



SANSAS II

Sexual and Reproductive Health of Adolescents and Youth in Senegal

Context

In Senegal, adolescents and young people still face significant challenges in exercising their sexual and reproductive health rights, despite a favorable policy environment. Conservative socio-cultural norms, gender inequalities, lack of information, and weak health services limit access to quality services, particularly for girls and rural populations.

These obstacles lead to unmet contraceptive needs, early pregnancies, and high exposure to gender-based violence. This project aims to improve young people's access to appropriate services, strengthen their information and empowerment, and combat unfavorable social norms in order to sustainably reduce inequalities in access to SRHR. Its strategy will focus on three complementary and interconnected areas of intervention, based on the lessons learned and knowledge gained from phase 1 of SANSAS.

KEY INFORMATIONS



Project duration: 42 months (January 2026 - June 2029).



Beneficiaries: 73,380 young people and adolescents, 370 health professionals, and 310 community health workers, 920 school staff members, 240 parents of students, 300 cultural/community association staff members, 400 community, religious, and traditional leaders, 8 journalists, and 18 hosts from 4 community radio stations, as well as all viewers and listeners of "C'est la vie!" ."



Funding: the French Development Agency (AFD) and the Bill & Melinda Gates Foundation.



Partners: Solthis, RAES, Equipop, JED.



Country of intervention: Senegal (Thiès and Sédhiou regions).

OBJECTIVES

The SANSAS II project aims to help improve access to sexual and reproductive health and rights (SRHR) for adolescents and young people, particularly girls, young women, and vulnerable young people in Senegal.

Specific objectifs:

- Improve the availability, quality, and integration of sexual and reproductive health services tailored to adolescents and young people ;
- Enhancing the capacity of adolescents, young men, and young women to exercise their SRHR ;
- Contribute to strengthening a social and legal environment that is favorable to DSSRAJ and gender-sensitive.



EXPECTED OUTCOMES

- **R1.** Sexual and reproductive health services for adolescents and young people (SRHAYP) will be expanded in Phase 1 districts, with widespread training and workshops on SRHAYP and the integration of SMNI-PF-Nutrition. Services will remain focused on the specific needs of young people, inclusive and adapted, while additional training will target girls and women on gynecological violence, menstrual health, and self-care in contraception. An advanced strategy inspired by the “traveling” midwife model (SAFI) will also be deployed in priority areas.
- **R2.** Adolescents and young people, as well as stakeholders, will be empowered to make better use of awareness-raising tools and campaigns tailored to the needs of young people, including in schools. Young leaders will be supported in developing their capacity to take action on menstrual health, gender-based violence, and gynecological violence, and to replicate these actions at the community level, while participating in local health governance bodies.
- **R3.** Civil society organizations and partner coalitions will be supported to amplify their advocacy efforts with decision-makers and the private sector. The project's data and best practices will be capitalized on, disseminated, and used to fuel public debate and strengthen the institutionalization of the project's approaches at the national level, particularly in terms of training and combating gender-based violence.

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