

PRB

INFORM
EMPOWER
ADVANCE

YOUTH FAMILY PLANNING POLICY SCORECARD

March 2018



ACKNOWLEDGMENTS

This report was written by Sara Harris, Meredith Pierce, and Elizabeth Leahy Madsen of Population Reference Bureau (PRB), with significant contributions from Kate Gilles. Support for the development of the scorecard was provided by the Bill & Melinda Gates Foundation, in particular Caitlin Feurey, Gwyn Hainsworth, and Ryan Cherlin.

The indicator selection process benefited from review and input provided by several longstanding experts on adolescent and youth sexual and reproductive health, whose guidance was critical in shaping the evolution of this work. Heather Boonstra, Vicky Boydell, Jason Bremner, Katelyn Bryant-Comstock, Venkatraman Chandra-Mouli, Megan Donovan, Alanna Galati, Jillian Gedeon, Sonia Haerizadeh, Karen Hardee, Kiki Kalkstein, Catherine Lane, Tom Merrick, Jeremy Schiffman, Kat Watson, and Sylvia Wong contributed time through meetings with the scorecard authors, reviewed drafts, and shared related work.

Abram Agossou (Togo), Gaston Ahounou (Benin), Colette Ajwan'g (Kenya), Chibuike Alagboso (Nigeria), Kouakou Hyacinthe Andoh (Côte d'Ivoire), Margaret Bolaji (Nigeria), Marie-Claire Boni-Gnamien (Côte d'Ivoire), Katie Chau (Senegal), Lou Compernelle (Mauritania), Sada Danmusa (Nigeria), Edouard Deti (Togo), Madeleine Diomande-Bourgoin (Côte d'Ivoire), Babacar Fall (Côte d'Ivoire), Iram Kamran (Pakistan), Samuel Nafan Kone (Côte d'Ivoire), Yao Alexis Kouadio (Côte d'Ivoire), Mamady Kourouma (Guinea), Catherine Lane (global), Fatimetou Maham (Mauritania), Modibo Maiga (global), Féridah Mara (Guinea), John May (Mauritania), Alem Mekonnen (Ethiopia), Mbadu Muanda (DRC), Simtokina N'Gani (Togo), Marguerite Marie Niangoin (Côte d'Ivoire), Claude Evariste Odje (Côte d'Ivoire), Paula Ourega-Loba (Côte d'Ivoire), Estelle M. Sidze (Kenya), Emily Sullivan (global), Tom Van Boven (global), and Toh Zeregbé (Côte d'Ivoire) improved the coverage of country analyses by providing additional policy documents unavailable online and clarifying interpretations of policy language. Dieynaba N'Diom (Mauritania) and Gervais Beninguisse (global) shared the names of additional country stakeholders.

At PRB, Kristin Bietsch, Amah Joyce Ehui, Marissa Falk, Stephanie Kimou, Nicole LaGrone, Shelley Megquier, and Rhonda Smith provided useful conceptual and research assistance. The report was edited by Nancy Matuszak and Heidi Worley of PRB, with design assistance from Jessica Woodin at PRB and Prographics.

Cover photo: © Jonathan Torgovnik/Getty Images

© 2018 Population Reference Bureau. All rights reserved.

YOUTH FAMILY PLANNING **POLICY SCORECARD**



March 2018



ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CSE	comprehensive sexuality education
DRC	Democratic Republic of the Congo
EC	emergency contraception
EMP	l'Éducation en Matière de Population
FLE	family life education
FLHE	Family Life and HIV Education
FP	family planning
HIPs	High-Impact Practices in Family Planning
HIV	human immunodeficiency virus
IUD	intrauterine device
LAM	lactational amenorrhea method
LARC	long-acting and reversible contraceptives
LMIC	low- and middle-income countries
MISP	minimal initial service package
MoE	Ministry of Education
MoEC	Ministry of Education and Culture
mCPR	modern contraceptive prevalence rate
OP	Ouagadougou Partnership
PRB	Population Reference Bureau
RH	reproductive health
SRH	sexual and reproductive health
STI	sexually transmitted infection
WHO	World Health Organization
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
YF	youth-friendly

TABLE OF CONTENTS



INTRODUCTION	4
METHODS	6
RESULTS	18
BENIN	24
BURKINA FASO	32
CÔTE D'IVOIRE.....	39
DEMOCRATIC REPUBLIC OF THE CONGO (DRC).....	48
ETHIOPIA	57
GUINEA	65
KENYA	72
MALI.....	80
MAURITANIA.....	87
NIGER	94
NIGERIA.....	99
SENEGAL.....	107
SINDH (PAKISTAN)	115
TANZANIA	122
TOGO	130
UGANDA.....	138
REFERENCES	146



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 decisionmakers, 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, 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 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.

© Jonathan Torgovnik/Getty Images



Kenyan woman participating in mobile reproductive health education and services in a Rabai, Kenya.
© Jonathan Torgovnik/Getty Images

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 44 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 varied 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.²

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.³ 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 interventions, we chose those with supporting evidence directly linked to increased youth contraceptive use, although this criterion 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.⁴

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

- Parental and spousal consent.
- Provider authorization.
- Restrictions based on age.
- Restrictions based on marital status.
- Access to a full range of FP methods.
- Comprehensive sexuality education (CSE).
- Youth-friendly (YF) FP service provision.
- Enabling social environment.

We devised **four color-coded categories** to classify how well a country is performing for each indicator. The color assigned for each indicator in a country's results is based on the extent to which that 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.

GRAY: 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 in our search of those available online, and to validate our analysis. A full list of policies reviewed is provided in each country summary.

Countries are categorized based on the language in the most recent version of a given law or strategy. For example, a new reproductive health law in a given country is considered to supersede an old reproductive health law in that country. In cases where there is evidence that an older, more restrictive law is still in effect despite a newer strategy that extends access to youth FP, we consider this as an existing policy restriction. In addition, if there are overt inconsistencies across recent policy documents, we consider this as an existing policy restriction.



Young mothers, members of a breastfeeding group, gather regularly to discuss sexual reproductive health, and family planning options.

© Jonathan Torgovnik/Getty Images

SCORECARD INDICATORS OVERVIEW

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

POLICY INDICATOR	Strong policy environment	Promising policy environment but room for improvement	Policy environment impedes youth from accessing and using contraception	Policy addressing the indicator does not exist
Parental and Spousal Consent	Law or policy exists that supports youth access to FP services without consent from both third parties (parents and spouses).	Law or policy exists that supports youth access to FP services without consent from one but not both third parties.	Law or policy exists that requires parental and/or spousal consent for youth access to FP services.	No law or policy exists that addresses consent from a third party to access FP services.
Provider Authorization	Law or policy exists that requires providers to authorize medically-advised youth FP services without personal bias or discrimination.	Law or policy exists that requires providers to authorize medically-advised youth FP services but does not address personal bias or discrimination.	Law or policy exists that supports providers' non-medical discretion to authorize youth FP services.	No law or policy exists that addresses provider authorization.
Restrictions Based on Age	Law or policy exists that supports youth access to FP services regardless of age.	N/A	Law or policy exists that restricts youth access to FP services based on age.	No law or policy exists addressing age in access to FP services.
Restrictions Based on Marital Status	Law or policy exists that supports youth access to FP services regardless of marital status.	Law or policy exists that supports access to FP services for unmarried women, but includes language favoring the rights of married couples to FP.	Law or policy exists that restricts youth access to FP services based on marital status.	No law or policy exists addressing marital status in access to FP services.
Access to a Full Range of FP Methods	Law or policy exists that supports youth access to FP services, including the provision of long-acting and reversible contraceptives (LARCs).	Law or policy exists that supports youth access to a full range of FP methods without defining full range of methods to include LARC methods.	Law or policy exists that restricts youth from accessing a full range of FP services based on age, marital status, and/or parity.	No law or policy exists addressing youth access to a full range of methods.
Comprehensive Sexuality Education	Policy supports the provision of sexuality education AND mentions all nine UNFPA essential components of CSE.	Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.	Policy promotes abstinence-only education or discourages sexuality education.	No policy exists supporting sexuality education of any kind.

SCORECARD INDICATORS OVERVIEW (conitnued)

POLICY INDICATOR	Strong policy environment	Promising policy environment but room for improvement	Policy environment impedes youth from accessing and using contraception	Policy addressing the indicator does not exist
Youth-Friendly FP Service Provision	<p>Policy mentions three service-delivery elements of the High-Impact Practices in Family Planning (HIPs) recommendations for adolescent-friendly contraceptive services.</p> <ul style="list-style-type: none"> • Provider training. • Confidentiality and privacy. • Free or reduced cost. 	<p>Policy references targeting youth in provision of FP services but mentions fewer than three of the service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services.</p>	N/A	<p>No policy exists targeting youth in the provision of FP services.</p>
Enabling Social Environment	<p>Policy outlines detailed strategy addressing two enabling social-environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.</p> <ul style="list-style-type: none"> • Address gender norms. • Build community support. 	<p>Policy references building an enabling social environment but does not include specific intervention activities addressing both HIPs-recommended elements.</p> <p>Policy outlines detailed strategy addressing one of the two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.</p>	N/A	<p>No policy exists to build an enabling social environment for youth FP services.</p>

Parental and Spousal Consent

Law or policy exists that supports youth access to FP services without consent from both third parties (parents and spouses).

Law or policy exists that supports youth access to FP services without consent from one but not both third parties.

Law or policy exists that requires parental and/or spousal consent for youth access to FP services.

No law or policy exists that addresses consent from a third party to access FP services.

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 parents or spouses should be able to overrule their reproductive health decisions. In practice, 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."⁵

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 (ICPD) 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."⁶

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 or spousal consent. 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. If a policy document mentions that youth are not subject to consent from one of the third parties—spouse or parent—but does not mention the other, the country is classified in the yellow category. Any country that requires consent from a parent and/or spouse is placed in the red category. If a country does not have a policy in place that addresses youth access to FP services without consent, it is placed in a gray category.

Provider Authorization

Law or policy exists that requires providers to authorize medically-advised youth FP services without personal bias or discrimination.

Law or policy exists that requires providers to authorize medically-advised youth FP services but does not address personal bias or discrimination.

Law or policy exists that supports providers' non-medical discretion to authorize youth FP services.

No law or policy exists that addresses provider authorization.

Providers often refuse to provide contraception to youth, particularly long-acting reversible methods, because of non-medical reasons.⁷ Service providers may impose personal beliefs or inaccurate medical criteria when assessing youth FP needs, creating a barrier to youth contraceptive uptake. Three-quarters of Ugandan providers queried on their perspective of providing contraception to youth believed that youth should not be given contraception, and one-fifth of providers said they would prefer to advise abstinence instead of providing injectables to young women.⁸ National laws should reflect open access to medically-advised FP services for youth, without youth being subject to providers' personal beliefs.⁹

Policies that explicitly underscore the obligation of providers to service youth without discrimination or bias are considered fully supportive of youth access to contraception and receive a green categorization under this indicator. Any country that generally supports the WHO medical eligibility criteria for contraceptive use but does not explicitly require providers to service youth despite personal beliefs is placed in the yellow category. Any country that supports providers' non-medical discretion when authorizing FP services for youth is placed in the red category, indicating a legal barrier for youth to use contraception. Countries that lack any policy addressing non-medical provider authorization are placed in the gray category.

Restrictions Based on Age

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

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

No law or policy exists addressing age in access to FP services.

Youth seeking contraceptives continue to face barriers to accessing services because of their age. For example, "Youth seeking condoms or pills in Uganda reported that health centres 'always told them to wait until they were older before going to ask for these items because it increases immorality.'" A study in Kenya and Zambia found that less than two-thirds of nurse-midwives agreed that girls in school should have access to FP.¹⁰

In 2010, a WHO expert panel concluded that "the existence of laws and policies that improve adolescents' access to contraceptive information and services, irrespective of marital status and age, can contribute to preventing unwanted pregnancies among this group."¹¹ As mentioned above, 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... age of consent for sexual and reproductive services—that infringe on the sexual and reproductive health and rights of adolescents and youth.”¹²

Countries that explicitly include a provision in their laws or policies that support youth access to FP regardless of age are considered to have

a supportive policy environment and placed in the green category. Countries that restrict youth access to FP based on age, by defining an age of consent for sexual and reproductive health services, are considered to have a restrictive policy environment and are placed in the red category. Countries that do not have a policy that supports youth access to FP regardless of age are placed in the gray category.

Restrictions Based on Marital Status

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

Law or policy exists that supports access to FP services for unmarried women, but includes language favoring the rights of married couples to FP.

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

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

A 2014 systematic review identified laws and policies restricting unmarried youth from accessing contraception as an impediment to youth uptake of contraception.¹³ In the absence of a legal stance on marital status, health workers can justify refusal to provide contraception to unmarried youth.¹⁴ 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 an individual’s legal right to access FP services regardless of marital status but includes policy language that places particular emphasis on married couples’ right to FP, it is considered to have a promising yet inadequate policy environment, and is classified in the yellow category because the policy leaves room for interpretation. A country is placed in the red category if its policies restrict youth from accessing FP services based on marital status. Finally, if a country has no policy supporting access to FP services regardless of marital status, it is placed in the gray category.

Access to a Full Range of FP Methods

Law or policy exists that supports youth access to a full range of FP methods, including the provision of long-acting and reversible contraceptives (LARCs).

Law or policy exists that supports youth access to a full range of FP methods without defining full range of methods to include LARC methods.

Law or policy exists that restricts youth from accessing a full range of FP methods based on age, marital status, and/or parity.

No law or policy exists addressing youth access to a full range of FP methods.

Youth seeking contraception, particularly LARCs, are frequently faced with scrutiny or denial from their provider based on their age, marital status, or parity.¹⁵ The WHO medical eligibility criteria for contraceptive use, however, explicitly state that age and parity are not contraindications for short-acting or long-acting reversible contraception.¹⁶

Provision of LARCs as part of an expanded method mix is particularly effective in increasing youth uptake of contraception. One of the studies identified in a 2016 systematic review offered implants as an alternative contraceptive option to young women seeking short-acting contraceptives at 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.¹⁷ 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, are hesitant to use them due to social norms, or face refusal from providers.

The “Global Consensus Statement: 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.¹⁸

This indicator differs from the *Restrictions Based on Age* indicator by focusing on the range of methods offered to youth. Countries should have in place a policy statement that legally requires health providers to offer short-acting and long-acting reversible contraceptive services regardless of age. In addition, the policy should leave no ambiguity in the scope of the directive but rather explicitly mention youth’s legal right to access a full range of contraceptive services, including

LARCs. Therefore, countries with an explicit policy allowing youth to access a full range of contraceptive services—regardless of age—receive a green categorization for promoting the most supportive policy environment. Countries with policies that state that youth can access a full range of methods, but do not specify that LARCs are included in the method choice, are 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 LARCs.

A country is placed in the red category if it has a policy in place that restricts access to FP services based on age, marital status, or parity, or other characteristics that do not align with WHO medical eligibility criteria. Countries that do not have a policy addressing youth access to a full

range of contraceptive methods are placed in the gray category.

It is important to note that the scorecard does not assess policies’ inclusion of emergency contraception (EC) in the full range of methods for youth when determining categorization of countries for this indicator. This indicator is focused on whether short-term methods and LARCs are included in the method options that are made available to youth. Therefore, countries that do not list EC in the available methods for youth can still receive a green categorization if they’ve included access to LARCs. However, due to the growing attention toward EC as an available method for youth, the summary of this indicator in each country section makes note of whether EC was included in the range of methods for youth.

