



Laboratoire Santé et droits sexuels et reproductifs des adolescents :

Produire des données
probantes et renforcer
les capacités
nationales

Mise à jour

May 2020

Partenaires:

Université du Manitoba
Plan InternationalCanada

RÉALISATIONS À CE JOUR :

- **Atelier relatif aux données pour de nombreux pays :**
 - **Septembre 2019 :** Facilitation d'un atelier de renforcement des capacités techniques en Éthiopie ayant réuni des participants de 10 pays africains dans l'établissement d'une base de données pour des profils pays en matière de santé et de droits sexuels et reproductifs des adolescents (SDSRA). L'atelier a permis de renforcer la capacité analytique des analystes et des universitaires qui y ont participé à travers un travail conjoint sur des analyses de grandes bases de données nationales axées sur les dimensions importantes et pertinentes de la SDSRA et du genre.
 - **Mars 2020 :** Publication d'un document de synthèse sur la santé sexuelle et reproductive des adolescents en Afrique subsaharienne, fondé sur des analyses pour l'atelier, dans [BMJ Global Health](#) dans le cadre d'une série spéciale commanditée par Countdown to 2030 for Women's, Children's and Adolescents' Health.
- **Examen de données probantes** afin de cerner : i) les meilleures méthodes pour la collecte de données quantitatives en SDSRA, et ii) des variables essentielles pour la compréhension de la SDSRA – amenant l'équipe de projet à faire l'essai de méthodes mixtes novatrices.
- **Data collection strategies and instruments:** Created and designed for implementation in Tanzania to integrate multiple mixed methods to measure ASRHR programming, such as:
 - **Enquêtes pour l'évaluation d'établissements de santé :** Élaboration à l'aide de l'outil [SARA](#) (Mesurer la disponibilité et la capacité opérationnelle des services), jumelé à des questions sur la violence sexuelle et fondée sur le genre et la sensibilité au genre des services qu'utilisent les adolescents (adapté de JHPIEGO et partenaires). Cette information sera recueillie pendant un an.
 - **Survey:** Project team experimented with testing diverse, short question formats by including indirect questioning of SRH behavior and sensitive issues with lists and vignettes (e.g., sexual violence, abortion). Focus was placed on crucial indicators to reduce resource-intensive surveys where data remains under-analyzed. The survey was sampled across 2,000 adolescents between the ages of 15 and 19 from the Kisesa cohort.
 - **Quantitative:** Designed a tablet-based and self-completed questionnaire to cater to different literacy levels. The text is accompanied by audio, relaying the questions, instructions and response options through headphones.
 - **Qualitative:** Trained peer researchers in thematic areas of (to conduct peer ethnography with participatory focus in qualitative data methodologies): ASRHR knowledge; service use and barriers to accessing services; and how to reach adolescents with services or research, enabling adolescents to participate in data production rather than being researched.



PROCHAINES ÉTAPES :

- **Finalizing a data set:** Data collection and implementation in Kisesa, Tanzania was completed in 2019 and the Lab is now finalizing the data set and beginning initial analyses.
- **Convening learning spaces:** Planning is ongoing to deliver workshops to share and discuss research findings completed across ten sites. This will advance current work and best practices among partners on measurement and monitoring of ASRHR, gender equity and related reproductive, maternal and child health and nutrition issues.
- **Reaching consensus:** Ongoing partner touchpoints support the selection of a core suite of indicators, methods and tools for measurement and monitoring of ASRHR programs and projects and how to refine and package these for use by non-governmental organizations (NGOs).
- **Implementation of qualitative strategy method:** A qualitative strategy method was developed based on peer ethnography and it will now be implemented in Rukwa, Tanzania in partnership with Plan Tanzania.

CONSTATS PARTAGÉS :

- **Centering confidentiality:** Partners identified concerns of protecting the confidentiality of sensitive information disclosed by adolescents. This concern guided the decision to develop a literacy-accessible, tablet-based self-completed questionnaire to enable safe, confidential methods for disclosing critical gender-sensitive issues, such as abortion and sexual violence.
- **Community sampling:** Qualitative peer ethnography reflects targeted purposive sampling across implementation states, including: socio-economic profile (town centre, roadside and rural), and working with schools and community leaders, to include in-school and out-of-school adolescents across the different age groups.
- **Regular communication:** Multiple organizational partners influenced well-informed priority settings and action areas and mitigated the risk of activity duplication with emphasis on established roles and responsibilities early on in project design.
- **Rigour and relevance:** Tanzania field work will combine:
 - i) established research infrastructure in Mwanza and the National Institute for Medical Research (NIMR) of large sample size (2000+ cohort) to strengthen the analytical rigor of data collected; and,
 - ii) tool testing refinement within the context of Plan Tanzania's Uzazi Salama project in Rukwa county, enabling data instruments which are scientifically sound and program relevant.



OBSERVATION:

“While providing support and feedback, it has also allowed us the space and flexibility to pursue the project activities in a manner that works for the partners involved. Awareness of the other Labs and their activities has helped narrow and define the scope of our work as well and other Labs will be invited to participate in the final workshop. In addition, visits by the [CanWaCH team to the study site in Mwanza](#) ensured that the study team felt their valuable contribution was recognized.”

- *Partner from University of Manitoba*

RESSOURCES:

- [Melesse DY, Mutua MK, Choudhury A, et al Adolescent sexual and reproductive health in sub-Saharan Africa: who is left behind? BMJ Global Health 2020;5:e002231](#)
- [Service availability and readiness assessment \(SARA\)](#)
- [JHPEIGO](#)
- Countdown to 2030: [Country Dashboards](#)
- Countdown to 2030: [September 2019 Brief](#) and [country equity profiles](#)
- [Countdown to 2030 - List of Publications](#)

CanWaCH

Canadian Partnership for
Women and Children's Health



CanSFE

Partenariat canadien pour
la santé des femmes et des enfants

Canada 