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### ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>CSE</td>
<td>Comprehensive Sexuality Education</td>
</tr>
<tr>
<td>DRC</td>
<td>Democratic Republic of the Congo</td>
</tr>
<tr>
<td>FP</td>
<td>family planning</td>
</tr>
<tr>
<td>HIPs</td>
<td>High-Impact Practices in Family Planning</td>
</tr>
<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
</tr>
<tr>
<td>LARC</td>
<td>long-acting and reversible contraceptives</td>
</tr>
<tr>
<td>LMIC</td>
<td>low- or middle-income countries</td>
</tr>
<tr>
<td>mCPR</td>
<td>modern contraceptive prevalence rate</td>
</tr>
<tr>
<td>OP</td>
<td>Ouagadougou Partnership</td>
</tr>
<tr>
<td>PRB</td>
<td>Population Reference Bureau</td>
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<tr>
<td>RH</td>
<td>reproductive health</td>
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<tr>
<td>SRH</td>
<td>sexual and reproductive health</td>
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<tr>
<td>STI</td>
<td>sexually transmitted infection</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific, and Cultural Organization</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>YF</td>
<td>youth-friendly</td>
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INTRODUCTION

Governments around the world have made great strides in creating policies that support the health and human rights of young people. Increasingly, countries have institutionalized the rights of adolescents and young people to access health services, including sexual and reproductive health (SRH), within formal laws and policies. Statements by the United Nations Population Fund (UNFPA), World Health Organization (WHO), and others have underscored the urgency for international organizations and governments to ensure that all young people have informed choice and full access to contraceptives.1

Despite growing commitment from decision-makers, many barriers remain for young people who want to use contraception. A limited evidence base has hampered systematic assessment and mapping of the key policies and programs that govern young people’s ability to access family planning (FP) information, services, and commodities. Governments and their partners lack clear guidance on supporting interventions that ensure their commitments to expanding FP use among young people are realized. Similarly, civil society needs to establish monitoring efforts to understand how countries address the needs of youth in their laws and policies and to identify areas for improvement.

To address this evidence gap, the Population Reference Bureau (PRB) has developed a “Youth Family Planning Policy Scorecard” to measure and compare countries’ youth FP policies and programming. The scorecard compiles and analyzes the evidence that identifies the most effective national policies and program interventions to promote uptake of contraception among youth, defined as people between the ages of 15 and 24. This report details the purpose of the new scorecard, describes its methodology and indicator selection process, and summarizes results for 16 countries.

In the scorecard the term “family planning” refers to contraception and related services, as is common among advocates. However, the term “family planning” is less useful when considering youth’s unique reproductive health needs, since many young people have not yet begun planning a family, although they do need access to contraception. The scorecard uses the terms “family planning,” “FP,” and “contraception” interchangeably.
PURPOSE

The scorecard is designed to allow quick assessment of the extent to which a country’s policy environment enables and supports youth access to and use of FP by promoting evidence-based practices. The scorecard can be used by governments, donors, and advocates to:

- Evaluate the inclusion of evidence-based interventions and policy language shown to reduce barriers and/or increase youth access to contraception in countries’ policies.
- Set policy priorities and guide future commitments based on gaps and areas of weakness identified by the scorecard.
- Compare policy environments across countries.

The scorecard evaluates the status of existing youth FP policies reflected in official government documents. Policies are understood to be government-authored laws, regulations, and strategies to set priorities and/or achieve a particular objective. Specifically, the scorecard assesses a country’s policy framework (constitutions, laws, reproductive health acts, etc.) and programmatic guidelines (FP costed implementation plans, adolescent health strategies, youth development plans, etc.) that impact youth FP.

From Policy Commitments to Implementation

Policy statements provide only a partial view into youth’s ability to fully access and use contraception. The scorecard, in its current form, does not evaluate implementation of country commitments. While commitments are an important first step, the extent to which they are implemented is the true measure of improvements in health and well-being. Further research, building on the knowledge generated by this scorecard, will be important to assess the implementation of policies and their full impact on young people’s access to and uptake of FP.
METHODS

To identify policy and program interventions that have been proven to increase youth use of contraception, PRB staff conducted a literature review of 42 studies and systematic reviews (scholarly, gray, and program reports) on youth SRH published between 2000 and 2016. From this evidence base, we identified legal approaches and programmatic interventions that have proven effective in improving access to and use of contraception among youth ages 15 to 24. We did not include adolescents ages 10 to 14 in the review, due to limited data for this age group.

The evidence on what works to address youth FP needs is varied and at times contradictory, due in part to the nature of this population. Youth’s thoughts, interests, and behaviors are constantly changing and evolving, and different populations of youth (for example married, out of school, disabled) have targeted needs. Further, the impacts of youth interventions are often not observable for years after a study closes, when youth may initiate or resume sexual behavior. Variations in outcomes are also related to intervention design and implementation. The 2016 Lancet Commission on Adolescent Health and Wellbeing found greater effectiveness when interventions were packaged together rather than implemented individually; however, when interventions are packaged together it can be challenging to tease out the impact of specific interventions. Finally, the manner in which interventions are implemented varies by study.

Acknowledging these challenges, we selected policy and program interventions for which three conditions apply:

- Evidence from low- or middle-income countries (LMIC) shows the policy or program intervention removes a barrier to or results in increased contraceptive use among youth (ages 15 to 24).
- It is feasible for the policy or program intervention to exist or be adopted at scale at the national level in most LMIC.
- The policy or program intervention can be compared across countries.

When selecting indicators, we chose those with supporting evidence directly linked to increased youth contraceptive use, although this choice limited the number of policy and program interventions that were ultimately included. Cash transfer programs, for example, have had an impact on decreasing pregnancies among youth and increasing age of sexual debut, but the evidence has not yet identified a direct link to contraceptive use.

We shared two draft sets of indicators with youth SRH experts, revised the framework based on their feedback, and ultimately selected six indicators that fit the selection criteria:

- Parental consent, spousal consent, or provider discretion.
- Restrictions based on age.
- Restrictions based on marital status.
- Comprehensive sexuality education (CSE).
- Youth-friendly FP service provision.
- Community support for youth FP services.

We devised three color-coded categories to classify how well a country is performing for each indicator. For each indicator, the color assigned is based on the extent to which a country provides the most favorable policy environment for youth to access and use contraception:

**GREEN:** Strong policy environment.

**YELLOW:** Promising policy environment but room for improvement.

**RED:** Policy environment impedes youth from accessing and using contraception OR a policy addressing the indicator does not exist.

To conduct this analysis, we reviewed all potentially relevant policy documents published by each country’s government that could be accessed online. We contacted multiple government and nongovernmental stakeholders in each country to ensure that relevant policies were not inadvertently omitted and to validate our analysis. A full list of policies reviewed is provided in each country summary.
## Scorecard Indicators Overview

The following table summarizes the definitions and categorizations of the six scorecard indicators, with details provided below.

<table>
<thead>
<tr>
<th>Policy Indicator</th>
<th>Strong Policy Environment</th>
<th>Promising Policy Environment but Room for Improvement</th>
<th>Policy Environment Impedes Youth from Accessing and Using Contraception OR a Policy Addressing the Indicator Does Not Exist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Consent, Spousal Consent, or Provider Discretion</td>
<td>Law or policy exists that supports youth access to FP services free from provider discretion AND consent from a parent or spouse.</td>
<td>Law or policy exists that supports youth access to FP services free from one or two of the following: provider discretion, parental consent, or spousal consent, but not all three.</td>
<td>Law or policy exists that requires provider discretion OR consent from a parent OR spouse for youth access to FP services.</td>
</tr>
<tr>
<td>Restrictions Based on Age</td>
<td>Law or policy exists that supports youth access to FP services regardless of age, including the provision of long-acting and reversible contraceptives (LARCs).</td>
<td>Law or policy exists that supports youth access to FP services regardless of age but does not include provision of a full range of methods.</td>
<td>Law or policy exists that restricts youth from accessing a full range of FP services based on age.</td>
</tr>
<tr>
<td>Restrictions Based on Marital Status</td>
<td>Law or policy exists that supports youth access to FP services regardless of marital status.</td>
<td>Law or policy exists that supports access to FP services for unmarried women, but without specifying youth.</td>
<td>Law or policy exists that restricts youth access to FP services based on marital status.</td>
</tr>
<tr>
<td>Comprehensive Sexuality Education</td>
<td>Policy supports the provision of sexuality education AND mentions all nine UNFPA essential components of CSE.</td>
<td>Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.</td>
<td>Policy promotes abstinence-only education OR discourages sexuality education.</td>
</tr>
<tr>
<td>Youth-Friendly FP Service Provision</td>
<td>Policy mentions all seven core elements of the High-Impact Practices in Family Planning (HIPs) recommendations for adolescent-friendly contraceptive services AND explicitly mentions the provision of a full range of contraceptive methods to youth.</td>
<td>Policy references targeting youth in provision of FP services but mentions fewer than seven of the core elements of the HIPs recommendations for adolescent-friendly contraceptive services.</td>
<td>No policy exists targeting youth in the provision of FP services.</td>
</tr>
<tr>
<td>Community Support for Youth FP Services</td>
<td>Policy outlines a detailed strategy to build community support for youth FP services, including one or more of the following approaches: mass media/multimedia, community engagement, awareness campaigns.</td>
<td>Policy references engaging the community to support youth access to FP, but does not include specific intervention activities.</td>
<td>No policy exists to build community support for youth FP services.</td>
</tr>
</tbody>
</table>
Parental Consent, Spousal Consent, or Provider Discretion

Many countries have taken a protectionist approach to legislating youth’s access to FP services, based on a belief that young people need to be protected from harm and that medical providers, parents, or spouses should be able to overrule their reproductive health decisions. Instead, these laws serve as barriers that inhibit youth’s access to a full range of SRH services, including FP. For example, an International Planned Parenthood Federation study in El Salvador reports that laws requiring parental consent for minors to access medical treatment create a direct barrier for youth to access FP. The study recommends: “Primary legislation should clearly establish young people’s right to access SRH services, independent of parental or other consent; to avoid ambiguity and the risk that informal restrictions will be applied at the discretion of service providers.”

Global health and human rights bodies stress the importance of recognizing young people’s right to freely and responsibly make decisions about their own reproductive health and desires. The 2012 International Conference on Population and Development Global Youth Forum recommended that “governments must ensure that international and national laws, regulations, and policies remove obstacles and barriers—including requirements for parental and spousal notification and consent; and age of consent for sexual and reproductive services—that infringe on the sexual and reproductive health and rights of adolescents and youth.”

National laws should reflect open access to FP services for youth, without being subject to parental consent, spousal consent, or provider discretion. Provider discretion is understood to be any legal provision that allows a provider to determine eligibility for youth to access contraception apart from medical eligibility criteria, such as the provider’s personal belief.

Laws around consent to FP services are often unclear or contradictory. The scorecard intends to recognize countries that explicitly affirm youth’s freedom to access FP services without parental consent, spousal consent, or provider discretion. Countries that have created such a policy environment have been placed in the green category, signifying the most favorable policy environment, because their definitive legal stance provides the necessary grounding from which to counteract social norms or religious customs that may restrict young people’s ability to access FP services. Policies that underscore the obligation of providers to service youth without discrimination or bias are considered fully supportive of youth access to contraception and contribute to a green categorization under this indicator.
Youth seeking contraception, including long-acting and reversible contraceptives (LARCs), are frequently faced with scrutiny or denial from their provider based on their age. The WHO medical eligibility criteria for contraceptive use, however, explicitly states: “Age alone does not constitute a medical reason for denying any method to adolescents.”

Restrictions Based on Age

<table>
<thead>
<tr>
<th>Law or policy exists that supports youth access to FP services regardless of age, including the provision of long-acting and reversible contraceptives (LARCs).</th>
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<tbody>
<tr>
<td>Law or policy exists that supports youth access to FP services regardless of age but does not include provision of a full range of methods.</td>
</tr>
<tr>
<td>Law or policy exists that restricts youth from accessing a full range of FP services based on age.</td>
</tr>
<tr>
<td>No law or policy exists addressing age in access to FP services.</td>
</tr>
</tbody>
</table>

Countries that explicitly protect access to FP regardless of age but do not explicitly protect youth access to a full range of contraceptive methods, including LARCs, are placed in the yellow category. Countries that allow youth to access LARCs but place restrictions based on parity or other characteristics that do not align with WHO medical eligibility criteria, are also placed in the yellow category. These countries are on the right track but would have a stronger enabling environment if their policies explicitly mentioned youth’s right to access a full range of contraceptive methods regardless of age.

A country is placed in the red category if it has a policy in place that restricts access to FP services based on age alone or lacks any policy addressing age as a determinant to access FP services. These policies create a direct barrier for youth seeking contraception.
A 2014 systematic review identified laws and policies restricting unmarried youth from accessing contraception as an impediment to youth uptake of contraception. In the absence of a legal stance on marital status, health workers can justify refusal to provide contraception to unmarried youth. Thus, strong policies providing equal access to FP services for married and unmarried youth are necessary to promote uptake of contraceptive services among all youth.

Countries are determined to have the most supportive policy environment for this indicator if they explicitly include a provision in their laws or policies for youth to access FP services regardless of marital status. If a country recognizes a person’s legal right to access FP services regardless of marital status but does not specifically mention youth in this provision, it is considered to have a promising policy environment and classified in the yellow category, because the policy leaves room for interpretation. Finally, a country is placed in the red category if its policies restrict youth from accessing FP services based on marital status or if the country has no policy supporting access to FP services regardless of marital status.

The WHO recommends educating adolescents about sexuality and contraception to increase contraceptive use and ultimately prevent early pregnancy and poor reproductive health outcomes. Comprehensive sexuality education (CSE) is a specific form of sexuality education that equips young people with age-appropriate, scientifically accurate, and culturally-relevant SRH knowledge, attitudes, and skills regarding their SRH rights, services, and healthy behaviors.

A growing body of evidence demonstrates that informing and educating youth about sexuality and SRH have a positive impact on their reproductive health outcomes. Sexuality education offered in schools helps youth make positive, informed decisions.
decisions about their sexual behavior and can reduce sexually transmitted infections (STIs) and unintended pregnancies, in part due to increased self-efficacy and use of condoms and other contraception.\textsuperscript{14} A study in Brazil that implemented a school-based sexual education program in four municipalities measured a 68 percent increase in participating students’ use of modern contraception during their last sexual intercourse.\textsuperscript{15} To be most effective, sexuality education should be offered as part of a package with SRH services, such as direct provision of contraception or links to youth-friendly FP services.\textsuperscript{16}

Many approaches exist to implement sexuality education in and out of schools. The scorecard considers CSE as the gold standard and relies on the UNFPA “Operational Guidance for Comprehensive Sexuality Education,” which focuses on human rights and gender as a framework to effectively implement a CSE curriculum. The UNFPA Operational Guidance outlines nine essential components of CSE that are concise and easy to measure across countries’ policy documents.\textsuperscript{17} Further, these guidelines recognize gender and human rights and build on global standards discussed in the UNESCO “International Technical Guidance on Sexuality Education.”

A country is determined to have the most supportive policy environment and is classified in the green category if its policies not only recognize the importance of sexuality education broadly but also include each of the nine elements of CSE.

A country is considered to have a promising policy environment if it clearly mandates sexuality education in a national policy but either does not outline exactly how sexuality education should be implemented or has guidelines that are not fully aligned with the UNFPA CSE essential components.

While evidence proves that sexuality education equips youth with the necessary skills, knowledge, and values to make positive SRH decisions, including increased contraceptive use, little evidence exists that abstinence-only education is similarly effective. The 2016 \textit{Lancet} Commission on Adolescent Health and Wellbeing recommends against abstinence-only education as a preventive health action and found it was ineffective in preventing negative SRH outcomes.\textsuperscript{18} In fact, some reports suggest that an abstinence-only approach increases the risk for negative SRH outcomes among youth.\textsuperscript{19} Therefore, a country that supports abstinence-only education is seen as limiting youth’s access to and use of contraception and as a result, is grouped in the red category. Additionally, the absence of any policy approach to sexuality education altogether suggests the country has not taken a stance on supporting the education of young people on SRH, including contraceptive services. The lack of such a policy places a country in the red category.

<table>
<thead>
<tr>
<th>The nine UNFPA essential components for CSE are:</th>
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<tr>
<td>1. A basis in the core universal values of human rights.</td>
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<tr>
<td>2. An integrated focus on gender.</td>
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<tr>
<td>3. Thorough and scientifically accurate information.</td>
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<tr>
<td>4. A safe and healthy learning environment.</td>
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<tr>
<td>5. Linking to SRH services and other initiatives that address gender, equality, empowerment, and access to education, social, and economic assets for young people.</td>
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<tr>
<td>6. Participatory teaching methods for personalization of information and strengthened skills in communication, decisionmaking, and critical thinking.</td>
</tr>
<tr>
<td>7. Strengthening youth advocacy and civic engagement.</td>
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<tr>
<td>9. Reaching across formal and informal sectors and across age groups.</td>
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</table>
The WHO “Guidelines on Preventing Unintended Pregnancies and Poor Reproductive Outcomes Among Adolescents in Developing Countries” recommend that policymakers make contraceptive services adolescent-friendly to increase contraceptive use among this population. This recommendation aligns with numerous findings in the literature. A 2016 systematic assessment to identify evidence-based interventions to prevent unintended and repeat pregnancies among young people in LMIC found that three out of seven interventions that increased contraceptive use involved a component of contraceptive provision.

Additional evaluations show that when SRH services are tailored to meet the specific needs of youth, youth are more likely to use these services and access contraception. The scorecard uses the seven core elements identified in High-Impact Practices in Family Planning (HIPs), “Adolescent-Friendly Contraceptive Services” as the framework for assessing the policy environment surrounding FP service and contraceptive provision. This review identified seven common elements in adolescent-friendly FP service provision that contributed to increased use of contraception among this age group.

A critical component of this indicator is explicitly tracking whether a full range of contraceptive methods, including LARCs, is offered. Provision of LARCs as part of an expanded method mix is particularly effective. One of the studies identified in the 2016 systematic assessment provided implants as an alternative contraceptive option for young women seeking short-acting contraceptives in a clinic in Kenya. Twenty-four percent of the women opted to use an implant, and their rate of discontinuation was significantly lower than those using short-acting methods. Of the 22 unintended pregnancies that occurred, all were among women using short-acting methods. However, many youth around the world do not know about LARCs and if they do, they may be confused about their use and potential side effects, hesitant to use them due to social norms, or face refusal from providers.

The “Global Consensus Statement for Expanding Contraceptive Choice for Adolescents and Youth to Include Long-Acting Reversible Contraception” calls upon all youth SRH and rights programs to ensure that youth have access to a full range of contraceptive methods by:

- Providing access to the widest available contraceptive options, including LARCs (specifically, contraceptive implants and
intrauterine contraceptive devices) to all sexually active adolescents and youth from menarche to age 24, regardless of marital status and parity.

- Ensuring that LARCs are offered and available among the essential contraceptive options, during contraceptive education, counseling, and services.

- Providing evidence-based information to policymakers, ministry representatives, program managers, service providers, communities, family members, and adolescents and youth on the safety, effectiveness, reversibility, cost-effectiveness, acceptability, continuation rates, and the health and nonhealth benefits of contraceptive options, including LARCs, for sexually active adolescents and youth who want to avoid, delay, or space pregnancy.

Many countries have adolescent-friendly health initiatives, but for a country to be placed in the green category, its policies must specifically reference providing FP services and contraception to youth. A country is placed in the green category for this indicator if its policy documents reference all seven adolescent-friendly contraceptive service elements as defined above and specifically mention provision of the full range of contraceptive services to youth. Simply referencing the provision of FP services to youth, but not adopting the full elements of adolescent-friendly contraceptive services, indicates a promising but insufficient policy environment, and the country is placed in the yellow category.

Countries that do not have a policy that promotes contraceptive service provision to youth are placed in the red category. In the absence of such policies, youth may have great difficulty accessing the contraception they desire.

Several service provision-related barriers to youth contraceptive use are captured in other indicators in the scorecard: parental consent, spousal consent, and provider discretion; restrictions based on age; and restrictions based on marital status. Since these barriers are already captured in other indicators, they are not included again in this indicator’s red category to avoid over-penalizing countries. Additional programmatic barriers to youth accessing contraceptive services exist, such as lack of privacy and confidentiality and cost of services. These and other barriers are addressed in the seven common elements of adolescent-friendly FP service programs outlined above.
The final indicator addresses demand-side factors, specifically efforts to make youth access to and use of a full range of contraceptive methods more acceptable and appropriate within their communities. To support youth’s acceptance of contraception and ensure they are comfortable seeking contraceptive services, it is imperative to spread awareness and build support for a wide range of contraceptive methods among the broader communities in which they live. The 2016 *Lancet* Commission on Adolescent Health and Wellbeing identified community-support interventions as a critical component of strong SRH service packages.26

Group engagement activities that mobilize communities through dialogue and action, rather than only targeting individuals, are considered to be a promising practice to change social norms around SRH, including contraceptive use.27 Group engagement can be useful to change the discourse around youth sexuality and address misconceptions about contraception within communities.

Countries that outline specific interventions to build support within the larger community for youth FP are considered to have a strong policy environment and are placed in the green category. Countries that include a reference to building community support for youth FP, without providing any specific plan for doing so, are placed in the yellow category. Countries without any reference to an activity to build support for youth FP among the community are placed in the red category.

---

**Community Support for Youth FP Services**

This indicator is intentionally broad and can manifest in many ways within country policies. Since the evidence is still emerging on which community engagement initiatives are most effective in promoting contraceptive use among youth, the scorecard uses a broad approach to categorizing policy commitments. This indicator focuses on efforts to build support for youth FP within the communities that influence their ability to access services. Often, this includes activities targeting adult gatekeepers, such as parents and religious leaders. Policy initiatives exclusively targeting youth to build support for FP are not factored into categorization of this indicator.

Policy outlines a detailed strategy to build community support for youth FP services, including one or more of the following approaches: mass media/multimedia, community engagement, awareness campaigns.

Policy references engaging the community to support youth access to FP, but does not include specific intervention activities.

No policy exists to build community support for youth FP services.
A desk review of electronically-accessible policy documents, supplemented with documents not available online that were provided by local experts, returned over 150 relevant policy documents across the 16 countries. However, additional policy documents relevant to the scorecard likely exist. Future iterations of the scorecard might supplement these findings with further collection of primary data, in the form of key informant interviews or questionnaires, from local stakeholders.

Many LMIC are moving towards a decentralized government structure, including several of the countries analyzed here, most notably Pakistan. Inevitably, approaches to health service delivery will vary at the subnational level under these governance structures. However, with the exception of Pakistan, we did not conduct a search of subnational policies. Additionally, the scorecard does not capture the efforts of donors, nongovernmental organizations, and implementing partners to address youth FP needs, and may not fully represent the state of youth FP programming in the country that falls outside of governments’ purviews.