Comprehensive Sexuality Education

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

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

Policy promotes abstinence-only education or discourages sexuality education.

No policy exists supporting sexuality education of any kind.

The WHO recommends educating adolescents about sexuality and contraception to increase contraceptive use and ultimately prevent early pregnancy and poor reproductive health outcomes.¹⁹ 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.²⁰

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 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.²¹ 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.²² 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.²³

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.²⁴ Further, these guidelines recognize gender and human rights and build on global standards discussed in the UNESCO “International Technical Guidance on Sexuality Education.”

The nine UNFPA essential components for CSE are:

1. A basis in the core universal values of human rights.
2. An integrated focus on gender.
3. Thorough and scientifically accurate information.
4. A safe and healthy learning environment.
5. Linking to SRH services and other initiatives that address gender, equality, empowerment, and access to education, social, and economic assets for young people.
6. Participatory teaching methods for personalization of information and strengthened skills in communication, decisionmaking, and critical thinking.
7. Strengthening youth advocacy and civic engagement.
8. Cultural relevance in tackling human rights violations and gender inequality.
9. Reaching across formal and informal sectors and across age groups.

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. Under these criteria, it is classified in the yellow category.

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 *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.²⁵ In fact, some reports suggest that an abstinence-only approach increases the risk for negative SRH outcomes among youth.²⁶ 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. Any country lacking a sexuality education policy is placed in the gray category.

Youth-Friendly FP Service Provision

Policy mentions three service-delivery elements of the High-Impact Practices in Family Planning (HIPs) recommendations for adolescent-friendly contraceptive services.

- Provider training.
- Confidentiality and privacy.
- Free or reduced cost.

Policy references targeting youth in provision of FP services but mentions fewer than three of the service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services.

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

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.²⁷ 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.²⁸

Additional evaluations show that when SRH services are tailored to meet the specific needs of youth, they are more likely to use these services and access contraception.²⁹ The scorecard draws upon the four service-delivery core elements identified in the United States Agency for International Development’s High-Impact Practices in Family Planning (HIPs) brief, “Adolescent-Friendly Contraceptive Services,” as the framework for assessing the policy environment surrounding FP service provision.³⁰ One of the four elements is addressed in a separate indicator, *Access to a Full Range of FP Methods*, which evaluates the extent to which a country’s policy environment supports youth access to a wide range of contraception. The remaining three service-delivery elements are addressed in this indicator, *Youth-Friendly FP Service Provision*.

The three elements are:

1. Train and support providers to offer adolescent-friendly contraceptive services.
2. Enforce confidentiality and audio/visual privacy.
3. Provide no-cost or subsidized services.

Many countries have adolescent-friendly health initiatives that include a wide range of health services, but for a country to be placed in the green category, its policies should specifically reference providing FP services to youth as part of the package of services. A country is placed in the green category for this indicator if its policy documents reference the three adolescent-friendly contraceptive service-delivery elements as defined above. Simply referencing the provision of FP services to youth, but not adopting the three service-delivery 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 FP service provision to youth are placed in the gray category.

The HIPs brief recommends three additional enabling-environment elements of adolescent-friendly FP service provision. These are evaluated in the separate scorecard indicator, *Enabling Social Environment*.

Enabling Social Environment

Policy outlines detailed strategy addressing two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

- Address gender norms.
- Build community support.

Policy references building an enabling social environment to support youth access to FP but does not include specific intervention activities addressing both HIPs-recommended elements.

Policy outlines detailed strategy addressing one of the two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

No policy exists to build an enabling social environment for youth FP services.

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.³¹

Group engagement activities that mobilize communities through dialogue and action, rather than by only targeting individuals, are considered a promising practice to change social norms around SRH, including contraceptive use.³² Group engagement can be useful to change the discourse around youth sexuality and address misconceptions about contraception within communities.

This indicator assesses the extent to which a country addresses enabling-environment elements as outlined in the adolescent-friendly contraceptive service provision HIPs brief:

1. Link service delivery with activities that build support in communities.

2. Address gender and social norms.

Countries that outline specific interventions to build support within the larger community for youth FP and address gender and social norms are considered to have a strong policy environment and are placed in the green category. Countries that include a reference to building an enabling social environment for youth FP, without providing any specific plan for doing so, are placed in the yellow category. Additionally, countries that discuss one, but not both, of the enabling social environment elements in detail are placed in the yellow category.³¹ Countries without any reference to activities to build an enabling social environment for youth FP are placed in the gray category.

The HIPs brief recommends a third enabling-environment element: "Ensuring legal rights, policies, and guidelines that respect, protect, and fulfill adolescents' human rights to contraceptive information, products, and services regardless of age, sex, marital status, or parity." This element overlaps with the first four indicators of the scorecard and is not assessed separately under this indicator. The extent to which a country addresses all seven elements of adolescent-friendly contraceptive services provision, as outlined in the HIPs, can be found in the *Discussion of Results* section.

YOUTH FAMILY PLANNING POLICY SCORECARD

COUNTRY RESULTS AND ANALYSES

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 into 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.



Gray: Policy addressing the indicator does not exist.

TABLE OF RESULTS

Policy Indicators

Country	Parental and Spousal Consent	Provider Authorization	Age Restrictions	Marital Status Restrictions	Full Range of FP Methods	CSE	YF FP Service Provision	Enabling Social Environment
Benin	Green	Grey	Green	Green	Yellow	Yellow	Green	Green
Burkina Faso	Yellow	Grey	Green	Green	Green	Yellow	Green	Green
Côte d'Ivoire	Grey	Green	Green	Green	Red	Green	Green	Green
Democratic Republic of the Congo	Red	Green	Red	Red	Grey	Yellow	Yellow	Yellow
Ethiopia	Grey	Green	Green	Green	Green	Yellow	Green	Green
Guinea	Grey	Grey	Green	Yellow	Yellow	Yellow	Yellow	Yellow
Kenya	Grey	Green	Green	Green	Green	Yellow	Green	Green
Mali	Green	Grey	Green	Green	Green	Yellow	Yellow	Yellow
Mauritania	Grey	Grey	Green	Green	Red	Yellow	Yellow	Yellow
Niger	Grey	Grey	Green	Yellow	Grey	Yellow	Grey	Grey
Nigeria	Grey	Grey	Green	Green	Red	Red	Yellow	Yellow
Senegal	Grey	Green	Green	Green	Green	Yellow	Green	Green
Sindh	Yellow	Green	Green	Red	Green	Red	Yellow	Yellow
Tanzania	Green	Green	Green	Green	Green	Yellow	Green	Green
Togo	Grey	Green	Green	Green	Red	Yellow	Green	Green
Uganda	Green	Yellow	Green	Grey	Green	Red	Yellow	Yellow

TABLE OF REFERENCE DATA

Youth Family Planning Outcomes

Country	Adolescent Birth Rate	Teenage Pregnancy Rate (%)	Percent Women Married/In Union, Ages 15-19	Percent Men Married/In Union, Ages 15-19	Use of Modern Contraception (mCPR) Among Married Women (%)			Use of Modern Contraception (mCPR) Among Unmarried, Sexually Active Women (%)			Most Common Modern Contraceptive Methods Used by Married Women		Unmet Need for Contraception Among Married Women (%)		
					Ages 15-19	Ages 20-24	Ages 15-49	Ages 15-19	Ages 20-24	Ages 15-49	Ages 15-19	Ages 20-24	Ages 15-19	Ages 20-24	Ages 15-49
Benin	98	16.5	13.8	1.8	4.2	5.7	7.9	23.6	26.7	24.4	LAM Condom Pill	Condom Injectable Pill	34.6	33.7	32.6
Burkina Faso	130	23.6	31.5	1.6	6.2	15.0	15.0	48.8	68.1	58.7	Condom Injectable Pill	Injectable Pill Implant	21.1	23.5	23.8
Côte d'Ivoire	129	29.6	20.7	0.8	6.9	11.5	12.5	28.7	32.0	30.2	Pill Condom Injectable	Pill Condom Injectable	26.5	32.6	27.1
Congo, Dem. Rep.	138	27.2	21.3	1.4	5.4	8.2	7.8	19.5	25.2	20.9	Condom Pill Injectable	Condom Injectable Implant	30.8	29.2	27.7
Ethiopia	80	12.5	16.8	1.0	31.8	38.5	35.3	57.5	47.0	55	Injectable Implant Pill	Injectable Implant Pill	25.5	24.2	22.3
Guinea	146	34.3	33.3	1.3	2.6	3.9	4.6	22.0	47.5	41.1	LAM Injectable Pill	LAM Pill Injectable	23.4	26.8	23.7
Kenya	96	18.1	11.9	0.6	36.8	49.8	53.2	49.3	64.2	60.9	Injectable Implant Condom	Injectable Implant Pill	23	18.9	17.5
Mali	172	39.3	43.0	2.1	6.5	10.0	9.9	—	—	33.5	Injectable Implant Pill	Injectable Pill Implant	23.3	24.5	26.0
Mauritania	83	15.8	24.0	0.5	6.8	10.2	12.9	—	—	—	Pill Condom LAM	Pill Condom Injectable	34.9	34.4	31.6
Niger	206	40.4	60.9	2.6	5.9	12.6	12.2	—	—	—	Pill LAM Injectable	Pill LAM Injectable	13.1	18.4	16.0
Nigeria	122	22.5	28.8	1.1	1.2	6.2	9.8	49.7	63.5	54.9	Condom Pill Injectable	Condom Injectable Pill	13.1	16.6	16.1
Senegal	72	15.8	—	—	5.5	18.6	23.1	—	—	47.9	Implant Injectable Pill	Injectable Implant Condom	26.4	24.5	23.6
Sindh	44	7.9	13.9	2.4	6.9	14.9	26.1	—	—	—	Condom Injectable IUD	Condom LAM Injectable	14.9	20.6	20.1
Tanzania	132	26.7	23.0	1.5	13.3	29.9	32	34.5	47.9	44.7	Injectable Implant Pill	Injectable Implant Pill	23	22.7	22.1
Togo	84	16.5	12.7	0.6	7.7	15.3	17.3	36.0	42.9	38.4	Implant Injectable Condom	Injectable Implant Pill	41.6	39.5	33.6
Uganda	132	24.8	—	—	20.7	31.1	34.8	—	—	47.1	Injectable Implant Condom	Injectable Pill Condom	30.4	29.3	28.4

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. IUD=intrauterine device.

Sources: ICF International, Demographic and Health Surveys: Benin 2011-12, Burkina Faso 2010, Côte d'Ivoire 2011-12, Dem. Rep. Congo 2013-14; Ethiopia 2016; Guinea 2012, Kenya 2014; Mali 2012-13, Mauritania 2000-01, Niger 2012; Nigeria 2013; Pakistan 2012-13; Senegal 2016; Tanzania 2010 & 2015-16; Togo 2013-14; and Uganda 2016.

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 its 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.

Most countries included in the scorecard allow youth to access FP services regardless of age or marital status. Fifteen of the sixteen countries, excluding DRC, have a strong policy environment supporting youth access to FP services regardless of age. Policies in DRC place restrictions on youth under age 18 to access FP services. Benin, Burkina Faso, Côte d'Ivoire, Ethiopia, Kenya, Mali, Mauritania, Nigeria, Senegal, Tanzania, and Togo have a supportive policy environment for youth access to FP services regardless of marital status, while Guinea and Niger have room for improvement. The DRC and Pakistan's Sindh province have restrictive marital status guidelines for youth seeking FP services.

Three of the scorecard indicators, *Access to a Full Range of FP Methods*, *Youth-Friendly Service Provision*, and *Enabling Social Environment*, track adherence to the seven core elements of adolescent-friendly service provision recommended in the HIPs “Adolescent-Friendly Contraceptive Services” guidelines. Burkina Faso, Ethiopia, Kenya, Senegal, and Tanzania were categorized as green for all three indicators, indicating that these five countries have the most supportive policies for adolescent-friendly service provision, fully



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

aligned with the HIPs recommendations. Benin included all but one element of adolescent-friendly service provision in its policies. Existing guidance on access to a full range of FP methods in Benin is promising but doesn't specifically reference youth. Côte d'Ivoire and Togo similarly addressed all but one element of adolescent-friendly service provision; however, their policies restrict the provision of some FP methods to youth. The remaining eight countries have less supportive policy environments for adolescent-friendly service provision.

Discussion of CSE in policies is frequently vague and difficult to assess. Generally, countries mention sexuality education in their reproductive health (RH) policies but do not provide additional guidance on the components of a sexuality education curriculum nor 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 human immunodeficiency virus (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.

Only four countries—Benin, Mali, Tanzania, and Uganda—fully address the barriers presented by parental and spousal consent. Many countries—nine and seven, respectively—do not have any policy regarding parental and spousal consent or provider authorization. Future policies focused on youth SRH should use clear language prohibiting parental and spousal consent and provider authorization for youth contraceptive provision.

All Ouagadougou Partnership (OP) countries, with the exception of Côte d'Ivoire, have a RH law that outlines the rights of individuals and couples to RH information and services. Mauritania's law is the most recent, passed in 2017, and one is currently being drafted in Côte d'Ivoire, since the law drafted in the early 2000s was not ratified due to conflict. The language of these

laws across OP countries share many similarities, but they vary in important ways. In Benin and Mali, the law includes language that prohibits parental and spousal consent for SRH services. In Burkina Faso, Mauritania, Senegal, and Togo, the RH laws explicitly mention adolescents and protect their right to family planning regardless of age or marital status. 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.

Within the indicator for *Enabling Social Environment*, 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.

Gender norms that promote boys' sexuality and stigmatize girls' have been identified in the HIPs "Adolescent-Friendly Contraceptive Services" as key barriers to adolescents' access to FP services.³³ 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. Countries were assessed on policy support for addressing gender norms under the *Enabling Social Environment* indicator. 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, and Kenya includes initiatives to mainstream

gender responsiveness across youth SRH approaches. 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 YF 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 to ensure their sustainability. In Ethiopia, numerous 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 crosscutting 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 YF 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 YF service provision—Burkina Faso, Senegal, and Togo—the connection to mCPR is less clear. Mali has a promising 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, and implants are one of the most-used modern methods among married women 15-24 years old. However, Togo's policies, while promising for YF service provision, still include outdated medical eligibility criteria for the provision of LARCs to youth. 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.

BENIN

Parental and Spousal Consent	Law or policy exists that supports youth access to FP services without consent from both third-parties (parents and spouses).
Provider Authorization	No law or policy exists that addresses provider authorization.
Restrictions Based on Age	Law or policy exists that supports youth access to FP services regardless of age.
Restrictions Based on Marital Status	Law or policy exists that supports youth access to FP services regardless of marital status.
Access to a Full Range of FP Methods	Law or policy exists that supports youth access to a full range of FP methods without defining full range of methods to include LARC methods.
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 three service-delivery elements of the High-Impact Practices in Family Planning (HIPs) recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	Policy outlines detailed strategy addressing two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

Policy documents reviewed:

- Politique Nationale de la Jeunesse 2001.
- Loi n° 2003-04 du 03 Mars 2003 Relative à la Santé Sexuelle et à la Reproduction.
- Document de Stratégie Nationale de Réduction de la Mortalité Maternelle et Néonatale au Bénin 2006-2015.
- Plan National de Développement Sanitaire 2009-2018.
- Stratégie Nationale Multisectorielle de Santé Sexuelle et de la Reproduction des Adolescents et Jeunes au Bénin 2010-2020.
- Programme National de Santé de la Reproduction 2011-2015.
- Stratégie Nationale de Repositionnement de la Planification Familiale au Bénin 2011-2015.
- Stratégie de Croissance pour la Réduction de la Pauvreté 2011-2015.
- Plan d'Action National Budgétisé pour le Repositionnement de la Planification Familiale 2014-2018 au Bénin.

