentially" (Focus group, Paire-éducatrices, 15-16 years old, Patar, Diourbel).*

PASSAJE has had a significant impact on girls' school attendance. By breaking down the barriers associated with Menstrual Health Management in schools, it has helped to considerably reduce frequent absences due to menstruation, as well as cases of unwanted pregnancy. The construction of toilets adapted to the needs of young girls, as well as awareness-raising campaigns aimed at pupils and educational staff, have created an environment conducive to equal opportunities for girls and boys.

- *Strengthening school-community links*

The initiative of organizing parent-school forums to communicate the project's objectives helped to harmonize the understanding between school players and communities. Indeed, it was on the basis of these meetings that PASSAJE actually became PASAJE, by removing the "sexual" dimension from the project acronym in order to bring it into line with the expectations and socio-religious values of the direct and indirect beneficiaries (*cf.* lesson learned no. 2 *below*). This exercise not only facilitated ownership of the project and bodes well for the sustainability of the activities, but also contributed to strengthening family support for the pupils.

#### 4.2.4 Project efficiency

Project efficiency is assessed first and foremost in terms of the costs involved, in relation to :

- Type of expenditure (human resources, equipment, construction/rehabilitation)
- A breakdown of the budget according to the parties involved in financing the project
- Cost per target (the target indicated in the project document was 25,367 adolescents and young people in the areas covered by the project.
- At cost per result obtained; estimated over the entire target set at the outset.

The main contributor to PASSAJE was the German Cooperation, through BMZ. Total project expenditure amounted to 536,067,699<sup>5</sup> CFA. BMZ accounted for 71% of total expenditure.

From the point of view of financial performance, we can say that the PASSAJE has been properly met, with financing covering expenditure. As of January 27, 2025 there is 31,345,181 still to be spent (6% of total cash flow).

However, the fact that the project was financially supported right up to the end, and especially that external funding reached a peak of 87% of total funding in the final year, raises concerns about the project's long-term viability. Projected revenues following the withdrawal of the main donor will not be sufficient to sustain PASSAJE's activities, unless the approach is reformulated, with a diversification of funding contributors, and an improvement in current financial resources.

The table below shows the structure of PASSAJE expenditure by heading:

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<sup>5</sup> 1 USD= 637 CFA (as of 10/02/25)

Table 18 Breakdown of PASSAJE expenditure by heading

Section	Amount	% of total
<b>Training</b>	77 758 557	15%
<b>Construction/rehabilitation</b>	228 518 748	43%
<b>Equipment</b>	49 018 283	9%
<b>Salaries &amp; bonuses</b>	150 550 145	28%
<b>Operating costs</b>	4 091 867	1%
<b>Consultant</b>	26 130 099	5%
<b>TOTAL</b>	536 067 699	

We note that most expenditure was absorbed by the construction and rehabilitation of infrastructure, accounting for 43%.

The second item is salaries and bonuses, accounting for 28%.

While construction and infrastructure are likely to be long-term investments, auguring well for sustainability, the fact that a third of expenditure (28%) is earmarked for personnel is a cause for concern, as it may threaten both job stability and the sustainability of PASSAJE's activities. The bulk of salaries and bonuses should be covered by independent, stable funding, to ensure the sustainability of projects. External funding likely to decline or disappear at the end of the first project cycle.

PASSAJE initially targeted 25,367 adolescents & young people in the 2 regions and 5 municipalities of intervention, at an average initial cost of **21,132 CFA/units**<sup>1</sup> to improve the knowledge, attitudes and practices of adolescents and young people.

Looking at one of the study's main indicators, the proportion of teenagers with a healthy lifestyle was 45.1% at baseline (11,440 teenagers already had a healthy lifestyle). With PASSAJE, this rate rose to 90.8%, a gain of 45.7%. The beneficial impact of PASSAJE would therefore have concerned 11,593 young people, representing a **cost-utility ratio of 42,241 CFA/unit**.

In 2009, the cost of an education and awareness-raising activity aimed at adolescents and young people was estimated at between 50 and 100 dollars[5] , equivalent to the cost-benefit ratio calculated here. PASSAJE's costs therefore seem very reasonable, given the results observed.<sup>6</sup>

#### 4.2.5 Development effects/related effects

The way PASSAJE was coordinated and implemented led to related effects not anticipated in the project's initial objectives. **PASSAJE has had a positive impact on the development of**

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<sup>6</sup> There were no projects similar to PASSAJE in the intervention zones at the time of its launch. It was therefore not possible to compare costs with those of projects operating in similar contexts.

**the craft industry.** The local workforce (masons, tilers, plumbers, etc.) has benefited from the construction market opportunities offered by the project. Positive discrimination in favor of local companies for the construction of infrastructure thus contributes to strengthening the local economic fabric.

**According to some actors, PASSAJE has helped to reduce the number of teenage pregnancies, although this cannot be backed up by quantitative data.** In fact, training in Menstrual Health Management (MHM) and awareness-raising activities have raised young girls' awareness of the risks of unwanted pregnancy, as the Thiès regional education inspector (IA) points out: "*We've seen a drastic reduction in cases of early pregnancy since the project was implemented. Zero cases of pregnancy in schools since the project's inception*". Promoting positive traditional values boosts confidence and self-esteem among teenagers.

**The creation of spaces dedicated to young people encourages the sharing of experience between peers** in an efficient, safe setting that is conducive to learning and socialization. Adolescents and young people learn good reproductive health practices that are important for their overall well-being, but especially at school.

Although the project's focus is on MHM and reproductive health, **the installation of mini drills in schools has helped to reduce** the logistical challenges associated with hygiene and the well-being of adolescent girls at school. It has also improved access to drinking water for the surrounding population.

**In the same vein, PASSAJE's installation of mini boreholes providing drinking water has helped combat diarrheal diseases in rural areas.** The boys emphasized this perceived benefit of the project's activities.

*"Before the project came along, we had trouble getting water, because there were a lot of water cuts. But with the installation of the borehole, we now have a sufficient supply of quality water"* (Focus group, Boys, 18-22, Ngohé, Diourbel).

*"Before the arrival of PASSAJE, stomachaches were common here because of the poor quality of the water. Now, with the installation of the borehole, we have a sufficient supply of good quality water"* (Focus group, Boys, Fandeen, Thiès).

PASSAJE is also a link between the educational and health sectors. **It has contributed to the establishment of a collaboration supporting cross-disciplinary actions carried out in synergy for the benefit of teens and young people.**

As a collaborative experience and given its comparative advantages over other similar projects (notably a more comprehensive and inclusive approach to the issue of menstruation) PASSAJE has enabled the gender unit to strengthen the gender strategy of the Ministry of Health and Social Welfare.

*"It was the PASSAJE project that inspired us to really develop our activities. In the ISMEA (Investing in Maternal, Child and Adolescent project) targeted regions, we were able to involve Academy Inspectors 201, ETIs, vocational training and youth. All these sectors were involved, at a decentralized level, in the activities that were carried out, to demonstrate the multi-sectoral aspect of this issue. So, to sum up, it was a win/win partnership. We provided support and we were also able to draw on good practices that we have been able to implement elsewhere".* (interview MSAS gender unit)

#### 4.2.6 Sustainability of project effects

The sustainability of the project's effects remains conditional on local ownership and ongoing funding. Ms. Diouf stressed the importance of training and the institutionalization of standards: *"We have begun a process of standardizing sanitary towels" (\*Mrs. Diouf\*)*. The Childfund team emphasized the need for a commitment from the State to support the infrastructures put in place and extend the gains made: *"The State must commit to mobilizing resources to support these actions" (\*Childfund\*)*.

#### 4.2.7 Project consistency

As highlighted above, PASSAJE is in harmony with national policies and other initiatives. Multi-sector involvement from the design stage onwards has been a key success factor: *"Each responsible center knew what it had to do, which facilitated coordination"* (DSME interview).

Childfund played a key role in harmonizing efforts between the Ministry of Health and the Ministry of Education, thus reinforcing the overall coherence of the project.

##### 4.2.7.1 Positioning PASSAJE in relation to other governmental and non-governmental initiatives

The PASSAJE project is part of a context in which several initiatives have been implemented to improve Menstrual Health Management (MHM) in Senegal. Compared with these other projects, PASSAJE has a number of distinctive features. PASSAJE is in line with the priorities defined by the Senegalese government in terms of reproductive health and school health, notably in the Plan Stratégique National de Santé Scolaire (2023) and the Politique Nationale de Santé de la Reproduction (PNSR, 2014). These guidelines focus on:

- Improving health and educational conditions for young girls, particularly in schools.
- Combating the stigma attached to menstruation, which remains a taboo subject in many communities.

PASSAJE has implemented these policies in Diourbel and Thiès through concrete interventions, such as the construction of adapted sanitary blocks and the distribution of hygiene kits, which respond directly to the shortcomings identified by local and national authorities. By involving the education inspectorates and regional health departments in its implementation, the project has also strengthened intersectoral collaboration, which is essential to ensure coordinated action. In addition, it has introduced practical monitoring tools such as the

systematic collection of data on female absenteeism from school, peer educator referral registers, etc. to track the effects/impacts of interventions. These measures enable progress to be assessed, complementing government initiatives that often lack localized monitoring mechanisms.

#### *4.2.7.2 Complementarity and synergy between PASSAJE and other projects in the Thiès and Diourbel regions*

PASSAJE has capitalized on the strong presence of local players, such as community federations (*Kajoor Jankeen* in Thiès and PDEF in Diourbel), to maximize its impact. These partners have played a key role in ensuring that PASSAJE is part of the continuity of local AYRH initiatives. In Thiès, PASSAJE is seen as the concrete expression of the "MHM Days" organized each year in schools. The distribution of hygiene kits also echoes the awareness-raising and sanitary towel campaigns run by the NGO Marie Stopes International. But unlike these initiatives, which are limited to teenagers/young people, PASSAJE has integrated key groups, such as local leaders (imams, village/neighborhood chiefs), parents and teachers, to ensure collective ownership.

In addition, the synergy established with national and international NGOs also helped to broaden the scope of the project. The innovative methodologies used, such as the One-to-One model, implemented through the AVEEEEC stages, have been adapted. It should be noted that the strategy was conceived, structured and designed solely by the passage team, in collaboration with the education and health sector teams at central (DSME/DAYRH and DCMS, gender unit) and operational levels. The approach was finalized during training sessions on service provision. In addition, we have developed a range of services to meet the specific needs of adolescents and young people, notably those related to menstruation, psychological/emotional (mental health), risk behavior and even economic issues.

The introduction of Service Delivery Structures at school level to facilitate learners' access to quality reproductive and menstrual health services adapted to their needs.

### **4.3 Recommendation matrix**

The following recommendations are addressed to the main stakeholders of PASSAJE. Beyond that, they concern all organizations wishing to become involved in the health of adolescents and young people in Senegal. The recommendations are divided into 3 phases: short, medium and long term.