Finally, the purpose of the scorecard in its current form is to characterize the state of youth FP policy commitments in specific countries. The scorecard does not measure the extent to which a country has implemented youth FP policies. Countries with strong policy environments surrounding youth FP may not sufficiently allocate funding nor implement youth FP programs as outlined in their policies. Thus, an analysis of a country’s policy environment is only one component of understanding youth FP programs. To further understand the nuanced policy environment surrounding youth FP needs, policy implementation assessments would deepen the analysis of existing policies and programs.
This edition of the scorecard includes analysis for 16 countries: Benin, Burkina Faso, Côte d’Ivoire, Democratic Republic of the Congo (DRC), Ethiopia, Guinea, Kenya, Mali, Mauritania, Niger, Nigeria, Sindh (Pakistan), Senegal, Tanzania, Togo, and Uganda.

The scorecard also includes selected quantitative reference data related to youth FP outcomes. These data contextualize the policy indicators to provide initial insight on whether the strength of a country’s policy environment aligns with FP outcomes among youth.

**GREEN:** Strong policy environment.

**YELLOW:** Promising policy environment but room for improvement.

**RED:** Policy environment impedes youth from accessing and using contraception OR a policy addressing the indicator does not exist.
<table>
<thead>
<tr>
<th>Country</th>
<th>External Authorization</th>
<th>Age Restrictions</th>
<th>Marital Status Restrictions</th>
<th>Comprehensive Sexuality Education</th>
<th>Youth-Friendly Family Planning Services</th>
<th>Community Support</th>
</tr>
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<tbody>
<tr>
<td>Benin</td>
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<tr>
<td>Burkina Faso</td>
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Notes: n.p. denotes “no policy” in instances when the red category is applied for lack of a policy rather than a policy restriction in the indicators for external authorization and marital status.
### TABLE OF REFERENCE DATA

**Family Planning Status Indicators**

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<th>Country</th>
<th>Adolescent Birth Rate</th>
<th>Teenage Pregnancy Rate (%)</th>
<th>Percent Women Married/In Union, Ages 15-19</th>
<th>Percent Men Married/In Union, Ages 15-19</th>
<th>Use of Modern Contraception (mCPR) Among Married Women (%)</th>
<th>Use of Modern Contraception (mCPR) Among Unmarried, Sexually Active Women (%)</th>
<th>Most Common Modern Contraceptive Methods Used by Married Women</th>
<th>Unmet Need for Contraception Among Married Women (%)</th>
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<td>20.4</td>
<td>26.0</td>
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**Notes:** Adolescent birth rate is calculated as the age-specific fertility rate per 1,000 women for women ages 15 to 19; Teenage pregnancy rate is calculated as the percentage of women ages 15 to 19 who have begun childbearing. Lactational Amenorrhea Method (LAM) is a temporary family planning method based on the natural effect of breastfeeding on fertility. LAM requires that the mother’s monthly bleeding has not returned, the baby is fully or nearly fully breastfed, and the baby is less than 6 months old; and C=Condom, P=Pill, I=Injectable, Im=Implant.

DISCUSSION OF RESULTS

The majority of the countries reviewed—Benin, Burkina Faso, Côte d’Ivoire, DRC, Guinea, Ethiopia, Kenya, Nigeria, Tanzania, and Uganda—have either a general adolescent and youth health strategy or a tailored adolescent and youth SRH strategy. The age range of adolescents and youth cited in these strategies generally follows the WHO’s definition, ages 10 to 19 and ages 15 to 24, respectively. Ethiopia expands the definition of youth to ages 15 to 30, aligning with the definition of youth in the national constitution. The policies reviewed do not always specify which FP services will be provided to which cohorts of adolescent and youth.

Tanzania and Kenya recognize the unique needs of very young adolescents (ages 10 to 14) as a vulnerable subpopulation of adolescents and youth. Kenya provides the most comprehensive instruction for service provision to very young adolescents in its “National Guidelines for Provision of Adolescent and Youth Friendly Services,” which outline strategies to reach very young adolescents, including offering a routine health visit for young girls, linking FP services with schools or nearby referral systems, and providing community-based FP services for newly married girls.

Overall, results are most promising for the FP service-provision and community-support indicators. Fifteen of the sixteen countries, excluding Niger, have included youth-specific service provision of FP in their policies. While Burkina Faso, Côte d’Ivoire, Ethiopia, Kenya, Mali, Senegal, and Tanzania have the most supportive policy environment around youth access to a full spectrum of FP methods, Benin, DRC, Guinea, Mauritania, Niger, Nigeria, Sindh, Togo, and Uganda have room for improvement. Specifically, these countries should consider the inclusion of all seven elements of adolescent-friendly contraceptive services discussed in the HIPs “Adolescent-Friendly Contraceptive Services” in future policies and provision of a full range of contraception to youth.

Members of a Youth to Youth group in Bangladesh slum in Mombasa, Kenya go for a community outreach distributing condoms, and preforming skits with messages relating to reproductive health.
© Jonathan Torgovnik/Getty Images
Eleven of the sixteen countries, excluding DRC, Mali, Mauritania, Niger, and Sindh, outline detailed steps to build community support for youth FP in their policies. Approaches included in this indicator generally call upon a common social and behavior change communication intervention to inform and educate the general community, community leaders, and parents about the importance of youth FP services. As the evidence for engaging communities evolves, the results for this indicator will likely show greater differentiation and prioritization of approaches.

Discussion of CSE in policies is frequently vague and difficult to assess. Generally, countries mention sexuality education in their reproductive health policies but do not provide additional guidance on the components of a sexuality education curriculum or how to implement it. Côte d’Ivoire has the most comprehensive sexuality education program. The country recently shifted its family life education program into a CSE program that includes all nine of the UNFPA essential components of CSE. Nigeria’s family life and HIV education curriculum is another comprehensive document addressing sexuality education in schools. While quite robust in discussions of human development, social norms, relationships, gender, and life skills, the policy takes a weak stance on SRH. In fact, the curriculum avoids discussion of FP services and promotes abstinence-only education.

The majority of the countries, with the exception of Benin and Tanzania, fail to fully address the barriers presented by parental, spousal, and/or provider authorization. Future policies focused on youth SRH should use clear language prohibiting provider discretion and parental and spousal consent for youth contraceptive provision.

Results are fairly mixed for the indicators on restrictions based on age and on marital status. In regard to age restrictions, many countries have laws and policies that support reproductive health services regardless of age and/or offer a full range of contraception to women, but do not clearly protect youth access to a full range of contraception, including LARCs, regardless of age.

All Ouagadougou Partnership (OP) countries, with the exception of Côte d’Ivoire, have a reproductive health law that outlines the rights of individuals and couples to reproductive health information and services. Mauritania’s law is the most recent, passed in 2017. A reproductive health law is currently being drafted in Côte d’Ivoire. Recent FP policies in Côte d’Ivoire discuss the need to pass a reproductive health law, since the law that had previously been drafted in the early 2000s was not ratified due to conflict. There are many similarities in the language of these laws across OP countries, but they vary in important ways. In Benin, the law includes language that prohibits parental and spousal consent for SRH services. In Burkina Faso, Mauritania, Senegal, and Togo, the laws explicitly mention adolescents and protect their right to family planning regardless of age or marital status. Future updates to these RH laws should explicitly extend RH rights to adolescents. Overall, the policy environments in several of the OP countries are promising and the poor adolescent RH outcomes that these countries face have the potential to improve if these policies are successfully implemented.

Gender norms that promote boys’ sexuality and stigmatize girls’ have been identified in HIPs “Adolescent-Friendly Contraceptive Services” as key barriers to adolescents’ access to FP services. Countries frequently identify gender inequalities and gender norms as challenges for youth, particularly girls and young women who wish to access contraception, and promote various approaches to address gender. Benin has an objective to engage youth to reduce gender-based violence and forced and early marriages within its youth SRH strategy. Burkina Faso recognizes the importance of girls’ education and creating an environment conducive to gender equality. Côte d’Ivoire’s CSE program includes a module in which youth learn about the impact of gender norms on
SRH, and a gender module is planned for Togo’s population education program. Ethiopia addresses gender through community engagement actions by engaging men and gatekeepers to improve women’s decisionmaking power. Kenya and Uganda include initiatives to mainstream gender responsiveness across youth SRH approaches, while Nigeria specifically includes gender sensitivity in service-delivery protocols. Togo also aims to raise awareness of gender issues among health stakeholders and to integrate a gender approach into SRH services for men, women, and adolescents. Mali includes an activity to address the economic empowerment of adolescent girls to improve their ability to make SRH decisions. Addressing gender norms as a barrier to youth accessing contraception is a key consideration for CSE and youth-friendly FP service provision.

Several country policies describe activities to engage youth directly in the design and implementation of youth-friendly health services, and often SRH services specifically. Benin describes the important role that youth organizations play in mobilizing young people to advocate for SRH services and plans to strengthen the involvement of youth in SRH planning, decisionmaking, implementation, and monitoring and evaluation. In Burkina Faso, emphasis is placed on empowering youth to participate and speak up in their families and communities to improve their decisionmaking power in addition to involving youth in the provision of SRH services. Côte d’Ivoire notes the importance of building the capacity of youth to be both grassroots actors and to help manage programs throughout all stages in order to ensure their sustainability. In Ethiopia, a number of activities support youth participation, such as building the capacity of youth organizations, involving their members in decisionmaking and strategic planning, and expanding youth representation in working groups and task forces. Guinea has similar goals to engage youth in the development and implementation of health programs. Kenya identifies adolescent participation as a cross-cutting issue and aims to institutionalize the process of incorporating youth input into the RH research agenda and program implementation. Nigeria recognizes a rights-based approach in which youth have the right to participate in the development and implementation of policies and programs that affect their well-being.

Analysis of selected FP reference data shows potential connections between evidence-based policy approaches and resulting health outcomes. Further analysis of additional countries is needed to explore the potential associations. For example, the East African countries with the most-supportive policy environments for youth-friendly service provision—Ethiopia, Kenya, and Tanzania—also have the highest rate of modern contraceptive use (mCPR) among young married women between ages 15 to 19 and ages 20 to 24 among all 16 countries reviewed. In Ouagadougou Partnership countries with the most-supportive policy environments for service provision—Burkina Faso, Mali, and Senegal—the connection to mCPR is less clear. Mali has a supportive policy environment for service provision but low mCPR among married women between ages 15 to 19 and 20 to 24 compared to other OP countries. Togo has a high mCPR among married women ages 15 to 19 and 20 to 24 compared to other OP countries, but is placed in the yellow category for youth-friendly services due to non-medical restrictions on youth who access LARCs. Niger has both the least-supportive overall policy environment for youth, including an antiquated law penalizing the distribution of contraception, and the highest adolescent birth and teenage pregnancy rate.

Many policies reviewed were close to the end of their stated timeline or had already expired. This scorecard provides recommendations to improve the overall policy environment and may be useful as decisionmakers update strategies and policies surrounding youth FP.
| **Parental Consent, Spousal Consent, or Provider Discretion** | Law or policy exists that supports youth access to FP services free from provider discretion AND consent from a parent or spouse. |
| **Restrictions Based on Age** | Law or policy exists that supports youth access to FP services regardless of age but does not include provision of a full range of methods. |
| **Restrictions Based on Marital Status** | Law or policy supports access to FP services for unmarried women, but without specifying youth. |
| **Comprehensive Sexuality Education** | Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE. |
| **Youth-Friendly FP Service Provision** | Policy references targeting youth in provision of FP services but mentions fewer than seven of the core elements of adolescent-friendly contraceptive services. |
| **Community Support for Youth FP Services** | Policy outlines a detailed strategy to build community support for youth FP services, including one or more of the following approaches: mass media/multimedia, community engagement, awareness campaigns. |

**Policy documents reviewed:**

Parental Consent, Spousal Consent, or Provider Discretion

Law or policy exists that supports youth access to FP services free from provider discretion AND consent from a parent or spouse.

The ‘right to non-discrimination’ in the “Loi n° 2003-04 du 03 Mars 2003 Relative à la Santé Sexuelle et à la Reproduction” states that parental and partner consent is not required for patients to receive reproductive health care:

L’autorisation du partenaire ou des parents avant de recevoir des soins en matière de santé de la reproduction peut ne pas être requise, pourvu que ce procédé ne soit pas contraire à La loi.

The “Plan d’Action National Budgétise pour le Repositionnement de la Planification Familiale 2014-2018 au Bénin” acknowledges that provider bias towards young people, particularly those who are unmarried, is a pervasive issue preventing young people from accessing family planning services.

Quant aux adolescents et jeunes non en union, ils craignent de rencontrer leurs parents et les autres adultes dans les points d’accès à la PF et jugent que leur utilisation de la PF est mal perçue par les prestataires qui préfèrent offrir les méthodes uniquement aux femmes en union.

The aim of provider training described in the “Plan d’Action” is to reduce provider bias against youth in the provision of family planning methods:

Il s’agit de renforcer les capacités des prestataires…dans le domaine de l’offre des services de PF adaptés aux adolescents et jeunes permettra de lever l’obstacle lié à l’attitude inappropriée des prestataires face aux adolescents et jeunes qui se présentent dans les centres de santé pour adopter les méthodes de PF.

Because Benin’s policies support youth access to contraception free from parental and spousal consent and from provider discretion, Benin is placed in the green category.
Restrictions Based on Age

Law or policy exists that supports youth access to FP services regardless of age but does not include provision of a full range of methods.

The “Loi n° 2003-04 du 03 Mars 2003 Relative à la Santé Sexuelle et à la Reproduction” supports individuals’ access to reproductive health care regardless of age or marital status:

Article 2: Caractère universel du droit à la santé de la reproduction.
Le droit à la santé de reproduction est un droit universel fondamental garanti à tout être humain, tout au long de sa vie, en toute situation et en tout lieu. Aucun individu ne peut être privé de ce droit dont il bénéficie sans aucune discrimination fondée sur l’âge, le sexe, la fortune, la religion, l’ethnie, la situation matrimoniale.

Article 7: Droit à la non-discrimination.
Les patients sont en droit de recevoir tous les soins de santé de la reproduction sans discrimination fondée sur le sexe, le statut marital, le statut sanitaire ou tout autre statut, l’appartenance à un groupe ethnique, la religion, l’âge ou l’habilité à payer.

However, the “Stratégie Nationale Multisectorielle de Santé Sexuelle et de la Reproduction des Adolescents et Jeunes au Bénin 2010-2020” does not explicitly state that youth should be able to access a full range of methods regardless of age.

Benin is placed in the yellow category because the policy environment does not explicitly affirm that youth must have access to a full range of contraceptives regardless of age.

Restrictions Based on Marital Status

Law or policy supports access to FP services for unmarried women, but without specifying youth.

See discussion above on Restrictions Based on Age.
Comprehensive Sexuality Education

Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.

The policy environment of Benin supports the provision of sexuality education to in-school and out-of-school youth. The “Plan d’Action National Budgétise pour le Repositionnement de la Planification Familiale 2014-2018 au Bénin” has a planned activity to develop an SRH education curriculum and introduce it into primary, secondary, and higher education institutions. To reach rural and out-of-school youth, SRH and FP messages will be shared through youth recreation centers and collaborations with cultural and sports associations.

The "Stratégie Nationale Multisectorielle de Santé Sexuelle et de la Reproduction des Adolescents et Jeunes au Bénin 2010-2020" tasks the Ministry of Secondary Education and Technical and Vocational Training with extending SRH education to technical and vocational secondary schools and promoting SRH awareness activities at colleges. The Ministry of Family and National Solidarity is tasked with reaching vulnerable groups of youth with SRH information.

The “Stratégie Nationale Multisectorielle” also recognizes the need to tailor information to the specific needs of youth:

*Principales options de promotion de la SRAJ/VIH/sida:*
La prise en compte de l’âge, du genre et des conditions socio-culturelles des adolescents et jeunes dans la définition des types et contenus des services d’information, de conseil et de prestations cliniques ou communautaires en SRAJ/VIH/sida.

These policies address two essential components of CSE by personalizing information and reaching across formal and informal sectors and across age groups.

A third component of CSE that is addressed in Benin’s policy documents is strengthening youth advocacy and civic engagement. The “Stratégie Nationale Multisectorielle” places strong emphasis on youth advocacy for adolescent reproductive health information and services:

*Les Organisations de jeunesse:*
… Ces organisations jouent actuellement d’important rôle de mobilisation de jeunes. Elles doivent poursuivre les activités de mobilisation des jeunes et adolescents afin d’être de puissants instruments dans la mise en œuvre de la présente Stratégie Nationale Multisectorielle. Elles doivent contribuer à la promotion de la CCC en SRAJ, des prestations de services à base communautaire et le plaidoyer en vue de la mobilisation des leaders communautaires et des partenaires techniques et financiers.
The “Stratégie Nationale Multisectorielle” and the “Programme National de Santé de la Reproduction 2011-2015” include a specific objective to strengthen involvement of youth in SRH programming:

*Axe: Implication et responsabilisation des jeunes dans la promotion de la SSR/VIH/sida*

*Objectif spécifique: Renforcer l’implication des structures de jeunes organisées à toutes les étapes du processus de prise de décision, de planification, de mise en œuvre et de suivi évaluation.*

Although the “Stratégie Nationale Multisectorielle” acknowledges gender issues facing youth, such as gender-based violence and forced or early marriages, it does not describe integrating gender into a comprehensive sexuality education program.

The policy environment in Benin is supportive of sexuality education but does not reference all nine of the UNFPA essential components of CSE. Therefore, Benin is placed in the yellow category for this indicator. Going forward, additional sexuality education policies should consider all nine UNFPA essential components of CSE.

**Youth-Friendly FP Service Provision**

Policy references targeting youth in provision of FP services but mentions fewer than seven of the core elements of adolescent-friendly contraceptive services.

Six of the seven core elements of adolescent-friendly contraceptive services are mentioned in Benin’s policy environment.

For example, the “Stratégie Nationale Multisectorielle de Santé Sexuelle et de la Reproduction des Adolescents et Jeunes au Bénin 2010-2020” and the “Programme National de Santé de la Reproduction 2011-2015” both include specific objectives to strengthen the legal environment in favor of youth SRH and to train providers at various levels to offer adolescent-friendly contraceptive services. Provider training described in the “Plan d’Action National Budgétisé pour le Repositionnement de la Planification Familiale 2014-2018 au Bénin” aims to reduce provider bias against youth in the provision of family planning methods.

The “Stratégie Nationale Multisectorielle” states that a youth-friendly service setting should be confidential and affordable:

*La formation sanitaire attrayante pour les adolescents et jeunes se définit comme un centre d’accueil ou de conseil, une maison des jeunes, offrant un bon accueil, une ambiance de gaité, d’aise, de confidentialité, une prise en charge adéquate, un traitement et des produits à moindre coût.*
While Benin’s policy environment protects the right of individuals to a full range of methods and to the method of their choice, it falls short of addressing youth access to a full range of contraceptive methods.

For example, the “Loi n° 2003-04 du 03 Mars 2003 Relative à la Santé Sexuelle et à la Reproduction” states that the full range of legal contraceptives must be authorized and available after consultation as part of each individual’s right to choose from a range of effective and safe contraceptive methods. However, it does not specify that this same right must be extended to youth:

La contraception comprend toute méthode approuvée, reconnue effective et sans danger. Elle comprend les méthodes modernes (temporaires, permanentes), traditionnelles et populaires. Toute la gamme des méthodes contraceptives légales doit être autorisée et disponible après consultation. Le droit de déterminer le nombre d’enfants et de fixer l’espacement de leur naissance confère à chaque individu la faculté de choisir parmi toute gamme de méthodes contraceptives effectives et sans danger celle qui lui convient.

The “Stratégie Nationale Multisectorielle,” which is specifically concerned with youth reproductive health, defines reproductive health as including the right of individuals to the contraceptive methods of their choice, without explicitly stating that youth should be able to access a full range of contraceptive options:

La santé de la reproduction suppose par conséquent que les individus aient une vie sexuelle satisfaisante et sûre, ainsi que la capacité de se reproduire et la liberté de décider quand et à quelle fréquence le faire. Cette dernière question repose implicitement sur les droits des hommes et des femmes à être informés et à accéder à des méthodes de planification familiale (PF) sûres, efficaces, abordables et acceptables qu’ils auront choisies eux-mêmes, ainsi qu’à d’autres méthodes de leur choix de régulation de la fécondité qui soient conformes à la législation.

For this reason, Benin is placed in the yellow category for youth-friendly FP service provision. A clearer policy on providing all methods to youth would create a stronger policy environment in which to diminish provider bias and guarantee youth access to LARCs.
Community Support for Youth FP Services

Policy outlines a detailed strategy to build community support for youth FP services, including one or more of the following approaches: mass media/multimedia, community engagement, awareness campaigns.

The “Stratégie Nationale Multisectorielle de Santé Sexuelle et de la Reproduction des Adolescents et Jeunes au Bénin 2010-2020” includes an activity to involve local leaders in information and communication activities:

Objectif spécifique N°2: Renforcer l’implication des Elus locaux, des leaders communautaires et religieux dans les actions d’information sur la SRAJ/VIH/sida des adolescents et jeunes

2.1 Organiser au niveau de chaque commune du pays un atelier d’élaboration des plans opérationnels de communication en SRAJ/IST/VIH/sida au profit des élus locaux et les leaders communautaires et religieux en tenant compte des réalités de chaque commune.

These policies outline a detailed strategy to build community support for youth FP services, including specific interventions. Therefore, Benin is placed in the green category for this indicator.
## BURKINA FASO

<table>
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<th>Category</th>
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### Policy documents reviewed:
- Protocoles de Santé de la Reproduction 2009.
- Politique Nationale de Santé 2011.
Parental Consent, Spousal Consent, or Provider Discretion

Law or policy exists that supports youth access to FP services free from one or two of the following: provider discretion, parental consent, or spousal consent, but not all three.

Burkina Faso’s “Politiques et Normes en Matière de Santé de la Reproduction au Burkina Faso 2010” states that access to reversible contraceptive methods should not require spousal consent:

Les femmes et les hommes en âge de procréer pourront avoir accès aux méthodes contraceptives réversibles sans recours au consentement de leur conjoint. Toutefois, l’accent doit être mis sur l’importance du dialogue dans le couple pour l’adoption d’une méthode contraceptive

The “Plan Stratégique Santé des Adolescents et des Jeunes 2015-2020” describes provider judgement as a barrier to youth access to healthcare:

L’offre de SSR de qualité se trouve limiter par… l’insuffisance de compétences du personnel de santé. En effet, les éléments suivants participent à entraver la qualité des soins et des services pour les adolescents et les jeunes: attitude des prestataires non respectueuse et de jugement, droit à la confidentialité non respecté…

The “Plan Stratégique” includes plans to train providers to ensure quality adolescent reproductive health care and services but does not explicitly discuss training providers to prevent provider discretion or judgment toward youth.

Because Burkina Faso’s policies address spousal consent but do not adequately address provider discretion or parental consent, Burkina Faso is placed in the yellow category.
Restrictions Based on Age

Law or policy exists that supports youth access to FP services regardless of age, including the provision of long-acting and reversible contraceptives (LARCs).

The “Loi Portant Santé de la Reproduction 2005” states that all individuals, including adolescents, have equal rights and dignity in reproductive health throughout their life, regardless of age or marital status:

Article 8: Tous les individus y compris les adolescents et les enfants sont égaux en droit et en dignité en matière de santé de la reproduction.

Le droit à la santé de la reproduction est un droit fondamental garanti à tout être humain, tout au long de sa vie, en toute situation et en tout lieu.