Parental and Spousal Consent



Law or policy exists that supports youth access to FP services without consent from both third-parties (parents and spouses).

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.

Benin is placed in the green category for this indicator because its policies adequately prohibit parental and spousal consent.

Provider Authorization



No law or policy exists that addresses provider authorization.

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

Benin’s policies, however, do not explicitly state that providers must refrain from applying their personal biases and beliefs when providing FP services to youth. Therefore, Benin falls into the gray category for this indicator.

Restrictions Based on Age



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

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.

Benin is placed in the green category because the policy environment states that youth must have access to FP services regardless of age.

Restrictions Based on Marital Status



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

As described in the discussion on *Restrictions Based on Age*, Benin guarantees access to reproductive healthcare regardless of marital status; therefore, it is placed in the green category.

Access to a Full Range of FP Methods



Law or policy exists that supports youth access to a full range of FP methods without defining full range of methods to include LARC methods.

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 efficaces 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.

Because Benin does not have a policy extending access to a full range of methods for youth specifically, it is placed in the yellow category for this indicator. To move to the green category, Benin should clarify whether youth can access a full range of methods, including LARCs.

Comprehensive Sexuality Education



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

Benin's policy environment supports the provision of sexuality education to in-school and out-of-school youth. The "Plan d'Action National Budgétisé 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 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 RH 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.

Benin’s policy environment 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 mentions three service-delivery elements of the High-Impact Practices in Family Planning (HIPs) recommendations for adolescent-friendly contraceptive services.

- Provider training.
- Confidentiality and privacy.
- Free or reduced cost.

The three service-delivery 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 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 FP 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.

The “Stratégie Nationale Multisectorielle” states that a YF 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 gaieté, d'aise, de confidentialité, une prise en charge adéquate, un traitement et des produits à moindre coût.

Therefore, Benin is placed in the green category for youth-friendly FP service provision.

Enabling Social Environment



Policy outlines detailed strategy addressing two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

- Address gender norms.
- Build community support.

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 SR/VIH/sida chez les 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.

The “Politique Nationale de la Jeunesse 2001” contains a specific objective and corresponding strategy to consider gender in the SRH of adolescents:

Objectif Spécifique 11: Contribuer au développement de la santé physique, mentale, psychique, sexuelle et de la reproduction des adolescents et des jeunes selon l'approche genre.

Stratégie 11- 3: Promotion de la santé sexuelle et de reproduction des adolescents et jeunes et d'un environnement physique, légal et social favorisant l'approche genre.

Additionally, the “Stratégie Nationale Multisectorielle de Santé Sexuelle et de la Reproduction des Adolescents et Jeunes au Bénin 2010-2020” aims to take gender into account when designing youth reproductive health information and services:

3.2. Principales options de promotion de la SRAJ/VIH/sida

...2- 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.

3.3 Principes directeurs

...La prise en compte des valeurs socioculturelles, de l'éthique et du genre dans la programmation des interventions.

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

BURKINA FASO

Parental and Spousal Consent	Law or policy exists that supports youth access to FP services without consent from one but not both third parties.
Provider Authorization	No law or policy exists that addresses provider authorization.
Restrictions Based on Age	Law or policy exists that supports youth access to FP services regardless of age.
Restrictions Based on Marital Status	Law or policy exists that supports youth access to FP services regardless of marital status.
Access to a Full Range of FP Methods	Law or policy exists that supports youth access to a full range of FP methods, including long-acting and reversible contraceptives (LARCs).
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 three service-delivery elements of the High-Impact Practices in Family Planning (HIPs) recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	Policy outlines detailed strategy addressing two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

Policy documents reviewed:

- Politique Nationale de Population du Burkina Faso 2000.
- Plan National de Développement Sanitaire 2001-2010.
- Plan Stratégique de Santé des Jeunes 2004-2008.
- Loi Portant Santé de la Reproduction 2005.
- Politique Nationale de Jeunesse 2008.
- Directives Nationales sur la Santé Scolaire et Universitaire au Burkina Faso 2008.
- Protocoles de Santé de la Reproduction 2009.
- Politiques et Normes en Matière de Santé de la Reproduction au Burkina Faso 2010.
- Politique Nationale de Santé 2011.
- Plan National de Développement Sanitaire 2011-2020.
- Troisième Programme d'Action en Matière de Population 2012-2016.
- Plan National de Relance de la Planification Familiale 2013-2015.
- Plan Stratégique Santé des Adolescents et des Jeunes 2015-2020.

Parental and Spousal Consent



Law or policy exists that supports youth access to FP services without consent from one but not both third parties.

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.

However, Burkina Faso's policies do not adequately address parental consent. Therefore, Burkina Faso is placed in the yellow category because its policies address one but not both forms of consent.

Provider Authorization



No law or policy exists that addresses provider authorization.

While the "Plan Stratégique Santé des Adolescents et des Jeunes 2015-2020" describes provider judgment as a barrier to youth access to healthcare, it does not include an explicit statement that providers may not use personal bias or discrimination when offering youth FP services. Therefore, Burkina Faso is placed in the gray category for this indicator.

Restrictions Based on Age



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

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.

Because the law guarantees youth access to FP 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 “Loi Portant Santé de la Reproduction 2005” guarantees youth access to FP regardless of marital status, Burkina Faso is placed in the green category. See above section on *Restrictions Based on Age*.

Access to a Full Range of FP Methods



Law or policy exists that supports youth access to a full range of FP methods, including long-acting and reversible contraceptives (LARCs).

The “Loi Portant Santé de la Reproduction 2005” 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:

BURKINA FASO

Les adolescents et jeunes quel que soit leur âge, leur statut matrimonial doivent avoir accès à toutes les méthodes contraceptives.

Further, the “Protocoles” include LARCs in the list of contraceptives that should be available to youth.

Similarly, the “Politique Nationale de Population du Burkina Faso 2000” contains an objective to promote use of RH 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.

Axes 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.

Therefore, Burkina Faso is placed in the green category for this indicator.

Although the availability of EC is not factored into the categorization of this indicator, it is worth noting that the “Protocoles” do not include EC in the list of contraceptives that should be available to youth.

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 SRH. 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.

Burkina Faso’s policy environment 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 three service-delivery elements of the High-Impact Practices in Family Planning (HIPs) recommendations for adolescent-friendly contraceptive services.

- Provider training.
- Confidentiality and privacy.
- Free or reduced cost.

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

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...

BURKINA FASO

The “Plan Stratégique” then includes an adjoining 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 Stratégique” 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.

Burkina Faso has a strong policy environment for the provision of youth-friendly FP services. 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

Enabling Social Environment



Policy outlines detailed strategy addressing two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

- Address gender norms.
- Build community support.

Burkina Faso's policies support an enabling social environment for YF service provision through addressing gender norms and building support in communities. For example, the "Politiques et Normes en Matière de Santé de la Reproduction au Burkina Faso 2010" acknowledge the multisectoral nature of RH 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.*

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 SRH:

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 and to address gender norms. Therefore, it is placed in the green category for this indicator.

CÔTE D'IVOIRE

Parental and Spousal Consent	No law or policy exists that addresses consent from a third party to access FP services.
Provider Authorization	Law or policy exists that requires providers to authorize medically-advised youth FP services without personal bias or discrimination.
Restrictions Based on Age	Law or policy exists that supports youth access to FP services regardless of age.
Restrictions Based on Marital Status	Law or policy exists that supports youth access to FP services regardless of marital status.
Access to a Full Range of FP Methods	Law or policy exists that restricts youth from accessing a full range of FP methods based on age, marital status, and/or parity.
Comprehensive Sexuality Education	Policy supports the provision of sexuality education AND mentions all nine UNFPA essential components of CSE.
Youth-Friendly FP Service Provision	Policy mentions three service-delivery elements of the High-Impact Practices in Family Planning (HIPs) recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	Policy outlines detailed strategy addressing two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

Policy documents reviewed:

- Programme d'Orientation sur la Santé des Adolescents Destiné aux Prestataires de Soins de Santé 2006.
- Document de Politique de la Santé Scolaire et Universitaire 2007.
- Stratégie Nationale de Développement Basée sur la Réalisation de l'OMD Version 4 2007-2015.
- Document de Politique Nationale de la Santé de la Reproduction et de Planification Familiale (2^{ème} édition) 2008.
- Feuille de Route pour Accélérer la Réduction de la Morbidité et de la Mortalité Maternelles, Néonatales et Infantiles Côte d'Ivoire 2008-2015.
- Plan Stratégique de la Santé de la Reproduction 2010-2014.
- Côte d'Ivoire Cadre d'Accélération de l'Objectif 5 du Millénaire pour le Développement (OMD 5): Améliorer la santé maternelle 2012.
- Plan Stratégique de la Planification Familiale 2012-2016.
- Plan Accéléré de Réduction des Grossesses à l'Ecole 2013-2015 - Campagne Zéro Grossesse à l'Ecole en Côte d'Ivoire.
- Politique Nationale de Population 2015.
- Plan d'Action National Budgétisé de Planification Familiale, Côte d'Ivoire 2015-2020.
- Plan Stratégique National de la Santé des Adolescents et des Jeunes 2016-2020.
- Politique Nationale de Santé des Adolescents et des Jeunes 2016-2020.
- Plan National de Développement 2016-2020.
- Plan National de Développement Sanitaire 2016-2020.
- Programme National de l'Education Sexuelle Complète de Côte d'Ivoire 2016-2020.
- Standards des Services de Santé Adaptés aux Adolescents et aux Jeunes en Côte d'Ivoire (no date).

Parental and Spousal Consent



No law or policy exists that addresses consent from a third party to access FP services.

The “Plan d’Action National Budgétisé de Planification Familiale, Côte d’Ivoire 2015-2020” explains that provider and parental judgment toward 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.

Côte d’Ivoire’s policy environment, however, 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 in the RH law being drafted at the time of this writing. Until then, Côte d’Ivoire is placed in the gray category for this indicator.

Provider Authorization



Law or policy exists that requires providers to authorize medically-advised youth FP services without personal bias or discrimination.

The “Standards des Services de Santé Adaptés aux Adolescents et aux Jeunes en Côte d’Ivoire (no date),” which include contraception in the minimum package of services, emphasize the importance of having providers with adequate skills and attitudes for providing services to youth:

Standard II: Tous les prestataires du PPS [Points de Prestations de Service] ont les connaissances, les aptitudes et les attitudes requises pour offrir des services adaptés aux besoins des A&J [Adolescent et Jeune].

Raisons - d’être:

- Les A&J déplorent le mauvais accueil, la stigmatisation et la discrimination dont ils font l’objet lorsqu’ils désirent les services de santé de la reproduction;
- Les prestataires des PPS n’ont pas souvent la formation requise pour offrir des services adaptés aux besoins des A&J au cours de leur formation de base.

Because the “Standards” say definitively that providers must have an attitude void of stigma and discrimination, Côte d’Ivoire is placed in the green category for this indicator.

Restrictions Based on Age



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

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.



Teenage friends in Ivory Coast.
© Tommy Trenchard/Alamy Stock Photo

The “Politique Nationale de Population 2015” includes 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.

Because these policies address access to FP services regardless of age, 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 and Spousal Consent*), the “Plan d'Action National Budgétisé de Planification Familiale, Côte d'Ivoire 2015-2020” explains that provider and parental judgment toward 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,” a WHO training document 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 YF services, 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 supports youth access to FP for unmarried adolescents, Côte d'Ivoire is placed in the green category for this indicator.

Access to a Full Range of FP Methods



Law or policy exists that restricts youth from accessing a full range of FP methods based on age, marital status, and/or parity.

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 specify which methods should be made available.

The “Programme d’Orientation sur la Santé des Adolescents Destiné aux Prestataires de Soins de Santé 2006,” (see *Restrictions Based on Marital Status*) includes eligibility criteria for all contraceptive methods. However, this document represents outdated WHO medical eligibility criteria for intrauterine devices (IUDs) and implants. It includes restrictions for IUDs based on age and parity:

Méthode déconseillée aux moins de 20 ans en raison d'un grand risque d'expulsion chez les plus jeunes femmes nullipares

It also includes restrictions for progestin-only injectables based on age:

Méthode déconseillée aux moins de 18 ans en raison d'un trouble possible du développement osseux

For Côte d'Ivoire to move into the green category, it needs to adopt the updated WHO medical eligibility criteria (2015), which state that these methods are generally safe for youth and nulliparous women and that “the advantages of using the method generally outweigh the theoretical or proven risks.”³⁴ As it is currently written, the “Programme” discourages providers from providing these methods to youth who fall within the above-mentioned restrictions, rather than clarifying that they are generally safe for young women regardless of age and parity.

Although the availability of EC is not factored into the categorization of this indicator, note that the “Programme” also includes EC in the list of methods.

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 Complète 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 through 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’éducation 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'École 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 YF services.

In addition to these programs, Côte 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 three service-delivery elements of the High-Impact Practices in Family Planning (HIPs) recommendations for adolescent-friendly contraceptive services.

- Provider training.
- Confidentiality and privacy.
- Free or reduced cost.

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 YF services, including SRH. The “Plan Stratégique de la Planification Familiale 2012-2016” includes specific activities to establish youth-friendly FP services, including training providers. 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 to evaluate the performance of centers offering YF 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 (n.d.)” include activities to train providers to have an attitude free of stigma and discrimination for providing YF services (see *Provider Authorization*). The “Standards” also describe 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.

Côte d'Ivoire's policy environment is strong in that it addresses all three elements for YF services. Côte d'Ivoire is placed in the green category for this indicator.

Enabling Social Environment



Policy outlines detailed strategy addressing two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

- Address gender norms.
- Build community support.

The “Plan Stratégique de la Santé de la Reproduction 2010-2014” offers 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.

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.

The “Politique Nationale de Population 2015” includes a specific objective to promote universal access for SRH for women and girls:

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;

Because Côte d’Ivoire’s policies provide specific intervention activities for building community support for youth FP services and address gender norms, it is placed in the green category for this indicator.

DEMOCRATIC REPUBLIC OF THE CONGO

Parental and Spousal Consent	Law or policy exists that requires parental and/or spousal consent for youth access to FP services.
Provider Authorization	Law or policy exists that requires providers to authorize medically-advised youth FP services without personal bias or discrimination.
Restrictions Based on Age	Law or policy exists that restricts youth access to FP services based on age.
Restrictions Based on Marital Status	Law or policy exists that restricts youth access to FP services based on marital status.
Access to a Full Range of FP Methods	No law or policy exists addressing youth access to a full range of FP methods.
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 three of the service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	Policy references building an enabling social environment to support youth access to FP but does not include specific intervention activities addressing both HIPs-recommended elements.

Policy documents reviewed:

- Les Codes Larcier de la République Démocratique du Congo, Tome I Droit Civil et Judiciaire, 1987.
- Politique Nationale de Santé de la Reproduction, 2008.
- Interventions de Santé Adaptées aux Adolescents et Jeunes, Normes de la Zone de Santé Relatives aux Interventions Intégrées de Santé de la Mère, du Nouveau-né et de l'Enfant en République Démocratique du Congo, Volume 5, 2012.
- Politique Nationale Santé de l'Adolescent (PNSA), 2013, and Paquet d'Activités PNSA dans la Zone de Santé.
- Standards des Services de Santé Adaptés aux Adolescents et Jeunes, 2014.
- Democratic Republic of Congo Family Planning National Multisectoral Strategic Plan, 2014-2020.
- Plan Stratégique National de la Santé et du Bien-Etre des Adolescents et des Jeunes, 2016-2020.

