

Rapid Analysis

Policy Landscape for Sustaining Youth Contraceptive Use in the Nine Ouagadougou Partnership Countries

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List of Abbreviations

AYRH	Adolescent and youth reproductive health
CSO	Civil society organization
EC	Emergency contraception
FP	Family planning
LARC	Long-acting and reversible contraceptive
mCPR	Modern contraceptive prevalence rates
NCIP	National Costed Implementation Plan
NCIP/FP	National Costed Implementation Plan for Family Planning
OP	Ouagadougou Partnership
RH	Reproductive health
SRH	Sexual and reproductive health
STI	Sexually transmitted infection



Introduction

While countries are working to ensure that women and couples have the choice of whether, when, and how often to have children, many countries have higher contraceptive discontinuation rates for young women ages 15 to 24 than for older women. Young women may be particularly sensitive to the side effects of contraceptives. They may also face significant barriers to accessing quality family planning (FP) services, such as stigma from health professionals, financial barriers, and sociocultural barriers.

In order to optimize government investment in policies that recognize sexual and reproductive rights and support equitable access to quality family planning, it is essential to understand the factors that lead to contraceptive discontinuation and may prevent young people from achieving their reproductive intentions.

With this in mind, the PACE project prepared the policy brief *Best Practices for Sustaining Youth Contraceptive Use*¹ in early 2021 (hereafter referred to as 'the policy brief'). Using data from Demographic and Health Surveys and Service Provision Assessment surveys, the brief discusses specific patterns and factors related to contraceptive discontinuation among youth and offers policy recommendations to removing barriers to sustainable contraceptive use among young women who wish to prevent, delay, or space pregnancies.

In collaboration with the Réseau des Femmes Senegalaises pour la Promotion de la Planification Familiale (RFESPF) and the Knowledge SUCCESS project, the Policy, Advocacy, and Communication Enhanced for Population and Reproductive Health (PACE) project collaborated with youth organizations in West and Central Africa to build a policy dialogue informed by research evidence to strengthen the commitment of policymakers to removing

barriers to sustainable contraceptive use among youth.² In particular, this collaboration helped youth advocates for access to family planning to understand policy recommendations supporting sustainable contraceptive use among youth in the context of their countries' sexual and reproductive health (SRH) policies.

In late 2021, governments from many countries—including those in the Ouagadougou Partnership (OP)—committed to the FP2030 partnership to contribute to universal health coverage and the Sustainable Development Goals; increase the visibility of their efforts; strengthen peer-to-peer learning; and collaborate with a global community of leaders, experts, and advocates to eliminate barriers to modern contraceptive access and use.³

Civil society actors, especially youth, play a critical role in developing, implementing, and monitoring the FP2030 commitments in their respective countries as well as in stimulating mutual accountability to achieve the goals.

Continuing to support civil society organizations (CSOs) to contribute to research-informed policy change, PACE now offers a sexual and reproductive health policy environment analysis to support sustainable contraceptive use by youth in Ouagadougou Partnership countries.

FP2030 calls on governments to make commitments to rights-based family planning to support the partnership's vision of a future where women and girls everywhere have the freedom and capacity to be healthy, make their own informed decisions about contraceptive use and childbearing, and participate as equals in society and its development.

Source: FP2030, "Government Commitments," <https://commitments.fp2030.org/government-commitment>.



This analysis was conducted by PRB in collaboration with two researchers from the Institut Supérieur des Sciences de la Population (ISSP) in Burkina Faso, who were trained in policy communication by PRB through the PACE project.⁴

The purpose of this document is to provide advocacy actors with information that can be used directly in their dialogue with policymakers to improve policies that support the sustainable use of contraception by young people who want family planning services. It also provides a simple methodology for monitoring policy changes in their countries.

This report presents the methodology used, an overview of the situation in all OP countries, and a summary of the analysis of the policy environment for sustainable contraceptive use by adolescents and youth (AY) for each Ouagadougou Partnership country. Details of the analysis for each country are provided in the annexes.