Aucun individu ne peut être privé de ce droit dont il bénéficie sans discrimination aucune fondée sur l’âge, le sexe, la fortune, la religion, l’ethnie, la situation matrimoniale ou sur toute autre considération.

The “Loi” also states that adolescents have the right to make decisions about their reproductive health and to obtain information about all methods of contraception.

Article 11: Tout individu y compris les adolescents et les enfants, tout couple a droit à information, à l’éducation concernant les avantages, les risques et l’efficacité de toutes les méthodes de régulation des naissances.

The “Protocoles de Santé de la Reproduction 2009” state that adolescents should have access to all methods regardless of age or marital status:

Les adolescents et jeunes quel que soit leur âge, leur statut matrimonial doivent avoir accès à toutes les méthodes contraceptives. Les procédures cliniques inutiles pouvant décourager les adolescents et jeunes à venir consulter devraient être évitées.

Because the law specifically addresses youth access to all FP methods regardless of age, Burkina Faso is placed in the green category.
Restrictions Based on Marital Status

Law or policy exists that supports youth access to FP services regardless of marital status.

Because the “Protocoles de Santé de la Reproduction 2009” specifically address youth access to all FP methods regardless of marital status, Burkina Faso is placed in the green category. See above section on Restrictions Based on Age.

Comprehensive Sexuality Education

Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.

Several policies in Burkina Faso acknowledge the importance of sexuality education and describe plans for improving its implementation. The “Politiques et Normes en Matière de Santé de la Reproduction au Burkina Faso 2010” state that young people have the right to sexuality education.

Les jeunes ont droit à l’éducation à la vie sexuelle et à la vie familiale.

The “Politique Nationale de Population du Burkina Faso 2000” describes plans for family life and sexuality education in formal and informal education structures and for increasing institutional capacity for population education:

1.5.3. Promotion de l’éducation à la vie familiale et l’éducation sexuelle dans les structures d’enseignement formel et non formel.

2.2.1. Accroissement et/ou consolidation des capacités institutionnelles en matière de formation et d’enseignement en population et développement aux différents niveaux du système éducatif.

The “Troisième Programme d’Action en Matière de Population 2012-2016” explains that Burkina Faso’s population education program, l’Éducation en Matière de Population (EMP), which could not be obtained for this analysis, includes modules on emerging themes such as citizenship, human rights, HIV/AIDS and other STIs, and youth sexual and reproductive health. EMP was introduced in primary and secondary schools in Burkina Faso in the mid-1980s and has since been extended to reach students in informal settings. The “Troisième Programme” includes a specific objective to increase the effectiveness of population and citizenship education in formal and informal settings:

Objectif spécifique 3: Rendre effective l’éducation en matière de population et de citoyenneté (EmPC) dans 100% des structures du système formel et 95 % des structures non formelles.
Similarly, the “Plan National de Relance de la Planification Familiale 2013-2015” includes an activity to revitalize population education in both formal and informal education settings, including training school nurses and staff at youth centers in the ‘youth approach.’ The “Plan Stratégique Santé des Adolescents et des Jeunes 2015-2020” has a general activity to introduce sexuality education into education and training settings.

The policy environment of Burkina Faso is promising because it supports the provision of sexuality education and includes some of the essential components of CSE within its sexuality education program such as reaching youth across formal and informal sectors, human rights, and citizenship. However, all nine components of CSE are not mentioned within a comprehensive sexuality education program. Therefore, Burkina Faso is placed in the yellow category for CSE. Future plans for revitalizing sexuality education in Burkina Faso should consider including all nine UNFPA essential components of CSE.

**Youth-Friendly FP Service Provision**

Policy mentions all seven core elements of adolescent-friendly contraceptive services AND explicitly mentions the provision of a full range of contraceptive methods to youth.

Burkina Faso has a strong policy environment for youth-friendly service provision, including the provision of a full range of contraceptives to youth. The “Plan Stratégique Santé des Adolescents et des Jeunes 2015-2020” acknowledges the issues of affordability, confidentiality, and provider judgement in youth SRH service provision. It outlines a specific aim to train and supervise providers in youth SRH service provision:

*Axe 2: Renforcement de l’offre de soins et des services de SRAJ de qualité*
*Formation continue des prestataires au niveau des formations sanitaires*
*Renforcement de la supervision des prestataires*

The “Plan Strategique” includes specific plans to make services more financially accessible to youth by providing free services and alternative payment options. Additionally, the “Directives Nationales sur la Santé Scolaire et Universitaire au Burkina Faso 2008” assert that youth centers should provide affordable contraceptives for students and emphasize the importance of confidentiality when providing services to youth.

The “Protocoles de Santé de la Reproduction 2009” state that all methods must be available to youth (see *Restrictions Based on Age*) and include LARCs in the list of contraceptives that should be available to youth. Similarly, the “Politique Nationale de Population du Burkina Faso 2000” has an objective to promote use of reproductive health services among adolescents, including a specific aim to provide a full range of methods:

*a) Objectif intermédiaire 1.1: Promouvoir une grande utilisation des services de santé de la reproduction en particulier par les femmes, les jeunes et les adolescents.*
Axe stratégiques:
1.1.2. Mise à la disposition de la population de services de santé de la reproduction de qualité y compris une gamme complète de méthodes contraceptives sûres, fiables et à un coût abordable.

Burkina Faso’s policies also address creating an enabling environment for youth-friendly service provision through addressing gender norms, linking service delivery with building support in communities, and developing an extensive legal environment in favor of youth reproductive health. For example, the “Politiques et Normes en Matière de Santé de la Reproduction au Burkina Faso 2010” acknowledge the multisectoral nature of reproductive health and the required collaboration around gender-related issues such as:

- la promotion de la scolarisation des jeunes filles et de l’alphabétisation des femmes,
- la promotion de l’autonomisation financière des femmes,
- la promotion d’un environnement physique, politique, juridique, social et économique favorable à la santé, dans un esprit d’équité entre les sexes.

Burkina Faso has a strong policy environment for the provision of youth-friendly FP services. Because its policies mention all seven core elements of adolescent-friendly contraceptive services and explicitly mention the provision of a full range of contraceptive methods to youth, Burkina Faso falls in the green category for this indicator.

In Ouagadougou, Burkina Faso, Fulani women work together to make a traditional millet drink for a baby's baptism party. ©Irene Abdou/Alamy Stock Photo
Community Support for Youth FP Services

Policy outlines a detailed strategy to build community support for youth FP services, including one or more of the following approaches: mass media/multimedia, community engagement, awareness campaigns.

The “Plan Stratégique Santé des Adolescents et des Jeunes 2015-2020” describes specific activities to promote a social environment conducive to the health of adolescents and to reach community leaders and parents about youth sexual health:

*Axe 6: Promotion d’un environnement social et juridique favorable à la santé des adolescents et des jeunes*

*Renforcement du dialogue parents enfants dans l’éducation sexuelle et les bonnes habitudes d’hygiène et de vie des adolescents et des jeunes*

- Formation à la vie familiale des parents et des adolescents et des jeunes
- Communication média sur le rôle des parents
- Utilisation des NTIC pour rappeler le rôle attendu des parents (SMS)
- Communication média sur l’éducation sexuelle, les bonnes habitudes d’hygiène et de vie

*Implication des leaders communautaires et religieux dans l’éducation sexuelle et les bonnes habitudes d’hygiène et de vie des adolescents et jeunes*

- Plaidoyer
- Communication média sur l’éducation sexuelle et les bonnes habitudes d’hygiène et de vie

Burkina Faso outlines a detailed strategy to build community support for youth FP services including specific activities. Therefore, it is placed in the green category for this indicator.
CÔTE D’IVOIRE

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Parental Consent, Spousal Consent, or Provider Discretion

Law or policy exists that supports youth access to FP services free from one or two of the following: provider discretion, parental consent, or spousal consent, but not all three.

The “Plan d’Action National Budgétilisé de Planification Familiale, Côte d’Ivoire 2015-2020” explains that provider and parental judgment towards adolescents, particularly unmarried adolescents, is a barrier to accessing FP services:

Quant aux adolescents et jeunes non en union, ils craignent de rencontrer leurs parents et d’autres adultes dans les points d’accès à la PF et jugent que leur utilisation de la PF est mal perçue par les prestataires qui préfèrent offrir les méthodes uniquement aux femmes en union.

The “Standards des Services de Santé Adaptés aux Adolescents et aux Jeunes en Côte d’Ivoire (no date)” explicitly discuss training providers to change their attitudes toward youth to prevent experiences of stigma and discrimination.

Currently, Côte d’Ivoire’s policy environment addresses provider discretion but does not adequately prohibit parental and spousal consent. Côte d’Ivoire should consider addressing these forms of external authorization unequivocally in future legislation, such as the reproductive health law that is being drafted at present. Until then, Côte d’Ivoire is placed in the yellow category for this indicator.

Restrictions Based on Age

Law or policy exists that supports youth access to FP services regardless of age, including the provision of long-acting and reversible contraceptives (LARCs).

The “Document de Politique Nationale de la Santé de la Reproduction et de Planification Familiale (2ème édition) 2008” guarantees equitable access to SRH care regardless of age:

Au regard de ces droits, la politique nationale de la SSR exige l’accès équitable à l’information et aux soins sans distinction de sexe, d’âge, de race, d’ethnie, de religion, de région, de classe sociale. Elle insiste également sur le droit pour tout individu de décider librement, de façon éclairée, de sa sexualité et de sa reproduction.

Dans cette optique, la présente déclaration de politique nationale de la santé de la reproduction repose sur des valeurs essentielles suivantes: la solidarité, l’équité, l’éthique et le respect de la spécificité du genre.
The “Politique Nationale de Population 2015” has a specific objective to empower women, which will be achieved through promoting universal access to SRH for women, girls, and young people:

Objectif général 4
Assurer l’autonomisation de la femme et l’équité de genre

Objectif spécifique 4.1
Réduire les inégalités de genre et les violences basées sur le genre

Pour ce faire, il faut: défendre l’accès universel à la santé sexuelle et reproductive, en particulier pour les femmes, les filles et les jeunes, y compris pendant les périodes de conflits et de situations d’urgence.

The “Plan Stratégique National de la Santé des Adolescents et des Jeunes 2016-2020” describes the minimum package of services for adolescents, which includes contraception, but does not list which methods should be made available. The “Programme d’Orientation sur la Santé des Adolescents Destiné aux Prestataires de Soins de Santé 2006,” a WHO training document that has been officially adopted by the National Program for School and University Health in the Ministry of Health and Public Hygiene of Côte d’Ivoire for training providers in youth-friendly services, includes provision of a full range of methods to youth including LARCs.

Because these policies address access to FP services regardless of age and include provision of a full range of contraceptive methods to youth, Côte d’Ivoire is placed in the green category.
Restrictions Based on Marital Status

Law or policy exists that supports youth access to FP services regardless of marital status.

As mentioned above (see Parental Consent, Spousal Consent, or Provider Discretion), the “Plan d’Action National Budgétisé de Planification Familiale, Côte d’Ivoire 2015-2020” explains that provider and parental judgment towards adolescents, particularly unmarried adolescents, is a barrier to accessing FP services. The “Programme d’Orientation sur la Santé des Adolescents Destiné aux Prestataires de Soins de Santé 2006,” described above (see Restrictions Based on Age), includes guidance on providing contraceptive services to unmarried youth:

Adolescentes non mariées

...Les adolescentes, surtout celles qui ont une relation exclusive, peuvent également souhaiter utiliser d’autres méthodes plus durables [que les préservatifs]. Les prestataires de services de contraception doivent soutenir cette décision.

Because a policy exists that guarantees youth access to FP for unmarried adolescents, Côte d’Ivoire is placed in the green category for this indicator.

Comprehensive Sexuality Education

Policy supports the provision of sexuality education AND mentions all nine UNFPA essential components of CSE.

The “Programme National de l’Education Sexuelle Complete de Côte d’Ivoire 2016-2020” describes the country’s CSE program, which includes all nine of the essential UNFPA components of CSE.

For example, the CSE program includes an integrated focus on gender in which youth learn about the role of gender norms in society and the impact of gender norms on SRH:

6. Genre

Promouvoir l’égalité de genre est un impératif moral. Cette unité aborde efficacement la question du genre, pour les filles comme pour les garçons. Elle décrit le jeu des normes de genre dans la société (dans les relations familiales, à l’école, dans l’expérience de la violence, dans les médias et ailleurs) et explique l’effet des rôles de genre sur la sexualité et la santé sexuelle.

The CSE program also includes components on improving communication skills and decisionmaking in SRH:
2. Relations interpersonnelles et communication
Cette composante explique les relations et les liens avec les membres de la famille, les amis, les voisins, les connaissances, le ou la petit(e) ami(e), ses enseignants, ses camarades, etc. Le but de cette composante est d’aider les adolescent(e)s à mieux comprendre leurs relations et à les aborder avec plus de confiance.

3. Valeurs et attitudes
Les jeunes aiment apprendre comment parler de sujets intimes sans gêne et avec confiance. Il s’agit dans cette unité de mettre l’accent sur les attitudes et les valeurs telles que le Respect de soi et d’autrui, l’Estime de soi, la prise de décisions qui permettent aux adolescents et aux jeunes d’être confiant en leurs capacités afin de bénéficier d’une meilleure santé et préparer un avenir radieux.

The program aims to reach youth in and out of school with information that is culturally and age appropriate:

Fournir des conseils aux acteurs concernés sur la manière d’élaborer des matériels et des programmes d’instruction sexuelle conçus pour répondre aux besoins, culturellement pertinents et adaptés à l’âge des bénéficiaires.

…Renforcer les capacités des acteurs de l’éducation formelle et non formelle
Cette stratégie nécessite l’organisation d’ateliers de renforcement des capacités de la communauté éducative et des partenaires sociaux.

The “Plan Accéléré de Réduction des Grossesses à l’Ecole 2013-2015,” which lays the groundwork for the “Programme National,” provides a clear link between sexuality education and gender norms by focusing on empowering girls to stay in school and manage their SRH needs. It also has a strong emphasis on linking sexuality education with youth-friendly services.

In addition to these programs, Cote d’Ivoire plans to publish “Supports pédagogiques pour les leçons de vie,” extensive teaching materials on SRH topics such as early pregnancy and parent-child communication on SRH; contraception and youth rights in SRH; gender-based violence and early marriages; and STIs and HIV/AIDS. The materials will be published for four groups: teacher trainees and primary school, secondary school, and college level students.

Côte d’Ivoire has a strong policy environment for CSE, including reference to all nine UNFPA essential components of CSE. Côte d’Ivoire is placed in the green category for this indicator.
Youth-Friendly FP Service Provision

Policy mentions all seven core elements of adolescent-friendly contraceptive services AND explicitly mentions the provision of a full range of contraceptive methods to youth.

The “Politique Nationale de Population 2015” includes a strategy to develop and expand youth-friendly SRH services and the “Plan Stratégique de la Planification Familiale 2012-2016” includes an activity to develop standards for youth SRH services.

The “Plan Stratégique National de la Santé des Adolescents et des Jeunes 2016-2020” discusses training providers in youth-friendly services, including SRH, and includes advocacy to promote a more favorable policy and legislative environment for youth health broadly.

The “Plan Stratégique de la Planification Familiale 2012-2016” includes specific activities to establish youth-friendly FP services, including training providers:

Résultat immédiat 2.2
Les adolescents et jeunes ont accès aux services conviviaux de PF:
Activités:
• ... Fournir aux hôpitaux de référence et à 100 centres de santé urbain, des équipements, matériels, médicaments et intrants stratégiques nécessaires à la prise en charge des problèmes des adolescents et jeunes.
• Equiper en matériel médical pour la SR les 50 SSSU [services de santé scolaire et universitaire] fonctionnels.
• Intégrer la planification familiale dans les activités des 50 SSSU fonctionnels et des infirmeries des écoles.
• Approvisionner régulièrement les 50 SSSU et les infirmeries en produits contraceptifs.
• Former 2 agents de santé des 50 SSSU concernés à la technologie contraceptive adaptée aux adolescents et aux jeunes.
• …Fournir des services intégrés dans les hôpitaux de référence des 83 districts sanitaires pour la prise en charge des problèmes des adolescents et jeunes (IST, tests de grossesse, soins, conseils et soutien psychologique)

The “Plan d’Action National Budgétisé de Planification Familiale, Côte d’Ivoire 2015-2020” includes specific activities to develop training manuals, train and supervise providers, and evaluate the performance of centers offering youth-friendly services:
Activité O3.1: Formation des prestataires de 25% des FS [Formation Sanitaire] pour offrir des services de PF adaptés aux adolescents et jeunes

- Elaboration/Adaptation des manuels de formation en prise en charge des jeunes et adolescents dans les FS offrant la PF;
- Recensement chaque année de 250 FS appropriées pour la prise en charge des adolescents et jeunes;
- Organisation annuelle de 10 sessions de formation de 5 jours de 25 prestataires en prise en charge des jeunes au niveau des chefs-lieux de régions;
- Suivi des activités de formation dans les régions;
- Renforcement de l’équipement des FS pour attirer plus d’adolescents et jeunes;
- Aménagement des services (espace horaire, activités, etc....) pour prendre en compte les besoins des jeunes;
- Supervision des prestations offertes par les prestataires formés;
- Evaluation de la performance des centres offrant des services aux jeunes.

The “Standards des Services de Santé Adaptés aux Adolescents et aux Jeunes en Côte d’Ivoire (no date)” describes the right of youth to privacy and confidentiality when accessing services. The “Plan Stratégique de la Planification Familiale 2012-2016” and the “Plan Stratégique de la Santé de la Reproduction 2010-2014” include the same activity to advocate for reduced costs for youth SRH services:

Organiser des activités de plaidoyer en direction du gouvernement pour la réduction des coûts des soins de santé sexuelle et reproductive de tous les adolescents et jeunes dans tous les établissements sanitaires.

A number of policies acknowledge that the legal and policy environment for FP and for youth health in Côte d’Ivoire should be strengthened, such as the “Plan Stratégique National de la Santé des Adolescents et des Jeunes 2016-2020” mentioned above. The “Plan Stratégique de la Santé de la Reproduction 2010-2014” includes specific activities to strengthen the legal environment on youth FP:

Pour les adolescents et les jeunes, des actions de plaidoyer seront renforcés pour l’adoption de politiques favorisant les prestations de services spécialisés de santé et droit en matière de sexualité et de reproduction prenant en compte les problèmes auxquels les jeunes sont confrontés.

One of the seven core elements of youth-friendly FP services is addressing gender and social norms. The “Plan National de Développement 2016-2020” notes that improved FP use depends on empowering women and ensuring schooling for girls:

Les effets escomptés à terme à travers la réalisation de la "révolution contraceptive", ne seront perceptibles que si des progrès notables sont réalisés dans la scolarisation et en particulier la scolarisation des jeunes filles et l’autonomisation de la femme. Ainsi, il sera question à ce niveau, de garantir un meilleur accès à l’éducation pour toutes les jeunes filles et de favoriser l’autonomisation de la femme à travers des activités génératrices de revenu.

Côte d’Ivoire’s policy environment is strong in that it addresses all of the core elements for youth-friendly services, including the provision of a full range of contraceptives for youth. Côte d’Ivoire is placed in the green category for this indicator.
Community Support for Youth FP Services

Policy outlines a detailed strategy to build community support for youth FP services, including one or more of the following approaches: mass media/multimedia, community engagement, awareness campaigns.

The “Plan Stratégique de la Santé de la Reproduction 2010-2014” has a strategy to strengthen the capacity of communities to address youth SRH issues:

Stratégie 3: Renforcement des capacités des individus, des ménages et des communautés en matière de SR des adolescents et des jeunes

Interventions prioritaires
1. Développer et mettre en œuvre un plan de communication sur la santé sexuelle et reproductive des adolescents et jeunes.

2. Renforcer la capacité des relais communautaires sur la santé sexuelle et reproductive des adolescents et jeunes.

The “Stratégie Nationale de Développement Basée sur la Réalisation de l’OMD Version 4 2007-2015” describes plans for community awareness campaigns that would focus on reducing pregnancies among girls in school and would contain information on contraceptive methods:

En outre, des campagnes de sensibilisation média et communautaires sur la santé sexuelle et de la reproduction seront menées pour réduire les taux d’abandons des filles liés aux grossesses et accouchements précoces. Ces campagnes devront mettre en relief les inconvénients de la précocité de la vie sexuelle et des comportements sexuels à risque, les méthodes contraceptives, etc.

Because Côte d’Ivoire’s policies provide specific intervention activities for building community support for youth FP services, Côte d’Ivoire is placed in the green category for this indicator.
DEMOCRATIC REPUBLIC OF THE CONGO

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<td>• Politique Nationale Santé de l’Adolescent (PNSA), 2013, and Paquet d’Activités PNSA dans la Zone de Santé.</td>
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<tr>
<td>• Standards des Services de Santé Adaptés aux Adolescents et Jeunes, 2014.</td>
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Parental Consent, Spousal Consent, or Provider Discretion

“Les Codes Larcier de la République Démocratique du Congo, Tome I Droit Civil et Judiciaire” gives husbands full control over the legal rights of married women:

Art. 444. — Le mari est le chef du ménage. Il doit protection à sa femme; la femme doit obéissance à son mari.

Art. 448. — La femme doit obtenir l’autorisation de son mari pour tous les actes juridiques dans lesquels elle s’oblige à une prestation qu’elle doit effectuer en personne.

Art. 450. — Sauf les exceptions ci-après et celles prévues par le régime matrimonial, la femme ne peut ester en justice en matière civile, acquérir, aliéner ou s’obliger sans l’autorisation de son mari. Si le mari refuse d’autoriser sa femme, le tribunal de paix peut donner l’autorisation. L’autorisation du mari peut être générale, mais il conserve toujours le droit de la révoquer.

In addition, the DRC is still governed by a 1933 colonial-era law that prohibits the distribution of contraceptives.

The 2013 “Politique Nationale Santé de l’Adolescent (PNSA)” states that the provision of contraceptives to youth is subject to parental consent, which providers must respect. At the same time, somewhat contradictorily, the policy encourages providers to support the self-determination of youth to use reproductive health services. This language does not define the circumstances when parental consent is warranted:

2. La prestation des méthodes contraceptives chez les jeunes doit être subordonnée le cas échéant par le consentement des parents et l’agent de santé est tenu à se plier à cette obligation dans le respect des principes d’administration et d’éthique de ces méthodes. Par contre, il faut recommander l’achat des préservatifs à la pharmacie et les milieux appropriés et les pilules dans un centre de santé.

3. Les prestataires doivent soutenir l’auto détermination et le libre choix des adolescents à utiliser les services de santé de la reproduction dans le respect de leur dignité et de leur diversité d’opinion ou de culture.

More recently, however, the “Democratic Republic of Congo Family Planning National Multisectoral Strategic Plan, 2014-2020” included an activity to:

Create a law favorable to family planning, to protect minors and adolescents, and to promote gender.
Advocates have made substantial progress supporting the new reproductive health law, which will overturn restrictive codes for women and give them free and independent access to reproductive health care. In early 2016, the DRC Constitutional Court recognized reproductive health as a fundamental health right, allowing the National Assembly to review the law. If enacted, “Proposition de loi sur la Santé de la Reproduction en République Démocratique du Congo,” will allow for the following:

**Article 13:**
Tous les individus sont égaux en droit et en dignité en matière de santé de la reproduction sans discrimination aucune.