Parental and Spousal Consent



Law or policy exists that requires parental and/or spousal consent for youth access to FP services.

“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 Democratic Republic of the Congo (DRC) is still governed by a 1933 colonial-era law that prohibits the distribution of contraceptives.

The 2013 “Politique Nationale Santé de l'Adolescent (PNASA)” 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 RH 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 RH 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 mœurs.

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.

Provider Authorization



Law or policy exists that requires providers to authorize medically-advised youth FP services without personal bias or discrimination.

The “Interventions de Santé Adaptées aux Adolescents et Jeunes, 2012” detail how providers in health centers should interact with youth when discussing SRH. Providers should ensure confidentiality; use friendly, clear, and respectful communication; avoid judgment; recognize stigma experienced by sexually active youth; and ensure autonomy in decisionmaking:

3° Réserver un accueil chaleureux et une communication sympathique à l'adolescent et au jeune.

- *Aménager des espaces / environnement sûr et favorable à l'entretien.*
- *Préserver la confidentialité et l'intimité des adolescents et jeunes.*
- *Adopter des attitudes attrayantes:*
- *Se montrer ouvert et accessible;*
- *Adopter un ton doux et rassurant;*
- *Faire attention à votre attitude (geste, mimique, réaction d'étonnement, de réprobation, de condamnation).*

- *Traiter les adolescents et jeunes avec courtoisie (saluer avec respect et sympathie, offrir le siège, se présenter).*
- *User de patience (un certain temps peut être nécessaire pour que les adolescents et jeunes qui ont des besoins particuliers fassent part de leurs problèmes ou prennent une décision).*
- *Laisser parler l'adolescent ou le jeune sans l'interrompre.*
- *Eviter de porter de jugement.*
- *Faire preuve de compréhension quant aux difficultés que les adolescents et jeunes éprouvent à parler de sujets touchant à la sexualité (peur que les parents le découvrent, réprobation des adultes et de la société).*

Because the policy explicitly states that providers must be nonjudgmental, open, and respectful, DRC is placed in the green category for this indicator.

Restrictions Based on Age



Law or policy exists that restricts youth access to 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 RH services. In contrast, the “Plan Stratégique National de la Santé 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 RH law is formalized, policymakers should ensure that it includes explicit language allowing youth regardless of age and marital status to access 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 and Spousal Consent* indicator.

Access to a Full Range of FP Methods



No law or policy exists addressing youth access to a full range of FP methods.

While the “Plan Stratégique National de la Santé et du Bien-Etre des Adolescents et des Jeunes, 2016-2020” 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 2013 “Politique Nationale Santé de l’Adolescent (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 YF contraceptive methods, rather than explicitly including a full range of methods.

The “Interventions de Santé Adaptées aux Adolescents et Jeunes, 2012” encourage condom and contraceptive distribution at the community level and indicate in general terms that youth should be



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.

© EU/ECHO/Martin Karimi

informed about how to prevent unwanted pregnancy in visits to health centers. This policy does not describe providing youth with a full range of contraceptive methods.

The “Standards des Services de Santé Adaptés aux Adolescents et Jeunes, 2014” describe the minimum package of YF services at each level of the health system, including the community level. The RH policy emphasizes providing information on RH to youth, rather than contraceptive provision. One exception is the distribution of oral contraception and condoms to youth, which is included in the minimum package of services at the community level.

Because DRC does not have a policy extending access to a full range of methods for youth, it is placed in the gray 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 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 toward its implementation. However, additional guidelines, in line with the nine UNFPA essential components, are necessary to inform the delivery of CSE. Thus, DRC is placed in the yellow category for this indicator.

Youth-Friendly FP Service Provision



Policy references targeting youth in provision of FP services but mentions fewer than three of the service-delivery elements of the HIPs recommendations for 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 YF 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 (defined only as male and female condoms) 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.).

The “Standards des Services de Santé Adaptés aux Adolescents et Jeunes, 2014” recognize the rights of adolescents to quality and confidential health services. These services include distribution of oral contraception and condoms. The standards include plans for training providers in YF services, including having the right attitude, and measuring youth satisfaction with these services:

Standard 3 : Tout prestataire de service a les connaissances, les attitudes et les compétences requises lui permettant d'offrir aux adolescents et aux jeunes des services et soins de santé de manière efficace, efficiente et conviviale.

The 2013 “Politique Nationale Santé de l'Adolescent (PNISA)” describes training providers and ensuring confidentiality in the context of adolescent health broadly. However, the policy does not mention plans to offer youth free or subsidized contraceptive provision. The “Plan Stratégique National de la Santé et du Bien-Etre des Adolescents et des Jeunes, 2016-2020” encourages use of a discount for “care of adolescents and young people,” but makes no explicit provision for offering contraceptive products or services at no cost or at subsidized costs.

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 YF service protocols, policymakers should consider including all three elements identified in the HIPs “Adolescent-Friendly Contraceptive Services” to improve adolescent and youth uptake of contraception.

Enabling Social Environment



Policy references building an enabling social environment to support youth access to FP but does not include specific intervention activities addressing both HIPs-recommended elements.

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, the activity 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.

The policy environment 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 2013 “Politique Nationale Santé de l’Adolescent (PNSA)” mentions gender, primarily related to gender-based violence, in the context of adolescent health broadly. Because DRC does not include specific interventions related to building an enabling social environment, the country is placed in the yellow category for this indicator.

ETHIOPIA

Parental and Spousal Consent	No law or policy exists that addresses consent from a third party to access FP services.
Provider Authorization	Law or policy exists that requires providers to authorize medically-advised youth FP services without personal bias or discrimination.
Restrictions Based on Age	Law or policy exists that supports youth access to FP services regardless of age.
Restrictions Based on Marital Status	Law or policy exists that supports youth access to FP services regardless of marital status.
Access to a Full Range of FP Methods	Law or policy exists that supports youth access to a full range of FP methods, including long-acting and reversible contraceptives (LARCs).
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 three service-delivery elements of the High-Impact Practices in Family Planning (HIPs) recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	Policy outlines detailed strategy addressing two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

Policy documents reviewed:

- National Reproductive Health Strategy, 2006-2015.
- National Adolescent and Youth Reproductive Health Strategy, 2007-2015.
- Education Sector Policy and Strategy on HIV & AIDS, Responding to the Challenges of HIV & AIDS in Ethiopia, Federal Ministry of Education, Addis Ababa, Ethiopia, July 2009.
- National Guidelines for Family Planning Services in Ethiopia, 2011.
- Health Sector Transformation Plan, 2015/16-2019/20.
- Costed Implementation Plan for Family Planning in Ethiopia, 2015/16-2020.
- National Health Promotion and Communication Strategy, 2016-2020.
- National Adolescent and Youth Health Strategy, 2016-2020.
- Standards on Youth Friendly Reproductive Health Services & Minimum Service Delivery Package on YFRH Services: Service Delivery Guideline.

Parental and Spousal Consent



No law or policy exists that addresses consent from a third party to access FP services.

While Ethiopia has a strong and inclusive policy environment supporting youth access to FP services, the policies do not address youth's right to contraceptive services without spousal or parental consent. In the absence of this language, youth may face barriers when attempting to receive care. Ethiopia is placed in the gray category for this indicator. To strengthen the policy environment, the country should consider including direct language allowing youth to access FP services without parental or spousal consent.

Provider Authorization



Law or policy exists that requires providers to authorize medically-advised youth FP services without personal bias or discrimination.

Ethiopian policy documents acknowledge the rights of youth to receive FP services, and the "National Adolescent and Youth Reproductive Health Strategy, 2007-2015" explicitly instructs providers to offer these services to youth without bias:

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

Ethiopia is placed in the green category for this indicator because the policy environment includes provisions discouraging provider discretion.

Restrictions Based on Age



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

Policies reviewed thoroughly address youth's right to access FP services, 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.

Based on these inclusions, Ethiopia is placed in the green category for this indicator. Policy documents directly recognize the rights of young people to receive FP services.



Students talking in a teacher training college, Ethiopia.
© Mile 91/Ben Langdon/Alamy Stock Photo

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.

Access to a Full Range of FP Methods



Law or policy exists that supports youth access to a full range of FP methods, including long-acting and reversible contraceptives (LARCs).

Ethiopian RH policies support youth's access to a full range of FP methods regardless of age and marital status. The "Standards on Youth Friendly Reproductive Health Services & Minimum Service Delivery Package on YFRH Services Guidelines" state an objective "to enable youth [to] have access to a range of contraceptive methods and information so that they would be able to decide on when and how they would be able to have children and get protected from unplanned pregnancy and its sequel." The same policy emphasizes the eligibility for these FP services:

ETHIOPIA

Any person male or female who can conceive or cause conception regardless of age or marital status is eligible for family planning services including family planning counseling and advice.

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.

The policies outline youth access to a full range of contraceptive services, placing Ethiopia in the green category for this indicator.

Although the availability of EC is not factored into the categorization of this indicator, it is worth noting that the policy environment in Ethiopia supports youth accessing EC. The “National Adolescent and Youth Health Strategy, 2016-2020” specifically mentions a priority intervention to distribute EC:

Increase access to quality contraceptive services, including emergency contraception, through social marketing.

The “Standards on Youth Friendly Reproductive Health Services & Minimum Service Delivery Package on YFRH Services: Service Delivery Guideline” also include EC in the package of comprehensive SRH services to which youth should have access.

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 RH 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 RH. 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 three service-delivery elements of the High-Impact Practices in Family Planning (HIPs) recommendations for adolescent-friendly contraceptive services.

- Provider training.
- Confidentiality and privacy.
- Free or reduced cost.

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. 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.

The “Standards on Youth Friendly Reproductive Health Services & Minimum Service Delivery Package on YFRH Services: Service Delivery Guideline” detail specific elements of YF service delivery that align with the HIPs core elements of service delivery:

SRH services for the youth should be provided at an affordable cost or for those who can not pay for free.

Provision of very essential services like counseling, pregnancy and HIV testing, dispensing of different contraceptive methods should be carried out as much as possible by a single service provider or in an arrangement that ensures the privacy of the youth client.

Health workers are trained to provide services in a non-judgmental and friendly way.

All three service-delivery elements of adolescent-friendly contraceptive service provision are recognized in the policies reviewed. Thus, Ethiopia is placed in the green category for this indicator.

Enabling Social Environment



Policy outlines detailed strategy addressing two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services:

- Address gender norms.
- Build community support.

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 1 outlines programs to develop community outreach programs:

Health care providers can go to where adolescents are, such as schools, non-formal education settings, adolescent clubs such as RH clubs, anti HIV/AIDS clubs, sporting and recreational venues, youth centers, bus stations, market booths, work places, and safe places.

ETHIOPIA

This same strategy recognizes gender inequality in decisionmaking and 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.

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, as policy documents reviewed thoroughly address building community support for youth FP services and address gender norms.



© Alfredo Bini

GUINEA

Parental and Spousal Consent	No law or policy exists that addresses consent from a third party to access FP services.
Provider Authorization	No law or policy exists that addresses provider authorization.
Restrictions Based on Age	Law or policy exists that supports youth access to FP services regardless of age.
Restrictions Based on Marital Status	Law or policy exists that supports access to FP services for unmarried women, but includes language favoring the rights of married couples to FP.
Access to a Full Range of FP Methods	Law or policy exists that supports youth access to a full range of FP methods without defining full range of methods to include LARC methods.
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 three of the service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	Policy outlines detailed strategy addressing one of the two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

Policy documents reviewed:

- Code de Santé Public 1997.
- Loi Portant la Santé de la Reproduction 2000.
- Plan Stratégique de Développement Sanitaire 2001.
- Plan National de Développement Sanitaire 2003-2012.
- Feuille de Route Nationale Pour Accélérer la Réduction de la Mortalité Maternelle, Néonatale et Infanto-Juvenile 2012-2016.
- Standards de Services de Santé Adaptés aux Adolescents et aux Jeunes 2013.
- Document de Stratégie de Réduction de la Pauvreté DSRP III 2013-2015.
- Politique Nationale de Santé 2014.
- Plan d'Action National de Repositionnement de la Planification Familiale en Guinée 2014-2018.
- Plan National de Développement Sanitaire 2015-2024.
- Plan Stratégique en Santé et Développement des Adolescents et des Jeunes en Guinée 2015-2019.
- Plan de Relance du Système de Santé 2015-2017.
- Normes et Procédures en Santé de la Reproduction 2016.
- Plan Stratégique National de la Santé Maternelle, du Nouveau-né, de l'Enfant, de l'Adolescent et des Jeunes 2016-2020 (version Mai 2016).

Parental and Spousal Consent



No law or policy exists that addresses consent from a third party to access FP services.

The “Plan d’Action National de Repositionnement de la Planification Familiale en Guinée 2014-2018” notes that parental and provider judgment 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.

These policies, however, do not adequately address parental or spousal consent. Therefore, Guinea is placed in the gray category for this indicator.

Provider Authorization



No law or policy exists that addresses provider authorization.

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

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

However, Guinea’s policy environment does not explicitly prohibit providers from exercising personal bias or discrimination. The “Normes et Procédures en Santé de la Reproduction 2016” uses direct language when discussing the conduct of providers in HIV/AIDS screening, stating that providers must avoid stigmatization and discrimination. For Guinea to be placed in the green category, a definitive statement, similar to that provided for HIV/AIDS services, is needed that says providers may not use personal bias and discrimination against youth in FP services. Guinea is placed in the gray category for this indicator.

Restrictions Based on Age



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

The “Loi Portant la Santé de la Reproduction 2000” states that RH is a right guaranteed to all individuals regardless of age or 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.

Further, 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.

The “Standards de Services” include contraception in the minimum package of services for adolescents and support youth access to these services regardless of age. Guinea is placed in the green category for this indicator.

Restrictions Based on Marital Status



Law or policy exists that supports access to FP services for unmarried women, but includes language favoring the rights of married couples to FP.

The “Loi Portant la Santé de la Reproduction 2000” states that RH is a right guaranteed to all individuals regardless of age or marital status (see *Restrictions Based on Age*).

This statement is somewhat contradicted by preceding language in the law that refers specifically to married couples when defining RH:

Par Santé de la Reproduction... elle suppose que toute personne se trouvant dans un lien de mariage peut mener une vie sexuelle satisfaisante en 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 contraires à la loi.

Because the law extends access to FP services regardless of marital status, but places particular emphasis on the rights of married couples, it creates room for confusion in the applicability of the law to unmarried youth. Therefore, Guinea is placed in the yellow category for this indicator.

Access to a Full Range of FP Methods



Law or policy exists that supports youth access to a full range of FP methods without defining full range of methods to include LARC methods.

The “Standards de Services de Santé Adaptés aux Adolescents et aux Jeunes 2013” outline the minimum package of services for adolescents, which states that all contraceptive methods should be available to youth. However, the “Standards de Services” do not define all methods as including LARCs. Therefore, Guinea is placed in the yellow category for this indicator.

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-Juvenile 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.

Youth-Friendly FP Service Provision



Policy references targeting youth in provision of FP services but mentions fewer than three of the service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services.