Table 19 recommendations matrix

	Short-term	Medium-term	Long-term
<b>MSAS</b>	<ul style="list-style-type: none"> <li>Implement a targeted communication campaign to raise boys' awareness of reproductive health behaviors (gender cell)</li> </ul>	<ul style="list-style-type: none"> <li>Integrate the sanitary block model developed with ChildFund as a prototype by the Infrastructure, Equipment and Maintenance Department.</li> <li>Have the authority standardize the manufacture of disposable towels, in light of the PASSAJE results.</li> </ul>	<ul style="list-style-type: none"> <li>Encourage health projects such as PASSAJE to base the bulk of funding for staff salaries and bonuses on a stable source,</li> <li>Extend the PASSAJE model to other rural and peri-urban areas</li> <li>Create a collaborative platform for sharing experiences between pilot regions and areas not covered.</li> </ul>
<b>MEN</b>		<ul style="list-style-type: none"> <li>Integrate the technical specifications of the toilet block model developed with ChildFund as a prototype by DIEM</li> </ul> <p>Ditto for the sanitation sector</p> <ul style="list-style-type: none"> <li>Include modules on menstrual and reproductive health in school curriculum.</li> <li>Mobilize school inspectors to support teachers in implementing RMH programs</li> <li>- Promote health committees that include other entities in schools to increase student awareness</li> </ul>	<ul style="list-style-type: none"> <li>Set up a national observatory to monitor the impact of RMH interventions on school performance</li> <li>Make AYRH a pillar of the national school health strategy.</li> </ul>
<b>Communities</b>		<ul style="list-style-type: none"> <li>Strengthen community discussion groups to address MHM-related taboos.</li> <li>Include mothers in campaigns to encourage intergenerational transmission of messages</li> </ul>	
<b>Local authorities</b>		<ul style="list-style-type: none"> <li>Allocate a budget line or additional resources dedicated to supporting health and nutrition</li> </ul>	

activities (maintenance of health units, recruitment of care staff and ongoing training in MRS for health workers, etc.).

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<b>Partner federations (Thiès Janxeen and PDEF)</b>	<ul style="list-style-type: none"><li>▪ Increase communication with boys about AYRH</li></ul>	<ul style="list-style-type: none"><li>▪ Implement additional training for peer educators on the specifics of male behavior in RMH</li></ul>
<b>CHILDFUND</b>	<ul style="list-style-type: none"><li>▪ Organize a capitalization workshop based on the evaluation results; this workshop should involve all stakeholders</li></ul>	<ul style="list-style-type: none"><li>▪ Encourage current national stakeholders in PASSAJE funding to increase their contribution</li><li>▪ Diversify PASSAJE's funding sources to reduce dependence on major donors</li><li>▪ Evaluate partnership opportunities with private companies to promote access to RMH products</li></ul>

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## 4.4 Conclusions

PASSAJE represents an innovative and globally effective model for improving the reproductive and menstrual health of adolescents and young people in Senegal, by addressing complex and often overlooked issues. The initiative has addressed several major challenges, including limited access to RMH services, social taboos, and the lack of appropriate health infrastructures.

The project has responded to critical needs identified among young people, with interventions aligned with national and local strategies. Solutions such as sanitary blocks and Teen/Youth Spaces responded directly to priority needs, while fostering community ownership.

The results obtained, notably the significant increase in positive behaviors in MRH (90.8%) and the reduction in girls' absenteeism from school, testify to the effectiveness of the approach adopted. Community impacts, such as increased parental involvement and the reduction of taboos surrounding MHM, reinforce the project's achievements.

Advocacy efforts have demonstrated the potential for sustainability, with local authorities committed to allocating additional resources. However, further efforts are needed to ensure optimal coordination between all the players involved.

On analysis, PASSAJE has what could be considered "strong points", but also "weak points".

The main strengths of PASSAJE were:

- Alignment with the needs of young people, the fruit of experience but above all of ongoing consultation with players from various sectors (health, education, communities, etc.) The project addresses key issues in reproductive and menstrual health (RMH), notably limited access to services and socio-cultural taboos.
- Improved access to sanitary infrastructures, through the construction and rehabilitation of adapted sanitary blocks, reducing girls' absenteeism from school.
- Capacity-building for local players: training teachers, peer educators and healthcare providers to ensure continuity of interventions.
- A multi-sectoral approach: joint involvement of the education, health and local authority sectors for an integrated response.
- Community involvement: Raising awareness among parents and local leaders, contributing to greater acceptance of RMH issues.
- A gender perspective: specific actions have been taken to involve more girls and boys, although efforts are still needed to balance awareness of boys.

Challenges include:

- Low involvement of boys: Although targeted, their involvement remains below expectations, limiting the overall impact on RMH-related behaviors.
- Insufficient outreach to out-of-school youth: As a large proportion of beneficiaries are schoolchildren, the project's impact on out-of-school youth remains limited.
- Limitations in the synergy between local stakeholders, slowing down the execution of certain activities.
- Lack of a structured mechanism for long-term monitoring of beneficiaries, and for assessing the sustainability of behavioral changes after the end of the project.

- Dependence on external funding: Financial sustainability still relies heavily on donors, requiring diversification of resources.
- Difficulty in precisely quantifying the effect of awareness-raising on changing attitudes and behavior among AJs.
- Standardization of sanitary towels: Although promoted, the local manufacture of reusable and disposable sanitary towels still requires a clear regulatory framework.

Finally, PASSAJE has distinguished itself by strengthening the institutional capacity of its partner organizations. Targeted training has enabled local players to assume an active role in implementing and monitoring activities, thereby reducing dependence on international NGOs and laying the foundations for sustainable development.

PASSAJE is therefore a promising initiative, but there are still challenges to be met to ensure greater efficiency and sustainability.

## References

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# APPENDICES

- 1) Evaluation team
- 2) Evaluation matrix
- 3) Informed consent form
- 4) Information script
- 5) List of interviewees
- 6) Interview guides :
  - Local authorities
  - MSAS Gender Unit
  - Direction de la Santé de la Mère et de l'Enfant (MSAS)/Division du Contrôle Médical Scolaire (DCMS)
  - Health facility managers
  - School authorities
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- 7) [Questionnaire on the Knowledge, Attitudes and Practices of Adolescents/Young People](#)
- 8) Observation grid for sanitary blocks
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# EVALUATION TEAM

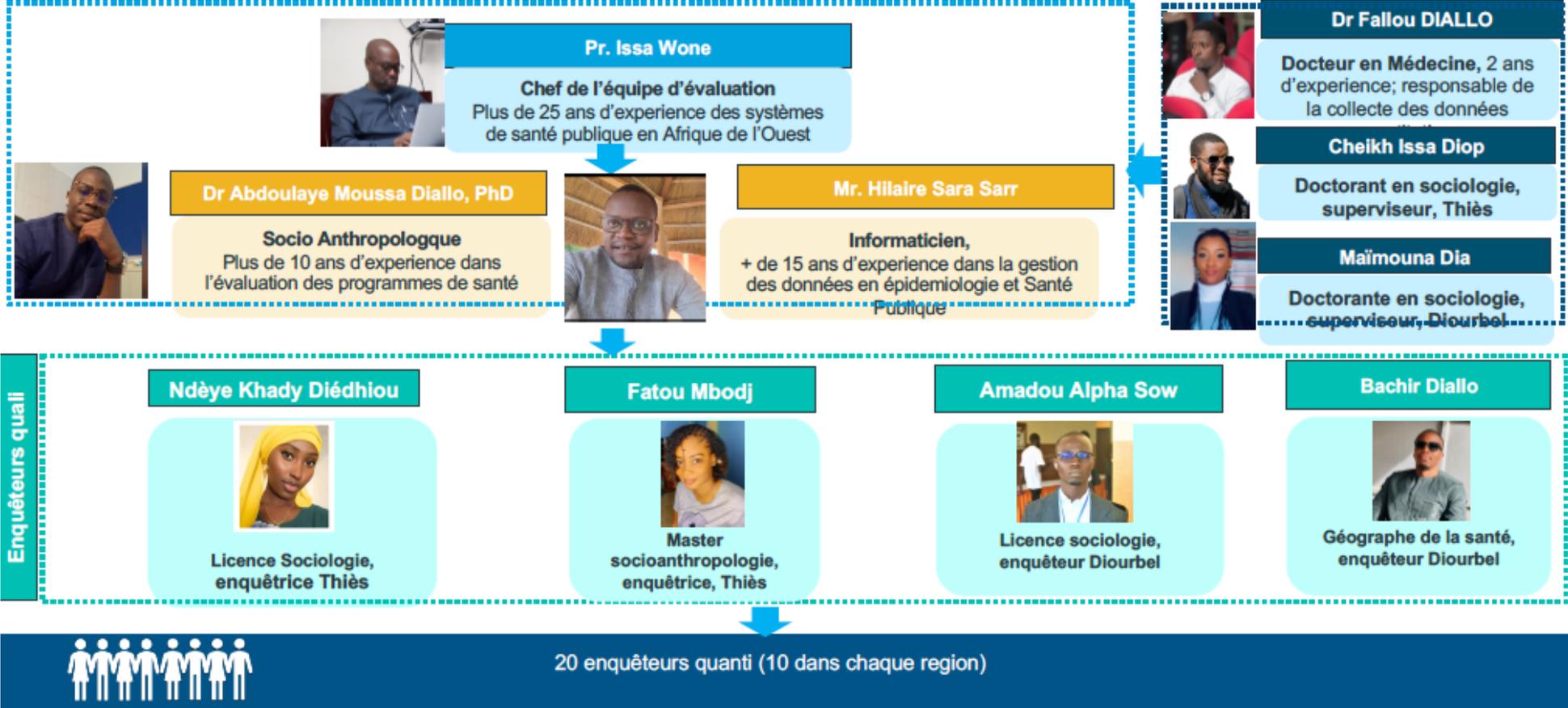


Figure 1 evaluation team

## Evaluation matrix

The evaluation matrix below, for each criterion selected, indicates the main questions, the sub-questions, the indicators, the data collection method, the data sources, and the approach to data analysis.

