

Subject: IDRC's webinar series "Thriving in Safety: Advancing adolescent health and rights and ending gender-based violence in Central and West Africa" - [Additional information about webinar 3](#)

Webinar 3- Key Takeaway

The presentation by Prof. Issakia Sombié followed by an engaging discussion with the four panelists including Tracey Hébert-Seck, Astou Diouf Gueye, Bertin Rutega and Dr Abdoul-Moumouni Nouhou, surfaced several important insights on the sustainable future for adolescent health and wellbeing in Central & West Africa. Some highlights include:

- **Persistent barriers:** Adolescents in West and Central Africa face major obstacles to sexual and reproductive health, including unsafe abortion, restrictive laws, procedural delays, stigma, and limited access to care.
- **Unsafe abortion crisis:** Every nine seconds, an unsafe abortion threatens a woman's life in the region, highlighting urgent action needed for adolescent girls.
- **Legal & procedural challenges:** Survivors of sexual violence encounter retraumatizing legal requirements, unclear medical guidance, and stigma even when abortion is legally allowed.
- **Socioeconomic & cultural influences:** Access to services varies by social status, geography (urban vs. rural), and marital status; qualitative data on these realities remains scarce.
- **Mental health link:** Mental health issues tied to reproductive health are often overlooked unless physical symptoms appear; more research is needed on this intersection.
- **Collaborative approaches:** Improving adolescent health requires multisectoral collaboration—health, education, justice, and community actors—plus inclusive strategies involving scientists, policymakers, and local leaders.
- **Community engagement:** Local leaders, parents, and youth play a critical role in implementing policies and addressing harmful practices.
- **International partnerships:** Regional and global collaborations aim to strengthen local leadership and integrate evidence into program design and evaluation.
- **Digital innovation:** Tools like health apps, social media, and youth-friendly spaces are key to improving access and engagement.
- **Data gaps:** There is an urgent need for detailed qualitative and mental health data to inform evidence-based policies and adapt interventions to local realities.
- **Evidence into action:** Successful examples show research informing policies on child marriage and gender-based violence.
- **Support for survivors:** Innovative practices include specialized centers, psychosocial support, vocational training, and legal reforms to protect and empower adolescent survivors.
- **Future recommendations:** Trust and empower youth, strengthen stakeholder interconnection, and recognize adolescents as a distinct group with unique needs.

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Webinar 3 - Q&A

After the webinar, some of the speakers kindly replied to the questions asked by the audience

QUESTION 1: *Is the desire to have a child during early adolescence normal, legitimate, or pathological? How should we respond to it, address it, and integrate it into community interventions in contexts where having children is highly valued in certain communities?*

RESPONSES

Bertin Rutega

"The question is not clear. The desire for an adolescent girl to have a child is normal. She projects herself into the future, thinks about the family she will build, and dreams. It is legitimate for her to think about that. But the problem lies in her age. She does not have the ability to discern. She lacks maturity. She does not understand the stakes, the responsibilities, or the consequences of having a child at that age. There is also the law in some countries that clearly states that a child of that age does not have the capacity to give consent."

Tracey Hébert-Seck

"The desire to have a child during adolescence can be normal and legitimate (to use the terms of the question) in certain social and sociocultural contexts. Indeed, in several communities, early motherhood is not perceived as a problem, but rather as: a sign of fertility; a mark of honor or maturity; a pathway to social integration for the young girl. Thus, the desire for a child can be culturally legitimized and seen as normal by young girls due to social norms that may be harmful to girls and women, such as child and early marriage, which exposes young girls to health risks (early pregnancies, maternal mortality, obstetric fistulas), educational risks (school dropout, limited opportunities for decent employment), and socio-economic risks (Gender-based violence (GBV), early marriages)).

The response must be based on human rights, non-judgment, protection, and information: respecting choices while reducing risks through access to information on reproductive health, contraception, protection against violence, and strengthening their leadership capacity.

Concrete actions that can be integrated into community interventions:

1. Human rights-based approach
2. Strengthen comprehensive sexuality education (CSE)
3. Youth- and adolescent-friendly health services
4. Intergenerational and community dialogue and involvement of families/parenting and positive masculinity
5. Protection and prevention of GBV
6. Monitoring and cultural adaptation
7. Culturally sensitive approaches
8. Participatory and inclusive multisectoral approach (community leadership in planning, implementation, monitoring, evaluation)
9. Availability of competent providers (target-centered approach)"

QUESTION 2: *Having worked on the sexual and reproductive health of young people with disabilities in Abidjan, I observe that these populations, although highly exposed to violence, remain poorly integrated into policies and programs. How can we ensure that future strategies to combat gender-based violence are truly inclusive?*

RESPONSES

Bertin Rutega

"Inclusivity must be incorporated into care protocols, Standard Operating Procedures (SOPs), and also into each country's national strategy to combat GBV. Staff (service providers) must also be trained on inclusivity."

Tracey Hébert-Seck

1. Meaningful participation

- Involve, from the design stage, organizations of persons with disabilities as well as young people with disabilities to define priorities and adaptations.

2. Diagnosis and disaggregated data

- Integrate disability indicators into reproductive health, and GBV surveys and GBV monitoring systems (type, location, relationship between perpetrator/victim). Without data, there is no inclusion.
- Require systematic disaggregation in all reports.

3. Universal accessibility

- Make reception centers, reporting points, and health facilities accessible (physical, communication, financial, etc.).
- Provide information materials in braille, audio, and pictograms.
- Adapt GBV protocols for intellectual, auditory, visual, and motor impairments.