**Article 14:**
Les couples et les individus ont le droit de discuter librement et avec discernement des questions ayant trait à la santé de la reproduction dans le respect des lois en vigueur, de l’ordre public et des bonnes moeurs.

Ils ont le droit de décider librement et avec discernement du nombre de leurs enfants, de l’espacement de leurs naissances et de disposer des informations nécessaires pour ce faire. En cas de désaccord, la volonté de la femme prime.

The current laws place the DRC in the red category. The country has the potential to move into the green category if future laws are passed that explicitly prohibit provider discretion and parental and spousal consent.

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### Restrictions Based on Age

**Law or policy exists that restricts youth from accessing a full range of FP services based on age.**

The “Politique Nationale de Santé de la Reproduction, 2008” includes a provision for parental consent for minors, defined as any person under the age of 18, to receive reproductive health services. In contrast, the “Plan Strategique National de la Sante et du Bien-Etre des Adolescents et des Jeunes, 2016-2020” seeks to improve the SRH status of adolescents and youth ages 10 to 24. While the newer strategy includes youth as an audience for service provision, the qualifier in the “Politique Nationale de Santé de la Reproduction, 2008” for parental consent for youth under age 18 places the country in the red category for restrictions based on age.

When the new reproductive health law is formalized, policymakers should ensure that it includes explicit language allowing youth regardless of age and marital status to access the full spectrum of contraception.
Restrictions Based on Marital Status

Law or policy exists that restricts youth access to FP services based on marital status.

See discussion above under Parental Consent, Spousal Consent, or Provider Discretion indicator.

Comprehensive Sexuality Education

Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.

The 2013 “Politique Nationale Santé de l’Adolescent (PNSA)” acknowledges the importance of sexuality education and places emphasis on involving youth, parents, schools, and communities. It does not describe any details or components of what a CSE program should include.

The “Democratic Republic of Congo Family Planning National Multisectoral Strategic Plan, 2014-2020” identified poor integration of CSE in primary and secondary schools as a key FP demand-generation problem. To address this concern, the strategic plan includes CSE activities to increase demand for FP services among youth:

Integrate Family Planning in the curriculum of secondary schools, higher education and universities and train teachers in comprehensive sexual education for youth and adolescents.

The “Plan Stratégique National de la Santé et du Bien-Etre des Adolescents et des Jeunes, 2016-2020” incorporates a priority focus on activities that support behavior change through comprehensive SRH education in and out of schools:

Les interventions de santé en faveur des adolescents et des jeunes reposent sur la communication pour le changement de comportement soutenue par l’offre des services de prévention. Il s’agit de: l’éducation complète sur la santé reproductive et sexuelle en milieu scolaire et parascolaire.
The plan also includes several activities that contribute to CSE, including promoting the core universal value of human rights for adolescents and young people and the provision of safe and healthy learning environments:

Les objectifs spécifiques assignés à ce Plan sont les suivants:

Améliorer le niveau de connaissance et les compétences des adolescents et jeunes sur leurs problèmes spécifiques de santé y compris leurs droits.

D’ici 2020 au moins 50 % des adolescents et jeunes adoptent des attitudes et compétences favorables au respect de leurs droits dans les 258 zones.

D’ici 2020, 890 espaces d’information et communication pour jeunes sont créés dans les 178 zones supplémentaires.

Au moins 50 % d’adolescents et jeunes participent aux activités récréatives et socio-éducatives dans les 258 zones d’ici 2020.

The reference to CSE in these strategic plans indicates that the policy environment is promising towards implementation of CSE. However, additional guidelines, in line with the nine UNFPA essential components, are necessary to inform the delivery of CSE. Thus, the country is placed in the yellow category for this indicator.

The centre in Maibano, DRC, also offers the Accelerated Learning Programme which targets children of ages 13 to 18 who never got a chance to go to school.

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Youth-Friendly FP Service Provision

Policy references targeting youth in provision of FP services but mentions fewer than seven of the core elements of adolescent-friendly contraceptive services.

The policy environment in the DRC recognizes the need for youth-friendly FP service provision. The “Democratic Republic of Congo Family Planning National Multisectoral Strategic Plan, 2014-2020” includes the following activity:

*Extend integrated youth-friendly services to all health zones.*

Further, the “Plan Stratégique National de la Santé et du Bien-Etre des Adolescents et des Jeunes, 2016-2020” references the provision of youth-friendly services and presents plans for how the country aims to scale up the program. For example, the strategic plan explicitly states the importance of having trained staff capable of offering youth services, setting up “spaces” suitable for young people, and providing contraceptives to this age group.

*Ce système devra particulièrement disposer d’un personnel compétent et apte à offrir les soins de santé spécifiques à ce groupe, supprimer le plus possible les barrières à cette cible sans ressources conséquentes, aménager au sein des établissements de soins les espaces d’information et communication pour jeunes, fournir régulièrement les médicaments y compris les contraceptifs et autres intrants (préservatifs féminins et masculins, etc.).*

While the strategic plan aims to reach 3,870 facilities in the targeted health areas with contraceptive supplies, including condoms for adolescents and youth, it does not indicate the provision of a full range of contraceptives nor any guidelines around provision of contraceptives to this age group.

The plan also encourages use of a preferential rate for “care of adolescents and young people in the health zones,” but makes no explicit provision for offering contraceptives at no cost or subsidized costs.

The 2013 “Politique Nationale Santé de l’Adolescent (PNSA)” describes several of the seven elements of youth-friendly service provision in the context of adolescent health broadly including: training providers, ensuring confidentiality, linking service delivery with activities that build support in communities, and addressing gender norms. However, the policy does not mention plans to offer youth free or subsidized contraceptive provision. The 2013 PNSA states that contraceptive methods beyond the preferred method of abstinence must be made available to youth, but only references pills and condoms. The related document, “Paquet d’Activités PNSA dans la Zone de Santé,” describes plans for FP activities that include youth-friendly contraceptive methods, rather than explicitly including a full range of methods.
The “Standards des Services de Santé Adaptés aux Adolescents et Jeunes, 2014” recognize the rights of adolescents to quality and confidential health services. The policy describes the minimum package of youth-friendly services at each level of the health system, including the community level. It includes plans for training providers in youth-friendly services and measuring youth satisfaction with these services. In the area of reproductive health, the policy emphasizes providing information on reproductive health to youth, rather than contraceptive provision. One exception is the distribution of oral contraception and condoms to youth, which is in the minimum package of services at the community level.

The “Interventions de Santé Adaptées aux Adolescents et Jeunes, 2012” goes into detail about how providers in health centers should interact with youth when discussing sexual health. Providers should: ensure confidentiality; use friendly, clear, and respectful communication; avoid judgment; recognize stigma experienced by sexually active youth; and ensure autonomy in decisionmaking. The policy encourages condom and contraceptive distribution at the community level, and indicates in general terms that youth should be informed about how to prevent unwanted pregnancy in visits to health centers. It does not describe providing youth with a full range of contraceptive methods.

Therefore, the policy environment is understood to be promising but incomplete and the country is placed in the yellow category for FP service provision. In expanding upon youth-friendly service protocols, policymakers should consider including all seven elements identified in the HIPs “Adolescent-Friendly Contraceptive Services” to improve adolescent and youth uptake of contraception.

Community Support for Youth FP Services

Policy references engaging the community to support youth access to FP, but does not include specific intervention activities.

The DRC policy environment recognizes building community support for FP. The “Democratic Republic of Congo Family Planning National Multisectoral Strategic Plan, 2014-2020” includes an activity to mobilize the community surrounding FP. However, this is not specific to youth FP.

The “Paquet d’Activités” that accompanies the 2013 “Politique Nationale Santé de l’Adolescent (PNSA)” broadly outlines activities for building community support for youth health in general, such as advocacy aimed at community leaders and community-outreach activities using multimedia/mass media platforms. However, these activities are not specific to building support for youth access to contraception.
The “Plan Stratégique National de la Santé et du Bien-Etre des Adolescents et des Jeunes, 2016-2020” has as one of its chief priorities the need to promote the health of young people through empowering grassroots communities to find solutions to problems affecting adolescent health:

La promotion de la santé des jeunes doit viser notamment la responsabilisation des communautés de base dans la recherche des solutions sur les problèmes affectant la santé des adolescents.

While there is no explicit reference to community support for youth FP services, there is a strategic focus on community mobilization for the promotion of adolescent and youth health, including HIV services, comprehensive SRH education, promotion and availability of condoms, and strengthening the provision of services at the community level:

Axe stratégique 1 : Communication stratégique et mobilisation communautaire pour la promotion de la santé des adolescents et des jeunes

Les interventions de santé en faveur des adolescents et des jeunes reposent… Il s’agit de : (i) services de conseil et dépistage volontaire sur le VIH, (ii) l’éducation complète sur la santé reproductive et sexuelle, (iii) la promotion et la disponibilité des préservatifs, (iv) la promotion de la prophylaxie post exposition (en cas de viols), (v) la prévention des violences, ainsi que (vi) le renforcement du système communautaire en synergies avec les secteurs nationaux clés et de la société civile à fournir des services.

Because the strategy aims to build community support for youth SRH education and access to condoms, but does not reference building community support for youth access to FP services that include a broader range of contraceptive methods, the country is placed in the yellow category for this indicator.
### ETHIOPIA

<table>
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<td>Law or policy exists that supports youth access to FP services free from one or two of the following: provider discretion, parental consent or spousal consent, but not all three.</td>
</tr>
<tr>
<td>Restrictions Based on Age</td>
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<tr>
<td>Community Support for Youth FP Services</td>
<td>Policy outlines a detailed strategy to build community support for youth FP services, including one or more of the following approaches: mass media/multimedia, community engagement, awareness campaigns.</td>
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**Policy documents reviewed:**

Parental Consent, Spousal Consent, or Provider Discretion

Law or policy exists that supports youth access to FP services free from one or two of the following: provider discretion, parental consent or spousal consent, but not all three.

While Ethiopia has a strong and inclusive policy environment supporting young clients’ access to FP services, the policies reviewed have limited recognition of youth’s right to contraceptive services without spousal or parental consent. Language in the policy documents acknowledges the rights of youth to receive these services, and the “National Adolescent and Youth Reproductive Health Strategy, 2007-2015” explicitly instructs providers to offer FP services to youth without bias:

Providers should be non-judgmental, respect privacy, and know how to communicate with youth.

However, the policies do not explicitly outline youth’s right to access FP services without parental or spousal consent. In the absence of this language, youth may face barriers when attempting to receive care.

Ethiopia is placed in a yellow category for this indicator because the policy environment includes provisions discouraging provider discretion, but does not address consent by parents or spouses. To strengthen the policy environment, the country should consider including direct language allowing youth to access FP services without parental or spousal consent.

Students talking in a teacher training college, Ethiopia.
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Restrictions Based on Age

Law or policy exists that supports youth access to FP services regardless of age, including the provision of long-acting and reversible contraceptives (LARCs).

Policies reviewed thoroughly address youth’s right to access a full range of contraceptive options, regardless of age. The “National Adolescent and Youth Reproductive Health Strategy, 2007-2015” defines adolescents and youth as ages 10 to 24:

*To enhance reproductive health and well-being among young people in Ethiopia ages 10-24 so that they may be productive and empowered to fully access and utilize quality reproductive health information and services, to make voluntary informed choices over their RH lives, and to participate fully in the development of the country.*

In addition, the “National Guidelines for Family Planning Services in Ethiopia, 2011” underscore the right of all people to access FP care without discrimination based on age or other nonmedical criteria:

*Access to services: Clients have a right to services that are affordable, are available at convenient times and places, are fully accessible with no physical barriers, and have no inappropriate eligibility requirements or social barriers, including discrimination based on sex, age, marital status, fertility, nationality or ethnicity, social class, religion, or sexual orientation.*

Further, the “National Adolescent and Youth Reproductive Health Strategy, 2007-2015” emphasizes the medical eligibility for youth to receive all contraception methods, except sterilization:

*No medical reasons currently exist for denying any contraceptive method based on young age alone.*

Based on these policy inclusions, Ethiopia is placed in the green category for this indicator. Policy documents directly recognize the rights of young people to receive FP services, including a full range of contraception, regardless of age.
Restrictions Based on Marital Status

Law or policy exists that supports youth access to FP services regardless of marital status.

As with policies surrounding potential age restrictions, Ethiopia has a strong policy environment supporting youth’s right to access FP services regardless of marital status. The right to access services in the “National Guidelines for Family Planning Services in Ethiopia, 2011,” excerpted above, includes the right to access FP services regardless of marital status. Additional language in the same policy document further emphasizes this right:

Any reproductive age person, male or female regardless marital status is eligible for Family Planning services including information, education and counseling.

The “National Guidelines for Family Planning Services in Ethiopia” also recognize the unique context of both married and unmarried adolescents, further addressing the need to provide tailored services to this population:

Married adolescents require FP services to delay and space childbirth;

Unmarried adolescents may have more than one sexual partner that predisposes them to STIs more than older people. Hence, dual use of FP method should be included in counseling sessions.

Ethiopia is placed in the green category for this indicator because relevant policies directly support married and unmarried youth receiving FP services.
Comprehensive Sexuality Education

Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.

Sexuality education is presented as “Family Life and Sexuality Education” in Ethiopia’s “National Adolescent and Youth Reproductive Health Strategy, 2007-2015.” The document acknowledges that few reproductive health issues are incorporated into the Family Life Education curriculum but notes that this is a policy issue under the purview of the Ministry of Education (MoE). The strategy does build in segmented activities related to Family Life Education for married and unmarried boys and girls ages 10 to 14, both in-school and out-of-school:

Create safe spaces in kebele, churches, mosque (other suitable places); assign mentors; and provide family life and sex education.

Provide age appropriate family life education in schools.

The “Education Sector Policy and Strategy on HIV & AIDS, 2009” provides further guidance on the provision of sexuality education. The policy includes some elements of CSE essential components, but is limited in the breadth of instruction regarding sexuality, sexual behavior, and reproductive health. The policy does include an integrated focus on gender:

As HIV and AIDS impacts differently on men and women due to the biological, economic and socio-cultural factors, all aspects of this policy will be applied in a way that is responsive to the different vulnerabilities and susceptibilities of men, women, boys and girls.

Additionally, the “Education Sector Policy and Strategy on HIV & AIDS” includes an emphasis on a safe and healthy learning environment:

Provide a safe and sanitary environment in schools and other learning institutions. To create a supportive and protective learning environment in schools and other learning institutions.

Other policies suggest additional emphasis will be placed on educating Ethiopian youth regarding FP. The “Costed Implementation Plan for Family Planning in Ethiopia, 2015/16-2020” incorporates an activity that seeks to work through the MoE to strengthen sexuality education:

MC1.4 Advocate with the MOE to assess the capacity of schools to integrate SRH and family planning into the curriculum, including sexual education in the school health programme.

Ethiopia is placed in the yellow category for the CSE indicator. Policies directly support providing some form of sexuality education, and indicate that the development of a more robust curriculum is in the conception phase.
Youth-Friendly FP Service Provision

Policy mentions all seven core elements of adolescent-friendly contraceptive services AND explicitly mentions the provision of a full range of contraceptive methods to youth.

The policy environment in Ethiopia strongly supports the provision of youth-friendly FP services. Multiple policies reviewed incorporate youth-friendly FP services.

The “National Reproductive Health Strategy, 2006-2015” is the earliest policy reviewed that discusses the pressing need for services to be tailored to meet the needs of youth. This strategy includes an initiative to develop a “National Adolescent and Youth Reproductive Health Strategy” and regional implementation plans.

The “National Adolescent and Youth Reproductive Health Strategy, 2007-2015,” launched the following year, includes clear action steps to deliver youth-friendly FP services. The first objective of this strategy is:

Objective 1.1: To improve access to quality reproductive health and STI/HIV services.

The strategy further references all seven core elements of adolescent-friendly contraceptive services. For example, to address gender and social norms, the strategy includes an activity to increase young women’s limited agency:

Enlist participation of boys/men, gatekeepers such as mothers-in-law or other family members:

All programs need to include men and gatekeepers as women have very limited decision making power. Young adolescent boys can be sensitized early on about gender inequities, HTP [harmful traditional practices], and sexual violence. Programs engaging young married men will increase the chances of young women’s agency to decide on their reproductive lives.

To comprehensively address the range of health issues faced by youth in Ethiopia, the Ministry of Health broadened the scope of the “National Adolescent and Youth Reproductive Health Strategy, 2007-2015” when preparing the most recent adolescent health policy, the “National Adolescent and Youth Health Strategy, 2016-2020.” SRH remains a key feature in this policy. The policy seeks to increase contraceptive prevalence among youth, reduce unmet need for modern contraception, and reduce unintended adolescent pregnancy. To achieve these outcomes, the “National Adolescent and Youth Health Strategy, 2016-2020” reinforces initiatives from the previous policy iteration, addressing core elements of adolescent-friendly contraceptive services:

Promote male involvement in prevention of early and unintended pregnancy.

Ensure availability and accessibility of all types of modern contraceptives including LARC for adolescents and youth who are sexually active.
Facilitate revision, where appropriate, of age and sex related restrictions that prevent adolescents from accessing full HIV and SRH services.

Address social pressure and concerns related to child marriage, conception and contraception.

The “National Guidelines for Family Planning Services in Ethiopia, 2011” include additional recommendations that address enforcement of confidentiality and privacy, training and supporting providers to offer adolescent-friendly contraceptive services, and linking service delivery with activities that build support in communities:

Offer privacy and maintain confidentiality, conveniently located with convenient working hours.

Providers should be competent, with good communication skills, motivated and supportive, informative and responding to questions and concerns.

Have comprehensive service package and ways of increasing access with outreach and peer-to-peer services.

Finally, the “Costed Implementation Plan for Family Planning in Ethiopia, 2015/16-2020” includes an initiative to increase youth-friendly service provision beyond youth centers and highlights the availability of a wide range of contraceptive methods:

SDA6. Increase the number of FP service access points for youth: To improve access to FP services for youth and adolescents, FP and SRH trainings will be organised for youth centre staff across the country so they can effectively engage youth in conversation about family planning, impart knowledge regarding the full spectrum of FP options available to them, and refer them to youth-friendly service providers should they choose to receive an FP service. In conjunction, additional health facilities will be made more youth friendly by establishing youth corners and training service providers on youth-friendly services. To address the FP needs of university students, advocacy meetings will be organised to ensure high-quality FP service delivery by university and college clinics.

All seven core elements of adolescent-friendly contraceptive service provision are recognized in the policies reviewed. Thus, Ethiopia is placed in the green category for this indicator.
Community Support for Youth FP Services

Policy outlines a detailed strategy to build community support for youth FP services, including one or more of the following approaches: mass media/multimedia, community engagement, awareness campaigns.

The importance of building community support for youth FP services features prominently in Ethiopia’s “National Adolescent and Youth Reproductive Health Strategy, 2007-2015.” Goal 2 outlines specific action steps to inform youth and members of the community:

**Goal 2:** To increase awareness and knowledge about reproductive health issues, which lead to healthy attitudes and practices in support of young people’s reproductive health.

Strategies under this initiative include engaging community members in community dialogue and sensitization, supporting parents and family members to speak about adolescent SRH with their children, and establishing communication channels between children and adults.

Ethiopia is placed in the green category for this initiative as policy documents reviewed thoroughly address building community support for youth FP services and include specific actions to do so.
Parental Consent, Spousal Consent, or Provider Discretion

Law or policy exists that supports youth access to FP services free from one or two of the following: provider discretion, parental consent or spousal consent, but not all three.

Restrictions Based on Age

Law or policy exists that supports youth access to FP services regardless of age, including the provision of long-acting and reversible contraceptives (LARCs).

Restrictions Based on Marital Status

Law or policy supports access to FP services for unmarried women, but without specifying youth.

Comprehensive Sexuality Education

Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.

Youth-Friendly FP Service Provision

Policy references targeting youth in provision of FP services but mentions fewer than seven of the core elements of adolescent-friendly contraceptive services.

Community Support for Youth FP Services

Policy outlines a detailed strategy to build community support for youth FP services, including one or more of the following approaches: mass media/multimedia, community engagement, awareness campaigns.

Policy documents reviewed:

- Feuille de Route Nationale Pour Accélérer la Réduction de la Mortalité Maternelle, Néonatale et Infanto-Juvénile 2012-2016.
- Standards de Services de Santé Adaptés aux Adolescents et aux Jeunes 2013.
- Politique Nationale de Santé 2014.
Parental Consent, Spousal Consent, or Provider Discretion

Law or policy exists that supports youth access to FP services free from one or two of the following: provider discretion, parental consent or spousal consent, but not all three.

The “Plan d’Action National de Repositionnement de la Planification Familiale en Guinée 2014-2018” notes that parental and provider judgement are common barriers to youth seeking FP services:

S’agissant des adolescents et jeunes, ils craignent de rencontrer leurs parents et les autres adultes dans les points d’accès à la PF, jugent que leur utilisation de la PF est mal perçue par les prestataires qui préfèrent offrir les méthodes uniquement aux femmes en union.

The “Plan National de Développement Sanitaire 2015-2024” aims to integrate youth SRH services into health facilities with a specific target to reduce these experiences of stigmatization or judgment among youth:

80 % des ado-jeunes utiliseront les services de santé sexuelle et reproductive sans stigmatisation ni jugement

While these policies address issues of provider discretion in youth accessing SRH services, they do not adequately address parental or spousal consent. Therefore, Guinea is placed in the yellow category for this indicator.
Restrictions Based on Age

Law or policy exists that supports youth access to FP services regardless of age, including the provision of long-acting and reversible contraceptives (LARCs).

The “Standards de Services de Santé Adaptés aux Adolescents et aux Jeunes 2013” state that youth have the right to quality health services regardless of age:

L’élaboration des présents standards de Services de Santé Adaptés aux Adolescents et Jeunes (SSAAJ) a été guidée par les principes suivants:

...Le respect des droits humains et en particulier le droit des adolescents/jeunes à l’accès aux services de santé de qualité sans aucune discrimination liée à leur âge, sexe, religion ou condition sociale.

In addition, the “Standards de Services” outline the minimum package of services for adolescents, which make all contraceptive methods available to youth.

Because the policies support youth access to all methods regardless of age, Guinea is placed in the green category for this indicator.

Restrictions Based on Marital Status

Law or policy supports access to FP services for unmarried women, but without specifying youth.

The “Loi Portant la Santé de la Reproduction 2000” states that reproductive health is a right guaranteed to all individuals regardless of marital status:

Article 2: Caractère universel du droit à la santé de la reproduction
Tous les individus sont égaux en droit et dignité en matière de santé de la reproduction. Le droit à la santé de la reproduction est un droit universel fondamental garanti à tout être humain, tout au long de sa vie, en toute situation et en tout lieu. Aucun individu ne peut être privé de ce droit dont il bénéficie sans discrimination aucune fondée sur l’âge, le sexe, la fortune, la religion, la situation matrimoniale ou sur toute autre considération.
This statement somewhat contradicts other language in the law that refers specifically to married couples when defining reproductive health:

*Par Santé de la Reproduction… elle suppose que toute personne se trouvant dans un lien de mariage peut mener une vie sexuelle satisfaisante et toute sécurité, qu’elle est capable de procréer en toute liberté. Cette dernière condition implique d’une part que les conjoints ont le droit d’être informés et d’utiliser la méthode de planification ainsi que d’autres méthodes de planification non contaires à la loi.*

Because the law does not pertain to youth explicitly nor do other policies protect unmarried youth’s access to contraception, Guinea is placed in the yellow category for this indicator.