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

The “Standards de Services de Santé Adaptés 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 that providers are trained to offer YF services:

Tous les prestataires ont les connaissances, les compétences, et les attitudes positives (requis) 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 YF service providers and to combat the stigmatization that youth face when accessing services:

6.5: Santé reproductive et sexuelle des adolescents et jeunes: Amélioration de l'accès des adolescents et jeunes à des services adaptés à leurs besoins du point de vue santé, éducation, emploi et information

...Interventions:

Renforcement des capacités des prestataires en santé et développement des adolescents et jeunes y compris la lutte contre la stigmatisation des ado/jeunes dans les structures

The “Standards de Services” include a guiding principle on respect for the confidentiality and privacy of youth. Guinea's policies, however, do not adequately address the provision of no-cost or subsidized

services. The “Standards de Services” include an activity to make health products affordable to adolescents, but do not specifically address the cost of FP services. Therefore, Guinea is placed in the yellow category for this indicator.

Enabling Social Environment



Policy outlines detailed strategy addressing one of the two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

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 YF services, which include contraceptive 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

The “Plan Stratégique en Santé et Développement des Adolescents et des Jeunes en Guinée 2015-2019” discusses 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, rather referring to youth health services in general. The “Standards de Services” make brief mention of gender mainstreaming, though not in any detail.

Because Guinea’s policies outline a detailed strategy to build community support but do not have a detailed strategy for addressing gender norms in youth access to FP, it is placed in the yellow category for this indicator.

KENYA

Parental and Spousal Consent	No law or policy exists that addresses consent from a third party to access FP services.
Provider Authorization	Law or policy exists that requires providers to authorize medically-advised youth FP services without personal bias or discrimination.
Restrictions Based on Age	Law or policy exists that supports youth access to FP services regardless of age.
Restrictions Based on Marital Status	Law or policy exists that supports youth access to FP services regardless of marital status.
Access to a Full Range of FP Methods	Law or policy exists that supports youth access to a full range of FP methods, including the provision of long-acting and reversible contraceptives (LARCs).
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 three service-delivery elements of the High-Impact Practices in Family Planning (HIPs) recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	Policy outlines detailed strategy addressing two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

Policy documents reviewed:

- National Reproductive Health Policy, 2007.
- Draft Reproductive Health and Rights Act, 2008.
- National School Health Policy, 2009
- National Family Planning Guidelines for Service Providers: Updated to Reflect the 2009 Medical Eligibility Criteria of the World Health Organization, 2010.
- National Family Planning Costed Implementation Plan, 2012-2016.
- Kenya Health Policy, 2012-2030.
- Education Sector Policy on HIV and AIDS, Second Edition, 2013.
- National Adolescent Sexual and Reproductive Health Policy, 2015.
- National Guidelines for Provision of Adolescent and Youth Friendly Services in Kenya, 2016.
- The Health Bill, 2016.

Parental and Spousal Consent



No law or policy exists that addresses consent from a third party to access FP services.

Despite 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 remains 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 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.

If enacted, the "Reproductive Health and Rights Act" 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 contraceptive services as 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.

Kenya is placed in the gray category for parental or spousal consent. 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.

Provider Authorization



Law or policy exists that requires providers to authorize medically-advised youth FP services without personal bias or discrimination.

Explicit policy language directs 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.

Kenya is placed in the green category for *Provider Authorization* as policies direct providers to deliver nonjudgmental FP services.

Restrictions Based on Age



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

The right of all people to access health services, including RH services, is recognized at the highest policy level in Kenya. The 2010 Constitution of Kenya recognizes the right of all people to access RH 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.

The “Health Bill, 2016” further lists adolescent and youth SRH as a component of the comprehensive program to advance RH and includes the right of people of reproductive age to access FP services:

Article 6: (1) Every person has a right to reproductive health care which includes—(a) the right of men and women of reproductive age to be informed about, and to have access to reproductive health services including to safe, effective, affordable and acceptable family planning services.

This strong declaration in favor of all people accessing health care sets the stage for equal access to health care services.

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 toward addressing the barriers many youth face when accessing these services. As such, Kenya is placed in the green category for *Restrictions Based on Age*.

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*.

Access to a Full Range of FP Methods



Law or policy exists that supports youth access to a full range of FP methods, including the provision of long-acting and reversible contraceptives (LARCs).

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 Family Planning Guidelines for Service Providers 2010” state that women of reproductive age and any parity are eligible to receive contraceptive pills with no extra caution and are eligible to receive an IUD, implant, or injectable with extra precaution and monitoring:

Generally provide after careful counselling on range of methods available.

The “National Family Planning Guidelines for Service Providers 2010 align with the WHO medical eligibility criteria guidelines. Therefore, Kenya is placed in the green category for this indicator.

Although the availability of EC is not factored into the categorization of this indicator, note that under these guidelines, all women are eligible to receive EC:

ECPs are safe and appropriate for all women.

Comprehensive Sexuality Education



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

The “National School Health Policy, 2009” outlines the Comprehensive School Health Programme in Kenya, which seeks to “address the health and education needs of learners, teachers, and their families.” The policy does not include a standalone CSE program but rather integrates components of CSE in the Gender Issues strategy (Section 4.2). The policy includes two guiding principles, “Safety in Learning Institutions” and “Gender Responsiveness,” that recognize the importance of a safe and healthy physical and psychosocial learning environment for children and integrate a focus on gender—two of the nine UNFPA essential components of CSE. Further, the Gender Issues strategy recognizes the gender inequity affecting girls’ education and includes steps that apply cultural relevance in tackling human rights violations and gender inequality—another UNFPA essential component of CSE:

There are several gender related issues that affect learning. Girls may fail to attend school or fail to concentrate in school if not supported during their menses. Furthermore, cultural responsibilities for boys and girls may lead to school drop-out.

References to sexuality education are vague in the policy. The most relevant section, “Early/Unprotected sexual activity” alludes to protectionist educational opportunities, such as abstinence, to learn about avoiding sexual situations but does not explicitly mention enabling educational practices, such as linking youth to SRH services or informing youth about contraception. The activities included in this section are:

KENYA

The design and production of educational materials shall be done in collaboration with Ministry of Education—KIE and Ministry of Public Health and Sanitation (MOPHS).

The adolescent reproductive health materials developed through MOPHS shall be reviewed for relevance in the various school classes' grades.

Schools shall equip students with adequate skills to avoid situations that would lead to teenage pregnancy, rape and sodomy.

All children, including those with special needs and disability, shall be protected from sexual violence and abuse.

Students shall be taught and instilled with skills to avoid health risks, including rape.

Students shall be taught about the consequences of involving themselves in sexual activities as these may lead to pregnancy, disease, infertility etc.

A more recent policy, the “National Adolescent Sexual and Reproductive Health Policy, 2015” includes more direct CSE guidance for educating youth. CSE is defined as:

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, 2015” 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. Further, the “National Guidelines for Provision of Adolescent Youth Friendly Services in Kenya, 2016” present a framework for YF service delivery based at schools. Included in this framework are components such as life skills education on decisionmaking, negotiation, self-assurance, and communication, as well as an emphasis on school discussions surrounding the topic of sexual assault. Neither set of aforementioned guidelines, however, covers 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 all nine essential components of CSE, particularly participatory teaching methods and strengthening youth advocacy. 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 three service-delivery elements of the High-Impact Practices in Family Planning (HIPs) recommendations for adolescent-friendly contraceptive services.

- Provider training.
- Confidentiality and privacy.
- Free or reduced cost.

Kenya has an inclusive and supportive policy environment for the provision of SRH services 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. The three service-delivery core 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.

The “National Guidelines for Provision of Adolescent and Youth Friendly Services in Kenya” 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.

The guidelines for health provider training further reference offering nonjudgmental and private contraceptive services:

Health service providers should receive both pre- and in-service training on but not limited to:

- *Essential package for AYFS*
- *Value clarification and attitude transformation (VCAT) training on adolescent and youth sexuality and provision of services such as contraception*
- *Characteristics of adolescent growth and development (including neurobiological, developmental and physical) which impact health*
- *Privacy and confidentiality*

Since the policy environment addresses the three core elements of YF service provision, as outlined in the HIPs recommendations, Kenya is placed in the green category.

Enabling Social Environment



Policy outlines detailed strategy addressing two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services:

- Address gender norms.
- Build community support.

Intervention 4.7 of Kenya's "National Family Planning Costed Implementation Plan, 2012-2016" outlines a detailed strategy 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 "National Adolescent Sexual and Reproductive Health Policy 2015" states an objective to "promote adolescent sexual and reproductive health and rights" and includes specific actions relevant to building community support and addressing gender norms:

Promote education of parents and the community on Sexual and Reproductive Health and Rights of adolescents

Mainstream gender and address its concerns in all ASRH programs.

Additionally, 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

All three policies seek to create an enabling social environment for youth FP, placing Kenya in the green category for this indicator.

MALI

Parental and Spousal Consent	Law or policy exists that supports youth access to FP services without consent from both third parties (parents and spouses).
Provider Authorization	No law or policy exists that addresses provider authorization.
Restrictions Based on Age	Law or policy exists that supports youth access to FP services regardless of age.
Restrictions Based on Marital Status	Law or policy exists that supports youth access to FP services regardless of marital status.
Access to a Full Range of FP Methods	Law or policy exists that supports youth access to a full range of FP methods, including long-acting and reversible contraceptives (LARCs).
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 three of the service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	Policy outlines detailed strategy addressing one of the two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

Policy documents reviewed:

- Déclaration de la Politique Nationale de Population du Mali 1991.
- Loi n° 02-044 Relative à la Santé de la Reproduction 2002.
- Politique et Normes des Services de Santé de la Reproduction 2005.
- Guide for Constructive Men's Engagement in Reproductive Health 2008.
- Plan d'Action National de Planification Familiale du Mali 2014-2018.
- Programme de Développement Socio-Sanitaire 2014-2018.
- Plan Décennal de Développement Sanitaire et Social 2014-2023.

Parental and Spousal Consent



Law or policy exists that supports youth access to FP services without consent from both third parties (parents and spouses).

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.

Because Mali's policy environment prohibits parental and spousal consent, Mali is placed in the green category for this indicator.

Provider Authorization



No law or policy exists that addresses provider authorization.

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. However, the “Plan d'Action” does not say explicitly that providers must avoid exercising bias and discrimination toward youth. Guinea is placed in the gray category for this indicator.

Restrictions Based on Age



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

The “Politique et Normes des Services de Santé de la Reproduction 2005” state that young women are primary beneficiaries of contraceptive services (see Parental and Spousal Consent). Therefore, 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 RH:

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.

Access to a Full Range of FP Methods



Law or policy exists that supports youth access to a full range of FP methods, including long-acting and reversible contraceptives (LARCs).

The “Programme de Développement Socio-Sanitaire 2014-2018” affirms 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.

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.

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

Although the availability of EC is not factored into the categorization of this indicator, note that the “Politique et Normes” includes EC in the general list of contraceptive methods, but not in the adolescent-specific SRH section. Thus, it is not clear whether the policy intends for EC to be accessible to youth.

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.

Youth-Friendly FP Service Provision



Policy references targeting youth in provision of FP services but mentions fewer than three of the service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services.

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

Activité O3.1: Formation des prestataires de 25% des FS [Formations Sanitaires] pour offrir des services de PF adaptés aux adolescents et aux jeunes

While the “Plan d’Action” briefly describes provider judgment as a barrier (see *Restrictions Based on Marital Status*), it does not connect the training of providers to the issue of judgment. Therefore, it is not clear whether the training would include changing providers’ attitudes and preventing judgment toward youth. 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” does discuss confidentiality:

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

Mali is placed in the yellow category because its policies reference youth-friendly FP services but do not adequately address all three service-delivery elements.

Enabling Social Environment



Policy outlines detailed strategy addressing one of the two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

The “Programme de Développement Socio-Sanitaire 2014-2018” includes a plan to engage parents through developing 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

MALI

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 promote FP in 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.

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’s policy environment adequately addresses gender norms. However, Mali does not include detailed activities for engaging the community to support youth access to FP. Therefore, Mali is placed in the yellow category for this indicator.

MAURITANIA

Parental and Spousal Consent	No law or policy exists that addresses consent from a third party to access FP services.
Provider Authorization	No law or policy exists that addresses provider authorization.
Restrictions Based on Age	Law or policy exists that supports youth access to FP services regardless of age.
Restrictions Based on Marital Status	Law or policy exists that supports youth access to FP services regardless of marital status.
Access to a Full Range of FP Methods	Law or policy exists that restricts youth from accessing a full range of FP methods based on age, marital status, and/or parity.
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 three of the service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	Policy references building an enabling social environment to support youth access to FP but does not include specific intervention activities addressing both HIPs-recommended elements.

Policy documents reviewed:

- Déclaration Nationale de Politique de Population 1995.
- Cadre Stratégique National de Lutte Contre les IST/VIH/SIDA 2003-2007.
- Stratégie Définissant la Politique Nationale de la Jeunesse 2004.
- Déclaration Nationale de Politique de Population 2005.
- Politique Nationale de Santé et d'Action Sociale 2006-2015.
- Programme National de Santé de la Reproduction: Projet de Plan d'Action 2007.
- Guide de Planification Familiale – Espacement des Naissances, Édition révisée en avril 2008.
- Programme National de Santé de la Reproduction: Plan Stratégique SR 2008-2012.
- Plan National de Développement Sanitaire 2012-2020.
- Guide de la Pratique Sage-Femme en Mauritanie 1ère Édition 2014.
- Plan d'Action en Faveur de l'Espacement des Naissances 2014-2018 (also known as Plan National de Repositionnement de la Planification Familiale 2014-2018).
- Déclaration Nationale de Politique de Population 2014.
- Projet de Loi Relative à la Santé de la Reproduction 2017.

Parental and Spousal Consent

No law or policy exists that addresses consent from a third party 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 parental or spousal consent for youth access to FP services. Mauritania is placed in the gray category for this indicator.



Mauritanian women.
© Paul Kingsley/Alamy Stock Photo

Provider Authorization



No law or policy exists that addresses provider authorization.

Although the “Plan d’Action en Faveur de l’Espacement des Naissances 2014-2018” acknowledges the issue of parental and provider stigma toward youth seeking FP services (see *Parental and Spousal Consent*), no law or policy exists explicitly stating that providers must avoid discrimination or bias toward youth. Mauritania is placed in the gray category for this indicator.

Restrictions Based on Age



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

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 RH; 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.

For this reason, Mauritania 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 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 RH and prohibits discrimination based on marital status. (See *Restrictions Based on Age*.)

Mauritania is placed in the green category for this indicator.

Access to a Full Range of FP Methods



Law or policy exists that restricts youth from accessing a full range of FP methods based on age, marital status, and/or parity.

The “Projet de Loi Relative à la Santé de la Reproduction 2017” includes “family planning/birth spacing” among RH 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 methods, including LARCs.

MAURITANIA

Relatedly, the “Guide de Planification Familiale – Espacement des Naissances, 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 1^{ère} Edition 2014,” states that IUDs and implants are acceptable for young women, and that IUDs are acceptable for nulliparous women:

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.

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 because of cultural and religious beliefs that contraception should only be available to married women. The policy notes that these beliefs lead to the stigmatization of FP for unmarried youth:

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 does not consistently guarantee access to a full range of methods for youth, Mauritania is placed in the red category for this indicator.

Although the availability of EC is not factored into the categorization of this indicator, note that EC is included in the “Guide de Planification Familiale – Espacement des Naissances, Edition révisée en avril 2008,” but it is not included in the recommended methods for youth. The “Guide de la Pratique Sage-Femme en Mauritanie 1^{ère} Edition 2014” does not include EC because it is focused on LARC methods.

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 three of the service-delivery elements of the HIPs recommendations for 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 on specific communication techniques with youth 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 YF 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.

Because the policies do not cover all three of the service-delivery elements of youth-friendly FP services, Mauritania is placed in the yellow category for this indicator.