Criteria	Evaluation questions	Sub-questions	Indicators	Data collection method	Sources	Data analysis
1. Relevance	Was the project in line with identified needs (MSAS, MEN, teenagers, communities)?	What needs have been identified in terms of RMH/MHM in Senegal?	normative needs , other identified needs	Documentary review In-depth interviews	RMH Strategic Plan, other RMH normative documents MSAS and MEN DSME, DCMS, Gender Unit, IA Diourbel & Thiès	Qualitative analysis
		Are there needs not covered by current interventions?	Unmet needs for RMH/MHM	In-depth interviews In-depth interviews	DSME, MEN (Mrs DIENG), Cellule Genre, IA Diourbel & Thiès, Districts Diourbel & Tjiès	Qualitative analysis
	Was the project in line with the country's political orientations?	What are the country's policy orientations in terms of RMH/MHM?	The country's political and strategic orientations in the field of RMH/MHM	Literature review In-depth interviews	PSE, Vision 2050 DSME, DCMS, Cellule Genre, IA Diourbel & Thiès, Districts Diourbel and Thiès	Qualitative analysis
2. Efficiency	Was project coordination effective?	What coordination mechanisms and tools were put in place?	BMZ project coordination mechanisms and tools	Documentary review	PASSAJE project document, BMZ	Qualitative analysis
		Were the human resources assigned to the project sufficient in quantity and quality?	Project human resources	Literature review+in-depth interviews	PASSAJE project document, BMZ Program manager, Project coordinator	Qualitative analysis

Criteria	Evaluation questions	Sub-questions	Indicators	Data collection method	Sources	Data analysis
	Have the expected results been achieved?	What were the strengths and weaknesses of these coordination mechanisms and tools?	Analysis of the project coordination system - BMZ	In-depth interviews	BMZ project coordinator, program manager, implementers (kajoor jankeen and PDEF), IA Diourbel & Thiès, Districts Diourbel and Thiès	Qualitative analysis
	Was the project's information system (IS) appropriate?	What information system had been set up to support project implementation?	Components and operation of the BMZ project IS	Documentary review	BMZ project IS documentation	Qualitative analysis
		Did this information system have the required qualities?	IS strengths and weaknesses	In-depth interviews	IS managers (Childfund, Jankeen, PDEF), users (teachers, peer educators...)	Qualitative analysis
	Has the project been properly implemented in the field?	has implementation gone according to plan?	Analysis of successes and failures in implementing the BMZ project	In-depth interviews	Program and Sponsorship Officer, Project Coordinator	Qualitative analysis
		What are the possible discrepancies?	Inventory and analysis of underperformance	In-depth interviews	Program and Sponsorship Officer, Implementing Partners (Kajoor jankeen, PDEF)	Qualitative analysis

Criteria	Evaluation questions	Sub-questions	Indicators	Data collection method	Sources	Data analysis
		What difficulties or obstacles could have been avoided? How could they have been avoided?	Difficulties and obstacles encountered in implementing the project	In-depth interviews	Project managers (Mbaye, M SOW), implementing partners (Kajoor Jankeen, PDEF)	Qualitative analysis
	Have the project's implementing partners (Kajoor Jankeen and PDEF) lived up to expectations?	How did the partnership with the implementing entities work?	Description and assessment of the partnership with Kajoor Jankeen and PDEF	Literature review	Contracts, partnership agreements,	Qualitative analysis
				In-depth interviews	Program manager and project coordinator, kajoor Jankeen and PDEF	Qualitative analysis
	Have the project objectives been achieved?	Has the project improved access to and quality of the RMH offer in the target sites?	cf accessibility and quality indicators	Direct observation of infrastructures Identifying and documenting a success story or best practice	PASSAJE deployment sites: (Unités de Conseil et d'Orientation des Jeunes -UCOJ - des écoles; Espaces Ado-Jeunes -EAJ-des PS)	Semi-quantitative analysis
		Has the project promoted RMH/MHM in secondary schools and communities?	Progress made in promoting RMH/MSM at target sites	Content analysis of UCOJ and EAJ management tools. Focus group with teenagers. Interviews with teachers and health post managers. Identifying and documenting good practice.	UCOJ and EAJ management tools Adolescents and young people in the intervention sites, including peer educators from UCOJ (school) and Espaces Ados in the PS (ensure diversity, formal/informal)	Qualitative analysis

Criteria	Evaluation questions	Sub-questions	Indicators	Data collection method	Sources	Data analysis
					Interview guide	
		Has the project improved knowledge and practice of RMH/MHM in secondary schools?	Changes in the Knowledge, Attitudes and Practices of teenagers and young people	Interview based on questionnaire Identifying and documenting a success story or best practice	Adolescents and young people in intervention sites (ensure diversity, formal/informal).	Quantitative analysis ("before/after" comparison).
	What are the related effects (positive or negative) of the project?	Did the project achieve results not originally planned?	Induced and related effects of PASSAJE	In-depth interviews Identifying and documenting a success story or best practice	Program and Sponsorship Director, Project Coordinator, Manager Kajoor jankeen, Executive Director PDEF, Teacher trainers and health post manager	In-depth interviews
3. Efficiency	What is the project's cost/benefit ratio?	What are the costs involved in implementing PASSAJE?	PASSAJE financial statements	Analysis of accounting records	PASSAJE accounting archives	Economic analysis
		How do these costs compare with other similar programs in local, regional or national contexts?	Cost/beneficiary	Comparative economic analysis with 3 similar projects in the area	Accounting records for similar projects	Economic analysis

Criteria	Evaluation questions	Sub-questions	Indicators	Data collection method	Sources	Data analysis
			Cost/result	Comparative economic analysis with 3 similar projects in the area	Accounting records for similar projects	Economic analysis
4.			Execution time (time taken to complete activities compared with forecasts)			
5. Impact	Has the project contributed to changing the behavior of adolescents and young people with regard to RMH and MHM?	How have young people's attitudes towards RMH changed in the intervention sites?	Analysis of changes in RMH/MHM behavior at intervention sites	Focus groups with teenagers Identification and documentation of a before-and-after situation or improvement case	Adolescents and young people of both sexes in intervention areas	Qualitative analysis
		Have behavioral indicators changed with the introduction of PASSAJE?	Evolution of quantitative indicators linked to RMH/MHM behaviors	Structured questionnaire	Adolescents and young people of both sexes in intervention areas	Quantitative analysis
6. Sustainability	Will the positive effects of the project persist after the subsidy ends?	What are the key events or strategies undertaken to sustain PASSAJE?	Sources and stability of resources (human, material, financial); adaptation to the local context, communication, integration of MSAS rules, etc.	In-depth interviews	Program and sponsorship director, project coordinator, administrative and territorial authorities, school principals, IA, Manager Kajoor	Quantitative analysis

Criteria	Evaluation questions	Sub-questions	Indicators	Data collection method	Sources	Data analysis
					Jankeen, PDEF Executive Director.	
		Does PASSAJE have the characteristics of a sustainable project?	Memory; adaptation and barriers to adaptation, values, beliefs and codes; rules and decisions for action  Cf. criteria for the sustainability/scaling-up of community interventions (cf. MSAS; Validation Committee for Successful Experiences).	In-depth interviews	Program and sponsorship director, project coordinator, administrative and territorial authorities, school principals, IA, Manager Kajoor Jankeen, PDEF Executive Director	Quantitative analysis
7. Coherence	Was the project carried out in harmony with other governmental and non-governmental initiatives pursuing the same goals?	Which projects are similar OR complementary to the strategic orientations in the intervention sites?  Did the strategy/approach/initiative adopted meet needs not covered by the government or other NGOs?	List and description of similar projects on the same sites	In-depth interviews	Program and sponsorship director, project coordinator, administrative and territorial authorities, school principals, IA, Manager Kajoor Jankeen, Executive Director PDEF	Quantitative analysis

Criteria	Evaluation questions	Sub-questions	Indicators	Data collection method	Sources	Data analysis
	Were the interventions complementary or synergistic with those of other projects operating in the same areas?	Were there differences in their ways of action, targets, coordination and management methods?	Short narrative on the distinctive features of the various projects	In-depth interviews	Program and sponsorship director, project coordinator, administrative and territorial authorities, school principals, IA, Manager Kajoor Jankeen, PDEF Executive Director	Quantitative analysis

**INFORMED CONSENT FORM**

Hello,

We have been sent by the NGO ChildFund to evaluate the project to improve the reproductive and menstrual health of adolescents and young people (PASSAJE). This survey should enable the NGO to capitalize on exemplary experience of the health needs and demands of adolescents and young people.

As a stakeholder, we would like to have a frank discussion with you on issues relating to the implementation of PASSAJE in your school/locality, concerning your role in promoting reproductive and menstrual health among adolescents and young people. We will be happy to answer any questions you may have before the survey begins.

I, the undersigned Mr/Mrs/Ms..... :

Having received a detailed explanation of the research conducted by Childfund on "the project to improve the Reproductive and Menstrual Health of adolescents and young people" and having addressed my questions to the researcher concerning this research, certify that I have given my voluntary and free consent to participate in this study.

I retain the right to suspend my participation at any time and not to answer certain questions without prejudice.

In witness whereof, I have agreed to sign the consent document.

Interviewer's signature

Participant's signature

Done on.....

## Information Script

Hello,

We have been sent by the NGO ChildFund to evaluate the project to improve the reproductive and menstrual health of adolescents and young people. PASSAJE is implemented by its local partners (Fédération Kajoor Jankèèn in Thiès and PDEF du Baol in Diourbel) in collaboration with MEN and MSAS. This survey should enable the NGO to capitalize on exemplary experience of the health needs and demands of adolescents and young people.

As ....., we would like to have a frank discussion with you on issues relating to the implementation of PASSAJE in your locality, concerning Reproductive and Menstrual Health of Adolescents and Youth

This offer was structured around :

- From Menstrual Health Management (MHM);
- The practice of healthy living
- AYRHservices adapted to the needs of adolescents and young people in schools and health facilities;

The present Guide/questionnaire is submitted to you, and your answers will remain confidential and anonymous. You may stop answering at any time, or refuse to answer any questions you feel uncomfortable with.

We will be happy to answer any questions you may have before the survey begins.

**Thank you for your attention!**

## List of interviewees

### Dakar

<b>Names</b>	<b>First names</b>	<b>Target</b>	<b>Fonctions</b>
<b>NDIAYE</b>	<b>Aminata Diouf</b>	<b>Gender &amp; Health</b>	<b>Head of the Gender Unit at the Ministry of Health</b>
<b>NIANE</b>	<b>Aminata Dia</b>	<b>Adolescent &amp; Youth Health</b>	<b>Head of Adolescent &amp; Youth Health Unit/Ministry of Health</b>
<b>SECK</b>	<b>Aminata Traoré</b>	<b>School Health</b>	<b>In charge of adolescents &amp; youth health and welfare at the ministry of education</b>

### Thiès

<b>Names</b>	<b>First names</b>	<b>Target</b>	<b>Functions</b>
<b>Azomé</b>	<b>Cécile</b>	<b>In charge of health and nutrition</b>	<b>ETI Thiès Ville</b>
<b>Ba</b>	<b>Habibou</b>	<b>Head of Division, Regional Water, Hygiene and Sanitation Department</b>	<b>Service Régional EHA</b>
<b>Ba</b>	<b>Omar</b>	<b>Peer educators</b>	<b>PS Sampathé</b>
<b>Cissé</b>	<b>Fatou</b>	<b>Pharmacy box manager</b>	<b>CEM Parcelles Assainies</b>
<b>Diallo</b>	<b>Ndeye Rokhaya</b>	<b>PASSAJE project focal point</b>	<b>Kajoor Jankeen Federation</b>
<b>Diallo</b>	<b>Aissatou</b>	<b>SR Manager</b>	<b>Thiès district</b>
<b>Dieng</b>	<b>Oumy</b>	<b>Main</b>	<b>CEM Parcelles Assainies</b>
<b>Diop</b>	<b>Fatou Bintou</b>	<b>ICP</b>	<b>ICP PS Abdoulaye Yakhine</b>
<b>Diop</b>	<b>Maguette</b>	<b>Peer educators</b>	<b>PS Sampathé</b>
<b>Diop</b>	<b>Ms.</b>	<b>Maths/SVT teacher</b>	<b>CEM Diamaguene</b>
<b>Diouf</b>	<b>Doctor</b>	<b>District Medical Officer</b>	<b>Health District</b>
<b>Diouf</b>	<b>Mr</b>	<b>Principal</b>	<b>CEM Diamaguene</b>