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Comprehensive Sexuality Education

Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.

In Guinea, access to information and education about SRH is a recognized right described in the “Loi Portant la Santé de la Reproduction 2000”:

*Article 4: Droit à l’information et à l’éducation*  
*Tout individu, tout couple a le droit à l’information et à l’éducation relatif aux risques liés à la procréation et à l’efficacité de toutes les méthodes de régulation des naissances.*

Several policies describe plans for introducing sexuality programming in schools. The “Plan d’Action National de Repositionnement de la Planification Familiale en Guinée 2014-2018” describes a specific activity to develop a sexuality education curriculum to introduce into schools:

*Activité D3.2: Sensibilisation sur la SSR en milieu scolaire en synergie avec les ministères en charge de l’enseignement et de l’éducation civique*  
*Il s’agit d’introduire l’enseignement de la SSR dans les écoles à travers l’élaboration d’un module SSR et de former les enseignants. Les enseignants à leur tour travailleront avec les élèves sur des questions de SSR au moyen du module. Des dépliants comportant les messages essentiels seront élaborés pour les élèves.*

One of the essential CSE components is to reach youth in formal and informal settings. The “Feuille de Route Nationale Pour Accélérer la Réduction de la Mortalité Maternelle, Néonatale et Infanto-Juvénile 2012-2016” and the “Plan Stratégique en Santé et Développement des Adolescents et des Jeunes en Guinée 2015-2019” describe plans to reach youth in and out of school with sexuality education in addition to broader awareness campaigns to spread SRH information.
Another essential component of CSE aims to strengthen youth advocacy and civic engagement. The “Plan Stratégique” emphasizes youth participation in designing and implementing health programs, but it does not include plans for teaching youth about youth advocacy and civic engagement within a CSE program.

Guinea’s policies do not describe specific components that should be included in a sexuality education program, with the exception of reaching youth in formal and informal settings. Therefore, Guinea is placed in the yellow category for this indicator.

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**Youth-Friendly FP Service Provision**

Policy references targeting youth in provision of FP services but mentions fewer than seven of the core elements of adolescent-friendly contraceptive services.

Guinea’s policy environment is promising in that it acknowledges of the importance of health services tailored to youth, but it does not outline all seven core elements of adolescent-friendly contraceptive services.

The “Standards de Services de Santé Adaptes aux Adolescents et aux Jeunes 2013” note that adolescents face provider discrimination when they seek SRH services. To remedy this, the “Standards de Services” include a goal to ensure providers are trained to offer youth-friendly services:

* Tous les prestataires ont les connaissances, les compétences, et les attitudes positives (requises) pour offrir des services adaptés aux besoins des adolescents et des jeunes.

The “Plan d’Action National de Repositionnement de la Planification Familiale en Guinée 2014-2018” defines a specific target to increase provider capacity for youth-friendly FP services:

* Il s’agit de renforcer les capacités des prestataires de 25% des FS [Formations Sanitaires]… pour offrir les services de PF adaptés aux adolescents et aux jeunes… en 2014 et 2015.

The “Normes et Procédures en Santé de la Reproduction 2016” describe the procedures that providers should follow when attending to youth at each level of the health system. For example, the document encourages providers to listen attentively to youth. The “Plan Stratégique National de la Santé Maternelle, du Nouveau-né, de l’Enfant, de l’Adolescent et des Jeunes 2016-2020” includes activities to strengthen the capacity of youth-friendly service providers and to combat the stigmatization that youth face when accessing services.

The “Standards de Services” include a guiding principle on respect for the confidentiality and privacy of youth. In addition, they outline the minimum package of services for adolescents, which includes making all contraceptive methods available to youth. However, Guinea’s policies do not adequately address the
provision of no-cost or subsidized services. The “Standards de Services” have an activity to make health products affordable to adolescents, but do not specifically address the cost of FP services.

The “Plan Stratégique en Santé et Développement des Adolescents et des Jeunes en Guinée 2015-2019” addresses three elements of youth-friendly services: building an enabling legal environment, building support in communities, and addressing gender norms. However, this document is not specific to youth SRH services and it does not describe youth access to contraception, referring rather to youth health services in general. For example, the “Plan Stratégique” includes an objective to build an enabling legal environment for youth health generally:

5.4.3. Objectif général 3: Promouvoir un environnement socio-éducatif, législatif et réglementaire favorable à la santé et au développement des adolescents (es) et des jeunes.

Guinea is placed in the yellow category for this indicator because its policies reference youth-friendly contraceptive services but do not include plans to address all seven elements.

Community Support for Youth FP Services

Policy outlines a detailed strategy to build community support for youth FP services, including one or more of the following approaches: mass media/multimedia, community engagement, awareness campaigns.

One of the five overarching standards described in the “Standards de Services de Santé Adaptés aux Adolescents et aux Jeunes 2013” includes planned activities for mobilizing communities around youth-friendly services:

Standard 4: La communauté - y compris les adolescents et les jeunes - facilite la mise en place et l’utilisation des services de santé adaptés aux adolescents et aux jeunes.

1. Les organisations à base communautaire les leaders communautaires, les enseignants, les agents communautaires/Assistants sociaux et les associations de jeunes sont mobilisées autour des PPS [points de prestation de services] pour faciliter l’utilisation des services de santé par les adolescents et les jeunes

6. Les organisations à base communautaire, les leaders communautaires et les enseignants, les agents communautaires/Assistants sociaux et les associations de jeunes, sont orientés en vue de faciliter l’utilisation des PPS par les A&J [les adolescents et les jeunes]

7. Les leaders communautaires/parents encouragent les A&J à utiliser les SSAAJ

Because this document also clearly describes contraceptive access in the package of youth-friendly services and it outlines a detailed strategy to build community support for these services, Guinea is placed in the green category for this indicator.
<table>
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<td>Law or policy exists that supports youth access to FP services free from one or two of the following: provider discretion, parental consent or spousal consent, but not all three.</td>
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<tr>
<td>Restrictions Based on Age</td>
<td>Law or policy exists that supports youth access to FP services regardless of age but does not include provision of a full range of methods.</td>
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<td>Policy outlines a detailed strategy to build community support for youth FP services, including one or more of the following approaches: mass media/multimedia, community engagement, awareness campaigns.</td>
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Policy documents reviewed:

- Kenya Health Policy, 2012-2030.
- National Adolescent Sexual and Reproductive Health Policy, 2015.
Parental Consent, Spousal Consent, or Provider Discretion

Law or policy exists that supports youth access to FP services free from one or two of the following: provider discretion, parental consent or spousal consent, but not all three.

Within Kenya’s strong policy environment supporting SRH services for adolescents and youth, the legal stance on parental and spousal consent for youth accessing FP services is noticeably weak. The “National Guidelines for Provision of Adolescent and Youth Friendly Services in Kenya, 2016” outline a clear strategy to improve adolescents’ access to and use of SRH services. While this document identifies laws and policies requiring parental and partner approval as a structural barrier to youth accessing SRH services, it does not make any definitive statement on the right of adolescents to access services without parental and spousal consent.

Efforts are underway in Kenya to enact the “Reproductive Health and Rights Act,” drafted in 2008, which would explicitly allow for youth in Kenya to freely access SRH services without parental consent. The draft of this act states:

§21: (i) The Minister for health shall in conjunction with the Board, Regulatory authorities and other relevant institutions and bodies facilitate the provision of adolescent friendly reproductive health service; (ii) In the provision of reproductive health services to adolescents, parental consent shall not be mandatory.

The “Reproductive Health and Rights Act,” if enacted, would likely heighten the impact and reach of the “National Adolescent Sexual and Reproductive Health Policy, 2015” by providing the necessary legal justification for youth in Kenya to access the contraceptive services outlined in the national policy’s program strategies. In the absence of this legal recognition of youth’s rights, youth will continue to face barriers at facilities when attempting to access the contraceptive services they desire.

Although the law is not clear regarding parental or spousal consent for youth to access FP services, strong policies exist directing providers to offer nondiscriminatory, unbiased care to adolescents based on medical eligibility criteria. The “National Guidelines for Provision of Adolescent and Youth Friendly Services in Kenya” promote five characteristics of adolescent service provision that follow the “WHO Quality of Care Framework” for adolescent service provision: accessible, acceptable, appropriate, equitable, and effective. The guidelines specifically address the role of the provider to offer adolescent-friendly health services, including the provision of contraception, in a manner that respects the five quality of care characteristics:

*The service providers should be non-judgmental and considerate in their dealings with adolescents and youth and deliver the services in the right way.*
The guidelines further recognize and address the challenges providers face when balancing personal beliefs with the provision of SRH care to youth:

*Health service providers report being torn between personal feelings, cultural and religious values and beliefs and their wish to respect young people’s rights to accessing and obtaining SRH services. Training of service providers should address service provider attitudes and beliefs, and improve provider knowledge of normal adolescent development and special characteristics of adolescent clients and skills—both clinical and counselling.*

Kenya is placed in the yellow category for parental consent, spousal consent, or provider discretion. The country could move into the green category if policymakers enact the “Reproductive Health Rights Act” and include a provision that recognizes youth’s right to access FP services without parental or spousal consent.

### Restrictions Based on Age

Law or policy exists that supports youth access to FP services regardless of age but does not include provision of a full range of methods.

The 2010 Constitution of Kenya recognizes the right of all people to access reproductive health care:

> Article 43: (1) Every person has the right—(a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care.

This strong declaration in favor of all people accessing health care sets the stage for equal access to health care services. However, the absence of language referencing the right to reproductive health regardless of age leaves ambiguity in the interpretation of the intended beneficiaries.

The “National Guidelines for Provision of Adolescent and Youth Friendly Services in Kenya, 2016” recognize adolescents’ right to access services independent of their age or marital status, including access to FP services and contraception. FP and contraceptive services are included in these guidelines as a subset of services under the “Minimum Initial Service Package (MISP) for Reproductive Health.” Under the MISP operational guidelines, health providers are directed as follows:

> Health staff should be aware that adolescents requesting contraceptives have a right to receive these services, regardless of age or marital status.

This explicit recognition of adolescents’ right to contraception regardless of age is a critical step towards addressing the barriers many youth face when accessing these services. However, the document does not mention the provision of LARCs to youth specifically.
Restrictions Based on Marital Status

Law or policy exists that supports youth access to FP services regardless of marital status.

Kenya is placed in the green category for this indicator because the “National Guidelines for Provision of Adolescent and Youth Friendly Services, 2016” make a clear provision for youth to access FP services regardless of marital status. See additional discussion above under Restrictions Based on Age.

Comprehensive Sexuality Education

Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.

CSE is defined and promoted in the “National Adolescent Sexual and Reproductive Health Policy, 2015”:

> Age-Appropriate Comprehensive Sexuality Education is an age-appropriate, culturally relevant approach to teaching about sexuality and relationships by providing scientifically accurate, realistic and non-judgmental information. Sexuality education provides opportunities to explore one’s own values and attitudes as well as build decision-making communication and risk reduction skills about many aspects of sexuality.

The guidelines in the “National Adolescent Sexual and Reproductive Health Policy” lay out a vision for sexuality education in the country, including elements such as reaching in-school and out-of-school youth, using medically accurate information and training health care providers to provide SRH information. However, the guidelines do not cover all nine essential components of CSE.

It appears that the Ministry of Education is updating the curriculum on life skills and sexuality education. The updated protocol should take into consideration the nine essential components of CSE, particularly integration of gender, participatory teaching methods, strengthening youth advocacy, and cultural relevancy. In the absence of such a protocol, the policy environment surrounding CSE in Kenya is considered promising but incomplete and the country has been placed in the yellow category.
Youth-Friendly FP Service Provision

Policy mentions all seven core elements of adolescent-friendly contraceptive services AND explicitly mentions the provision of a full range of contraceptive methods to youth.

Kenya has an inclusive and supportive policy environment for the provision of SRH services, including the full range of contraception, to both youth and adolescents. The “National Guidelines for Provision of Adolescent and Youth Friendly Services in Kenya, 2016” recognize the health and human rights of young people. All seven common elements of adolescent-friendly contraceptive services discussed in the HIPs “Adolescent Friendly Contraceptive Services” review are included in Kenya’s policy environment. The guidelines explicitly address the high cost of services as a barrier to youth seeking FP services:

All adolescents and youth should be able to receive health services free of charge or are able to afford any charges that might be in place.

Adolescents and youth in Kenya can access a full range of contraception under existing policies. The “National Guidelines for Provision of Adolescent and Youth Friendly Services in Kenya” include contraception as a component in the essential package of service offerings for adolescents:

Contraception counselling and provision of full range of contraceptive methods, including long-acting reversible methods.

The “National Guidelines for Provision of Adolescent and Youth Friendly Services in Kenya” recognize the compounding impact of gender norms for youth accessing FP:

Gender inequities and differences that characterize the social, cultural and economic lives of the young people influence their health and development. Thus, adolescents and youth friendly reproductive and sexual health services must promote gender equality.
Community Support for Youth FP Services

Policy outlines a detailed strategy to build community support for youth FP services, including one or more of the following approaches: mass media/multimedia, community engagement, awareness campaigns.

Intervention 4.7 of Kenya’s “National Family Planning Costed Implementation Plan, 2012-2016” outlines steps to advocate for FP within the community, one of which targets support for adolescent SRH:

*Intervention 4.7. Increased demand for FP by improving advocacy.*

4.7.2. Increased engagement with opinion leaders for family planning activities (some of the issues for engagement include; (1) Advocate for implementation of Adolescent Reproductive Health Policy of 2005, and the New Population Policy, 2011.

The implementation plan lays out a detailed strategy to build community support for youth FP services and, accordingly, Kenya is placed in the green category.

Members of a Youth to Youth group in Bangladesh slum in Mombasa, Kenya, go for a community outreach distributing condoms and performing skits with messages relating to reproductive health.

© Jonathan Torgovnik/Getty Images
### MALI

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**Policy documents reviewed:**
- Loi n° 02-044 Relative à la Santé de la Reproduction 2002.
Parental Consent, Spousal Consent, or Provider Discretion

Law or policy exists that supports youth access to FP services free from one or two of the following: provider discretion, parental consent, or spousal consent, but not all three.

The “Politique et Normes des Services de Santé de la Reproduction 2005” state that contraceptive users, including adolescents, should not be required to seek parental or partner consent:

Les bénéficiaires des services de contraception sont les hommes, les femmes en âge de procréation et en particulier les femmes jeunes sans enfant, les grandes multipares, les personnes à comportement à risque de IST-VIH/SIDA, les malades mentaux et les jeunes adultes. Les méthodes de contraception devront être offertes à tous les bénéficiaires qui en feront le choix, sans exiger l’autorisation ou le consentement parental ou marital.

The “Plan d’Action National de Planification Familiale du Mali 2014-2018” acknowledges that provider attitudes are a critical barrier to youth seeking contraceptive services, particularly young women and unmarried women. It includes plans to train providers to provide youth-friendly FP services but does not explicitly discuss training providers to prevent provider discretion or judgment toward youth.

Because Mali’s policy environment prohibits parental and spousal consent but does not adequately address provider discretion, Mali is placed in the yellow category for this indicator.
Restrictions Based on Age

Law or policy exists that supports youth access to FP services regardless of age, including the provision of long-acting and reversible contraceptives (LARC).

The “Politique et Normes des Services de Santé de la Reproduction 2005” describe the reproductive services that are required to be available to adolescents, which include a full range of short- and long-acting contraceptive options.

The “Programme de Développement Socio-Sanitaire 2014-2018” reiterates the need to make all methods available to youth:

Extrait 1-3-2: Développement d’interventions spécifiques pour renforcer la continuité de l’offre de services PF de qualité notamment l’utilisation des méthodes de longue durée, l’augmentation de la demande des services de la PF et la facilitation de l’accès des femmes, des hommes, des jeunes et adolescents aux services de PF.

These policies support youth access to contraception, including LARC, regardless of age. Mali is placed in the green category for this indicator.

Restrictions Based on Marital Status

Law or policy exists that supports youth access to FP services regardless of marital status.

The “Loi n° 02-044 Relative à la Santé de la Reproduction 2002” states that all individuals and all couples are guaranteed access to reproductive health:

Article 3: Les hommes et les femmes ont le droit égal de liberté, de responsabilité, d’être informés et d’utiliser la méthode de planification ou de régulation des naissances de leur choix, qui ne sont pas contraires à la loi.

Article 4: Tout individu, tout couple a le droit d’accéder librement à des services de santé de reproduction et de bénéficier des soins de la meilleure qualité possible.
The “Plan d’Action National de Planification Familiale du Mali 2014-2018” discusses the stigma that unmarried adolescents face when seeking contraceptive services:

Quant aux adolescents et jeunes non en union, ils craignent de rencontrer leurs parents et les autres adultes au niveau des points d’accès de la PF et jugent que leur utilisation de la PF est mal perçue par les prestataires qui préfèrent offrir les méthodes uniquement aux femmes en union.

The “Plan d’Action” interprets the “Loi” as a guarantee for access to contraceptives by unmarried women and adolescent women:

L’accès libre aux contraceptifs pour les femmes non en union et les adolescentes garanti par la loi sur la santé de la reproduction.

Because Mali’s policies support access to contraceptives for unmarried youth, Mali is placed in the green category for this indicator.

Comprehensive Sexuality Education

Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.

The “Loi n° 02-044 Relative à la Santé de la Reproduction 2002” guarantees information and education on contraception:

Article 12: Sont également autorisées, l’information et l’éducation concernant la contraception dans le respect de l’ordre public sanitaire et de la morale familiale.

The “Plan d’Action National de Planification Familiale du Mali 2014-2018” includes activities to reach in-school and out-of-school youth with sexuality education, one of the essential components of CSE:

Activité D3a.2: Sensibilisation sur la santé sexuelle et reproductive et la planification familiale en milieu scolaire en synergie avec le ministère de l’éducation nationale

Activité D3a.3: Développement d’une synergie avec les associations culturelles et sportives de jeunes du secteur informel et du milieu rural pour la sensibilisation sur les questions de Santé Sexuelle Reproductive et la Planification Familiale (SSR/PF)

Similarly, the “Guide for Constructive Men’s Engagement in Reproductive Health 2008” describes strategies for educating youth in SRH in informal and formal settings:
Objective:
To increase the number of adolescents and young adults trained and sensitized in sexual and reproductive health who adopt positive behaviors within the community.

Strategies:
…Develop innovative initiatives that promote RH within formal and informal education systems
…Encourage sex education dialogue within the family

The “Politique et Normes des Services de Santé de la Reproduction 2005” include activities for family life education and population education in schools and in neighborhoods.

The “Plan d’Action” describes a specific activity to improve youth advocacy, one of the nine essential components of CSE, by strengthening partnerships with youth groups working in FP. However, this is not described as a component of a comprehensive sexuality education program.

Mali is placed in the yellow category because its policy environment supports the provision of sexuality education, but it does not describe the components that should be included in a CSE program.

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Youth-Friendly FP Service Provision

Policy mentions all seven core elements of adolescent-friendly contraceptive services AND explicitly mentions the provision of a full range of contraceptive methods to youth.

The “Plan d’Action National de Planification Familiale du Mali 2014-2018” notes the importance of youth-friendly services:

Stratégie O3: Renforcement des services PF destinés aux adolescent(e)s et jeunes

Le diagnostic a permis de remarquer que dans la majorité des services de PF, les spécificités des jeunes ne sont pas prises en compte. Il s’agit de mieux les intégrer à travers des interventions mieux adaptées à leurs besoins en matière de SSR/PF.

The “Plan d’Action” includes a specific activity to train providers in youth-friendly services (see also the section on Parental Consent, Spousal Consent, or Provider Discretion above):

Activité O3.1: Formation des prestataires de 25% des FS [Formations Sanitaires] pour offrir des services de PF adaptés aux adolescents et aux jeunes
The “Plan d’Action” discusses cost as a barrier to youth access to contraceptives and includes an activity to seek funding to cover the cost of services for adolescent girls and poor women:

Stratégie E3: Plaidoyer pour l’adoption d’une politique de tiers payant au cours de l’offre des services de PF aux adolescentes et aux femmes démunies

The “Plan d’Action” describes the barrier that lack of confidentiality poses for women seeking contraception, but it does not describe plans to improve confidentiality and privacy among youth seeking contraceptive services. The “Guide for Constructive Men’s Engagement in Reproductive Health 2008” states:

Objective: To increase the number of adolescents and young adults trained and sensitized in sexual and reproductive health who adopt positive behaviors within the community.

Strategies:
…Reinforce a climate of trust and confidentiality with teenagers and youth when they access RH services

The “Politique et Normes des Services de Santé de la Reproduction 2005” require that a full range of contraceptive methods be made available to youth (see also the section on Restrictions Based on Age above).

The “Plan d’Action” includes activities to address some of the gender norms that act as a barrier to women accessing contraception, such as financial dependence:

Activité D3a.5: Mise en place des interventions permettant de renforcer le pouvoir économique et décisionnel des adolescentes et jeunes

Les questions de prise de décision en matière de santé de la reproduction étant influencées par le pouvoir économique de la femme et leur capacité à prendre une décision éclairée, il est important d’aider les adolescentes et les jeunes filles à s’instruire mais aussi à avoir des sources de revenus financiers pouvant leur permettre d’être autonomes financièrement.

Mali is placed in the green category because its policies reference youth-friendly FP services and mention all seven of the core elements.
Community Support for Youth FP Services

Policy references engaging the community to support youth access to FP, but does not include specific intervention activities.

The “Programme de Développement Socio-Sanitaire 2014-2018” includes a plan to engage parents through a training curriculum on communicating with adolescents about SRH:

_Afin de promouvoir la planification familiale au Mali, le MPFFE [Ministère de la Promotion de la Femme, la Famille et l’Enfant] se propose de sensibiliser les membres des communautés sur la santé de la reproduction et la planification familiale ainsi que de diffuser la politique de la législation relative à la SR… Un plan intégré de communication pour le repositionnement de la PF sera élaboré et un curriculum de formation des parents sur la communication avec les enfants et les ados sur la SR développé._

The “Plan d’Action National de Planification Familiale du Mali 2014-2018” describes engaging the community to improve youth centers:

_Activité D3a.4: Développement d’un partenariat avec les communes pour la promotion de la SR et la Planification Familiale chez les adolescentes et jeunes dans les centres d’encadrement des jeunes_

…_Plaidoyer en direction des responsables des communes chargés d’encadrer les jeunes, …Organisation des ateliers régionaux de 2 jours pour le renforcement des capacités de 200 encadreurs de jeunes dans les communes._

However, the existing evidence on youth centers shows that as an intervention, it is not particularly effective in increasing youth contraceptive use. The “Plan d’Action” includes detailed activities for engaging community leaders on FP, but those activities are not specific to youth FP access. The “Plan d’Action” and the “Guide for Constructive Men’s Engagement in Reproductive Health 2008” discuss detailed activities for reaching youth in their communities with services and information; however, these policies do not discuss building support among other members of the community.