Enabling Social Environment



Policy references building an enabling social environment to support youth access to FP but does not include specific intervention activities addressing both HIPs-recommended elements.

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 adolescent SRH goals within the “Programme National” include an action to address age at first marriage and harmful traditional practices. However, detail is not provided beyond that action.

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

Because a detailed strategy for building an enabling social environment for youth FP services is not described, Mauritania is placed in the yellow category for this indicator.

NIGER

Parental and Spousal Consent	No law or policy exists that addresses consent from a third party to access FP services.
Provider Authorization	No law or policy exists that addresses provider authorization.
Restrictions Based on Age	Law or policy exists that supports youth access to FP services regardless of age.
Restrictions Based on Marital Status	Law or policy exists that supports access to FP services for unmarried women, but includes language favoring the rights of married couples to FP.
Access to a Full Range of FP Methods	No law or policy exists addressing youth access to a full range of FP methods.
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	No policy exists targeting youth in the provision of FP services.
Enabling Social Environment	No policy exists to build an enabling social environment for youth FP services.

Policy documents reviewed:

- Loi Sur la Santé de la Reproduction au Niger, 2006.
- Plan de Développement Sanitaire, 2011-2015.
- Planification Familiale au Niger: Plan d'action, 2012-2020.

Parental and Spousal Consent



No law or policy exists that addresses consent from a third party to access FP services.

None of the policy documents reviewed for Niger include language addressing parental or spousal consent. 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. Niger is placed in the gray category for this indicator.

Provider Authorization



No law or policy exists that addresses provider authorization.

Niger's policy environment does not address provider authorization. Niger is placed in the gray category for this indicator.

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 RH, "Loi Sur la Santé de la Reproduction au Niger, 2006" acknowledges that RH 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

NIGER

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.

Niger is placed in the green category for this indicator.

Restrictions Based on Marital Status



Law or policy exists that supports access to FP services for unmarried women, but includes language favoring the rights of married couples to FP.

While the “Loi Sur la Santé de la Reproduction au Niger, 2006” makes a declarative statement supporting the rights of all people, regardless of age or marital status, to receive RH care, the following article emphasizes the right of legally married couples to RH:

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 emphasis on legally married couples stands in contrast to the rest of the law, which extends reproductive rights, including FP, to all individuals. To address this discrepancy, the government should clarify policy language supporting married and unmarried couples, including youth, access to FP services. Thus, Niger is placed in the yellow category for this indicator.

Access to a Full Range of FP Methods



No law or policy exists addressing youth access to a full range of FP methods.

Niger's policy environment does not discuss extending access to a full range of FP methods to youth. Niger is placed in the gray category for this indicator.

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.

Renforcer l’enseignement de la PF au cours d’économie Familiale dans les CES

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 YF centers, which suggests there may be future actions to tailor FP services to youth:

Réaliser une recherche action sur la contribution des « Centres amis des jeunes » à l’offre de la PF chez les adolescents

Given limited evidence of effectiveness in changing RH behaviors, youth centers are not included in the recommended components of the HIPs “Adolescent-Friendly Contraceptive Services.” Since no further information is available on the outcome of the formative research, Niger has been placed in the gray category. To promote the most effective policy environment for youth-friendly FP service provision, the country should incorporate all three service-delivery elements of adolescent-friendly service provision in its FP action plan.



Members of the “Our Future” children’s club at the Secondary School in Tera, Niger.
© Mike Goldwater/Alamy Stock Photo

Enabling Social Environment

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 gray category for this indicator. The “Planification Familiale au Niger: Plan d’action, 2012-2020” does include a 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 and mention of addressing gender norms, the country is placed in the gray category, subject to updating if further policy documents provide additional information regarding the content of this intervention.

NIGERIA

Parental and Spousal Consent	No law or policy exists that addresses consent from a third party to access FP services.
Provider Authorization	No law or policy exists that addresses provider authorization.
Restrictions Based on Age	Law or policy exists that supports youth access to FP services regardless of age.
Restrictions Based on Marital Status	Law or policy exists that supports youth access to FP services regardless of marital status.
Access to a Full Range of FP Methods	Law or policy exists that restricts youth from accessing a full range of FP methods based on age, marital status, and/or parity.
Comprehensive Sexuality Education	Policy promotes abstinence-only education or discourages sexuality education.
Youth-Friendly FP Service Provision	Policy references targeting youth in provision of FP services but mentions fewer than three of the service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	Policy outlines detailed strategy addressing one of the two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

Policy documents reviewed:

- National Family Life and HIV Education (FLHE) Curriculum for Junior Secondary School in Nigeria, 2003.
- National Family Planning/Reproductive Health Policy Guidelines and Standards of Practice, 2005.
- National Policy on Health and Development of Adolescents and Young People in Nigeria, 2007.
- National Strategic Framework on the Health and Development of Adolescents and Young People in Nigeria, 2007-2011.
- Action Plan for Advancing Young People's Health and Development in Nigeria, 2010-2012.
- National Family Planning/Reproductive Health Service Protocols, Revised Edition, 2010.
- National Training Manual for the Health and Development of Adolescent and Young People in Nigeria, 2011.
- Clinical Protocol for the Health and Development of Adolescent and Young People in Nigeria, 2011.
- Increasing Access to Long-Acting Reversible Contraceptives in Nigeria: National Strategy and Implementation Plan, 2013-2015.
- National Guidelines for the Integration of Adolescent and Youth Friendly Services Into Primary Health Care Facilities in Nigeria, 2013.
- National Guidelines on Promoting Access of Young People to Adolescent and Youth-Friendly Services in Primary Health Care Facilities in Nigeria, 2013.
- National Standards and Minimum Service Package for Adolescent and Youth-Friendly Health Services, 2013.
- National Health Bill, 2014.
- Nigeria Family Planning Blueprint (Scale-Up Plan), October 2014.

Parental and Spousal Consent



No law or policy exists that addresses consent from a third party to access FP services.

There is no mention of parental or spousal consent in available FP and youth guidelines and strategies. The absence of these guidelines in the 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 gray category for this indicator.

Provider Authorization



No law or policy exists that addresses provider authorization.

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. Nigeria is placed in the gray category for this indicator.

Restrictions Based on Age



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

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. Nigeria 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.

As discussed in *Restrictions Based on Age*, all clients have a right to RH services regardless of marital status, placing Nigeria in the green category for this indicator.

Access to a Full Range of FP Methods



Law or policy exists that restricts youth from accessing a full range of FP methods based on age, marital status, and/or parity.

The “National Training Manual for the Health and Development of Adolescent and Young People in Nigeria 2011” discourages providers from recommending nonpermanent method options that have been deemed safe for general use by the WHO:

NIGERIA

Other methods of contraception are available, but they are often not recommended for youths who have never had children. These methods include Intra-Uterine Devices (IUD), Injectables (Depo-Provera and Noristerat), Tubal ligation, Vasectomy.

The same document further lists three methods deemed most appropriate for youth in the instructions for providers on contraceptive method counseling:

Present a brief lecture covering the three methods of contraception, which are most appropriate for young people – pills, condoms and spermicide e.g. foaming tablets.

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 EC. While an IUD kit is listed in the medical equipment addendum, this contraceptive offering is absent in the essential drug list.

Providers are discouraged from providing LARCs to youth under these policies. 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.

However, an earlier document, “National Family Planning/Reproductive Health Service Protocols, Revised Edition, 2010” includes youth and nulliparous women in the eligibility criteria for short-acting and long-acting reversible contraceptive methods. The document outlines no restrictions on the provision of oral contraceptives and implants to women between menarche and less than 18 years old and advises providers that the advantages outweigh the risks for the provision of injectables and IUDs to women who are younger than 18 and nulliparous.

The inconsistency in the adolescent policies and general FP service 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.

The discordance in the policies adds a barrier to youth attempting to access a full range of methods. Nigeria is placed in the red category for this indicator.

Although the availability of EC is not factored into the categorization of this indicator, note that the “National Family Planning/Reproductive Health Service Protocols, Revised Edition, 2010,” as well as the “Clinical Protocol for the Health and Development of Adolescent and Young People in Nigeria, 2011,” include EC as a possible contraceptive method for youth.

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 three of the service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services.

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.



Two female out-of-school youth in the Garki area of Abuja, Nigeria look at a peer educator manual on HIV/AIDS.
© Irene Abdou/Alamy Stock Photo

NIGERIA

This activity directs YF centers to provide private spaces for young clients, which aligns with one of the three service-delivery core elements identified in the HIPs “Adolescent-Friendly Contraceptive Services” review.

Additional policies outline steps to train providers on YF service delivery, an additional HIPs core element of service delivery; however, these policies also promote abstinence-first values when counseling youth.

The “National Training Manual for the Health and Development of Adolescent and Young People in Nigeria 2011” lists eight competencies of a youth-centered counselor, one of which guides counselors to be aware of their own judgments:

Self awareness and self-knowledge: Develop a keen knowledge and awareness of self in terms of one’s own limitations, biases, prejudices religious and cultural beliefs and internal conflicts.

The same document emphasizes abstinence-only values, likely affirming some providers’ preconceived notions regarding youth’s right to access contraception. The section describing factors affecting adolescent development mentions abstinence as a positive traditional practice:

Our traditional, cultural and religious beliefs, attitudes and norms affect the health and development of adolescents. While some of these traditions are positive, for example, sexual abstinence till marriage and respect for more elderly people, others are negative and have tendencies to impact on the health and well-being of adolescents negatively.

A later section, describing pregnancy prevention methods, emphasizes abstinence as the norm:

Sexual abstinence is the surest way of preventing STIs and unwanted pregnancies. In our society where the norm is sexual abstinence, young people practising abstinence are free of guilt of being found to have violated the norm, and fear of the consequences of sexual intercourse. Sexual abstinence could also add to the sense of self-esteem and self-worth.

Similarly, conflicting guidance exists in the “Clinical Protocol for the Health and Development of Adolescents and Young People in Nigeria, 2011,” which guides 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 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.

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 updated manuals train providers to offer nonbiased, nondiscriminatory services and include provisions to offer free or subsidized FP services.

Enabling Social Environment



Policy outlines detailed strategy addressing one of the two enabling social environment elements of the HIPs recommendations for 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 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. Existing policies, however, do not include specific activities to address gender norms related to youth access to or use of FP services. Nigeria is placed in the yellow category for this indicator.

SENEGAL

Parental and Spousal Consent	No law or policy exists that addresses consent from a third party to access FP services.
Provider Authorization	Law or policy exists that requires providers to authorize medically-advised youth FP services without personal bias or discrimination.
Restrictions Based on Age	Law or policy exists that supports youth access to FP services regardless of age.
Restrictions Based on Marital Status	Law or policy exists that supports youth access to FP services regardless of marital status.
Access to a Full Range of FP Methods	Law or policy exists that supports youth access to a full range of FP methods, including long-acting and reversible contraceptives (LARCs).
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 three service-delivery elements of the High-Impact Practices in Family Planning (HIPs) recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	Policy outlines detailed strategy addressing two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

Policy documents reviewed:

- Loi n° 2005-18 du 5 Août 2005 Relative à la Santé de la Reproduction.
- Stratégie Nationale en Santé des Adolescentes/Jeunes au Sénégal, 2005.
- Protocoles de Services de Santé de la Reproduction au Sénégal (no date).
- Loi n° 2010-03 du 9 Avril 2010 Relative au VIH/SIDA (HIV/AIDS).
- Plan d'Action National de Planification Familiale, 2012-2015.
- Plan Stratégique de Santé Sexuelle et de la Reproduction des Adolescent(e)s/Jeunes au Sénégal, 2014-2018.

Parental and Spousal Consent



No law or policy exists that addresses consent from a third party to access FP services.

The policy documents reviewed for Senegal contain no references to parental or spousal consent. Senegal is placed in the gray category for this indicator.

Provider Authorization



Law or policy exists that requires providers to authorize medically-advised youth FP services without personal bias or discrimination.

The “Plan Stratégique de Santé Sexuelle et de la Reproduction des Adolescent(e)s/Jeunes au Sénégal, 2014-2018” states that services must be provided to youth by providers who are nonjudgmental:

Ces services doivent être:

...efficaces: ils sont assurés par des prestataires disponibles, compétents, accueillants qui savent communiquer avec les jeunes sans porter de jugement de valeur.

Therefore, Senegal is placed in the green category for this indicator.

Restrictions Based on Age



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

The right of youth to receive SRH care is written into Senegalese law. The 2005 RH 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 RH services without discrimination, including discrimination based on marital status or age. Under Articles 3 and 10, the right to RH is acknowledged as a fundamental health and human right for all people. The law further promotes access to RH for adolescents under Article 4.

SENEGAL

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'éthnie, la situation matrimoniale ou sur toute autre situation.

Article 4: Les Soins et services de Santé de la Reproduction recouvrent: ...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.

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



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

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.

Access to a Full Range of FP Methods



Law or policy exists that supports youth access to a full range of FP methods, including long-acting and reversible contraceptives (LARCs).

The right to a full range of contraceptive options is explicitly outlined in the “Protocoles de Services de Santé de la Reproduction au Sénégal (no date).” 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.

Additionally, the “Protocoles” include long-acting contraception in the list of available methods. Therefore, Senegal is placed in the green category for this indicator.

Although the availability of EC is not factored into the categorization of this indicator, note that EC is also included in the list of available methods in “Protocoles.”

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 (FLE) 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, a Senegalese nongovernmental organization, to pilot a FLE program in secondary schools. Both programs incorporated cross-curricula instructional material related to population and family life in select regions of 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.”³⁵ 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.³⁶

The “Plan Stratégique 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).

This component on educating youth on human rights and gender inequalities, however, is not included as an aim of the previously described sexual health education program. Additional components are also acknowledged in some form. This acknowledgment is 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 YF 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 three service-delivery elements of the High-Impact Practices in Family Planning (HIPs) recommendations for adolescent-friendly contraceptive services.

- Provider training.
- Confidentiality and privacy.
- Free or reduced cost.

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 YF 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.



A mobile clinical outreach team on a site visit to Lanjar health center, a rural area of Senegal.
© Jonathan Torgovnik/Getty Images

Additionally, the “Plan Stratégique” outlines the necessary criteria for YF 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 (and without any value judgments), 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.*
- *équitable: 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.*

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 Sénégal” 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.

Across these policies, all three service-delivery elements of adolescent-friendly contraceptive service provision are addressed. Therefore, Senegal is placed in the green category for this indicator.

Enabling Social Environment



Policy outlines detailed strategy addressing two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

- Address gender norms.
- Build community support.

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:

[Bâtir] une campagne participative pour les jeunes.

Renforcer les centres d’écoute pour les jeunes et centres d’informations.

Utilisation des [réseaux] sociaux et [nouvelles techniques pour] informer les jeunes sur la PF (facebook, sms, blogs).

The “Plan Stratégique de Santé Sexuelle et de la Reproduction des Adolescent(e)s/Jeunes au Sénégal, 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.

The “Plan Stratégique” discusses how gender will be addressed in youth RH programs:

6.4.2.1 Sur le plan social et organisationnel

Des actions à mener pour l’amélioration de l’environnement social/organisationnel sont indispensables pour l’atteinte des objectifs de la SRAJ.

... • Prise en compte des questions de Genre

La dimension genre sera prise en compte dans l’élaboration des projets et programmes de SRAJ ainsi que dans l’éducation et la formation des adolescent(e)s/jeunes. 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).

Since these plans include detailed steps to build an enabling social environment among youth and communities for FP services, the country is placed in the green category for this indicator.