<b>Faye</b>	Josephine Gnilane	EVF teacher	CEM Parcelles Assainies
<b>Faye et</b>	Papa Ousmane	Maths/SVT teacher	CEM Parcelles Assainies
<b>Gaye</b>	Ms.	ICP	ICP PS Sam Ndiaye
<b>Gueye</b>	Ms.	Social worker, peer educator, supervisor	Lycée Fayu
<b>Kanté</b>	Amy C.	Deputy Mayor	Local authority
<b>Loum</b>	Marietou	Pharmacy box manager	CEM Diamaguene
<b>Mbaye</b>	Ms.	Private Sector Manager	Thiès district
<b>Mbengue</b>	Papa Abdoulaye	A resource person	Kajoor Jankeen Federation
<b>Ndiaye</b>	Maguatte	Midwife	PS Sam Ndiaye
<b>Ndiaye</b>	Amy	ICP	PS Darou Salam
<b>Sarr</b>	Mr	Prof EVF	Fandene High School
<b>Seck</b>	Mr	EPS teacher	Fandene High School
<b>Sow</b>	Khady	General Secretary	IA
<b>Baal</b>	Awa	Deputy mayor, relay	Local authority
<b>Cissé</b>	Fato	Midwife	PS Hersent
<b>Diao</b>	Boubacar	Peer educator	PS Hersent
<b>Diouf</b>	Pascaline	PF Manager	DRS
<b>Gueye</b>	Wolt	In charge of the Gender Unit	ETI Thiès Department
<b>Gueye</b>	Ms.	Midwife	PS Abdoulaye Yakhine
<b>Kadei</b>	Ms.	Teacher HG	CEM Diamaguene
<b>Niang</b>	Adjar	Peer educator	PS Darou Salam

## Diourbel

<b>Names</b>	<b>First names</b>	<b>Target</b>	<b>Functions</b>
<b>CISSE</b>	Ababacar	Prefecture	Deputy Prefect
<b>DANG</b>	Amath	Education focal point (Nghé town hall)	Alderman
<b>DIAGNE</b>	Mamadou Bachir	CEM Medinatoul	Ucoj Manager
<b>DIATTA</b>	Benoît	CEM Sambé	UCOJ Manager
<b>DIOP</b>	Aissatou	Health district	UCOJ Manager
<b>FALL</b>	Ndickou	Head of ETI's gender unit in the PASSAJ project	ETI middle manager
<b>FAYE</b>	Mamadou	CEM Sambé	UCOJ Manager
<b>GUEYE</b>	Bassirou	Patar health post	ICP
<b>KHOUMA</b>	Mamadou	AI Health Focal Point	Adjoint IA, Inspecteur de l'enseignement moyen secondaire
<b>MASSALY</b>	Yankoba	IA representative in the PASSAJ project	Education Inspector
<b>MBOW</b>	Ndèye Sow	Project Manager	Midwife
<b>NDAO</b>	Khoudia	Medical region	SR Coordinator
<b>NDIAYE</b>	Moussa	Health center	District Medical Officer
<b>NDIAYE</b>	Anone	CEM ex CMT	Professor
<b>NGOM</b>	Fatoumata	Madinatoul health post	State midwife
<b>SARR</b>	Aminata	Health post - Patar	State midwife
<b>SARR</b>	Mamadou	CEM ex CEM T	Material accountant

<b>SENE</b>	Anta	Health focal point	City Councillor
<b>SENE</b>	Seynabou	Health center	Master midwife
<b>SENE</b>	Elhadji Moussa	Responsible for monitoring, coordinating and supervising ETI at PASSAJE level	Education Inspector (ETI)
<b>SYLLA</b>	Yacine	Lagnare health post	Midwife
<b>THIOUB</b>	Aminata	Facilitator in the PASSAJ project	Baol Federation

## Interview guide for local authorities

(Prefects, sub-prefects, mayors)

### Theme 0: Socio-demographic variables

Name

First name

Function

Time in zone

Date

Location

Label: ESS\_Number\_Region\_Location\_Target\_Age\_Function\_PASSAJE\_Senegal

Start time : End time :

### Theme 2: Knowledge of PASSAJE

- What do you think of the health services offered to adolescents and young people in your locality/constituency?
- How is AYRH currently handled in your municipality/circonscription?
- What has changed over the past 3 years in terms of adolescent health care?
- What do you think of the AYRH services offered by PASSAJE in schools and health posts in your commune/circonscription?
- Can you share some specific examples with us?

### Theme 3: Implementation and relevance of PASSAJE

- Has the project been properly implemented in the field?
  - o *How did the partnership work with your organization (town hall or prefecture)?*
  - o *Did the implementation go according to your initial expectations?*
  - o *What are the possible discrepancies?*
- Was project coordination effective?
  - o *What bodies or activities have you (or your institution) participated in/helped to set up?*
  - o *Were you involved in the set-up?*
  - o *How were you informed/involved about the progress of project activities in your commune? What is your opinion of the way in which coordination activities were carried out between your institution and other structures: school, health post, prefecture, other services?*
- How much money is involved in implementing PASSAJE?
  - o *What was the municipality's share?*
  - o *How do these amounts compare with other similar programs in local and regional contexts?*
  - o *How has the commune/departmental council contributed to the implementation of PASSAJE activities?*
- Based on your experience with PASSAJE, how do you rate the relevance of the interventions?
  - o *How has the implementation of the project helped to facilitate the management of adolescents' health problems?*
  - o *How do you rate the activities, training and services offered to adolescents and young people in your locality?*
  - o *What do you think of PASSAJE's supply of inputs for AYRH?*

- *To what extent did the project meet the needs of local adolescents and young people?*

#### **Theme 4: Impact of PASSAJE in Menstrual Health Management**

- How have things evolved since the project was launched?
  - *What skills have providers acquired in menstrual management?*
  - *What changes have you seen in schools?*
  - *How have these provider skills/changes teenagers' quality of life? (Probe for concrete cases).*
- How has the project improved access to and quality of MRS/JHA services in your locality (health posts and schools)?
  - *Did the project achieve results not originally planned?*
  - *What solutions do you propose to perpetuate the gains we've made?*
  - *If it were possible to extend the project to other towns/localities, which 3 or 4 elements would you absolutely have to retain? Why or why not?*
  - *Are there needs not covered by current interventions?*

#### **Theme 5: Lessons learned, sustainability and recommendations**

- What lessons have you learned from your experience of implementing PASSAJE activities in your area of responsibility? What would you have improved?
- Have steps been taken to stabilize the resources needed (local resources) for PASSAJE activities (probe: human, material, financial resources, training)?
- Have any institutional initiatives been taken in the health sector (at district, medical region or central level) and the national education sector (IA, ETI, school medical inspectorates, schools and central level) to support the continuation of PASSAJE activities?
- Have the actors involved been encouraged/incentivized to carry out PASSAJE activities
- Has PASSAJE been adapted to the local context and needs?
- Has PASSAJE been set up in line with the objectives of MSAS and MEN?
- Was communication between PASSAJE stakeholders fluid and transparent?
- What recommendations would you make to consolidate the gains made? And for scaling up?
- Do you have any observations or comments to make?

## **Interview with MSAS gender unit manager**

### **Theme 0**

Please introduce yourself and describe your missions, roles and responsibilities within MSAS. What are the specific AYRH needs of girls and boys?

### **Theme 1: knowledge and implementation of PASSAJ**

- To what extent were you involved as head of the gender unit in the design of PASSAJ? Its implementation?
- Generally speaking, how do you assess the collaboration with ChildFund within PASSAJ? Can you cite any specific examples?

### **Theme 2: relevance of PASSAJ**

- In your opinion, was the PASSAJ project relevant? Why?
- How did it tie in with the MSAS gender approach?
- Did PASSAJ offer added value in relation to similar projects under the auspices of the MSAS/ with regard to the gender issue? explain, giving examples if possible.

### **Theme 3: PASSAJ efficiency**

- What criteria do you think should be used to judge the effectiveness of PASSAJ in promoting gender equality?
- Do you think PASSAJ has achieved its objectives in this respect? Give specific examples if possible.

### **Theme 4: Sustainability of PASSAJ effects**

- How can we scale up by integrating the gender dimension?
- What challenges remain?

### **Theme 5: lessons learned, recommendations**

- What lessons would you draw from the implementation of PASSAJ?
- Do you have any recommendations for continuing the project, or for other projects with the same objectives?

## **MSAS/MEN interview**

### **DSME/DCMS**

#### **Theme 0**

Please introduce yourself and describe your roles and responsibilities within DSME/DCMS.

#### **Theme 1:** knowledge and implementation of PASSAJ

- Explain the partnership between DSME/DCMS and ChildFund for the implementation of PASSAJ.
- How was DSME/DCMS involved in the formulation of PASSAJ? in the development of its strategies and interventions? in its monitoring and various evaluations?
- Generally speaking, how do you assess the collaboration with ChildFund within PASSAJ? Can you cite any specific examples?

#### **Theme 2:** relevance of PASSAJ

- In your opinion, was the PASSAJ project relevant? Why?
- How did it tie in with MSAS/MEN strategies?
- Did PASSAJ provide added value compared with similar projects under the supervision of MSAS/MEN, or with which MSAS/MEN is associated? Explain, giving examples if possible.

#### **Theme 3:** PASSAJ efficiency

- Was the MSAS/MEN regularly informed of PASSAJ's activities?
- Were PASSAJ data integrated into the National Health Information System? Were there any difficulties?
- Do you think PASSAJ has achieved its objectives? Give specific examples if possible.

#### **Theme 4:** Sustainability of PASSAJ effects

- How do you scale up?
- What measures has MSAS/MEN taken to ensure the sustainability or continuity of the achievements of projects like PASSAJ?
- Have these measures been applied at PASSAJ?
- What challenges remain?

#### **Theme 4:** lessons learned, recommendations

- What lessons have you learned from the implementation of PASSAJ?
- Do you have any recommendations for continuing the project, or for other projects with similar objectives?



Final evaluation of PASSAJE, Childfund-BMZ on Adolescent and Youth Reproductive Health in the regions of Thiès and Diourbel (Senegal) December-January 2024

B.P. 1608, Sicap Amitié 1 - Villa N°3081, **DAKAR/SENEGAL**

Tel. +221 33 865 20 21

[www.ChildFund.org](http://www.ChildFund.org)

Member of the ChildFund Alliance

# Interview guide for managers health services

(MCD, SR Coordinator, ICP, SF)

## Theme 0: Socio-demographic variables

*Name*

*First name*

*Function*

*Time in zone*

*Date*

*Location*

*Label: ESS\_Number\_Region\_Location\_Target\_Age\_Function\_PASSAJE\_Senegal*

*Start time : End time :*

## Theme 1: Health problems experienced by adolescents

- In your opinion, what are the main health and well-being issues facing adolescents and young people in your community?
- Are these problems generally solved?
- If not, what are the unresolved needs?
- How do you see these problems being solved?

## Theme 2: Knowledge of PASSAJE

- What do you think of the health services offered to adolescents and young people in your locality/structures?
- Over the past 2 years, what has changed in the way we care for the health of adolescents and young people?
- What do you know about the PASSAJE project?
- Can you share some specific examples with us?