Because Mali does not include detailed activities for engaging the community to support youth access to FP, Mali is placed in the yellow category for this indicator.
## MAURITANIA

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### Policy documents reviewed:
- Projet de Loi Relative à la Santé de la Reproduction 2017.
Parental Consent, Spousal Consent, or Provider Discretion

No law or policy exists on provider discretion or consent from a parent or spouse to access FP services.

The “Plan d’Action en Faveur de l’Espacement des Naissances 2014-2018” acknowledges the parental and provider stigma that youth, especially unmarried young women, face when seeking FP services:

*S’agissant des adolescents et jeunes, ils craignent de rencontrer leurs parents et les autres adultes dans les points d’accès à la PF, jugent que leur utilisation de la PF est mal perçue par les prestataires qui préfèrent offrir les méthodes uniquement aux femmes en union.*

However, no law or policy exists that prohibits provider discretion or parental or spousal consent for youth access to FP services. Mauritania is placed in the red category for this indicator.
Restrictions Based on Age

Law or policy exists that supports youth access to FP services regardless of age but does not include provision of a full range of methods.

The “Projet de Loi Relative à la Santé de la Reproduction 2017” states that all individuals, including adolescents, are equal in law and dignity in reproductive health; it also prohibits discrimination based on age:

*Article 7*

_Tous les individus, y compris les adolescents et les enfants, tous les couples sont égaux en droit et en dignité en matière de santé de la reproduction._

_Le droit à la santé de la reproduction est un droit universel fondamental garanti à tout être humain, tout au long de sa vie._

_Aucun individu ne peut être privé de ce droit dont il bénéficie sans discrimination aucune fondée sur l’âge, le sexe, la fortune, la couleur, la religion, l’ethnie, la situation matrimoniale ou sur toute autre situation._

The “Projet de Loi” includes “family planning/birth spacing” among reproductive health care services. The “Projet de Loi” states that all people, including adolescents, must receive information and education on all methods of birth spacing:

*Article 9*

_Tout couple, toute personne y compris les adolescents et les enfants, a droit à l’information, à l’éducation concernant les avantages, les risques et l’efficacité de toutes les méthodes d’espacement des naissances._

While the law guarantees information and education on all methods of birth spacing, it does not guarantee youth access to a range of contraceptive services.
Relatedly, the “Guide de Planification Familiale – Espacement des Naissance, Edition révisée en avril 2008,” which includes protocols for providing each contraceptive method, states that oral contraceptives are the best method for adolescents and that the IUD should be avoided:

4. AUTRES FEMMES A RISQUE

…Adolescente: la contraception orale constitue la meilleure méthode; conseiller également l’utilisation du préservatifs si partenaires multiples et éviter surtout le DIU.

Future updates to the document should align with the WHO Medical Eligibility Criteria for Contraceptive Use.

The more recent document “Guide de la Pratique Sage Femme en Mauritanie 1ère Edition 2014” states that IUDs and implants are acceptable for adolescents:

Plusieurs études ont démontré que les méthodes contraceptives de longue durée sont plus efficaces que celles de courte durée.

Le DIU et l’implant sont donc des méthodes contraceptives intéressantes, même pour les jeunes femmes. Contrairement à une certaine idée reçue, le DIU n’est pas uniquement indiqué chez les femmes ayant eu un enfant.

Regarding use of the term ‘birth spacing,’ the “Plan d’Action en Faveur de l’Espacement des Naissances 2014-2018” notes that decisionmakers in Mauritania prefer to use the concept of birth spacing rather than family planning due to cultural and religious beliefs. These beliefs lead to the stigmatization of FP for unmarried youth seeking FP services:

Certains décideurs estiment que les méthodes modernes ou la PF en général va contre les préceptes religieux ou que la PF est dictée par la société occidentale. Le concept planification familiale n’est pas officiellement utilisé en Mauritanie. Les politiques et les acteurs clés lui préfèrent l’expression espacement des naissances. Un grand nombre de décideurs estiment que les méthodes contraceptives sont réservées uniquement aux femmes en union et pas aux adolescentes et jeunes non mariées. Ces perceptions conduisent à des attitudes de négligence ou de propagation des messages contre l’adoption de la PF ou incitent certaines couches de la population à utiliser des méthodes contraceptives dans la clandestinité.

Because the policy environment in Mauritania supports youth access to family planning regardless of age, but does not consistently guarantee access to a full range of methods, Mauritania is placed in the yellow category for this indicator.
**Restrictions Based on Marital Status**

Law or policy exists that supports youth access to FP services regardless of marital status.

The new “Projet de Loi Relative à la Santé de la Reproduction 2017” states that all individuals, including adolescents, are equal in law and dignity in reproductive health and prohibits discrimination based on marital status. (See above section on Restrictions Based on Age.)

Mauritania is placed in the green category for this indicator.

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**Comprehensive Sexuality Education**

Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.

Mauritania’s policies support the provision of sexuality education for youth. The “Plan d’Action en Faveur de l’Espacement des Naissances 2014-2018” includes activities to reach youth in and out of school with SRH education and information:

*Activité D3.2: Sensibilisation sur la SSR en milieu scolaire en synergie avec le ministère de l’éducation nationale.*

L’introduction de l’enseignement de la SSR dans les écoles à travers l’élaboration d’un module SSR en français et en arabe et la formation des enseignants a été envisagée.

*Activité D3.4: Développement d’une synergie avec les associations culturelles et sportives de jeunes du secteur informel et du milieu rural sur les questions de SSR.*

Les associations culturelles et sportives ont sous leurs influences un grand nombre de jeunes non scolarisés. Elles pourraient alors servir de canal pour faire passer des messages spécifiques de SSR/PF en faveur de ces jeunes.

Mauritania is placed in the yellow category because its policy environment supports sexuality education but does not reference all nine of the UNFPA essential components of CSE.
Youth-Friendly FP Service Provision

Policy references targeting youth in provision of FP services but mentions fewer than seven of the core elements of adolescent-friendly contraceptive services.

Mauritania’s policy environment acknowledges the importance of youth-friendly SRH services. The “Programme National de Santé de la Reproduction: Projet de Plan d’Action 2007” includes specific activities to pilot and study the feasibility of youth-friendly SRH services. The “Programme National de Santé de la Reproduction: Plan Stratégique SR 2008-2012” aims to increase the supply of youth-friendly SRH services. It addresses training providers and offering youth certain FP methods (condoms, pills, and emergency contraception):

RESULTAT ATTENDU 2: L’offre et l’utilisation des services de SSRAJ est augmenté

ACTIONS 2
- Former les prestataires en techniques spécifiques de communication, avec les A et J.
- …Faciliter l’accès des AJ à la contraception (méthodes adaptées (préservatif, pilule, contraception d’urgence…)

The “Plan d’Action en Faveur de l’Espacement des Naissances 2014-2018” includes a specific activity to train providers to offer youth-friendly services:

Activité O5.1: Renforcement des capacités des prestataires de 25% des FS pour offrir les services de PF adaptés aux adolescents et aux jeunes.

Another of the seven core elements, building an enabling legal and political environment, is addressed in the “Programme National de Santé de la Reproduction: Projet de Plan d’Action 2007.” It aims to develop and implement a national youth SRH strategy:

RESULTAT ATTENDU 1: Une stratégie nationale de promotion de la SSR adolescents et des jeunes est élaborée et mise en œuvre

ACTIVITES 1
1.1 Réaliser une Etude qualitative sur les connaissances, les aptitudes et pratiques des adolescents et les jeunes en SSR et identification des besoins en la matière
1.2 Recenser et apprécier les interventions en matière de SSR AJ / Leçons à tirer/expérience réussie
1.3 Elaborer un document de stratégie nationale de CCC / Plaidoyer et mobilisation et de développement des prestations SSR
1.4 Atelier de consensus et d’adoption du document

Because the policies cover some, but not all, of the seven core elements of youth-friendly FP services and do not mention the provision of a full range of methods to youth, Mauritania is placed in the yellow category for this indicator.
Community Support for Youth FP Services

Policy references engaging the community to support youth access to FP, but does not include specific intervention activities.

The “Programme National de Santé de la Reproduction: Projet de Plan d’Action 2007” includes among its SRH goals for youth a briefly described activity to reach out leaders and to mobilize the community:

2.4 Développer des actions de plaidoyer auprès des autorités et des leaders et de mobilisation sociale au niveau de la communauté

The “Programme National de Santé de la Reproduction: Plan Stratégique SR 2008-2012” aims to promote adolescent SRH among political, religious, and traditional leaders:

Plaidoyer auprès des leaders politiques, religieux, traditionnels pour la promotion de la SR des A et J

The “Plan d’Action en Faveur de l’Espacement des Naissances 2014-2018” includes a detailed activity to mobilize community members around family planning; however, it is not specific to youth.

Because a detailed strategy for community support for youth FP services is not described, Mauritania is placed in the yellow category for this indicator.
## Niger

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<td>Youth-Friendly FP Service Provision</td>
<td>No policy exists targeting youth in the provision of FP services.</td>
</tr>
<tr>
<td>Community Support for Youth FP Services</td>
<td>No policy exists to build community support for youth FP services.</td>
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**Policy documents reviewed:**
Parental Consent, Spousal Consent, or Provider Discretion

Law or policy exists that requires provider discretion OR consent from a parent OR spouse for youth access to FP services.

None of the policy documents reviewed for Niger include language addressing parental consent, spousal consent, or provider discretion for FP services. The lack of policy language supporting youth access to FP services without these authorizations creates a potential barrier for youth in Niger interested in accessing contraception. To improve the policy environment, policymakers should consider including specific provisions for youth to access FP services without consent from a parent or spouse or provider discretion.

Restrictions Based on Age

Law or policy exists that restricts youth from accessing a full range of FP services based on age.

Nigerien law recognizes the rights of all people to receive SRH care broadly. Article 2 of the 2006 law on reproductive health, “Loi Sur la Santé de la Reproduction au Niger, 2006” acknowledges that reproductive health is a universal human right free from discrimination, including discrimination based on age or marital status:

*Article 2 - Caractère universel du droit à la santé de la reproduction. Tous les individus sont égaux en droit et en dignité en matière de santé de la reproduction. Le droit à la santé de la reproduction est un droit universel fondamental garanti à tout être humain, tout au long de sa vie, en toute situation et en tout lieu. Aucun individu ne peut être privé de ce droit dont il bénéficie sans discrimination aucune fondée sur l’âge, le sexe, la fortune, la religion, l’ethnie, la situation matrimoniale ou sur toute autre situation. (Lui du Sur la santé de la reproduction au Niger 2006)*

While this law makes a declarative statement supporting the rights of all people, regardless of age or marital status, to receive reproductive health care, the following article restricts contraceptive use to legally married couples:
Article 3 – Autodétermination
Les couples et les individus ont le droit de décider librement et avec discernement des questions ayant trait à la santé de la reproduction dans le respect des lois en vigueur, de l’ordre public et des bonnes mœurs. Les couples légalement mariés peuvent décider librement et avec discernement de l’espacement de leurs naissances et de disposer des informations nécessaires pour ce faire, et du droit d’accéder à la meilleure santé en matière de reproduction.

This qualifier restricts contraceptive use to married youth, which further restricts users based on age. In Niger, the legal minimum age of marriage is 15 for girls and 18 for boys. While there is general recognition of SRH services for people, regardless of age, the marriage qualifier for contraception creates a barrier for youth. Thus, Niger is placed in the red category for this indicator.

Restrictions Based on Marital Status

Law or policy exists that restricts youth from access to FP services based on marital status.

Only married couples are recognized as legal entities to access reproductive health care in the 2006 “Loi Sur la Santé de la Reproduction au Niger.” Article 3, excerpted above, makes a clear declaration in favor of people accessing reproductive health care, if they are legally married. By implication, this language indicates that unmarried youth do not have access to contraceptive information or the right to access reproductive health. To address this population’s barriers to receiving FP services due to marital status, the government should include policy language supporting married and unmarried couples, including youth, access to FP services.
Comprehensive Sexuality Education

Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.

Activity 1.1.19 of the “Planification Familiale au Niger: Plan d’action, 2012-2020” briefly references strengthening FP education for high school students through the home economics curriculum.

Recognizing the need for FP education demonstrates a level of policy commitment on this issue. However, the policy fails to include specific guidelines on the content of the material and how the lessons should be instructed, nor coverage for young people outside of a specific course. Given this limited detail and potential lack of coverage, the country is placed in the yellow category for this indicator.

Youth-Friendly FP Service Provision

No policy exists targeting youth in the provision of FP services.

The “Planification Familiale au Niger: Plan d’action, 2012-2020” does not identify youth as a priority population. A few demand-generation activities in the action plan specifically target youth; however, the plan does not provide much guidance on FP service provision to youth. Activity 3.2.4 includes formative research on youth-friendly centers, which suggests there may be future actions to tailor FP services to youth:

Given limited evidence of effectiveness in changing reproductive health behaviors, youth centers are not included in the recommended components of the HIPs “Adolescent-Friendly Contraceptive Services”. Since there is no further information on the outcome of the formative research, Niger has been placed in the red category. To promote the most effective policy environment for youth-friendly FP service provision, the country should incorporate all seven elements of adolescent-friendly service provision in its FP action plan and make a clear provision supporting youth accessing a full range of contraception.
Community Support for Youth FP Services

No policy exists to build community support for youth FP services.

Similar to the *Youth-Friendly FP Service Provision* indicator, Niger is classified in the red category for this indicator. The “Planification Familiale au Niger: Plan d’action, 2012-2020” does include an FP communications intervention, Activity 2.1.2, that targets multiple stakeholder groups, including youth:

*Renforcer la communication à travers le marketing social et le partenariat avec les leaders religieux et traditionnels, les élus locaux, les ONG et associations, les groupements féminins et les jeunes chaque année dans les huit régions du pays.*

However, no further details exist regarding the purpose of the communication materials or actual activities within the intervention. It is unclear if the activity will contribute to community support for youth access to FP services. In the absence of this information, the country is placed in the red category, subject to updating if further policy documents provide additional information regarding the content of this intervention.
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<td>Restrictions Based on Age</td>
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<td>Law or policy exists that supports access to FP services for unmarried women, but without specifying youth.</td>
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<td>Policy promotes abstinence-only education or discourages sexuality education.</td>
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<td>Youth-Friendly FP Service Provision</td>
<td>Policy references targeting youth in provision of FP services but mentions fewer than seven of the core elements of adolescent-friendly contraceptive services.</td>
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<td>Community Support for Youth FP Services</td>
<td>Policy outlines a detailed strategy to build community support for youth FP services, including one or more of the following approaches: mass media/multimedia, community engagement, awareness campaigns.</td>
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Policy documents reviewed:

- Clinical Protocol for the Health and Development of Adolescent and Young People in Nigeria, 2011.
- National Guidelines for the Integration of Adolescent and Youth Friendly Services Into Primary Health Care Facilities in Nigeria, 2013.
- National Standards and Minimum Service Package for Adolescent and Youth-Friendly Health Services, 2013.
- Nigeria Family Planning Blueprint (Scale-Up Plan), October 2014.
Parental Consent, Spousal Consent, or Provider Discretion

No law or policy exists that address provider discretion or consent from a parent or spouse to access FP services.

The “National Guidelines on Promoting Access of Young People to Adolescent and Youth-Friendly Services in Primary Health Care Facilities in Nigeria, 2013” promote the right of young people to access general health services without provider discrimination:

This document recognizes the rights of all young people, irrespective of gender, social class, ethnicity, religion, political belief, health status, sexual orientation, and other social and related factors to quality health services. As such, it recognizes that duty bearers have a responsibility to offer health services that are relevant to all young people without any discrimination.

While the document underscores health providers’ obligation to serve youth without discrimination, it does not explicitly mention FP services. Further acknowledgment of providers’ duty to offer FP services to youth without discrimination or bias is necessary to ensure a comprehensive policy environment supporting youth access to contraception.

There is no mention of parental or spousal consent in available FP and youth guidelines and strategies. The absence of these guidelines in policies reviewed suggests that either the guidelines exist in policies not available to reviewers or that Nigeria has not taken an official stance on these issues. The ambivalence of the legal framework on youth’s right to freely and independently access FP services creates a barrier for youth accessing such services. Nigeria is placed in the red category for this indicator.

Restrictions Based on Age

Law or policy exists that supports youth access to FP services regardless of age but does not include provision of a full range of methods.

The “National Family Planning/Reproductive Health Service Protocols, Revised Edition, 2010” acknowledge clients’ rights, including the right to access services. Service providers are directed to inform every client of his or her right to:

Access—obtain services regardless of age, sex, creed, colour, marital status, or location.

This recognition of the rights of all people to access FP services is critical to address the barriers women of all ages frequently face when attempting to access contraception. However, the FP protocols do not link this right to the specific needs of youth. Nigeria is placed in the yellow category for this indicator.
Restrictions Based on Marital Status

Law or policy exists that supports access to FP services for unmarried women, but without specifying youth.

See discussion above under *Restrictions Based on Age* indicator.

Comprehensive Sexuality Education

Policy promotes abstinence-only education or discourages sexuality education.

Nigeria’s policy environment surrounding sexuality education is weak. The leading guidance on provision of sexuality education in the country is the “National Family Life and HIV Education (FLHE) Curriculum for Junior Secondary School in Nigeria, 2003.” This document provides a substantial overview of the FLHE curriculum for junior secondary schools, primarily focused on human development and life skills. The component of the curriculum most relevant to contraceptive provision is HIV education. While the curriculum presents comprehensive information on STI/HIV definitions, modes of transmission, and signs and symptoms, it falls short of informing youth on how to prevent these infections through safe sexual behavior and condom and contraceptive use. Further, there is no discussion of where or how to access SRH services. Rather, the guidance for preventing STI/HIV is:

- Abstain from sexual behavior.
- Avoid sharing sharp objects (such as needles, razor, clippers).
- Insist on screened blood.

Nigeria is placed in the red category for CSE since the country’s current guidance on sexuality education refers only to abstinence. However, the “National Guidelines on Promoting Access of Young People to Adolescent and Youth-Friendly Services in Primary Health Care Facilities in Nigeria, 2013” does reference peer education as a strategy to supplement in-school SRH instruction to reach in-school and out-of-school youth, as well as parents and guardians.

Further, the “Nigeria Family Planning Blueprint (Scale-Up Plan), October 2014” includes an activity to improve the FLHE curriculum:

> **DBC3. Fully Integrate family planning into school health programs:** The Family Life and HIV Education (FLHE) curriculum will be updated to support the goal of increasing appropriate FP messaging to adolescents and youth.

To improve the policy environment surrounding sexuality education, policymakers in Nigeria should consider addressing the nine UNFPA essential components of CSE when updating the FLHE curriculum.
Youth-Friendly FP Service Provision

Policy references targeting youth in provision of FP services but mentions fewer than seven of the core elements of adolescent-friendly contraceptive services.

The “National Policy on Health and Development of Adolescents and Young People in Nigeria, 2007” briefly addresses the SRH needs of young people. The policy acknowledges that youth face sociocultural barriers to access SRH services:

*Negative perception about adolescent sexual and reproductive health issues and related services*

To address this barrier, the policy includes activities to link service delivery with community sensitization efforts targeting parents and mass media activities to shift social norms.

The “National Guidelines for the Integration of Adolescent and Youth Friendly Services into Primary Health Care Facilities in Nigeria, 2013” include specific directives to provide contraceptive counseling and services as a part of all clinical preventive services targeting adolescents and youth in primary health care facilities. The list of essential drugs, however, limits contraceptive offerings to barrier methods, oral contraceptives, and emergency contraception. While an intrauterine device (IUD) kit is listed in the medical equipment addendum, this contraceptive offering is absent in the essential drug list.

The “Nigeria Family Planning Blueprint (Scale-Up Plan), October 2014” includes a specific service delivery activity addressing provision of youth-friendly FP services:

*SD16. Make PHCs [primary health care centers] youth-friendly. FP providers will be given adequate orientation to enable them to provide youth-friendly FP services. Part of making FP youth-friendly requires providing places where youths can have adequate privacy to receive FP services. When possible, private, youth-friendly service points will be established in existing PHCs. These rooms will be closed off so that the identity of the person inside cannot be viewed from the rest of the facility. The rooms will be furnished with FP materials and necessary supplies. Peer educators trained to dispense pills and condoms will staff the service points.*

This activity covers two out of the seven elements identified in the HIPs “Adolescent-Friendly Contraceptive Services” review to improve adolescent and youth uptake of contraception.
Policies in Nigeria support youth accessing short-term methods of contraception and IUDs. The “National Standards and Minimum Service Package for Adolescent and Youth-Friendly Health Services in Nigeria, 2013” includes counseling and provision of contraception as a component of the minimum service package:

Youth-friendly clinics are to provide services for Oral Contraceptive Pills (OCPs), condoms and IUD insertion as per the national guidelines. Service providers are to be encouraged to offer a package of contraceptives, so that young people can choose a particular method as per their need/s.

The “National Family Planning/Reproductive Health Service Protocols, Revised Edition, 2010” include youth under medical eligibility for contraception. The guidelines allow for the provision of injectables generally for persons under age 18, oral contraceptives generally for women between menarche and less than 18 years, implants at any age, and IUDs with follow up for women between menarche and 18 years old. Alarmingly, the protocol’s text on abstinence exclusively references youth: “In regards to abstinence adolescents/ youths are encouraged to adopt this method.”

The “Clinical Protocol for the Health and Development of Adolescents and Young People in Nigeria, 2011” provides guidance to providers on how to counsel youth regarding contraception, emphasizing youth’s choice:

Discuss all temporary forms of contraceptives available in the clinic with the client. Show all the methods to the client. Discuss the advantages and disadvantages of each method. Allow the client to make a choice. Discuss the method chosen by the client with him/her.

While supportive of contraceptive provision to youth, this protocol also emphasizes youth abstinence. Under the counseling guidelines for abstinence, providers are instructed to:

Provide information on the need to continue with abstinence for as long as possible.

Avoid situations that can provoke sexual stimulations.

Furthermore, a national strategy to increase access to LARCs, “Increasing Access to Long-Acting Reversible Contraceptives in Nigeria: National Strategy and Implementation Plan, 2013-2015,” does not include a targeted strategy to increase uptake of LARCs among youth.

The inconsistency in the service and LARC protocols creates an opportunity for providers to differentially interpret the directives. Adding a provision that explicitly supports youth access to all medically eligible contraceptive methods would strengthen this policy in respect to youth FP and support full implementation of the “Nigeria Family Planning Blueprint (Scale-Up Plan),” which promotes the provision of LARCs to youth.

Nigeria is placed in the yellow category for youth-friendly FP service provision. The country has the potential to move to a green categorization if it addresses the additional two elements of adolescent-friendly service provision: offer a wide range of contraception and provide free or subsidized FP services.
Community Support for Youth FP Services

Policy outlines a detailed strategy to build community support for youth FP services, including one or more of the following approaches: mass media/multimedia, community engagement, awareness campaigns.

The “National Strategic Framework on the Health and Development of Adolescents and Young People in Nigeria, 2007-2011” includes two relevant objectives:

Promote awareness of reproductive health issues of young people amongst all stakeholders.

Strengthen the capacity of parents, guardians and significant others to respond positively to the needs of young people through effective IEC [information, education, and communication] approaches.