SINDH (PAKISTAN)

Parental and Spousal Consent	Law or policy exists that supports youth access to FP services without consent from one but not both third parties.
Provider Authorization	Law or policy exists that requires providers to authorize medically-advised youth FP services without personal bias or discrimination.
Restrictions Based on Age	Law or policy exists that supports youth access to FP services regardless of age.
Restrictions Based on Marital Status	Law or policy exists that restricts youth access to FP services based on marital status.
Access to a Full Range of FP Methods	Law or policy exists that supports youth access to a full range of FP methods, including long-acting and reversible contraceptives (LARCs).
Comprehensive Sexuality Education	Policy promotes abstinence-only education or discourages sexuality education.
Youth-Friendly FP Service Provision	Policy references targeting youth in provision of FP services but mentions fewer than three of the service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	Policy references building an enabling social environment to support youth access to FP but does not include specific intervention activities addressing both HIPs-recommended elements.

Policy documents reviewed:

- Pakistan National Population Policy, 2002.
- Manual of National Standards for Family Planning, 2009.
- National Program for Family Planning and Primary Health Care, “The Lady Health Workers Programme,” January 2010-June 2015.
- Sindh Health Sector Strategy, 2012-2020.
- Reproductive and Healthcare Rights Act, 2013 (national policy).
- Costed Implementation Plan on Family Planning for Sindh, 2015.
- Sindh Population Policy, 2016.

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 in 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 and Spousal Consent



Law or policy exists that supports youth access to FP services without consent from one but not both third parties.

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 RH 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 RH 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 over their children's RH 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.

The Sindh policies reviewed do not provide further guidance on youth's right to access family planning services without parental consent, leaving ambiguity in the requirement of parental consent for FP services.

The “Manual of National Standards for Family Planning, 2009” includes guidance to providers on preventing barriers to contraceptive use, one of which discourages spousal consent as a potential barrier. Non-medical barriers to contraceptive use are discouraged, including:

Eligibility requirements that needlessly limit the use of certain methods based on a woman's age, parity, or lack of spousal consent.

The standards advise providers to follow the WHO medical eligibility criteria when offering contraception to women. While the policies address spousal consent, they fail to sufficiently address parental consent for youth to access FP services. The province is placed in the yellow category for this indicator.

Provider Authorization



Law or policy exists that requires providers to authorize medically-advised youth FP services without personal bias or discrimination.

The “Manual of National Standards for Family Planning, 2009” lists unjustified medical barriers, including provider bias:

What Are Unjustified Medical Barriers?

Practices derived (at least partly) from a medical rationale.

Non-evidence-based barriers that result in denial of contraception.

Eligibility restrictions, based on providers' limitations/personal biases.

The policy urges providers to follow the medical eligibility criteria to discern eligibility for contraceptive services. Sindh is placed in the green category for this indicator.

Restrictions Based on Age



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

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.

This declaration references the right of all people to access services regardless of age, placing Sindh in the green category for this indicator.

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 FP 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 RH 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.

Access to a Full Range of FP Methods



Law or policy exists that supports youth access to a full range of FP methods, including long-acting and reversible contraceptives (LARCs).

The “Manual of National Standards for Family Planning, 2009” discusses the special contraceptive and counseling needs of adolescents, ultimately encouraging providers to offer a full range of methods to youth:

SINDH (PAKISTAN)

Adolescents who are married need access to safe and effective contraception. Many adolescents use no contraception or use a method irregularly, so they are at high risk of unwanted pregnancy, unsafe abortion, and STIs. In general, adolescents are eligible to use any method of contraception. Services should avoid unnecessary procedures that might discourage or frighten teenagers, such as requiring a pelvic examination when they request contraceptives.

The policy aligns with the WHO medical eligibility criteria and classifies all short- and long-acting reversible methods as “use method in any circumstance” or “generally use method” for post-menarche women under age 18 and nulliparous women. The province is placed in the green category for this indicator. Notably, the policy specifically references married adolescents’ right to a full range of contraception. This barrier is addressed in the *Restrictions Based on Marital Status* indicator.

Although the availability of EC is not factored into the categorization of this indicator, it is worth noting that the “Manual of National Standards for Family Planning, 2009” includes women of reproductive age in the eligibility requirement for EC and acknowledge youth vulnerability to sexual assault, which warrants the provision of this method:

While all women in situations of conflict are vulnerable to sexual assault, young female adolescents may be the group most in need of EC services. Adolescent refugees are often targeted for sexual exploitation and rape, yet there are relatively few programmes that address the specific reproductive health needs of young people, and even fewer that provide EC.

Comprehensive Sexuality Education



Policy promotes abstinence-only education or discourages 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 conducive 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 three of the service-delivery elements of the HIPs recommendations for 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



AYV Workshop at iEARN Centre, Karachi on 23rd October 2010. ©

The strategy includes an activity to integrate FP service provision with maternal care, which states that contraceptives should be provided at no cost to younger couples:

Integrating contraception provision: Provision of free contraceptives and training by DOPW to all DOH facilities for birth spacing. Integration of services with pregnancy care to reach out to couples and supported by community based BCC.

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 YF 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.

The two policies address training providers to offer youth-friendly FP services and providing contraception at free or reduced costs. However, they do not include provisions to ensure youth FP services are private and confidential. 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.

Enabling Social Environment



Policy references building an enabling social environment to support youth access to FP but does not include specific intervention activities addressing both HIPs-recommended elements.

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, as well as discussion of approaches to address gender norms, are missing, placing the province in the yellow category for this indicator.

TANZANIA

Parental and Spousal Consent	Law or policy exists that supports youth access to FP services without consent from both third parties (parents and spouses).
Provider Authorization	Law or policy exists that requires providers to authorize medically-advised youth FP services without personal bias or discrimination.
Restrictions Based on Age	Law or policy exists that supports youth access to FP services regardless of age.
Restrictions Based on Marital Status	Law or policy exists that supports youth access to FP services regardless of marital status.
Access to a Full Range of FP Methods	Law or policy exists that supports youth access to a full range of FP methods, including long-acting and reversible contraceptives (LARCs).
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 three service-delivery elements of the High-Impact Practices in Family Planning (HIPs) recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	Policy outlines detailed strategy addressing two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

Policy documents reviewed:

- Guidelines for Implementing HIV/AIDS/STDs and Life Skills Education in Schools and Teachers' Colleges, Version 2, 2002.
- National Health Policy, 2003.
- National Standards for Adolescent Friendly Reproductive Health Services, December 2004.
- National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn, and Child Deaths in Tanzania, 2008-2015 (One Plan).
- National Family Planning Costed Implementation Program, 2010-2015.
- National Adolescent Reproductive Health Strategy, 2011-2015.
- National Family Planning Guidelines and Standards, 2013.
- National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn, and Child Deaths in Tanzania, 2016-2020 (One Plan II).

Parental and Spousal Consent



Law or policy exists that supports youth access to FP services without consent from both third parties (parents and spouses).

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.

Taken together, the inclusion of these statements supporting youth access to SRH services regardless of age or marital status and without parental or spousal consent in national FP guidelines indicates a supportive and favorable policy environment toward 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, restrictions based on age, and restrictions based on marital status.

Provider Authorization



Law or policy exists that requires providers to authorize medically-advised youth FP services without personal bias or discrimination.

The “National Family Planning Guidelines and Standards, 2013” provide specific guidance to providers to deliver respectful, competent, and nonjudgmental services to youth:

Standard 5.4: Service providers in all delivery points have the required knowledge, skills, and positive attitudes to effectively provide sexual and reproductive health services to young people in a friendly manner.

The service providers exhibits the following characteristics:

- *Has technical competence in adolescent-specific areas.*
- *Respects young people.*
- *Keeps privacy and confidentiality.*
- *Allows adequate time for client/provider interaction.*
- *Is non-judgmental and considerate.*
- *Observes adolescent reproductive health rights.*

Tanzania has a strong policy environment regarding provider authorization and is placed in the green category for this indicator.

Restrictions Based on Age



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

The “National Family Planning Guidelines and Standards, 2013” directly mention the right of youth to receive FP services:

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.



Girls attend an after-school adolescent development program in Dodoma, Tanzania.
© Jake Lyell/Alamy Stock Photo

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.

Access to a Full Range of FP Methods



Law or policy exists that supports youth access to a full range of FP methods, including long-acting and reversible contraceptives (LARCs).

The “National Family Planning Guidelines and Standards, 2013” affirm the right of young people to access a full range of FP methods, as discussed under *Restrictions Based on Age*. The “National Standards for Adolescent Friendly Reproductive Health Services” further directs 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).

Tanzania recognizes young people’s right to access a full range of contraception, including LARCs, and is placed in the green category for this indicator.

Although the availability of EC is not factored into the categorization of this indicator, note that EC is included in the package of contraceptive offerings listed in the “National Adolescent Reproductive Health Strategy 2011-2015.”

Comprehensive Sexuality Education



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

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. Tanzania is placed in the yellow category for this indicator.

Youth-Friendly FP Service Provision



Policy mentions three service-delivery elements of the High-Impact Practices in Family Planning (HIPs) recommendations for adolescent-friendly contraceptive services.

- Provider training.
- Confidentiality and privacy.
- Free or reduced cost.

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 RH 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 YF 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 YF services (Standard 5.1.-5.6.), provider training, and free contraceptives for all FP clients in the public sector.

Together, these policies address each of the three service-delivery core elements identified in the HIPs “Adolescent-Friendly Contraceptive Services” review to improve adolescent and youth uptake of contraception. Further, the considerations for young people within the “National Family Planning Guidelines and Standards, 2013” state that young people have the right to a full range of contraception, as discussed under the *Access to a Full Range of FP Methods* indicator. Therefore, Tanzania is considered to have a supportive and favorable policy environment surrounding service provision and is placed in the green category for this indicator.

Enabling Social Environment



Policy outlines detailed strategy addressing two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

- Address gender norms.
- Build community support.

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;

TANZANIA

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.

Interventions to address gender are included 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.*

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 and address gender norms.

TOGO

Parental and Spousal Consent	No law or policy exists that addresses consent from a third party to access FP services.
Provider Authorization	Law or policy exists that requires providers to authorize medically-advised youth FP services without personal bias or discrimination.
Restrictions Based on Age	Law or policy exists that supports youth access to FP services regardless of age.
Restrictions Based on Marital Status	Law or policy exists that supports youth access to FP services regardless of marital status.
Access to a Full Range of FP Methods	Law or policy exists that restricts youth from accessing a full range of FP methods based on age, marital status, and/or parity.
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 three service-delivery elements of the High-Impact Practices in Family Planning (HIPs) recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	Policy outlines detailed strategy addressing two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

Policy documents reviewed:

- Politique Nationale de Jeunesse 2007.
- Loi n° 2007-017 Portant Code de l'Enfant 2007.
- Loi n° 2007-005 Sur la Santé de la Reproduction 2007.
- Loi Portant Code de la Santé Publique de la République Togolaise 2009.
- 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. 2^{ème} Édition 2009.
- Protocoles de Santé de la Reproduction du Togo; Composantes Communes, Composantes d'Appui. TOME II. 2^{ème} Édition 2009.
- Politique et Normes en Santé de la Reproduction, Planification Familiale et Infections Sexuellement Transmissibles de Togo 2009.
- Standards de Services de Santé Adaptés aux Adolescents et Jeunes de Togo 2009.
- Plan Stratégique 2008-2012 pour la Santé des Adolescents et Jeunes au Togo.
- Politique Nationale de Santé; Loi d'orientation décennale 2010-2015.
- Politique Nationale pour l'Équité et l'Égalité de Genre du Togo 2011.
- Plan National de Développement Sanitaire du Togo: 2012-2015.
- Plan d'Action pour le Repositionnement de la Planification Familiale au Togo 2013-2017.
- Référentiel des Services de Santé de la Reproduction Adaptés aux Adolescents et aux Jeunes en Milieux Scolaires, Universitaires et Extrascolaires 2014.
- Programme National de Lutte Contre les Grossesses et Mariages chez les Adolescents en Milieu Scolaire et Extrascolaire au Togo 2015-2019.

Parental and Spousal



No law or policy exists that addresses consent from a third party to access FP services.

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.*
- *jugent que leur utilisation de la PF est mal perçue par les prestataires.*

However, the policy environment does not go further to prohibit parental or spousal consent. Togo is placed in the gray category for this indicator.

Provider Authorization



Law or policy exists that requires providers to authorize medically-advised youth FP services without personal bias or discrimination.

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. 2^{ème} Édition 2009” make clear that providers should be nonjudgmental of youth:

Comment 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.*

The “Loi n° 2007-005 Sur la Santé de la Reproduction 2007” guarantees the right of RH to adolescents without discrimination. Similarly, the “Politique et Normes en Santé de la Reproduction, Planification Familiale et Infections Sexuellement Transmissibles de Togo 2009” state that youth have the right to health services without discrimination (see *Restrictions Based on Age*).

Because Togo’s policies explicitly state that providers must avoid judgment of youth, Togo is placed in the green category for this indicator.

Restrictions Based on Age



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

The “Loi n° 2007-005 Sur la Santé de la Reproduction 2007” states that RH services should be available to all individuals regardless of age or marital status and further guarantees the right of RH 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 YF 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

Togo 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° 2007-005 Sur la Santé de la Reproduction 2007” guarantees the right to RH services regardless of age or marital status and further guarantees the right of RH to adolescents without discrimination (see *Restrictions Based on Age*.)

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 its policy environment protects youth access to FP regardless of marital status.

Access to a Full Range of FP Methods



Law or policy exists that restricts youth from accessing a full range of FP methods based on age, marital status, and/or parity.

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 LARCs. 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 FP 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 IUDs 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

Caractéristiques	Méthode de choix	Méthode non appropriée
Nulligeste	Pilules combinées	DIU
Partenaires multiples	Préservatifs	DIU
Inconscience	DIU	Pilule
Cycles irréguliers	Pilule combinée	PSP injectable
Rapports sexuels occasionnels espacés ou irréguliers	Préservatifs Spermicides	DIU

Because Togo restricts the provision of LARCs to youth, it is placed in the red category. Future protocols for provider provision of LARCs for adolescents should be updated based on the most recent WHO medical eligibility criteria for contraceptive use.

Although the availability of EC is not factored into the categorization of this indicator, note that the “Protocoles” include EC in the general list of contraceptive methods, but not in the adolescent-specific SRH section. Thus, it is not clear whether the policy intends for EC to be accessible to youth.

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 RH:

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 milieu 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.

Youth-Friendly FP Service Provision



Policy mentions three service-delivery elements of the High-Impact Practices in Family Planning (HIPs) recommendations for adolescent-friendly contraceptive services.

- Provider training.
- Confidentiality and privacy.
- Free or reduced cost.

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. 2^{ème} Édition 2009” describe the necessary characteristics of provider interactions with adolescents, such as respecting their moral principles, 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 YF 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.

Togo is placed in the green category for this indicator because all three YF service-delivery elements are addressed.

Enabling Social Environment



Policy outlines detailed strategy addressing two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

- Address gender norms.
- Build community support.

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 activities 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 [Organisations de Base Communautaire] sont plus aptes à intervenir efficacement dans la prévention et la prise en charge des grossesses et mariages chez les adolescentes

The “Politique Nationale pour l’Équité 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*

Togo is placed in the green category because its policies include a detailed strategy for building an enabling social environment.