Methodology

The methodology was developed in such a way that it can be easily used by advocacy actors.

Sources of Information

Accessing the country policy documents needed for an analysis often requires an extensive search that can be time consuming.

Here the methodology is based on resources easily accessible on the internet:

- **Youth Family Planning Policy Scorecard:**⁵ A PRB tool that allows users to access, interpret, and compare youth family planning policies and programs in different countries. Users can assess the extent to which a country's current policy environment enables and supports young people's access to and use of family planning. This tool was updated in May 2021 and provides the majority of policy documents, laws, and programs related to youth contraceptive use.
- **National Costed Implementation Plans for Family Planning (NCIP/FP):**⁶ Multi-year action roadmaps established by governments to achieve their family planning goals.
- FP2030 commitments by the countries.⁷

Method of Analysis

The objective of the analysis is to determine whether a country's policy environment is fully supportive of

sustainable contraceptive use among young people. The analysis therefore takes **the perspective of the young user**: When a young woman wants to access contraception, are the conditions imposed by policies and programs explicitly supportive of unrestricted access?

That a country's policies are "on track" is not enough for the young woman who needs contraception *immediately*. The realization of everyone's sexual and reproductive health rights cannot be seen as a goal by the health system user. **The realization of their rights requires that their health needs be met as soon as they arise.**

The policy brief primarily finds that:

- In many countries, young women ages 15 to 24 have higher contraceptive discontinuation rates than older women.
- Side effects and poor quality of care contribute to high contraceptive discontinuation rates in all age groups. Young people may be particularly susceptible to side effects and face considerable barriers in accessing quality family planning services.
- Policies that promote best practices such as high-quality counseling, active follow-up mechanisms, and access to the full range of contraceptive methods are recommendations for ensuring the sustainability of contraceptive use among youth who wish to avoid, space, or delay pregnancies.

The policy brief also offers seven recommendations for increasing contraceptive continuation among young people who want to avoid, delay, or space pregnancies. For each recommendation, criteria and indicators to measure them are defined. These indicators are measured as "yes" or "no" based on the policy documents.

RECOMMENDATION 1:

Strengthen outreach and resources to support current family planning users while promoting initiation among new users.

Criterion 1.1: Measures to improve the quality of contraceptive counseling and follow-up mechanisms to ensure continued FP use among new and current users.

- **Indicator 1.1.1:** National and subnational strategy and policy documents include evaluation or monitoring and evaluation objectives to support *ALL new and existing* users.

- **Indicator 1.1.2:** Measures are in place to strengthen health information management systems to take into account the continuation of contraceptive use: There is a way to monitor users (personalized follow-up, digital tool, home visit, meeting at the health center, etc.) to ensure that they do not stop using contraception because the method is not suitable for them or because they are experiencing side effects.

RECOMMENDATION 2:

Support young people's access to the full range of family planning methods regardless of age, marital status, or parity (number of births) and without requiring third-party consent.

Criterion 2.1: No restrictions based on *marital status*.

- **Indicator 2.1.1:** Existence of laws or policies that ensure equal access to FP services for married and *unmarried* youth.

Criterion 2.2: A *protectionist* approach to *legislating* youth access to FP services: Youth must be protected from potential harm, and parents or spouses should not be able to overrule their reproductive health decisions.

- **Indicator 2.2.1:** Existence of a law or policy that *explicitly* affirms the freedom of *youth* to access FP services *without* parental or spousal *consent*.

Criterion 2.3: No restrictions based on *age*.



- **Indicator 2.3.1:** Existence of laws or policies that *explicitly* promote youth access to FP *regardless* of age.

Criterion 2.4: *Obligation of the provider* to provide services without discrimination, including on the basis of age, marital status, or gender.

- **Indicator 2.4.1:** Existence of law or policy that *explicitly states the obligation* of providers to serve youth without discrimination or bias and regardless of gender or parity (number of births).

RECOMMENDATION 3:

Provide client-centered care that recognizes the diversity of youth's reproductive health needs.