4. Specialized training

- Train health workers, social workers, and judicial actors on the specificities of violence against persons with disabilities, consent, adapted communication, and protections.

5. Adapted reporting mechanisms

- Accessible confidential channels (phone numbers, SMS, apps) and trained focal points in each district.

6. Strengthening social safety nets & protection

- Integrated care protocols (health + psychosocial + protection + justice) for victims with disabilities; transport and financial assistance if necessary.

7. Inclusion in national policies, budget, and monitoring

- Make inclusion a mandatory standard in national GBV, adolescents and youth reproductive health, empowerment, employment, and community health strategies.
- Require every GBV strategy to include a budget line for inclusion (adaptations, training, communication) as well as performance indicators.
- Align with the Convention on the Rights of Persons with Disabilities (CRPD), national disability policy, and guidelines from the Ministries of Health, Family, etc.

8. Targeted awareness campaigns

- Messages that deconstruct stigma and explain the right of persons with disabilities to bodily integrity. "

QUESTION 3: *How can we ensure that projects initiated during pilot funding do not stop once the budgets end?*

RESPONSES

Bertin Rutega

"Exit plans must be developed right from the project design stage.
Funding sources should be diversified to avoid dependence on a single financial partner."





Tracey Hébert-Seck

"Sustainability requires planning from the outset: institutional anchoring, skills transfer, national budget allocation, and diversification of support. Pilot projects should be designed as phases of a national integration plan.

Concrete measures for sustainability:

- 1. Mandatory transition plan from the pilot phase**
- 2. Progressive co-financing and alignment with public budgets**
- 3. Integration into existing services**
- 4. Capacity building and skills transfer**
- 5. Alternative financial models**
- 6. Institutionalize innovative initiatives in this field**
 - Explore responsible public-private partnerships, health micro-insurance, financing through local mutual funds, and targeted subsidies from local authorities.
- 7. Involvement of local authorities and community mobilization & ownership**
 - Rely on local authorities by integrating interventions into community development plans and local budgets
 - Involve health committees, mothers' associations, and youth groups; facilitate community assumption of certain operational costs (logistics, mobilization).
- 8. Gradual scaling phases**
 - Plan a phased scale-up by prioritizing high-performing pilot districts and reallocating savings achieved.
- 9. Work with structures that will remain beyond the project.**
 - This ensures that integrated practices become routine. Examples: health centers, health districts, youth inspectorates, schools, justice houses, local organizations of persons with disabilities (OPDs)."

Webinar 3 – Speakers’ information

<p>Professor Issiaka Sombié is a renowned epidemiologist with over 30 years of experience in health research in West Africa. He is a full professor at Nazi Boni University in Burkina Faso and former Acting Director of the Department of Public Health and Research at the West African Health Organization. Author of more than 150 scientific publications, he actively contributes to several regional and international research networks.</p>	
<p>Ms. Tracey Hébert-Seck is the Resident Representative of the United Nations Population Fund (UNFPA) in Senegal. With 30 years of experience in international development, she has held key positions in Africa, Europe, and Central America, notably with the Peace Corps, UNOPS, and USAID.</p>	
<p>Mr. Bertin Rutega Nkwale has been the Program Director at the Panzi Foundation in the Democratic Republic of Congo for 9 years. He oversees the design, implementation, and monitoring of projects related to the prevention and response to gender-based violence, including sexual violence in conflict settings. Before joining Panzi, he held various positions in NGOs, notably at the Norwegian Refugee Council, CORDAID, and Bread for the Disinherited, with a strong commitment to women’s empowerment and conflict transformation. Watch the trailer: MUGANGA, The One Who Treats.</p>	
<p>Ms. Astou Diouf Gueye has been the National Director of Gender Equity and Equality at the Ministry of Family and Solidarity in Senegal since 2019. She has held several key positions within the government, including Director of Family Affairs and Technical Advisor. For more than 20 years, she has represented Senegal in international forums on gender issues, women’s rights, and peace and security.</p>	

[Dr. Abdoul-Moumouni Nouhou](#) is a demographer with more than 15 years of experience in the design, implementation, and evaluation of population and health programs in West Africa. He is currently a Researcher and Executive Director at [GRADE Africa](#). His work focuses on maternal and child health, sexual and reproductive health, education, women's empowerment, and broader demographic dynamics.

Projects' links:

- Understanding norms and preventing child marriage to promote adolescents' reproductive health in Niger ([French](#)). Funded by [IDRC](#).
- Expanding contraceptive choice among adolescents and youth: Full Access, Full Choice ([French](#)). Funded by the Bill & Melinda Gates Foundation in collaboration with the Carolina Population Center (University of North Carolina at Chapel Hill):
- Mazan Daga and adapted care for better maternal health in Niger ([French](#)). Funded by IDRC



Links shared during Webinar 3

- Recent study released during the International Conference on Family Planning in Bogotá, Colombia. The study "**The Maze Women Face: Stuck Between Rights and Reality**" was done by Rutgers and CERRHUD in Benin, Burkina Faso, Côte d'Ivoire, Togo and Cameroon ([Full report](#); [Executive summary](#); [website](#))
- [Journal supplement](#) for the [Gender Transformation for Africa \(GT4Africa\) initiative](#)
- Journal supplement titled "[Context matters: Real-world evidence and impact for better sexual and reproductive health in West Africa and the Middle East](#)" for the [Cedar Cohort initiative](#)