UGANDA

Parental and Spousal Consent	Law or policy exists that supports youth access to FP services without consent from both third parties (parents and spouses).
Provider Authorization	Law or policy exists that requires providers to authorize medically-advised youth FP services but does not address personal bias or discrimination.
Restrictions Based on Age	Law or policy exists that supports youth access to FP services regardless of age.
Restrictions Based on Marital Status	No law or policy exists addressing marital status in access to FP services.
Access to a Full Range of FP Methods	Law or policy exists that supports youth access to a full range of FP methods, including long-acting and reversible contraceptives (LARCs).
Comprehensive Sexuality Education	Policy promotes abstinence-only education or discourages sexuality education.
Youth-Friendly FP Service Provision	Policy references targeting youth in provision of FP services but mentions fewer than three of the service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	Policy outlines detailed strategy addressing one of the two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

Policy documents reviewed:

- National Policy Guidelines and Service Standards for Reproductive Health Services, 2001.
- National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights, 2006.
- Health Sector Strategic Plan III, 2010/11-2014/15.
- National Adolescent Health Strategy, 2011-2015.
- National Condom Programming Strategy, 2013-2015.
- National Strategy for Girls' Education in Uganda, 2015-2019.
- Uganda Family Planning Costed Implementation Plan, 2015-2020.
- Uganda Clinical Guidelines 2016: National Guidelines for Management of Common Conditions.

Parental and Spousal Consent



Law or policy exists that supports youth access to FP services without consent from both third parties (parents and spouses).

Uganda's policy environment supports youth access to FP services without authorization by a third party. The "National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights, 2006" explicitly affirm the right 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 service except in cases of incapacitation (intellectual disability). Clients should give written consent to long-term and permanent family planning methods.

Uganda is placed in the green category for this indicator.

Provider Authorization



Law or policy exists that requires providers to authorize medically-advised youth FP services but does not address personal bias or discrimination.

The "Uganda Clinical Guidelines 2016: National Guidelines for Management of Common Conditions" instructs providers to counsel clients to make voluntary, informed FP choices. Providers are directed to explain each method using the medical eligibility criteria:

Help client choose appropriate method using family planning medical eligibility criteria wheel

The medical eligibility criteria for contraception in Uganda specify that youth are eligible for short-term methods and LARCS (discussed further in Access to a Full Range of FP Methods). This provides a promising policy environment for provider authorization of youth FP services, but it would be strengthened with explicit guidance to providers to withhold personal judgment when offering these services. Uganda 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.

The “National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights, 2006” explicitly mention the right of all Ugandans, regardless of age, to access FP services:

Every individual who is sexually active can receive family planning and contraceptive services irrespective of age or mental status.

The acknowledgement of individuals’ right to receive SRH services, regardless of age, signals a strong policy environment and warrants categorization the green category for this indicator.



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.

The above discussion under *Restrictions Based on Age*, while inclusive of all people, does not explicitly recognize marital status as a criterion 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. Because no policy exists addressing marital status in access to FP services, Uganda is placed in the gray category.

Access to a Full Range of FP Methods



Law or policy exists that supports youth access to a full range of FP methods, including long-acting and reversible contraceptives (LARCs).

The “National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights, 2006” state that all sexually active Ugandans are eligible 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.

The eligibility criteria state that women of reproductive age, including adolescents, and nulliparous women can generally use each short-term (contraceptive pill and injectable) and LARC (IUD and implant) method. The same medical eligibility criteria are reinforced in the “Uganda Clinical Guidelines 2016: National Guidelines for Management of Common Conditions.” Uganda is placed in the green category for this indicator.

Although the availability of EC is not factored into the categorization of this indicator, note that the latter document includes adolescents in the eligibility for EC:

Emergency contraception indications: All women and adolescents at risk of becoming pregnant after unprotected sex.

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 the initiative 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 information, 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.³⁷

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 three of the service-delivery elements of the HIPs recommendations for 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 three service-delivery core elements of adolescent-friendly contraceptive services, each recognizes the need to tailor services to youth.

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

UGANDA

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.

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.

The activity mentions providing training to providers on YF services but does not reference training providers to withhold personal beliefs, bias, or judgment when offering contraception to youth. Altogether, the strategies generally address providing youth-friendly FP services to youth but do not sufficiently incorporate all three service-delivery core elements of adolescent-friendly contraceptive services, placing Uganda in a yellow category for this indicator. To bolster the policy environment supporting youth-friendly FP service provision, future guidelines should consider including the remaining service-delivery elements of adolescent-friendly contraceptive provision.

Enabling Social Environment



Policy outlines detailed strategy addressing one of the two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

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 proposed steps 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 promising policy environment, placing Uganda in the yellow category for this indicator. Additional activities to address gender norms surrounding youth access to FP will strengthen existing policies in favor of youth FP.

Acknowledgments

This report was written by Sara Harris, Meredith Pierce, and Elizabeth Leahy Madsen of Population Reference Bureau (PRB), with significant contributions from Kate Gilles. Support for the development of the scorecard was provided by the Bill & Melinda Gates Foundation, in particular Caitlin Feurey, Gwyn Hainsworth, and Ryan Cherlin.

The indicator selection process benefited from review and input provided by several longstanding experts on adolescent and youth sexual and reproductive health, whose guidance was critical in shaping the evolution of this work. Heather Boonstra, Vicky Boydell, Jason Bremner, Katelyn Bryant-Comstock, Venkatraman Chandra-Mouli, Megan Donovan, Alanna Galati, Jillian Gedeon, Sonia Haerizadeh, Karen Hardee, Kiki Kalkstein, Catherine Lane, Tom Merrick, Jeremy Schiffman, Kat Watson, and Sylvia Wong contributed time through meetings with the scorecard authors, reviewed drafts, and shared related work.

Abram Agossou (Togo), Gaston Ahounou (Benin), Colette Ajwan'g (Kenya), Chibuike Alagboso (Nigeria), Kouakou Hyacinthe Andoh (Côte d'Ivoire), Margaret Bolaji (Nigeria), Marie-Claire Boni-Gnamien (Côte d'Ivoire), Katie Chau (Senegal), Lou Compernelle (Mauritania), Sada Danmusa (Nigeria), Edouard Deti (Togo), Madeleine Diomande-Bourgoin (Côte d'Ivoire), Babacar Fall (Côte d'Ivoire), Iram Kamran (Pakistan), Samuel Nafan Kone (Côte d'Ivoire), Yao Alexis Kouadio (Côte d'Ivoire), Mamady Kourouma (Guinea), Catherine Lane (global), Fatimetou Maham (Mauritania), Modibo Maiga (global), Féridah Mara (Guinea), John May (Mauritania), Alem Mekonnen (Ethiopia), Mbadu Muanda (DRC), Simtokina N'Gani (Togo), Marguerite Marie Niangoin (Côte d'Ivoire), Claude Evariste Odje (Côte d'Ivoire), Paula Ourega-Loba (Côte d'Ivoire), Estelle M. Sidze (Kenya), Emily Sullivan (global), Tom Van Boven (global), and Toh Zeregbé (Côte d'Ivoire) improved the coverage of country analyses by providing additional policy documents unavailable online and clarifying interpretations of policy language. Dieynaba N'Diom (Mauritania) and Gervais Beninguisse (global) shared the names of additional country stakeholders.

At PRB, Kristin Bietsch, Amah Joyce Ehui, Marissa Falk, Stephanie Kimou, Nicole LaGrone, Shelley Megquier, and Rhonda Smith provided useful conceptual and research assistance. The report was edited by Nancy Matuszak and Heidi Worley of PRB, with design assistance from Jessica Woodin at PRB and Prographics.

References

1. Pathfinder International, Evidence 2 Action (E2A), Population Services International (PSI), Marie Stopes International, FHI 360, "Global Consensus Statement: Expanding Contraceptive Choice for Adolescents and Youth to Include Long-Acting Reversible Contraception," (2015), accessed at www.familyplanning2020.org/resources/10631, on Feb. 2, 2017; United Nations Population Fund (UNFPA), *The Power of 1.8 Billion: Adolescents, Youth, and the Transformation of the Future* (New York: UNFPA, 2014); and World Health Organization (WHO), "Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries: WHO Guidelines," (Geneva: WHO, 2011).
2. Allison Glinski, Magnolia Sexton, and Suzanne Petroni, *Adolescents and Family Planning: What the Evidence Shows* (Washington, DC: International Center for Research on Women, 2016).
3. George Patton et al., "Our Future: A Lancet Commission on Adolescent Health and Wellbeing," *Lancet* 387, no. 10036 (2016): 2423-78.
4. Michelle J. Hindin et al., "Interventions to Prevent Unintended and Repeat Pregnancy Among Young People in Low- and Middle-Income Countries: A Systematic Review of the Published and Gray Literature," *Journal of Adolescent Health* 59, no. 3 (2016): S8-S15.
5. Kara Apland, "Over-Protected and Under-Served: A Multi-Country Study on Legal Barriers to Young People's Access to Sexual and Reproductive Health Services—El Salvador Case Study," (July 2014), accessed at www.ippf.org/sites/default/files/ippf_coram_el_salvador_report_eng_web.pdf, on Feb. 2, 2018.
6. UNFPA, "Follow-Up to the Implementation of the Programme of Action of the International Conference on Population and Development Beyond 2014—Bali Global Youth Forum, Bali, Indonesia 4-6 December 2012," (April 2013), accessed at www.unfpa.org/, on Feb. 2, 2018.
7. Venkatraman Chandra-Mouli et al., "Contraception for Adolescents in Low- and Middle-Income Countries: Needs, Barriers, and Access," *Reproductive Health* 11, no. 1 (2014).
8. Gorrette Nalwadda et al., "Constraints and Prospects for Contraceptive Service Provision to Young People in Uganda: Providers' Perspectives," *BMC Health Services Research* 11, no. 1 (2011): 220.
9. "Sexual Rights Database," Sexual Rights Initiative, accessed at <http://sexualrightsdatabase.org/>, on Feb. 2, 2018.
10. Paula Tavrow, "Promote or Discourage: How Providers Can Influence Service Use," in "Social Determinants of Sexual and Reproductive Health: Informing Future Research and Programme Implementation," ed. Shawn Malarcher (Geneva: WHO, 2010): 15-36, accessed at www.poline.org/, on Feb. 2, 2018.
11. Venkatraman Chandra-Mouli, Alma Virginia Camacho, and Pierre-André Michaud, "WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries," *Journal of Adolescent Health* 52, no. 5 (2013): 517-22.
12. UNFPA, "Follow-Up to the Implementation of the Programme of Action of the International Conference on Population and Development Beyond 2014—Bali Global Youth Forum, Bali, Indonesia 4-6 December 2012," (April 2013), accessed at https://www.unfpa.org/sites/default/files/event-pdf/bali_global_youth_forum_rec.pdf on Feb. 2, 2018.
13. Chandra-Mouli et al., "Contraception for Adolescents in Low- and Middle-Income Countries."
14. Chandra-Mouli et al., "Contraception for Adolescents in Low- and Middle-Income Countries."
15. Akinrinola Bankole and Shawn Malarcher, "Removing Barriers to Adolescents' Access to Contraceptive Information and Services," *Studies in Family Planning* 41, no. 2 (2010): 117-24; and R. Rivera et al., "Contraception for Adolescents: Social, Clinical and Service-Delivery Considerations," *International Journal of Gynecology & Obstetrics* 75, no. 2 (2001): 149-63; and Tavrow, "Promote or Discourage: How Providers Can Influence Service Use."
16. WHO, *Medical Eligibility for Contraceptive Use*, 5th ed. (Geneva: WHO, 2015).
17. David Hubacher et al., "Preventing Unintended Pregnancy Among Young Women in Kenya: Prospective Cohort Study to Offer Contraceptive Implants," *Contraception* 86, no. 5 (2012): 511-17.
18. Pathfinder et al., "Global Consensus Statement."
19. Chandra-Mouli, Camacho, and Michaud, "WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries."
20. UNESCO, "International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers, and Health Educators," vol. 1 (Paris: UNESCO, 2009).
21. Virginia A. Fonner et al., "School-Based Sex Education and HIV Prevention in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis," *PloS One* 9, no. 3 (2014); K.G. Santhya and Shireen J. Jejeebhoy, "Sexual and Reproductive Health and Rights of Adolescent Girls: Evidence From Low- and Middle-Income Countries," *Global Public Health* 10, no. 2 (2015): 189-221; and Chioma Oranganje et al., "Interventions for Preventing Unintended Pregnancies Among Adolescents," *Cochrane Database Systematic Review* 4, no. 4 (2009).
22. Heloisa Helena Siqueira Monteiro Andrade et al., "Changes in Sexual Behavior Following a Sex Education Program in Brazilian Public Schools," *Cadernos de Saúde Pública* 25, no. 5 (2009): 1168-76.

23. Patton et al., "Our Future."
24. UNFPA, "UNFPA Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender," (2014), accessed at www.unfpa.org/publications, on Feb. 2, 2018.
25. Patton et al., "Our Future."
26. Santhya and Jejeebhoy, "Sexual and Reproductive Health and Rights of Adolescent Girls."
27. Chandra-Mouli, Camacho, and Michaud, "WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries."
28. Hindin et al., "Interventions to Prevent Unintended and Repeat Pregnancy Among Young People in Low- and Middle-Income Countries."
29. Venkatraman Chandra-Mouli, Catherine Lane, and Sylvia Wong, "What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices," *Global Health: Science and Practice* 3, no. 3 (2015): 333-40; Allison Gliniski et al., *Adolescents and Family Planning*; and Lindsey B. Gottschalk and Nuriye Ortayli, "Interventions to Improve Adolescents' Contraceptive Behaviors in Low- and Middle-Income Countries: A Review of the Evidence Base," *Contraception* 90, no. 3 (2014): 211-25.
30. Jill Gay et al., High-Impact Practices in Family Planning (HIPs), "Adolescent-Friendly Contraceptive Services: Mainstreaming Adolescent-Friendly Elements Into Existing Contraceptive Services," (Washington, DC: United States Agency for International Development, 2015), accessed at www.fphighimpactpractices.org/afcs, on Feb. 2, 2018.
31. Patton et al., "Our Future."
32. Kate Ploude et al., High-Impact Practices in Family Planning (HIPs), "Community Group Engagement: Changing Norms to Improve Sexual and Reproductive Health," (Washington, DC: United States Agency for International Development, 2016), accessed at www.fphighimpactpractices.org/, on Feb. 2, 2018.
33. Jill Gay et al., High-Impact Practices in Family Planning (HIPs), "Adolescent-Friendly Contraceptive Services."
34. WHO, *Medical Eligibility for Contraception Use*, 5th ed.
35. Katie Chau et al., "Scaling Up Sexuality Education in Senegal: Integrating Family Life Education Into the National Curriculum," *Sex Education* 16, no. 5 (2016): 1-17.
36. UNESCO Office in Dakar, "Senegal Is Updating Its Curricula by Reinforcing Reproductive Health Education," (2016), accessed at www.unesco.org/new/en/dakar/about-this-office/single-view/news/senegal_is_updating_its_curricula_by_reinforcing_reproductiv/, on Feb. 2, 2018.
37. Jonathan Cohen and Tony Tate, "The Less They Know, the Better: Abstinence-Only HIV/AIDS Programs in Uganda," *Reproductive Health Matters* 14, no. 28 (2006): 174-78.



POPULATION REFERENCE BUREAU

The Population Reference Bureau **INFORMS** people around the world about population, health, and the environment, and **EMPOWERS** them to use that information to **ADVANCE** the well-being of current and future generations.

www.prb.org

POPULATION REFERENCE BUREAU

1875 Connecticut Ave., NW 202 483 1100 **PHONE**
Suite 520 202 328 3937 **FAX**
Washington, DC 20009 USA popref@prb.org **E-MAIL**