Specific activities are outlined under these objectives to engage the community through advocacy and community mobilization, and promotion of health reproductive behaviors through information, education, and communication. Since the strategy includes specific activities to build community support for youth FP services, the country is placed in the green category for this indicator.
### SINDH (PAKISTAN)

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### Policy documents reviewed:
- Reproductive and Healthcare Rights Act, 2013 (national policy).
Pakistan’s decentralized government structure necessitates evaluation of policies at the subnational level. In 2010, the Government of Pakistan passed the 18th Constitutional Amendment, which devolved planning, administrative, financial, implementation, and regulatory powers of the National Health Department and Population Welfare Department to provincial governments. Issues related to FP are now featured in provincial health sector strategies and population and development plans, rather than national-level policies.

Instead of reviewing outdated national-level policies, the scorecard analyzes the policy environment for youth FP in the province of Sindh, which is currently the focus of increased attention for FP advocacy and policy. Some national documents that influence province-level policies and programs are included. Overall categorizations, however, are specific to Sindh’s policy environment.

**Parental Consent, Spousal Consent, or Provider Discretion**

No law or policy exists that addresses provider discretion or consent from a parent or spouse to access FP services.

The “Reproductive and Healthcare Rights Act, 2013,” a law applicable across Pakistan, signals increased political acknowledgment of the reproductive rights of women, in an effort to curtail maternal mortality and morbidity. While the act provides increased legal protection for women overall, it ignores the particular reproductive health rights of young women.

The act does not include any provision for youth. Further, under Line B, Article 4, the right of parents to educate their children is prioritized as a means of promoting reproductive health care information. The acknowledgment of parental responsibility without subsequent recognition of youth’s rights to FP services creates an opportunity for interpretation that favors parental rights in regards to their children’s reproductive health decisions.

*Article 4: Promotion of reproductive healthcare rights:*

(1). The right to reproductive healthcare information can be promoted,

(b) through the exercise of parental responsibility which assures the right of parents as educators.

Sindh policies reviewed do not provide further guidance on youth’s right to access family planning services without parental consent, spousal consent or provider discretion. The absence of these declarations can create barriers for youth attempting to access contraception. The province is placed in the red category for this indicator.
Restrictions Based on Age

Law or policy exists that supports youth access to FP services regardless of age but does not include provision of a full range of methods.

The “Costed Implementation Plan on Family Planning for Sindh, 2015” includes the “Family Planning 2020: Rights and Empowerment Principles of Family Planning” as an annex to the document. This list addresses age and marital status as a determinant to access FP services:

- Quality, accessibility, and availability of information and services should not vary by non-medically indicated characteristics i.e. age, location, language, ethnicity, disability, HIV status, sexual orientation, wealth, marital or other status

While this declaration references the right of all people to access services regardless of age and marital status, it lacks specific reference to youth access. Further, the policy does not acknowledge youth’s right to a full range of methods. Thus, Sindh is placed in the yellow category for this indicator. To strengthen the policy environment in Sindh, future policies should directly reference the right of youth, regardless of age or marital status, to receive FP services, including short and long-acting reversible methods.

Restrictions Based on Marital Status

Law or policy exists that restricts youth access to FP services based on marital status.

While the “Costed Implementation Plan on Family Planning for Sindh, 2015” references the right of all women, regardless of marital status, to access family planning information and services, the “Sindh Population Policy, 2016” narrows the scope of access to FP services to married young people:

- The Population Welfare Department will provide information, education and counseling on population issues and make available services for birth spacing to young married couples to minimize high risk fertility behaviours.

The latter policy references sociocultural beliefs surrounding young people’s reproductive health behaviors as justification for the focus on married youth. As such, the “Sindh Population Policy, 2016” overlooks the FP needs of unmarried youth, creating a barrier to access to services. The province is placed in the red category for this indicator.
Comprehensive Sexuality Education

The “Sindh Population Policy, 2016” limits the provision of sexuality education to married couples, using sociocultural beliefs as a justification. Under the “Focusing on Youth and Adolescents” section, the policy emphasizes marriage as a precursor to parenthood, suggesting an abstinence-only educational approach:

Similar move would be initiated to support education of adolescents as their reproductive health issues are significant in urban and rural areas. However, this will be approached within the acceptable socio-cultural framework of the province and in conductive settings. As such, the Policy endorses that adolescents and youth may be equipped with knowledge about healthy and happy marital life leading to responsible parenthood.

Sindh is placed in the red category for this indicator because of the limited scope of sexuality education targeting unmarried youth. Additional activities support educating older youth regarding life skills. Sindh addressed FP education for youth at the university level, under Activity 5.4.1 of the “Costed Implementation Plan on Family Planning for Sindh, 2015”:

Consultations held with Department of Education, Health Education Commission, professional colleges to include life skills into the curriculum

Although this costed implementation plan recognizes the provision of sexuality education, the scope is limited to college-age students.
Youth-Friendly FP Service Provision

Policy references targeting youth in provision of FP services but mentions fewer than seven of the core elements of adolescent-friendly contraceptive services.

The provision of contraception to youth is highlighted as a special area of focus in the “Sindh Health Sector Strategy, 2012-2020”:

*Strategy 3.4: Re-defining links with DoPW (Department of Population Welfare) with shift of contraceptive services through district and urban PHC [primary health care] systems and aimed at birth spacing in younger couples*

The strategy includes an activity to integrate FP service provision with maternal care, which states that contraceptives should be provided at no cost to all women to encourage healthy timing and birth spacing. None of the policies reviewed, however, detail which contraceptive options would be available to youth. Further, “The Sindh Population Policy, 2016” narrows the scope of FP service provision to youth to married couples (see above, *Restrictions Based on Marital Status*). To align with the core elements of adolescent-friendly contraceptive services, updates to these policies should support the provision of a wide range of contraception to all youth at no or subsidized cost.

The “Costed Implementation Plan on Family Planning for Sindh, 2015” identifies youth as a vulnerable segment of the population and includes activities to train health providers in youth-friendly service provision:

*During the training of providers and community-based workers on FP, youth-friendly services and engagement will be added as a compulsory element of training (in-service and pre-service). Such an orientation of providers to the principles of youth-friendly services will allow existing facilities and community-based workers to incorporate ownership of providing services to meet the needs of young people.*

Sindh is placed in the yellow category for this indicator, given that its policy environment for youth-friendly FP service provision is promising, but not yet fully comprehensive.
Community Support for FP Services

Policy references engaging the community to support youth access to FP, but does not include specific intervention activities.

The “Costed Implementation Plan on Family Planning for Sindh, 2015” highlights reaching youth as a key concern and priority area. As a part of the discussion for reaching youth, the plan recognizes the importance of engaging the community to support youth access to FP:

*Engagement with key gatekeepers and community leaders to foster an enabling environment for service uptake.*

However, additional guidance on how this activity will be implemented is missing, placing the province in the yellow category for this indicator.
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<td>Youth-Friendly FP Service Provision</td>
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<td>Community Support for Youth FP Services</td>
<td>Policy outlines a detailed strategy to build community support for youth FP services, including one or more of the following approaches: mass media/multimedia, community engagement, awareness campaigns.</td>
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Policy documents reviewed:

- Protocoles de Services de Santé de la Reproduction au Sénégal (no date).

SENEGAL
Parental Consent, Spousal Consent, or Provider Discretion

No law or policy exists that addresses provider discretion or consent from a parent or spouse to access FP services.

The policy documents reviewed for Senegal include no references to parental consent, spousal consent, or provider discretion to FP services.

Restrictions Based on Age

Law or policy exists that supports youth access to FP services regardless of age, including the provision of long-acting and reversible contraceptives (LARCs).

The right of youth to receive SRH care is written into Senegalese law. The 2005 reproductive health law, “Loi n° 2005-18 du 5 Août 2005 Relative à la Santé de la Reproduction,” includes a clear declaration allowing all people to access reproductive health services without discrimination, including discrimination based on marital status or age. Under Articles 3 and 10, the right to reproductive health is acknowledged as a fundamental health and human right for all people. The law further promotes access to reproductive health for adolescents under Article 4.

Article 3: Le droit à la Santé de la Reproduction est un droit fondamental et universel garanti à tout être humain sans discrimination fondée sur l’âge, le sexe, la fortune, la religion, la race, l’ethnie, la situation matrimoniale ou sur toute autre situation.

Article 4: Les Soins et services de Santé de la Reproduction recouvrant: …la promotion de la santé de la reproduction des adolescents;

Article 10. - Toute personne est en droit de recevoir tous les soins de santé de la reproduction sans discrimination fondée sur l’âge, le sexe, le statut matrimonial, l’appartenance à un groupe ethnique ou religieux.

The right to a full range of contraceptive options is explicitly outlined in the “Protocoles de Services de Santé de la Reproduction au Sénégal.” The service protocols recognize the unique SRH needs and interests of youth and instruct providers to offer medically-appropriate contraception to adolescents, regardless of age.
En ce qui concerne la planification familiale, les adolescents peuvent utiliser n’importe quelle méthode de contraception et doivent avoir accès à un choix étendu. L’âge ne constitue pas à lui seul une raison médicale permettant de refuser une méthode à une adolescente. Si certaines inquiétudes ont été exprimées concernant l’utilisation de certaines méthodes contraceptives chez l’adolescente (par ex. l’emploi des progestatifs injectables seuls pour les moins de 18 ans), elles doivent être pesées en regard des avantages présentés par le fait d’éviter une grossesse.

Senegal is placed in the green category for this indicator since national laws and policy guidelines support adolescents’ access to a full offering of contraception regardless of age.

Restrictions Based on Marital Status

Law or policy exists that supports youth access to FP services regardless of marital status.

See discussion above under Restrictions Based on Age indicator.

A youth outreach team on a site visit in N’gor Island in Dakar, Senegal, where they offer information to youth about sexual reproductive health services and distribute condoms. © Jonathan Torgovnik/Getty Images
Comprehensive Sexuality Education

Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.

In the early 1990s, two family life education programs were piloted in Senegal. In 1990, the Ministry of Education (MoE) piloted a population education curriculum in primary schools. In 1994, the MoE appointed le Groupe pour l’Étude et l’Enseignement de la Population (GEEP), a Senegalese nongovernmental organization, to pilot a family life education (FLE) program in secondary schools. Both programs incorporated cross-curricula instructional material related to population and family life in select regions in the country. In 2010, the MoE incorporated aspects of the FLE pilot programs into the national basic education curriculum; however, critical elements of CSE were omitted, including “rights, gender, personal values, interpersonal relationships, gender-based violence, skills-building related to SRH (for example, negotiating condom use), and critical thinking skills to assess social norms.” The MoE has facilitated efforts to refresh the national curriculum. In doing so, the policy revision should consider the nine UNFPA essential components of CSE.

The “Plan Strategique de Santé Sexuelle et de la Reproduction des Adolescent(e)s/Jeunes au Senegal, 2014-2018” describes the aims of a proposed sexual health education program, including some of the essential components of CSE programs. It describes strengthening skills in critical thinking, personalization of information, and reaching across formal and informal sectors and across age groups. For example:

L’éducation à la santé sexuelle consiste à informer sur la sexualité en transmettant un certain nombre de valeurs et de recommandations aux adolescent(e)s/jeunes. En effet elle vise à… développer l’exercice de l’esprit critique, notamment par l’analyse des modèles et des rôles sociaux véhiculés par les médias.

Elsewhere, the plan describes educating youth on human rights and gender inequalities:

Dans le cadre de l’éducation de ces derniers, les questions de genre et les conséquences néfastes de la violence basée sur le genre seront abordées afin que toute forme de violence soit prévenue. Les jeunes seront informés et sensibilisés sur les Droits Humains (le genre faisant partie intégrante des questions de droit de l’homme).

However, this component is not included as an aim of the previously described sexual health education program. Additional components are also acknowledged in some form, often in the context of service delivery, but not in the context of CSE, such as providing accurate information, linking SRH services and other initiatives for young people, providing youth-friendly spaces, and strengthening youth input into SRH programming. While this policy acknowledges CSE broadly, the plan falls short of including all nine essential components together in a clear operational policy for CSE. Senegal has a promising policy environment for CSE, but until these policies are revised, the country will remain in the yellow category.
Youth-Friendly FP Service Provision

Policy mentions all seven core elements of adolescent-friendly contraceptive services AND explicitly mentions the provision of a full range of contraceptive methods to youth.

The “Plan Stratégique de Santé Sexuelle et de la Reproduction des Adolescent(e)s/Jeunes au Sénégal, 2014-2018” includes plans to train providers to offer youth-friendly contraceptive services, with particular emphasis on good communication skills:

Pour le professionnel de santé, le dialogue et la relation de confiance noués avec l’adolescent(e)/jeune sont des déterminants fondamentaux de la qualité de la prise en charge, qu’il s’agisse de diagnostiquer, de dépister et d’informer. En effet, il doit avoir des compétences nécessaires pour communiquer avec les adolescent(e)s/jeunes, détecter leurs problèmes de santé de façon précoce et fournir des conseils et des traitements. Il doit placer les besoins, les problèmes, les pensées, les sentiments, les points de vue et les perspectives des adolescent(e)s/jeunes, au cœur de ses activités... L’accent sera mis sur l’apprentissage et la formation continue.

The “Plan d’Action National de Planification Familiale, 2012-2015” further references the provision of FP services to youth and identifies the need for discretion, confidentiality, and tailored service provision:

L’accent sera mis sur la qualité du service et du counseling tout en assurant la disponibilité du matériel et des consommables. Un focus particulier sera mis sur l’amélioration de l’accès aux services de Planification Familiale pour les jeunes en leur assurant la discrétion, la confidentialité et un service adapté.

Similarly, the “Protocoles de Services de Santé de la Reproduction au Senegal” include a direct reference to the provision of FP services for youth and recognize the rights of youth to receive services, including their right to information, access, privacy, and dignity.

Les protocoles définis doivent être respectés pour les différents services. Cependant du fait de la spécificité et de la vulnérabilité de cette cible, une attention particulière doit être apportée aux droits à l’information, à l’accès, à l’intimité et à la dignité de ces adolescent(e)s et jeunes.
Also, the “Plan Stratégique de Santé Sexuelle et de la Reproduction des Adolescent(e)s/Jeunes au Sénégal, 2014-2018” outlines the necessary criteria for youth-friendly services in line with the WHO “Quality of Care Framework” for adolescent service provision, including that services must be accessible (and affordable), acceptable, equitable, effective, appropriate, efficient, and comprehensive:

Ces services doivent être:

- accessibles: ils sont disponibles au bon endroit, au bon moment, à un bon prix (gratuit si nécessaire).
- acceptables: ils répondent à leurs attentes et garantissent la confidentialité.
- équitables: ils sont offerts à tous sans distinction de sexe, d’âge, de religion d’appartenance ethnique, de handicap, de statut social ou de toute autre nature.
- efficaces: ils sont assurés par des prestataires disponibles, compétents, accueillants qui savent communiquer avec les jeunes sans porter de jugement de valeur.
- appropriés: les soins essentiels sont fournis d’une manière idéale et acceptable dans un environnement sécurisé.
- efficaces: les soins de qualité sont dispensés au coût le plus faible possible.
- complets: la prestation de soins couvre tous les aspects de la prise en charge et la référence est assurée en cas de besoin.

Across these policies, all seven elements of adolescent-friendly contraceptive service provision are addressed. Further, a policy is in place to offer youth a full range of contraceptive options (see discussion above under Restrictions Based on Age indicator). Therefore, Senegal is placed in the green category for this indicator.
Community Support for Youth FP Services

Policy outlines a detailed strategy to build community support for youth FP services, including one or more of the following approaches: mass media/multimedia, community engagement, awareness campaigns.

The “Plan d’Action National de Planification Familiale, 2012-2015” highlights the need to inform youth and their communities regarding FP. One of the strategic actions under the communication plan is to roll out a mass media campaign aimed at young people. This strategic action has three main activities:

- Batir une campagne participative pour les jeunes.
- Renforcer les centres d’écoute pour les jeunes et centres d’information.
- Utilisation des reseaux sociaux et nve lles tech pr informer les jeunes sur la PF (facebook, sms, blogs.)

The “Plan Strategique de Santé Sexuelle et de la Reproduction des Adolescent(e)s/Jeunes au Senegal, 2014-2018” includes plans to use information and communications technology and media to reach youth and the broader community.

- Une campagne nationale médiatique de sensibilisation sur la SRAJ sera également menée. De même il serait judicieux d’utiliser des radios communautaires qui représentent un moyen de mobilisation important, pour garantir la participation de la communauté.

Since these plans includes detailed steps to build support among youth and communities for FP services, the country is placed in the green category for this indicator.
### Parental Consent, Spousal Consent, or Provider Discretion

Law or policy exists that supports youth access to FP services free from provider discretion AND consent from a parent or spouse.

### Restrictions Based on Age

Law or policy exists that supports youth access to FP services regardless of age, including the provision of long-acting and reversible contraceptives (LARCs).

### Restrictions Based on Marital Status

Law or policy exists that supports youth access to FP services regardless of marital status.

### Comprehensive Sexuality Education

Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.

### Youth-Friendly FP Service Provision

Policy mentions all seven core elements of adolescent-friendly contraceptive services AND explicitly mentions the provision of a full range of contraceptive methods to youth.

### Community Support for Youth FP Services

Policy outlines a detailed strategy to build community support for youth FP services, including one or more of the following approaches: mass media/multimedia, community engagement, awareness campaigns.

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**Policy documents reviewed:**

- National Health Policy, 2003.
- National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn, and Child Deaths in Tanzania, 2008-2015 (One Plan).
- National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn, and Child Deaths in Tanzania, 2016-2020 (One Plan II).
Parental Consent, Spousal Consent, or Provider Discretion

Law or policy exists that supports youth access to FP services free from provider discretion AND consent from a parent or spouse.

The right of young people and adolescents to freely access FP services is situated prominently in the Tanzania “National Family Planning Guidelines and Standards, 2013”:

*Decisions about contraceptive use should only be made by the individual client. No parental or spousal consent is needed for an individual to be given family planning information and services, regardless of age or marital status.*

The “National Adolescent Reproductive Health Strategy, 2011-2015” highlights parental consent and provider discretion as two of five key barriers to youth access to FP services:

*However, a lot more needs to be done in order to respond fully to the needs of adolescents. This group still faces significant challenges including limited knowledge regarding their sexual and reproductive health, inadequate access to adolescent friendly SRH services, poor attitude of parents and guardians towards adolescent sexual and reproductive health issues, poor attitudes of reproductive health service providers, and inadequate resources for equitable delivery of adolescent friendly SRH services.*

The policy addresses these barriers by echoing the guidance outlined in the “National Standards for Adolescent Friendly Reproductive Health Services, December 2004” which affirm the rights of youth to access FP services and providers’ obligation to adhere to youth rights:

*All adolescents are informed of their rights on sexual and reproductive health information and services whereby these rights are observed by all service providers and significant others.*

Further, the “National Standards for Adolescent Friendly Reproductive Health Services” direct providers to offer FP services in accordance with the WHO medical eligibility criteria:

*Contraceptives should be provided to clients in accordance with nationally approved method-specific guidelines, as defined by the World Health Organization (WHO) Medical Eligibility Criteria (MEC).*

Taken together, the inclusion of these statements supporting youth access to SRH services regardless of age or marital status and without parental consent, spousal consent, or provider discretion in national FP guidelines indicates a supportive and favorable policy environment towards youth having the freedom to independently make decisions about contraceptive use. Therefore, the country is placed in the green category for the indicators assessing parental consent, spousal consent, or provider discretion, restrictions based on age, and restrictions based on marital status.
Restrictions Based on Age

Law or policy exists that supports youth access to FP services regardless of age, including the provision of long-acting and reversible contraceptives (LARCs).

The “National Family Planning Guidelines and Standards, 2013” directly mention the right of youth to receive a full range of contraceptive methods:

Like persons of other age groups, young people have the rights to decide if and when they want to have children, be informed and obtain information about family planning services, and access a full range of contraceptives methods.

Tanzania is placed in the green category because its policies explicitly acknowledge young people’s right to FP services.

Restrictions Based on Marital Status

Law or policy exists that supports youth access to FP services regardless of marital status.

Standard 5.3 of the “National Family Planning Guidelines and Standards, 2013” recognizes the right of all young people to receive FP services, regardless of marital status:

Young people are able to obtain family planning services without any restrictions, regardless of their marital status.

This clear recognition of married and unmarried youth’s right to FP services warrants a green categorization for this indicator.
Comprehensive Sexuality Education

The Ministry of Education and Culture (MoEC) in Tanzania has taken a broad stance on the form of sexuality education to offer to youth. The MoEC developed the “Guidelines for Implementing HIV/AIDS/STDs and Life Skills Education in Schools and Teachers’ Colleges, 2002” as a response to increased transmission of HIV among youth. As a result, the directives focus primarily on the prevention of HIV and STDs. CSE, specifically, is not referenced and accordingly not defined.

The “Guidelines for Implementing HIV/AIDS/STDs and Life Skill Education in Schools and Teachers’ Colleges, 2002” describe the national approach to sexual education as:

The content of HIV/AIDS/STIs control education shall aim at developing and promoting knowledge, skills positive and responsible attitudes such as assertiveness, effective communication, negotiation, informed decision making and provide motivational support as a means to responsible sexual behaviour.

These guidelines were developed in 2002, prior to the publication of international guidance on CSE, and are largely framed around the prevention of HIV/AIDS/STDs. This framing is not comprehensive and limits the provision of information on sexuality, safe sexual behaviors, SRH care, and gender. To improve upon these guidelines, the MoEC should consider publishing additional directives based on the nine essential components for CSE.
Youth-Friendly FP Service Provision

Policy mentions all seven core elements of adolescent-friendly contraceptive services AND explicitly mentions the provision of a full range of contraceptive methods to youth.

The “National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn, and Child Deaths in Tanzania, 2008-2015 (One Plan)” recognizes the urgent need to target adolescents in delivery of FP services. The strategic plan set an operational target of “Increased number of health facilities providing adolescent friendly reproductive health services to 80 percent by 2015.” The target was not met by 2015; however, recognition of adolescent and youth-friendly FP services remains a priority. The second iteration of the plan, the “National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child, and Adolescent Health in Tanzania, 2016-2020 (One Plan II),” has set the same target to increase the proportion of adolescent and youth-friendly health services from 30 percent to 80 percent by 2020.

The Tanzania “National Family Planning Guidelines and Standards, 2013” recognize the unique FP needs of young people as a group deserving special consideration:

All family planning service-delivery points—whether in a facility, community, or outreach setting—should incorporate youth-friendly services, as further described in Section II: Standards. Services are youth-friendly if they have policies and attributes that attract youth to the services, provide a comfortable and appropriate setting for serving youth, meet the needs of young people, and are able to retain their young clients for follow-up and repeat visits.

This document further details specific directives for the provision of youth-friendly services (Standard 5.1.-5.6.) and free contraceptives for all FP clients in the public sector.