## Theme 3: Implementation and relevance of PASSAJE

- Has the project been properly implemented in the field?
  - o *How did the partnership work with your organization?*
  - o *Did the implementation go according to your initial expectations?*
  - o *What are the possible discrepancies?*
  - o *What resources are mobilized to implement PASSAJE?*
  - o *How do these costs compare with other similar programs in local, regional or national contexts?*
- Based on your experience with PASSAJE, how do you rate the relevance of the interventions?
  - o *How has the implementation of the project helped to facilitate the management of reproductive and menstrual health problems among adolescents and young people?*
  - o *How do you rate the training provided to providers, community peer educators, community health workers and CDS members?*
  - o *What do you think of PASSAJE's supply of inputs for AYRH?*
  - o *To what extent did the project meet your needs?*
- Was project coordination effective?
  - o *What coordination mechanisms were put in place*
  - o *What coordination activities have you taken part in?*

- *What monitoring/supervision mechanisms and activities did you take part in?*
- *What were the strengths and weaknesses of these coordination mechanisms and tools? (Probe for monitoring and supervision)*
- *What information system had been set up to support project implementation?*
- *Did this information system have the required qualities (to probe indicator measurements, identify bottlenecks (what didn't work), propose corrective measures to improve implementation?)*

### **Theme 3: Availability, accessibility and efficiency of PASSAJE services**

- Do adolescents and young people in your area of responsibility visit health services for specific problems affecting their age group? If so, what services do they generally request?
  - *To probe: Puberty, menstruation, hygiene, nutrition, leanness, obesity, sexually transmitted infections, gender-based violence...*
- How has the project provided practical solutions to the problems encountered? Poll on :
  - *Hygiene kits*
  - *Location of AYRH services?*
  - *Reception in AYRH departments?*
  - *Listening in AYRH services?*
  - *Information delivered by AYRH services?*
  - *Advice provided by AYRH services?*
  - *Care delivered in AYRH departments?*
  - *AYRH opening hours?*
  - *The price of AYRHservices?*

### **Theme 4: Impact of PASSAJE in Menstrual Health Management**

- How have things evolved since the project was launched?
  - *What skills have providers and peer educators acquired in menstrual management? in managing the reproductive and menstrual health needs of adolescents and young people?*
  - *What skills have peer educators acquired? Community players? What about CDS members?*
  - *How do you assess changes in the behavior of teenagers and young people (girls and boys)?*
  - *How have these skills improved teenagers' quality of life?*
- How has the project improved access to and the quality of MRS/JHA services in your health posts?
  - *To what extent has the project met the needs identified at the outset?*
  - *In your opinion, what needs are not covered by current interventions?*
  - *Did the project achieve results that were not originally planned? (Probe: other members of the beneficiary community)?*
  - *What solutions do you propose to ensure the long-term future of these achievements?*

### **Theme 5: Lessons learned, sustainability and recommendations**

- What lessons have you learned from your experience of implementing PASSAJE activities in your area of responsibility? What would you have improved?
- Have steps been taken to stabilize the resources needed for PASSAJE activities (human, material, financial, training resources)?
- Have any institutional initiatives (at district, medical region or central level) been taken to support the continuation of PASSAJE activities?
- Have the actors involved been encouraged/incentivized to carry out PASSAJE activities?

- Has PASSAJE been adapted to the local context to meet the needs of the MSAS?
- Has PASSAJE been set up in line with MSAS objectives?
- Was communication between PASSAJE players fluid and transparent?
- Was there any cultural sharing (organizational culture) between PASSAJE and MSAS or its dismemberments (artifacts, myths, symbols, metaphors, rituals, jargons, values)?
- Have the MSAS rules been integrated?
- What recommendations do you have to consolidate what has been achieved?
- Do you have any observations or comments to make?

## Interview guide for school authorities

(IA, ETI, school principals, teachers, APE, CGE)

### Theme 0: Socio-demographic variables

Name :

First name :

Age :

Function:

Time in zone :

Date :

Location;

Label: *ESS\_Number\_Region\_Location\_Target\_Age\_Function\_PASSAJE\_Senegal*

Start time : End time :

### Theme 1: Getting to know PASSAJE

- What do you think of the health services offered to adolescents and young people in your locality?
- How is AYRH taken into account in your organization today?
- What has changed in recent years in terms of adolescent health care?
- What do you think of the Reproductive and Menstrual Health services offered by PASSAJE in your local schools and health centers?
- Can you share some specific examples with us?

### Theme 2: Implementation and relevance of PASSAJE

- Has the project been properly implemented in the field?
  - o *How did the implementation partnership work with your organization?*
  - o *Did the implementation go according to your initial expectations?*
  - o *What are the possible discrepancies?*
  - o *Have the actors involved been encouraged/incentivized to carry out certain PASSAJE activities? Which ones?*
- Was project coordination effective?
  - o *What coordination mechanisms and tools were put in place as part of the collaboration with your structure?*
  - o *What were the strengths and weaknesses of these coordination mechanisms and tools?*
  - o *What information system had been set up to support project implementation?*
  - o *Did this information system have the required qualities?*
- What resources (human, financial, material, other) have been mobilized to implement PASSAJE?
  - o *What contribution did your structure make?*
  - o *How does your contribution compare with other similar programs in local and regional contexts?*
  - o *How did your organization participate in / contribute to the implementation of PASSAJE activities?*
- Based on your experience with PASSAJE, how do you rate the relevance of the interventions?

- *How has the implementation of the project contributed to facilitating the management or resolution of adolescents' and young people's health problems?*
- *How do you rate the training provided to school staff (peer educators = teachers, supervisors = MHM teams, first-aid box managers = surface technicians, etc.)?*
- *What do you think of PASSAJE's achievements in your/your school?*
  - *Construction/rehabilitation and equipping of hygiene blocks*
  - *Redevelopment of UCOJ equipment for student services*
  - *Construction of boreholes/wells then connected to hygiene blocks*
- *What do you think of PASSAJE's supply of inputs (MHM kit products: sanitary towels and medicines) for AYRH?*
- *To what extent has the project met your needs, as part of the national education system? those of girls? Those of boys?*

### **Theme 3: Availability, accessibility and efficiency of PASSAJE services**

- Do adolescents and young people (aged 10-24) in your area of responsibility use dedicated facilities to receive health services for the specific problems affecting their age group? If so, what services do they generally request?
  - *Puberty, menstruation and hygiene, nutrition, leanness, obesity, risk behaviour disorders such as early intimate relationships, cyberaddiction, use of harmful substances such as drugs and alcohol, reproductive disorders, pregnancy...*
  - *Emotional/psychological disorders: stress, gender-based violence...*
  - *Economic problems: difficulties in buying sanitary towels*
- How has the project provided practical solutions to the problems encountered? Poll on :
  - *Hygiene kits: sanitary towels, painkillers*
  - *Location of AYRHservices?*
  - *Reception in AYRHdepartments?*
  - *Listening in AYRH? services*
  - *Information delivered by AYRHservices?*
  - *Advice provided by AYRHservices?*
  - *Care delivered in AYRHdepartments?*
  - *Opening hours or AYRHservices?*
  - *The price of AYRHservices?*

### **Theme 4: PASSAJE's impact on menstrual and reproductive health management for adolescents and young people**

- How have things changed since the PASSAJE project was launched?
  - *What skills have school peer educators acquired in menstrual management and reproductive health?*
  - *What skills have teachers acquired in menstrual management and reproductive health for adolescents and young people?*
  - *How do you currently assess girls' absence/delay due to menstruation?*
  - *How do you assess changes in the behavior of adolescents and young people (girls and boys)?*

- *What about the academic performance of girls? And boys?*
- *What skills have male and female students acquired in menstrual management and reproductive health?*
- *How have these skills improved the quality of life of teenagers and young people? (Probe for concrete cases).*
- How has the project improved access to and quality of AYRHservices in schools?
  - *Did the project achieve results that were not originally planned? Which results?*
  - *What solutions are you proposing to ensure the long-term future of these achievements?*
  - *What are the 3 or 4 key aspects to keep in mind if it is to be extended to other areas?*
  - *Do adolescents and young people currently have health needs that are not covered by current interventions?*

## **Theme 5: Lessons learned, sustainability and recommendations**

- What lessons have you learned from your experience of implementing PASSAJE activities in your area of responsibility? What would you have improved?
- Have steps been taken to stabilize the resources needed (local resources) for PASSAJE activities (human, material and financial resources, renewal and ongoing training of peer educators, class relays, teachers, supervisors, maintenance of hygiene blocks, renewal of MHM kits in schools)?
- Have any institutional initiatives (at the IA, ETI, school, central level) been taken to support the continuation of PASSAJE activities?
- Has PASSAJE been adapted to the local context and needs?
- Was communication between PASSAJE stakeholders fluid and transparent?
- What recommendations do you have to consolidate what has been achieved?
- Do you have any additional observations or comments to make?

# Interview guide for peer educators

(Students and communities)

## Theme 0: Socio-demographic variables

Name

First name

Function

Time in zone

Date

Location

Label: *ESS\_Number\_Region\_Location\_Target\_Age\_Function\_PASSAJE\_Senegal*

Start time : End time :

## Theme 1: Perceptions of PASSAJE and the role it plays

- What do you think of the health services offered to adolescents and young people in your locality?
- What has changed in recent years in terms of adolescent health care?
- What do you know about the PASSAJE project?
- Can you share some specific examples with us?
- What role did you play in the implementation?

## Theme 2: Implementation and relevance of PASSAJE

- Has the project been properly implemented in the field?
  - o *How were you co-opted as a peer educator? (Probe the selection, identification and empowerment process).*
  - o *Did the implementation go according to your initial expectations?*
  - o *What are the possible discrepancies?*
- Based on your experience with PASSAJE, how do you rate the relevance of the interventions?
  - o *How has the implementation of the project helped to facilitate the management of health problems among adolescents and young people?*
  - o *How do you rate the training you received? (Probe; AVEEEEC SAR method, TSTSM test, PEC for the needs of menstruating girls and women)*
  - o *What have been the most memorable experiences of your work?*
  - o *What do you think of PASSAJE's supply of inputs for AYRH?*
  - o *To what extent did the project meet your needs?*
- Was project coordination effective?
  - o *What coordination mechanisms and tools were put in place?*
  - o *What monitoring mechanisms/activities did you participate in?*
  - o *What were the strengths and weaknesses of these coordination mechanisms and tools? (Probe for monitoring and supervision)*
  - o *What information system had been set up to support project implementation?*
  - o *Did this information system have the required qualities?*

### **Theme 3: Availability, accessibility and efficiency of PASSAJE services**

- Do adolescents in your area of responsibility visit health services to receive services for specific problems affecting their age group? If so, what services do they generally request?
  - *Puberty, menstruation, hygiene, nutrition, leanness, obesity, sexual relations, sexually transmitted infections, contraception, gender-based violence...*
- How has the project provided practical solutions to the problems encountered? Poll on :
  - *Convenience stall facilities*
  - *Hygiene kits*
  - *Location of AYRHservices*
  - *Reception in departments*
  - *Organization of services*
  - *Listening in AYRHservices, positive values, risk behaviors*
  - *Information delivered by AYRHservices*
  - *Celebrating MHM days*
  - *Advice provided by services*
  - *Care delivered in AYRHdepartments?*
  - *AYRH openingg hours?*
  - *The price of AYRHservices?*

### **Theme 4: Impact of PASSAJE in Menstrual Health Management**

- How have things evolved since the project was launched?
  - *What skills have peer educators acquired in menstrual management?*
  - *How have these skills improved the quality of life for teenagers and girls? for boys? (Probe for concrete cases).*
  - *How do you feel about changes in the behavior of your peers (boys and girls)?*
  - *What about absences and late arrivals?*
  - *School performance?*
- How has the project enabled you to improve access to and quality of MRS/JO services in your health posts/schools?
  - *Did the project achieve results not originally planned?*
  - *What solutions do you propose to perpetuate the gains we've made?*
  - *What are the 2 or 3 aspects that need to be maintained if the intervention is extended to other young adolescents?*
  - *Are there needs not covered by current interventions?*

### **Theme 6: Lessons learned, sustainability and recommendations**

- What lessons have you learned from your experience of implementing PASSAJE activities in your area of responsibility? What would you have improved?
- Will the positive effects of the project persist after the subsidy ends?
  - *What are the key events undertaken to sustain PASSAJE?*
  - *Does PASSAJE have the hallmarks of a long-term project?*
- What recommendations do you have to consolidate what has been achieved?