Criterion 3.1: Family planning programs take into account the *varying needs* of youth, not treating them as a homogeneous group.

- **Indicator 3.1.1:** Family planning policies reflect greater personalization of service delivery and emphasize the importance of *client-centered care* (not specifically youth).
- **Indicator 3.1.2:** Policies *specifically* reference the provision of *youth-friendly* FP and contraceptive services (as part of a package of services).

RECOMMENDATION 4:

Train and support providers in offering high-quality, supportive counseling to youth.

Criterion 4.1: *Training and support* for appropriate providers to understand that age, marital status, and gender are not contraindications for any contraceptive method and to provide comprehensive information to youth about the full range of methods.

- **Indicator 4.1.1:** National family planning policies and guidelines incorporate requirements for *quality, youth-friendly counseling* practices.
- **Indicator 4.1.2:** Provider training and refresher courses include *values clarification* and knowledge of youth *cognitive development and needs*.
- **Indicator 4.1.3:** Contraceptive counseling for youth involves taking medical history, including past use and current need for contraceptives. It proactively addresses side effects by providing easy-to-understand information that dispels myths and misconceptions about contraception.

RECOMMENDATION 5:

Build the capacity of youth to access contraceptives in the private sector.

Criterion 5.1: Improve contraceptive *affordability* for youth with low purchasing power.

- **Indicator 5.1.1:** Existence of *free or subsidized services* for obtaining contraceptive methods (in general).
- **Indicator 5.1.2:** Availability of *subsidized* contraceptives in the *private sector* (vouchers).

RECOMMENDATION 6:

Include a range of active follow-up mechanisms between consultations.

Criterion 6.1: Favorable environment for implementing a set of *monitoring mechanisms*.

- **Indicator 6.1.1:** *Follow-up mechanisms* including phone calls, automated text messages/bots, home visits by a health worker, and a hotline exist.
- **Indicator 6.1.2:** Laws or policies *formalize* linkages between formal and informal, public and private health workers and ensure confidentiality solutions to promote monitoring throughout the health system.
- **Indicator 6.1.3:** Policies or strategies aimed at strengthening telecommunications infrastructure to enable the introduction and scale-up of *digital health* interventions—or the use of information and communications technologies, including mobile health interventions—and integrating digital interventions into family planning programs can also facilitate systematic monitoring.

RECOMMENDATION 7:

Ensure that health service delivery points make the full range of contraceptive methods available and advance the distribution of self-administered methods.

Criterion 7.1: Availability of the *full range of FP methods*, including self-administered methods, at service delivery points and *through an effective referral mechanism* to ensure that young people can access their preferred method and change immediately if they experience unacceptable side effects.

- **Indicator 7.1.1:** A law, policy, or strategy requires the *availability* of the *full range* of FP methods at service delivery points and *through an effective referral mechanism* to ensure that youth can access their preferred FP method.
- **Indicator 7.1.2:** A law, policy, or strategy requires the *availability* of *self-administered methods* at service delivery points and *through an effective referral mechanism* to ensure that youth can access their preferred FP method.
- **Indicator 7.1.3:** A law, policy, or strategy ensures that young people have *unrestricted access to emergency contraception* (EC).
- **Indicator 7.1.4:** A law, policy, or strategy ensures access to the most commonly available contraceptive options, including long-acting and reversible contraceptive (LARC) methods (specifically, contraceptive implants and intrauterine devices [IUDs]) to all sexually active adolescents and young women from the age of first menstruation, *regardless of marital status and parity* (number of births).
- **Indicator 7.1.5:** *LARC methods* are offered and available as *essential contraceptive options* during contraceptive education and counseling and during the provision of contraceptive services.
- **Indicator 7.1.6:** A policy directive *legally obliges health care providers* to offer short- and long-acting reversible contraceptive services regardless of age.
- **Indicator 7.1.7:** The policy leaves *no ambiguity* in the scope of the guideline and *must explicitly state the legal right of young people* to access a full range of contraceptive services, including LARC methods.