In addition, the “National Adolescent Reproductive Health Strategy, 2011-2015” seeks to address gender throughout the strategy:

The strategy strives to mainstream gender in all programmes and activities by incorporating/strengthening gender equality and equity through the following:

• Incorporate gender issues in ARH research agenda.
• Educate parents on positive gender socialization, highlighting the equal value of both boys and girls.
• Incorporate gender equality issues in the training/reorientation programmes of services providers, programme implementers; youth centre operators, and other stakeholders.
• Strengthen advocacy activities for promotion of girls’ education and legislation enabling girls who become pregnant to return to school after childbirth.
• Strengthen advocacy activities targeting policy makers, community leaders including traditional leaders, circumcisers and parents to stop harmful traditional practices.
• Promote programmes that aim at increasing male involvement in ARH interventions.
Together, these policies address each of the seven elements identified in the HIPs “Adolescent-Friendly Contraceptive Services” review to improve adolescent and youth uptake of contraception. Further, the considerations for young people state that young people have the right to a full range of contraception, as discussed under the Restrictions Based on Age indicator. Therefore, Tanzania is considered to have a supportive and favorable policy environment surrounding service provision.

Community Support for Youth FP Services

Policy outlines a detailed strategy to build community support for youth FP services, including one or more of the following approaches: mass media/multimedia, community engagement, awareness campaigns.

A guiding principle of the “National Adolescent Reproductive Health Strategy, 2011-2015” recognizes the importance of including community and gatekeepers in adolescent SRH initiatives:

*Community involvement and parental support are crucial for sustainable adolescent reproductive health programmes;*

This principle is incorporated into Strategic Objective 3, which seeks to generate demand and community support for adolescent SRH services:

*Positive attitudes and behaviour change promoted among adolescents, parents and the community on adolescent friendly reproductive health services.*

The strategy intends to achieve this initiative through conducting a knowledge, action, beliefs, and practices survey in communities, disseminating behavior change communication materials, conducting community-sensitization activities, and forming parent support groups.

The country is placed in the green category for this indicator since the strategy not only acknowledges the importance of engaging the community in the provision of FP services to youth but also lays out a detailed strategy to build community support for youth-friendly FP services.
## TOGO

<table>
<thead>
<tr>
<th>Policy Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>Parental Consent, Spousal Consent, or Provider Discretion</td>
<td>Law or policy exists that supports youth access to FP services free from one or two of the following: provider discretion, parental consent, or spousal consent, but not all three.</td>
</tr>
<tr>
<td>Restrictions Based on Age</td>
<td>Law or policy exists that supports youth access to FP services regardless of age but does not include provision of a full range of methods.</td>
</tr>
<tr>
<td>Restrictions Based on Marital Status</td>
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</tr>
<tr>
<td>Comprehensive Sexuality Education</td>
<td>Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.</td>
</tr>
<tr>
<td>Youth-Friendly FP Service Provision</td>
<td>Policy references targeting youth in provision of FP services but mentions fewer than seven of the core elements of adolescent-friendly contraceptive services.</td>
</tr>
<tr>
<td>Community Support for Youth FP Services</td>
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</table>

### Policy documents reviewed:

- Standards de Services de Santé Adaptés aux Adolescents et Jeunes de Togo 2009.
- Politique Nationale de Sante; Loi d’orientation décennale 2010-2015.
Parental Consent, Spousal Consent, or Provider Discretion

Law or policy exists that supports youth access to FP services free from one or two of the following: provider discretion, parental consent, or spousal consent, but not all three.

The “Plan d’Action pour le Repositionnement de la Planification Familiale au Togo 2013-2017” acknowledges that parental and provider bias is a barrier to youth seeking FP services.

_Diagnostic: Les adolescents et jeunes:_
- craignent de rencontrer leurs parents et les autres adultes dans les centres.
- jigent que leur utilisation de la PF est mal perçue par les prestataires.

The “Protocoles de Santé de la Reproduction; Santé de la Mère, Santé de l’Enfant, Santé des Jeunes et Adolescents(es), Santé des Hommes. TOME I. 2ème Édition 2009” make clear that providers should be non-judgmental of youth:

_Chow les adolescents et jeunes aimeraient être traités?_
- Les acceptez tels qu’ils sont, ne pas leur faire de la morale et ne pas les démoraliser.
- … Ne pas les juger.

Togo’s policies address provider discretion but do not explicitly prohibit parental or spousal consent for youth access to FP services. Togo is placed in the yellow category for this indicator.

Restrictions Based on Age

Law or policy exists that supports youth access to FP services regardless of age but does not include provision of a full range of methods.

The “Loi n° 2007-005 Sur la Santé de la Reproduction 2007” states that reproductive health services should be available to all individuals regardless of age and further guarantees the right of reproductive health to adolescents without discrimination:

_Art. 7 - En matière de santé de la reproduction, tous les individus sont égaux en droit et en dignité sans discrimination aucune fondée sur l’âge, le sexe, le revenu, la religion, l’ethnie, la race, la situation matrimoniale ou sur toute autre situation touchant à l’état de la personne._
Art. 9 - Le droit à la santé de la reproduction est reconnu, sans discrimination aucune, à tout individu, personne du troisième âge, adulte, jeune, adolescent et enfant.

Similarly, the “Politique et Normes en Santé de la Reproduction, Planification Familiale et Infections Sexuellement Transmissibles de Togo 2009” state that youth-friendly services are based on the principle that adolescents have the right to health services regardless of age:

Le respect des droits humains et en particulier le droit des adolescents/jeunes à l’accès aux services de santé de qualité sans discrimination aucune liée à leur âge, leur sexe, leur religion ou condition sociale

The “Standards de Services de Santé Adaptés aux Adolescents et Jeunes de Togo 2009” describe the package of minimum services for adolescents at each level of the health system, which includes all methods of contraception including LARC. The “Protocoles de Santé de la Reproduction du Togo; Composantes Communes, Composantes d’Appui. TOME II. 2ème Édition 2009” include a full range of contraceptive options for youth in family planning services and acknowledge the importance of providing contraception to sexually active youth. However, the policy states that abstinence should be strongly recommended to adolescents. It includes restrictions for recommending LARC to adolescents based on parity, frequency of sexual activity, and number of partners:

Appliquer la conduite à tenir: “convient à ou ne convient pas à” en tenant compte des caractéristiques de l’adolescent et de son choix

<table>
<thead>
<tr>
<th>Caractéristiques</th>
<th>Méthode de choix</th>
<th>Méthode non appropriée</th>
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<tbody>
<tr>
<td>NULLIGESTE</td>
<td>Pilulles-combinées</td>
<td>DIU</td>
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<tr>
<td>Partenaires multiples</td>
<td>Préservatifs</td>
<td>DIU</td>
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<tr>
<td>Inconscience</td>
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<tr>
<td>Cycles irréguliers</td>
<td>Pilulles-combinée</td>
<td>DIU injectable</td>
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<tr>
<td>Rapport sexuels occasionnels espacés ou irréguliers</td>
<td>Préservatifs Spermicides</td>
<td>DIU</td>
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</table>

Because Togo restricts the provision of LARC to youth, Togo is placed in the yellow category. Future protocols for provider provision of LARC for adolescents should be updated based on the WHO Medical Eligibility Criteria for Contraceptive Use.
Law or policy exists that supports youth access to FP services regardless of marital status.

The “Loi n° 2007-005 Sur la Santé de la Reproduction 2007” guarantees the right to reproductive health services regardless of marital status and further guarantees the right of reproductive health to adolescents without discrimination:

Art. 7 - En matière de santé de la reproduction, tous les individus sont égaux en droit et en dignité sans discrimination aucune fondée sur l’âge, le sexe, le revenu, la religion, l’ethnie, la race, la situation matrimoniale ou sur toute autre situation touchant à l’état de la personne.

Art. 9 - Le droit à la santé de la reproduction est reconnu, sans discrimination aucune, à tout individu, personne du troisième âge, adulte, jeune, adolescent et enfant.

The “Programme National de Lutte Contre les Grossesses et Mariages chez les Adolescents en Milieux Scolaire et Extrascolaire au Togo 2015-2019” includes a focus on access to improving SRH services and targets both married and unmarried youth:

Axe stratégique 3: Accès à l’information et aux services de santé sexuelle et de la reproduction adaptés aux adolescents

Résultat d’effet 3.1
Un plus grand nombre d’adolescentes utilisent de services contraceptifs.

- % d’adolescentes (15 à 19 ans) mariées utilisant une méthode moderne de contraception
- % d’adolescentes (15 à 19 ans) non-mariées utilisant une méthode moderne de contraception

Togo is placed in the green category for this indicator because the policy environment protects youth access to FP regardless of marital status.
Comprehensive Sexuality Education

Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.

The “Loi n° 2007-017 Portant Code de l’Enfant 2007” guarantees every child the right to have information on reproductive health:

f. le droit de tout enfant d’avoir des informations sur la santé de la reproduction.

The “Loi n° 2007-005 Sur la Santé de la Reproduction 2007” states that everyone has the right to information and education on SRH:

Art. 13 - Tout individu a droit à l’information, à l’éducation utile à sa santé sexuelle et reproductive et aux moyens nécessaires lui permettant d’évaluer les avantages et les risques pour un choix judicieux.

The “Plan d’Action pour le Repositionnement de la Planification Familiale au Togo 2013-2017” includes activities to reach youth in formal and informal settings, one of the CSE essential components:

Activité D3.2: Extension de l’éducation sexuelle complète (SSR) dans l’enseignement primaire et secondaire et dans les écoles de formation de base des enseignants.

Activité D3.4: Développement d’une synergie avec les associations de métiers sur les questions de SSR ciblant les jeunes du secteur informel et en milieu rural.

Similarly, the “Programme National de Lutte Contre les Grossesses et Mariages chez les Adolescents en Milieux Scolaire et Extrascolaire au Togo 2015-2019” includes specific activities for introducing CSE to youth, particularly girls, in and out of school:

Axe stratégique 2: Accès et maintien des adolescentes dans le système éducatif et accès à l’éducation sexuelle complète

…Il vise également l’accès à l’éducation sexuelle complète (ESC) pour toutes les adolescentes en milieux scolaire et extrascolaire. L’ESC est reconnue globalement comme une stratégie efficace pour prévenir les grossesses précoces et renforcer l’autonomisation des adolescentes.

Résultats d’effet 2.2: La qualité et la couverture de l’éducation sexuelle complète sont renforcées dans les établissements scolaires, dans les centres de formations professionnelles et pour les portefaix, les domestiques et les serveuses dans les bars.
As part of its gender approach, the “Politique et Normes en Santé de la Reproduction, Planification Familiale et Infections Sexuellement Transmissibles de Togo 2009” includes a plan to incorporate gender into population education for youth, another of the essential components of CSE:

…En matière d’éducation des enfants, des adolescents et des jeunes, il s’agira d’introduire des modules d’approche genre dans l’EPD [éducation en matière d’environnement et de population pour un développement humain durable] / SR.

Togo’s policy environment is supportive of comprehensive sexuality education but does not reference all nine of the UNFPA essential components of CSE. Togo is placed in the yellow category for CSE.

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Youth-Friendly FP Service Provision

Policy references targeting youth in provision of FP services but mentions fewer than seven of the core elements of adolescent-friendly contraceptive services.

The “Protocoles de Santé de la Reproduction; Santé de la Mère, Santé de l’Enfant, Santé des Jeunes et Adolescents(es), Santé des Hommes. TOME I. 2ème Édition 2009” describe the necessary characteristics of provider interactions with adolescents, such as treating them without judgment, establishing a climate of trust, and ensuring confidentiality:

Ils ont besoin d’attention et de compréhension, d’où la nécessité de développer une approche amicale avec eux dans le but d’établir un climat de confiance, de dialogue confidentiel et de respect de leurs principes moraux et de créer un service adapté à leur prise en charge.

The “Plan d’Action pour le Repositionnement de la Planification Familiale au Togo 2013-2017” includes plans to train providers in youth-friendly FP service provision:

Activité O6.1: Renforcement des capacités des prestataires de 25 % des FS pour offrir les services de PF adaptés aux adolescents et aux jeunes.

The “Standards de Services de Santé Adaptés aux Adolescents et Jeunes de Togo 2009” aim to improve the financial accessibility of youth-friendly services, and the “Programme National de Lutte Contre les
Grossesses et Mariages chez les Adolescents en Milieux Scolaire et Extrascolaire au Togo 2015-2019 includes an activity to pilot a contraceptive subsidy program for adolescents.

The “Programme National” also includes specific activities to strengthen the legal environment to improve access to contraceptives:

*Axe stratégique 1: Amélioration du cadre légal, juridique, règlementaire et institutionnel*

L’existence et l’application des lois et textes juridiques, réglementaires et institutionnels contre le mariage précoce et autorisant l’accès aux adolescentes aux services SSR, y compris des services de contraception, sont essentielles pour prévenir les grossesses des adolescentes et éliminer le mariage des enfants. C’est pourquoi cet axe vise à améliorer le cadre légal juridique, réglementaire et institutionnel togolais afin de protéger et promouvoir les droits des adolescentes.

The “Politique Nationale pour l’Equité et l’Égalité de Genre du Togo 2011” plans to raise awareness of gender issues among health stakeholders and to integrate a gender approach into SRH services for men, women, and adolescents:

*Objectif 3.2. Assurer la prise en compte des besoins différenciés en santé de la reproduction des femmes, des adolescent(e)s et des hommes*

- Intégration effective de l’approche genre dans la conception, la planification, la budgétisation des interventions en santé et SR
- Mener des activités de sensibilisation et de plaidoyer des acteurs du secteur santé sur les questions de genre et leurs manifestations sur la santé et la SR des femmes et des hommes et des adolescent(e)s

As described in the above section on Restrictions Based on Age, Togo’s policy environment limits the provision of some contraceptive options to youth. Togo is placed in the yellow category for this indicator.
Community Support for Youth FP Services

Policy outlines a detailed strategy to build community support for youth FP services, including one or more of the following approaches: mass media/multimedia, community engagement, awareness campaigns.

One of the five standards in “Standards de Services de Santé Adaptés aux Adolescents et Jeunes de Togo 2009” seeks community support for health services adapted to youth:

*Standard 4: Les membres de la communauté et les associations communautaires y compris les adolescents et les jeunes sont organisés en vue de faciliter l’utilisation des services de santé par les adolescents et les jeunes*

The “Programme National de Lutte Contre les Grossesses et Mariages chez les Adolescents en Milieux Scolaire et Extrascolaire au Togo 2015-2019,” which explicitly aims to extend youth access to contraception, includes activities for building community support for preventing adolescent pregnancies. These include engaging community leaders and community-based organizations:

*Résultat d’effet 4.2: Les parents, les communautés et les leaders traditionnels et religieux s’engagent dans la lutte contre les grossesses et mariages des adolescentes*

*Résultats d’effet 4.3: Les OSC [Organisations de la Société Civile]/OBC [Organisation de Base Communautaire] sont plus aptes à intervenir efficacement dans la prévention et la prise en charge des grossesses et mariages chez les adolescentes*

Togo is placed in the green category because its policies include a detailed strategy for encouraging communities to support youth FP services.
## UGANDA

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Consent, Spousal Consent, or Provider Discretion</td>
<td>Law or policy exists that supports youth access to FP services free from one or two of the following: provider discretion, parental consent, or spousal consent, but not all three.</td>
</tr>
<tr>
<td>Restrictions Based on Age</td>
<td>Law or policy exists that supports youth access to FP services regardless of age but does not include provision of a full range of methods.</td>
</tr>
<tr>
<td>Restrictions Based on Marital Status</td>
<td>No law or policy exists addressing marital status in access to FP services.</td>
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<tr>
<td>Comprehensive Sexuality Education</td>
<td>Policy promotes abstinence-only education or discourages sexuality education.</td>
</tr>
<tr>
<td>Youth-Friendly FP Service Provision</td>
<td>Policy references targeting youth in provision of FP services but mentions fewer than seven of the core elements of adolescent-friendly contraceptive services.</td>
</tr>
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</tbody>
</table>

**Policy documents reviewed:**

- Health Sector Strategic Plan III, 2010/11-2014/15.
Parental Consent, Spousal Consent, or Provider Discretion

Law or policy exists that supports youth access to FP services free from one or two of the following: provider discretion, parental consent, or spousal consent, but not all three.

Uganda’s policy environment supports youth access to FP services without authorization by two of the three external parties. The “National Policy Guidelines and Service Standards for Reproductive Health Services, 2001” explicitly dictate the rights of all people, including youth, to access FP services without parental or spousal consent:

*No verbal or written consent is required from parent, guardian or spouse before a client can be given family planning services.*

Policies reviewed did not explicitly acknowledge the right of youth to access contraception without provider discretion. Uganda is placed in the yellow category for this indicator. To improve the policy environment, the country should consider including a direct statement discouraging provider discretion.

Restrictions Based on Age

Law or policy exists that supports youth access to FP services regardless of age but does not include provision of a full range of methods.

The “National Policy Guidelines and Service Standards for Reproductive Health, 2001” include a broad eligibility statement for FP services:

*All sexually active males and females in need of contraception are eligible for family planning services provided that: they have been educated and counseled on all available family planning methods and choices; attention has been paid to their current medical, obstetric contra-indications and personal preferences.*

This statement, while inclusive of all people, does not explicitly recognize age nor marital status as criteria for provision or refusal of FP services. Providers and clients may differentially interpret this statement, potentially creating a barrier for youth desiring access to contraception. To strengthen the eligibility criteria, the guidelines eligibility statement should specifically recognize segmented parts of the population, such as married and unmarried youth.
A later chapter in this document does, however, instruct providers on how to manage adolescent reproductive health. Adolescents, defined as ages 10 to 24, are explicitly included in eligibility criteria for general health services:

*All adolescents are eligible for the health services. The services will be provided in a friendly environment and manner that meet their needs.*

The objectives in this section further tailor adolescent service provision recommendations to SRH services:

*Provide adolescents with appropriate, acceptable and affordable quality information and sexual reproductive health services; increase availability and accessibility of accurate information to adolescents.*

While this section acknowledges adolescents’ right to receive SRH services, it does not mention provision of a full range of contraception. Uganda, therefore, is placed in a yellow category for this indicator. To strengthen the policy environment, guidelines should include detailed language supporting youth access to contraception, including LARCs.

Members of the Muvubuka Agunjuse youth club during an outreach meeting in one of Kampala’s slums, in Uganda. © Jonathan Torgovnik/Getty Images
Restrictions based on Marital Status

‼️ No law or policy exists addressing marital status in access to FP services.

See earlier discussion of *Restrictions Based on Age*.

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Comprehensive Sexuality Education

‼️ Policy promotes abstinence-only education or discourages sexuality education.

The “Presidential Initiative on AIDS Strategy for Communicating to Young People (PIASCY),” launched in 2003, sought to provide HIV prevention information to primary and secondary youth through in-school assemblies and classroom discussion. A 2006 evaluation of PIASCY suggests that the curriculum promoted sexual abstinence outside of marriage and restricted SRH information to students. The final manuals distributed to schools lacked critical SRH text, in part due to religious opposition:

> The new manuals omitted information from the initial text, including diagrams on how to correctly clean the penis and foreskin, how the body changes at puberty for boys, and how semen is ejaculated during sexual intercourse. A chapter on “ethics, morals and cultural values” was added as well as two assembly messages on the risks of pre-marital sex and on “acceptable moral practices.” The assembly message on condom use was altered, and a diagram illustrating a condom offering protection from HIV was removed. The withdrawal of important and potentially life-saving material from primary school texts raises serious concerns about children’s right to complete and accurate HIV/AIDS information.31

The exclusion of critical sexuality education material and promotion of abstinence-only practice suggests that the policy environment creates a barrier to youth accessing care. Thus, Uganda has been placed in the red category for this indicator.
Youth-Friendly FP Service Provision

Policy references targeting youth in provision of FP services but mentions fewer than seven of the core elements of adolescent-friendly contraceptive services.

Youth-friendly FP service provision features prominently across Uganda’s policy documents. While none of the policies detail clear action steps aligned with all seven elements of adolescent-friendly contraceptive services, each recognizes the need to tailor services to youth.

The “National Policy Guidelines and Service Standards for Reproductive Health Services, 2001” identifies youth as a priority audience for consideration of tailored FP service delivery:

*Top priority will be given to preparing providers to handle adolescents and men.*

*All service delivery points (SDPs) providing RH will be, rehabilitated and, remodeled to enhance patient flow and ensure privacy to patients and clients. An important consideration will be to make them friendly to the adolescents, youth and men.*

Further, the “Health Strategic Plan III, 2010/11-2014/15” specifically targets adolescent and youth in the SRH services strategy. The strategy proposes the following activities to strengthen adolescent SRH services and the policy environment surrounding SRH:

*Strengthen adolescent sexual and reproductive health services:*
  * Integrate and implement adolescent sexual and reproductive health in school health programmes; and*
  * Increase the number of facilities providing adolescent friendly sexual and reproductive health services.*

*Strengthen the legal and policy environment to promote delivery of SRH services.*
  * Review SRH and related policies and address institutional barriers to quality SRH services.*
  * Review SRH policies, standards, guidelines and strategies as need arises.*

Finally, the “Uganda Family Planning Costed Implementation Plan, 2015-2020” includes an FP service delivery activity targeting youth:
SD9. Youth-friendly services are provided in clinics. To increase the availability of youth-friendly services, youth-friendly corners will be established, and health workers will be trained on youth-friendly services. In addition, FP service delivery hours will be increased to include outside school hours to accommodate youth.

Combined, the strategies address four out of the seven core elements of adolescent-friendly contraceptive services: train and support providers to offer adolescent-friendly contraceptive services, enforce confidentiality and audio/visual privacy, build an enabling legal and political environment, and link service delivery with activities that build support in communities (discussed under Community Support for Youth FP Services). The inclusion of these elements signals a promising policy environment in favor of youth-friendly FP service provision, placing Uganda in a yellow category for this indicator. To bolster the policy environment supporting youth-friendly FP service provision, future guidelines should consider all seven recommended core elements of adolescent-friendly contraceptive provision.

Community Support for Youth FP Services

Policy outlines a detailed strategy to build community support for youth FP services, including one or more of the following approaches: mass media/multimedia, community engagement, awareness campaigns.

The “Uganda Family Planning Costed Implementation Plan, 2015-2020” includes comprehensive actions to create demand for FP services among youth, including elements of building community support:

**DC3. Young people, 10-24 years old, are knowledgeable about family planning and are empowered to use FP services: To increase the knowledge and empowerment of young people, peer educators will be engaged and supported; media (print and online) targeting youth will be disseminated; and “edutainment” community events will provide the opportunity for knowledge exchange amongst young people and empower adults to help youth avoid teenage pregnancy.**

The action steps proposed not only target youth in awareness and mass media campaigns, but also seek to engage gatekeepers in additional community engagement activities:

**Empower parents, caregivers, and teachers to help their children to avoid teen pregnancy, including improving parent-child communication on sexual issues.**

The inclusion of a detailed strategic initiative to build community support among youth and adults for youth FP services indicates a strong policy environment, placing Uganda in the green category for this indicator.
References


7. Sexual Rights Initiative, “Sexual Rights Database,” (2016), accessed at http://sexualrightsdatabase.org/, on July 1, 2016; Provider discretion is understood to be “any situations where the decision is left to the provider, including: mature minor exceptions, determination of whether a person is in ‘need’ of contraception or is sexually active, determination of maturity, etc.”


20. Chandra-Mouli, Camacho, and Michaud, “WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries.”

21. Hindin et al., “Interventions to Prevent Unintended and Repeat Pregnancy Among Young People in Low- and Middle-Income Countries.”


25. Pathfinder et al., “Global Consensus Statement.”


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