- Do you have any observations or comments to make?

## Focus group guide for teenagers

Age	Girls	Boys
10-14 years	01 FG in each region	01 in each region
15-19 years	01 in each region	01 in each region
20-24 years ??	01 in each region	01 in each
Total	06	06

### Theme 0: Socio-demographic variables

*Initials                      Age range                      Region                      Location                      Code (R1...Rn)*

*Label: FGD\_Number\_Region\_Location\_Target\_Age\_PASSAJE\_Senegal*

### Theme 1: Health problems experienced by adolescents

- In your opinion, what are the main health and well-being issues facing adolescents and young people in your community?
- Are these problems generally solved?
- If not, what are the unresolved needs?
- How do you see these problems being solved?

### Theme 2: Getting to know PASSAJE

- What has changed in recent years in terms of adolescent health care?
- What do you know about the PASSAJE project?
- Can you share some specific examples with us?

### Theme 3: Efficiency, availability and accessibility of PASSAJE services

- Do you go to the health services to get help with specific problems affecting your age group?
- If yes, what services do you generally request? (Puberty, menstruation, hygiene, nutrition, leanness, obesity, , Sexually transmitted infections, , Gender-based violence...)

- What do you think of the health services offered to adolescents and young people in your locality?
- How has the project provided practical solutions to the problems encountered? Poll on :
  - *Hygiene kits in schools*
  - *Location/access to AYRHservices?*
  - *Reception in AYRHdepartments?*
  - *Listening in AYRHservices?*
  - *Information delivered by AYRHservices?*
  - *Advice provided by AYRHservices?*
  - *Care delivered in AYRHdepartments?*
  - *AYRHopening hours?*
  - *The price of AYRHservices?*

#### **Theme 4: Relevance of PASSAJE**

- Based on your experience with PASSAJE, how do you rate the interventions?
- With whom do you freely discuss health problems? (Probe on: providers: nurses, midwives, peer educators, teachers, supervisors and family members)? Why or why not?
- With whom do you usually discuss intimate and reproductive health issues? (Survey school or community health posts)
- How do you rate the service providers' support?
- How do you rate the PASSAJE activities carried out by the peer educators?
- Did the project meet your needs?

#### **Theme 5: Impact of PASSAJE in Menstrual Health Management**

- When you see your period, how do you protect yourself?
- How have things evolved since the project was launched?
- What skills have you acquired in menstrual management? in your reproductive health?
- How have these skills improved your quality of life? (Probe for concrete examples).
- What solutions do you propose to perpetuate the gains we've made?
- What aspects should you bear in mind if the project is extended to your fellow students living in other areas?

## Focus group guide with members of regional federations (JANKEEN AND PDEF)

*Hello,*

*We have been sent by your partner NGO ChildFund to discuss with you the feasibility of a project on Reproductive and Menstrual Health for Adolescents and Youth (AYRH).*

*Our aim here is to gather your experiences and (in)satisfaction with the implementation of PASSAJE, and to identify the project's highlights.*

*We will be happy to answer any questions you may have before the survey begins.*

### **Theme 0: Socio-demographic variables**

<i>Full names</i>	<i>Age range</i>	<i>Region</i>	<i>Location</i>	<i>Code (R1...Rn)</i>
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*Label: FGD\_Number\_Region\_Location\_Target\_Age\_PASSAJE\_Senegal*

### **Theme 1: Health problems experienced by adolescents and young people**

- In your opinion, what are the main health and well-being issues facing adolescents and young people in your community?
- Are these problems generally solved?
- If not, what are the unresolved needs?
- How do you see these problems being solved?

### **Theme 2: Overall assessment of PASSAJE**

- What do you think of the health services offered to adolescents and young people in your locality?
- What has changed in recent years in terms of adolescent health care?
- Can you share some specific examples with us?
- What resources are mobilized to implement PASSAJE?
- How do these costs compare with other similar programs in local, regional or national contexts?

### **Theme 3: Implementation and relevance of PASSAJE**

- Has the project been properly implemented in the field?
  - o *How did the implementation partnership work with your organization?*
  - o *Did the implementation go according to your initial expectations?*

- *What are the possible discrepancies?*
- In view of your experience with PASSAJE, how do you judge the relevance of the interventions?
  - *How has the implementation of the project helped to facilitate the management of health problems among adolescents and young people?*
  - *How do you rate the training provided to your staff? stakeholders? beneficiaries?*
  - *What do you think of PASSAJE's supply of inputs for AYRH?*
  - *To what extent did the project meet your needs?*
- Was the project coordination effective?
  - *What coordination mechanisms and tools were put in place? (Ask about monitoring and supervision)*
  - *What were the strengths and weaknesses of these coordination mechanisms and tools?*
  - *What information system had been set up to support project implementation?*
  - *Did this information system have the required qualities?*

#### **Theme 4: Availability, accessibility and efficiency of PASSAJE services**

- Do adolescents in your area of responsibility visit health services to receive services for specific problems affecting their age group? If so, what services do they generally request?
  - *Puberty, menstruation, hygiene, nutrition, leanness, obesity, sexual relations, sexually transmitted infections, contraception, gender-based violence...*
- How has the project provided practical solutions to the problems encountered? Poll on :
  - *Hygiene kits*
  - *Location of AYRHservices?*
  - *Reception in AYRHdepartments?*
  - *Listening in AYRHservices?*
  - *Information delivered by AYRHservices?*
  - *Advice provided by AYRHservices?*
  - *Care delivered in AYRHdepartments?*
  - *AYRHopening hours?*
  - *The price of AYRHservices?*

#### **Theme 5: Impact of PASSAJE in Menstrual Hygiene Management**

- How have things evolved since the project was launched?
  - *What menstrual management skills have been acquired by those working in the education and health sectors (providers) and by beneficiaries (peer educators, class relays)?*
  - *How have these skills improved the quality of life of our teenagers?*
- How has the project helped to improve access to and quality of MRS/PDA services in your health posts?
  - *Did the project achieve results that weren't originally planned?*
  - *What solutions do you propose to perpetuate the gains we've made?*
  - *Are there needs not covered by current interventions?*

## **Theme 6: Lessons learned, sustainability and recommendations**

- What stood out for you the most?
- What lessons have you learned from your experience of implementing PASSAJE activities in your area of responsibility? What would you have improved?
- Will the positive effects of the project persist after the subsidy ends?
  - o *What are the key events undertaken to sustain PASSAJE?*
  - o *Is PASSAJE a sustainable project?*
- What recommendations do you have to consolidate what has been achieved?
- Do you have any observations or comments to make?

# Questionnaire on Knowledge, Attitudes and Practices on Reproductive Health among Adolescents and Youth

NB: This questionnaire will be sent to **both sexes, aged 10-24.**

*Hello,*

*We are sent by the NGO ChildFund to evaluate the PASSAJE project implemented by the NGO Childfund in your area...*

*The present questionnaire is submitted to you, and your answers will remain confidential and anonymous. You may stop answering at any time, or refuse to answer any questions that you feel uncomfortable with.*

*We will be happy to answer any questions you may have before the survey begins.*

## **I. Socio-demographic data**

**File number**

**Region**

**Department**

**Municipality**

**Village**

**Respondent's date of birth**

**Sponsor's telephone number (optional)**

**Gender of respondent**

**Survey date**

**No and signature of investigator**

**Are you currently attending school?** 1.yes 2.no

**If yes, are you :**

- 1. At the elementary school**
- 2. Medium level (between 6<sup>th</sup> and 3<sup>th</sup>)**
- 3. Secondary level (between 2<sup>nd</sup> and 12th grade)**
- 4. In a vocational training establishment**
- 5. In a higher education establishment**
- 6. In a Koranic school**
- 7. Other (SPECIFY).....**

**If not, have you ever been to school?**

- 1. Yes 2. no**

## **II. MENSTRUAL HEALTH MANAGEMENT**

### **a. Knowledge (DO NOT SUGGEST ANSWER)**

How often do you think a menstruating girl needs to change her sanitary pads? 1. Once a day 2. Twice a day

- How often do you think a menstruating girl should change her underwear?
3. At least three times a day
  4. Prefer not to answer
  5. Don't know
  1. Several times a day
  2. Every day
  3. Prefer not to answer
  4. Don't know
- Name good menstrual health practices or describe how to ensure hygienic menstrual management?
1. wash at least 1 to 2 times a day
  2. Change protection at least 3 times a day, or when soaked
  3. Wash your vulva thoroughly with water
  4. Change your underwear at least once a day
  5. Wash hands before and after changing sanitary products
  6. put on protectors
    - under running water to remove blood
    - then wash well with soap and water,
    - before soaking in lukewarm water mixed with salt (or bicarbonate)
    - and dry them in the sun;
    - keep in a dry place for future
  7. Use only
    - sanitary towels
    - or single-use protection
    - or clean, washable, cotton fabric
  8. Single-use towels: Wrap in a bag and dispose of in a garbage can or bury in a hole out of the reach of children.
- In your opinion, what are the consequences of poor menstrual health? SEVERAL ANSWERS POSSIBLE
1. Infections
  2. A bad smell
  3. A loss of self-confidence
  4. Stress
  5. Negative environmental consequences of improper disposal of sanitary towels

## b. Attitudes. DO NOT SUGGEST AN

- In your opinion, how can the effects of poor menstrual health be minimized?
1. Teaching menstrual hygiene to women and girls;
  2. menstrual hygiene among women and girls
  3. Educate young girls (from elementary school onwards and within the family) about the menstrual cycle and menstruation ;
  4. Teach girls to wash their vulvas and hands properly with soap and water;
  5. Teach girls to use sanitary towels and to dispose of or maintain them properly after use.

6. Raise parents' awareness of their role in managing girls' and women's menstrual health.
7. Raise teachers' awareness of their role in managing girls' and women's menstrual health.

**c. Experience & Practices (QUESTIONS ADDRESSED TO GIRLS ONLY; SUGGEST ANSWERS, ??)**

When your last period came, did you go to school? 1.yes 2.no

If you were absent because of your period, why?

1. It's embarrassing
2. Boys make fun of me
3. I didn't have anything to change into
4. My parents won't let me come to school
5. Other .....

Did you take part in any school sports activities during this period? 1.yes 2.no

What do you use when you're on your period?

1. Single-use sanitary towels
2. reusable washable sanitary towels
3. dedicated fabric materials /
4. Other (please specify)

When you are menstruating,

1. You wash your whole body at least once a day
2. Clean your vulva with soap and water, starting at the front and working your way back.
3. You always clean your private parts to avoid irritation and unpleasant odours.
4. You change your sanitary pads at least 3 to 4 times a day
5. If you use pieces of fabric, change them as soon as they get damp, then wash and dry in the sun or iron them.
6. You change your underwear at least once a day
7. Avoid wearing undergarments (briefs) that are too tight or made of synthetic materials (nylon);
8. Single-use sanitary towels that have already been used are squirted with water, squeezed and bagged before being disposed of in a lidded garbage can, not in the toilet.
9. You don't share intimate laundry
1. No sanitary pads available

What difficulties do you experience at school during your period (FOR GIRLS CURRENTLY IN SCHOOL)?

2. Lack of information about menstruation
3. No water
4. No toilets or unusable toilets
5. No waste garbage cans in toilets
6. Boys' teasing
7. Indifference/hostility of teaching staff
8. Other (please specify)

### III. HEALTHY LIVING SKILLS

**Which of the following values of healthy living practices do you agree with? SUGGEST ANSWERS**

1. chastit
2. abstinence (not having sex outside marriage) ;
3. avoid early intimacy
4. keep your virginity;
5. avoid multi-partnership ;
6. be proud of your body ;
7. avoid effeminate behavior (boys) ;
8. self-esteem and self-confidence;
9. refuse peer pressure ;
10. maintain physical integrity and privacy ;
11. avoid being alone with a boy or a girl;
12. have modesty and decency;
13. ban same-sex relationships;
14. abusive use of ICT (social networks, telephone).
15. Adopt traditional positive values: fula, fayda , kersa , joom ,

**What are the risk behaviors that may compromise the adolescent's MRS? DO NOT SUGGEST ANSWER**

1. Lack of personal hygiene
2. Lack of hygiene during menstruation
3. Unbalanced diet (too sweet, too salty, refusal to eat, etc.) ;
4. early, unwanted sexual relations and practices;
5. Unprotected sex
6. Use of harmful or dangerous substances
7. Ignoring the phenomena of menstruation, puberty and reproduction
8. Failure to observe hygienic measures during menstruation
9. Being in unsafe situations with risk of sexual abuse/violence

**What skills do you think young teenagers need for a healthy and harmonious reproductive and menstrual life (healthy living skills)? DO NOT SUGGEST ANSWER**

1. Apply basic personal hygiene rules
2. Understanding menstruation, puberty and reproduction
3. Apply menstrual hygiene management rules
4. Avoid the risks associated with early intimate relations (early and unwanted pregnancies, STIs, HIV-AIDS, malnutrition, obesity, etc.).

5. Avoid the use of harmful substances (tobacco, alcohol, drugs)
6. Avoid abusive use of social networks (cyberaddiction)
7. Identify situations at risk of abuse - sexual violence and seek help from a support person

**Thank you for your attention!**

## Observation guide for school sanitary blocks

*This guide is intended for observation of all schools in the project area.  
Please fill in as accurately as possible.*

Region of :

Department of :

School name :

Number of pupils in the school (girls and boys; by age group (10-14; 15-19; 20-24) :

10-14

15-19

20-24

Number of teachers in the school (by gender)

M

F

### Observations of the student block toilets

Toilet facilities Yes No

Separate toilets for girls and boys Yes No

If so, girls-only toilets are available: Yes No

- At least 4 cabins Yes No

- a hand-washing device Yes No

- a water tank or running water system Yes No

- a washbasin Yes No

- a shelf for bags Yes No

- A chute for sanitary towel disposal Yes No

The boys' toilets have : Yes No

- at least 4 cabins Yes No

- a hand-washing device Yes No

- urinals Yes No

- water tank or running water device Yes No

In the case of mixed toilets (boys and girls), they are equipped with :

- At least 4 cabins Yes No

- a hand-washing device Yes No

- a washbasin Yes No

- a shelf for bags Yes No

- A chute for sanitary towel disposal Yes No

- urinals Yes No

- water tank or running water device Yes No

These toilets have the following facilities for people with reduced mobility: Yes No

- an access ramp Yes No

- sufficient space for a wheelchair Yes No

- door handles Yes No

- handles near toilets Yes No

- accessible switches Yes No

General condition of toilets	Yes	No
- Tiling available	Yes	No
- Sight glass	Yes	No
- At least one septic tank	Yes	No
Comments		

## Observation grid for RMH services in healthcare facilities and schools

<p>Service Delivery Point</p> <p>Date : Direction régionale de la santé : District</p> <p>Type of structure: CS PS Structure name</p>	<p>School establishment</p> <p>Date : Inspection d'Académie Education and Training Inspectorate :</p> <p>School name</p>
---	--

Availability of the RMH /MHM service offering	Yes= 1	No= 0
1. Is there a space dedicated to offering health services to teenagers in your facility?		
2. Are there any healthcare personnel (nurses, midwives, etc.) or teachers trained to offer the RMH service to young teens? If so, specify their professional qualifications and number?		
3. Does the facility have a youth helper (or peer educator) trained in RMH who provides the service for the facility?		
4. Does the facility have the necessary equipment to offer quality services to young adolescents (posters on the anatomy of the female and male body, promotional materials for RMH; standard office equipment; audiovisual equipment; sound system, etc.)?		
5. Do the management tools available take into account the activities carried out with young people? If so, which ones?		
	Yes= 1	No= 0
<b>6. Are RMH services offered at your health facility/school?</b>		
6.1. RMH/MHM services offered in the healthcare facility OR the school?		
6.2. IEC/BCC activities on prevention and promotion of health-promoting behaviors (sexuality and early, unwanted pregnancies; abortions; personal hygiene, nutrition education, STI/HIV/AIDS prevention, practices harmful to adolescent health, etc.).		
6.3. Information and counseling activities for teens :		
6.3.1. disturbances and transformations of adolescence		
6.3.2. menstruation and Menstrual Health Management		
6.3.3. Gender-based violence (physical, moral, economic, harmful traditional practices; sexual)		

6.3.4.other RMH problems to be specified		
6.4. Voluntary, anonymous and free HIV testing		
6.5. early diagnosis/screening and medical/psychosocial care for the following cases:		
6.5.1.. sexual violence: abuse, rape, assault, sexual exploitation, forced relations, incest		
6.5.2.. survivors of GBV (physical and moral abuse, sexual violence, blackmail, "confiage" ...)		
6.5.3.. Users of harmful substances -(alcohol, drugs... )		
6.5.4.. mental health problems - unhappiness and suicidal thoughts; gloomy thoughts...(doldrums, TSTS...)		
6.5.5.. Pregnancy, childbirth and post-partum care		
6.6. Orientation/Referral to appropriate services when needed		
6.7. Information activities for parents and guardians of teenagers on the prevention of GBV		
6.8. What other activities or services do you offer? Please specify		
<b>7. Community interventions</b>		
7.1. Total number of CS/PS and espaces ados jeunes where Community Health Workers (relais, bajenu gox, ASC matrones), peer educators trained on RMH in your area of responsibility		
7.2. do you know how many young teenagers (aged 10-24) live in your area of responsibility?		
7.3. In your opinion, are teenage girls and boys (aged 10-24) in your area organized in groups? If so, what kind and how many?		
7.4. do you organize activities in your facility that specifically target teenagers?		
7.5. Are activities targeting adolescent girls and boys included in the planning and monitoring of your facility's activities?		
7.6. services offered		
<b>Service quality</b>		
<b>8. What are the working hours of the health center/UCOJ/EAJ?</b>		
<b>9. Is the calendar of activities adapted to the needs expressed by teenagers?</b>		
9.1. Is there a charge for the service for young teens?		
9.2. if yes, ticket price applied		

<b>10. how do you rate the way you are received at the health center/UCOJ/EAJ?</b>		
10.1. young teens who attend feel comfortable		
10.2. Ensures confidentiality, privacy and ease of interaction		
10.3. young people have opportunities to give their opinions on the services offered		
<b>SBCC activities (demand creation)</b>		
	<b>yes</b>	<b>No</b>
<b>11. activities targeting young teenagers implemented in the health or school structure</b>		
a. Discussions and debates		
b. Focus groups		
c. Interviewing /counseling		
d. Home visit		
e. Other (please specify)		
<b>Activities aimed at parents/families .</b>	<b>yes</b>	<b>No</b>
f. Meeting		
g. Community mobilization		
h. Other		
i. are there other ways of documenting youth activities?		

## EXPERIENCE REPORT GRID

(Manager/responsible for UCOJE, EAJ and MHM kits)

- |                                  |                                  |
|----------------------------------|----------------------------------|
| 1. Starting situation            | 2. Interventions carried out     |
| - Infrastructure                 | - Infrastructure                 |
| - Workforce                      | - Workforce                      |
| - Product availability for teens | - Product availability for teens |
| - Knowledge level                | - Training                       |
| 3. Success stories               | 4. Noted limits                  |
| - Use of services                | - Working tools                  |
| - School attendance              | - Health kits                    |
|                                  | - Coordination                   |
|                                  | - Other...                       |

Table20 Proportion of dedicated staff trained to offer RH services to young teens

Qualification of staff	Region								
	Diourbel			Thiès			Total		
	Type of structure			Type of structure			Type of structure		
	Schools N=8	PPS N=9	Total N=17	Schools N=8	PPS N=7	Total N=15	Schools N=16	PPS N=16	Total N=32
Teacher	87,5%	0,0%	41,2%	100,0%	28,6%	66,7%	93,8%	12,5%	53,1%
SFE	12,5%	100,0%	58,8%	0,0%	71,4%	33,3%	6,3%	87,5%	46,9%
Nurse assistant	12,5%	44,4%	29,4%	0,0%	14,3%	6,7%	6,3%	31,3%	18,8%
Nurse	0,0%	44,4%	23,5%	0,0%	28,6%	13,3%	0,0%	37,5%	18,8%

Table21 Average number of personnel per structure dedicated to AYRH

Total and average number of staff	Region								
	Diourbel			Thiès			Total		
	Type of structure			Type of structure			Type of structure		
	Schools N=8	PPS N=9	Total N=17	Schools N=8	PPS N=7	Total N=15	Schools N=16	PPS N=16	Total N=32
Total	16	22	38	16	19	35	32	41	73
Average	2	2.4	2.2	2	2.7	2.3	2	2.6	2.3

Table22 Existence of management tools to document youth activities

Total and average number of staff	Region								
	Diourbel			Thiès			Total		
	Type of structure			Type of structure			Type of structure		
	Schools N=8	PPS N=9	Total N=17	Schools N=8	PPS N=7	Total N=15	Schools N=16	PPS N=16	Total N=32
Female and male anatomy posters	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
RMH promotional materials	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Audiovisual equipment	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Sound	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Standard office equipment	50,0%	55,6%	52,9%	87,5%	57,1%	73,3%	68,8%	56,3%	62,5%
Chairs	0,0%	44,4%	23,5%	0,0%	28,6%	13,3%	0,0%	37,5%	18,8%

Table23 Types of services offered in health facilities and schools

RMH services offered at PPS / school level	Region								
	Diourbel			Thiès			Total		
	Type of structure			Type of structure			Type of structure		
	Schools N=8	PPS N=9	Total N=17	Schools N=8	PPS N=7	Total N=15	Schools N=16	PPS N=16	Total N=32
RMH/MHM service offering in the healthcare or educational establishment	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Orientation/Referral to appropriate services when needed	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Teen information and counseling activities	100,0%	88,9%	94,1%	100,0%	100,0%	100,0%	100,0%	93,8%	96,9%
International Menstrual Days	100,0%	100,0%	100,0%	87,5%	100,0%	93,3%	93,8%	100,0%	96,9%
IEC/BCC activities on prevention and promotion of health-promoting behaviors	100,0%	77,8%	88,2%	87,5%	85,7%	86,7%	93,8%	81,3%	87,5%
Distribution of RMH kits	100,0%	66,7%	82,4%	100,0%	14,3%	60,0%	100,0%	43,8%	71,9%
Talks	100,0%	66,7%	82,4%	100,0%	85,7%	93,3%	100,0%	75,0%	87,5%
Early diagnosis/screening and medical/psychosocial care for the following cases	87,5%	55,6%	70,6%	50,0%	71,4%	60,0%	68,8%	62,5%	65,6%
Information activities for parents and guardians of teenagers on the prevention of GBV	62,5%	55,6%	58,8%	50,0%	71,4%	60,0%	56,3%	62,5%	59,4%
Voluntary, anonymous and free HIV testing	12,5%	100,0%	58,8%	12,5%	85,7%	46,7%	12,5%	93,8%	53,1%
Other activities or services									
Guidance to schools for kits	12,5%	77,8%	47,1%	0,0%	100,0%	46,7%	6,3%	87,5%	46,9%
Budding RMH genius	62,5%	0,0%	29,4%	62,5%	14,3%	40,0%	62,5%	6,3%	34,4%

Table24 Topics covered in information and awareness-raising sessions on AYRH

Themes of information and counseling activities for teens	of Region	Region								
		Diourbel			Thiès			Total		
		Type of structure			Type of structure			Type of structure		
		Schools N=8	PPS N=8	Total N=16	Schools N=8	PPS N=7	Total N=15	Schools N=16	PPS N=15	Total N=31
Menstruation and Menstrual Health Management		100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Disturbances and transformations of adolescence		100,0%	100,0%	100,0%	87,5%	100,0%	93,3%	93,8%	100,0%	96,8%
Gender-based violence		75,0%	62,5%	68,8%	75,0%	71,4%	73,3%	75,0%	66,7%	71,0%

Table25 Types of themes discussed with teenagers

Early diagnosis/screening and medical/psychosocial care themes	Region	Region								
		Diourbel			Thiès			Total		
		Type of structure			Type of structure			Type of structure		
		Schools N=7	PPS N=5	Total N=12	Schools N=4	PPS N=5	Total N=9	Schools N=11	PPS N=10	Total N=21
Disturbances and transformations of adolescence		100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Menstruation and Menstrual Health Management		100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Gender-based violence		71,4%	100,0%	83,3%	75,0%	100,0%	88,9%	72,7%	100,0%	85,7%

Table26 Number of Community Health Workers trained in AYRH

Total number of CS/PS and espaces ados jeunes where peer educators have been trained in RMH in your area of responsibility	Region	Region								
		Diourbel			Thiès			Total		
		Type of structure			Type of structure			Type of structure		
		Schools N=8	PPS N=9	Total N=17	Schools N=8	PPS N=7	Total N=15	Schools N=16	PPS N=16	Total N=32
Total number		23	31	54	26	24	50	49	55	104
Average number		3	3	3	3	3	3	3	3	3

Table27 Teachers' and CHAs' knowledge of the number of teenagers in their area of responsibility

Knowledge of the number of young teenagers (aged 10-24) living in your area of responsibility	Region	Region								
		Diourbel			Thiès			Total		
		Type of structure			Type of structure			Type of structure		
		Schools N=8	PPS N=9	Total N=17	Schools N=8	PPS N=7	Total N=15	Schools N=16	PPS N=16	Total N=32

Knowledge of residents (10-24 years) in area of responsibility	37,5%	11,1%	23,5%	25,0%	57,1%	40,0%	31,3%	31,3%	31,3%
Total number	21118	10230	31348	12850	24699	37549	33968	34929	68897
Average number	7039	10230	7837	6425	6175	6258	6794	6986	6890

Table28 Organizing teenagers into groups

Are your local teenage boys and girls organized into groups?	Region									
	Diourbel			Thiès			Total			
	Type of structure			Type of structure			Type of structure			
	Schools N=8	PPS N=9	Total N=17	Schools N=8	PPS N=7	Total N=15	Schools N=16	PPS N=16	Total N=32	
Knowledge of teenage boys' and girls' organizations	100,0%	88,9%	94,1%	100,0%	100,0%	100,0%	100,0%	93,8%	96,9%	
Nature of organizations	N=8	N=8	N=16	N=8	N=7	N=15	N=16	N=15	N=31	
Talk group	100,0%	75,0%	87,5%	100,0%	100,0%	100,0%	100,0%	86,7%	93,5%	
Teams	62,5%	100,0%	81,3%	75,0%	71,4%	73,3%	68,8%	86,7%	77,4%	
School clubs	100,0%	37,5%	68,8%	100,0%	42,9%	73,3%	100,0%	40,0%	71,0%	
ASC	0,0%	100,0%	50,0%	0,0%	85,7%	40,0%	0,0%	93,3%	45,2%	
Dahira	0,0%	37,5%	18,8%	37,5%	14,3%	26,7%	18,8%	26,7%	22,6%	

Table29 integrating teenagers into activity planning

Integrate activities targeting teenage girls and boys into the planning and monitoring of your facility's activities	Region									
	Diourbel			Thiès			Total			
	Type of structure			Type of structure			Type of structure			
	Schools N=8	PPS N=9	Total N=17	Schools N=8	PPS N=7	Total N=15	Schools N=16	PPS N=16	Total N=32	
	100,0%	88,9%	94,1%	87,5%	85,7%	86,7%	93,8%	87,5%	90,6%	

Table30 Services offered in health care facilities and schools

Our services	Region									
	Diourbel			Thiès			Total			
	Type of structure			Type of structure			Type of structure			
	Schools N=8	PPS N=9	Total N=17	Schools N=8	PPS N=7	Total N=15	Schools N=16	PPS N=16	Total N=32	
RMH awareness campaigns	100,0%	88,9%	94,1%	100,0%	100,0%	100,0%	100,0%	93,8%	96,9%	
Raising awareness of signs suggestive of STIs	87,5%	66,7%	76,5%	87,5%	85,7%	86,7%	87,5%	75,0%	81,3%	
Raising awareness of illegal abortions	62,5%	55,6%	58,8%	62,5%	57,1%	60,0%	62,5%	56,3%	59,4%	
No	0,0%	11,1%	5,9%	0,0%	0,0%	0,0%	0,0%	6,3%	3,1%	

Table31 Average number of working hours per PES/school agent

Number of working hours	Region									
	Diourbel			Thiès			Total			
	Type of structure			Type of structure			Type of structure			

	Schools N=8	PPS N=9	Total N=17	Schools N=8	PPS N=7	Total N=15	Schools N=16	PPS N=16	Total N=32
Average in hours	9,38	18,44	14,18	9,50	15,71	12,40	9,44	17,25	13,34

Table32 Implementation of activities targeting young people in health facilities and schools

Activities targeting young teenagers in the healthcare or school setting	Region								
	Diourbel			Thiès			Total		
	Type of structure			Type of structure			Type of structure		
	Schools N=8	PPS N=9	Total N=17	Schools N=8	PPS N=7	Total N=15	Schools N=16	PPS N=16	Total N=32
Discussions and debates	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Interview /counseling	100,0%	77,8%	88,2%	100,0%	100,0%	100,0%	100,0%	87,5%	93,8%
Focus groups	87,5%	66,7%	76,5%	75,0%	85,7%	80,0%	81,3%	75,0%	78,1%
Tea debate	75,0%	66,7%	70,6%	87,5%	57,1%	73,3%	81,3%	62,5%	71,9%
Home visit	87,5%	55,6%	70,6%	62,5%	71,4%	66,7%	75,0%	62,5%	68,8%
Budding genius competition	75,0%	0,0%	35,3%	62,5%	14,3%	40,0%	68,8%	6,3%	37,5%
Fair	50,0%	22,2%	35,3%	62,5%	14,3%	40,0%	56,3%	18,8%	37,5%

Table33 Activities for parents and families

Activities for parents and families	Region								
	Diourbel			Thiès			Total		
	Type of structure			Type of structure			Type of structure		
	Schools N=8	PPS N=9	Total N=17	Schools N=8	PPS N=7	Total N=15	Schools N=16	PPS N=16	Total N=32
Meetings and/or community mobilization	100,0%	88,9%	94,1%	100,0%	71,4%	86,7%	100,0%	81,3%	90,6%
Community mobilization	75,0%	55,6%	64,7%	62,5%	71,4%	66,7%	68,8%	62,5%	65,6%
Door to door	0,0%	11,1%	5,9%	0,0%	0,0%	0,0%	0,0%	6,3%	3,1%

Table34 Existence of media to document youth activities

Existence of other media to document youth activities	Region								
	Diourbel			Thiès			Total		
	Type of structure			Type of structure			Type of structure		
	Schools N=8	PPS N=9	Total N=17	Schools N=8	PPS N=7	Total N=15	Schools N=16	PPS N=16	Total N=32
Evaluation grid-Supervision workbook	87,5%	88,9%	88,2%	100,0%	85,7%	93,3%	93,8%	87,5%	90,6%
Cahier-Registre	87,5%	44,4%	64,7%	87,5%	42,9%	66,7%	87,5%	43,8%	65,6%
Image boxes	12,5%	100,0%	58,8%	12,5%	100,0%	53,3%	12,5%	100,0%	56,3%
Minutes	75,0%	33,3%	52,9%	50,0%	28,6%	40,0%	62,5%	31,3%	46,9%
Attendance sheet	75,0%	11,1%	41,2%	37,5%	14,3%	26,7%	56,3%	12,5%	34,4%

Table35 : number of pupils per region in schools

Region	Gender	Sum	Average	AND	Median	Minimum	Maximum
Diourbel	Boys	4465	558	286	500	273	1141

Final evaluation of PASSAJE, Childfund-BMZ on Adolescent and Youth Reproductive Health in the regions of Thiès and Diourbel (Senegal) December-January 2024

Thiès	Girls	6461	808	478	651	340	1788
	Total	10926	1366	761	1151	613	2929
	Boys	3756	470	164	449	223	671
Total	Girls	4950	619	224	643	266	955
	Total	8706	1088	380	1045	489	1626
Total	Boys	8221	514	230	484	223	1141
	Girls	11411	713	374	651	266	1788
	Total	19632	1227	598	1111	489	2929

Table36 : Distribution of school personnel

Region	Gender	Sum	Average	AND	Median	Minimum	Maximum
Diourbel	Men	251	31	19	26	19	76
	Women	55	7	5	5	4	18
	Total	306	38	23	32	23	94
Thiès	Men	204	26	7	23	19	38
	Women	220	28	21	21	10	77
	Total	424	53	23	48	29	106
Total	Men	455	28	14	25	19	76
	Women	275	17	18	12	4	77
	Total	730	46	23	38	23	106