Situation of All Ouagadougou Partnership Countries

Created in 2011, the OP brings together nine French-speaking West African countries: Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo. The OP is intended to be the engine for accelerating access to and use of family planning services by all women of reproductive age and in all settings, including youth. The goal of the OP is to help countries double the number of modern contraceptive users by 2030 to 13 million. Achieving this goal requires not only the recruitment of new (additional) users but also the retention of existing users. Achieving this goal also requires an analysis of the

policy and program environment in each country to identify, among other things, strengths and weaknesses.

Youth represent both an opportunity and a challenge for each OP country. Youth make up a large proportion of the population; over 40% of the population is under age 15 in most OP countries.⁸ Young girls and young adults are therefore not only potential additional users of FP services but also users whose needs must continue to be met. Youth are also a challenge because their needs are dynamic and multifaceted. It is up to health systems to better capture, analyze, and implement the best interventions to meet those needs. The measures to take for this response begin at the level of national laws and regulations on the basis of which programs are developed, implemented, monitored, and evaluated.

The nine OP countries can be classified into three categories regarding the legislative and regulatory environment for youth access to and use of family planning. This categorization does not imply that countries with the same classification are similar on all issues, including the use of family planning by youth outside of marriage. The laws adopted by the countries remain contextual and retain certain particularities in relation to other laws in force, such as the family code. Also, this categorization does not judge the quality of the content of the laws and program documents. Rather, it is an attempt to simplify the reading of policy frameworks in order to identify opportunities for improving the implementation of the policy brief's recommendations.

The first category includes countries that have adopted reproductive health laws that take into account the specific needs of youth. It includes Burkina Faso, Mali, Mauritania, Niger, and Togo. The first point these countries have in common is that they recognize access to and use of family planning services as a human and universal right. With the declaration of free family planning services, Burkina Faso stands out and displays a strong political will to reduce financial barriers for all, including young people, whose needs are explicitly recognized in the 2005 law on reproductive health through Articles 7 and 8. Burkina Faso also provides for certain sanctions for health professionals in the context of sexually transmitted infection (STI) management, including HIV/AIDS, notably confidentiality, a positive measure that could be extended to the provision of family planning services. In Togo, the 2007 law on reproductive health affirms the right to access information, awareness and family planning services. However, Article 16 shows that this right is only recognized for young people over the age of 18 and only in the context of marriage. The law does consider youth and adolescents

as a vulnerable population and supports their protection against unwanted pregnancy and STIs/HIV, whether they are in or out of school. The same trend is seen in Mauritania, where the law was passed in 2017. The Islamic Republic of Mauritania encourages family planning only within marriage and to space births. The right of couples or women to decide on family size is not mentioned. Mali and Niger, the OP countries with the highest total fertility rates, passed reproductive health laws in 2002 and 2006, respectively, that pay specific attention to youth. In both countries, these legal guidelines are being implemented through national and subnational strategy and policy (NBSAP)/FP and, in Mali, through the Multisectoral Plan for Adolescent and Youth Reproductive Health. It should also be noted that in 2020 Mali created the National Office of Reproductive Health, which is directly attached to the cabinet of the Ministry of Health and Social Development, in order to strengthen the institutional anchoring of reproductive health, including family planning.

Benin and Senegal form a second category of countries with some similarities. Benin recognizes family planning (modern, traditional) as a right for all without discrimination but within the limits of other laws in force in the country. It also recognizes that every couple has the right



to choose the size of their family and when they wish to have a child “in accordance with the laws in force, public order and good morals.” But neither this version nor its 2021 revision mentions adolescents and youth as a heterogeneous group with specific needs. As for Senegal, although it passed a law in 2005, has an NCIP/FP, and is implementing interventions targeting youth, there is no decree implementing this law.

Finally, Guinea and Côte d’Ivoire are similar in that neither country has a reproductive health law. Guinea’s commitments to family planning are aligned with the most recent development policy frameworks: the National Economic and Social Development Plan (PNDES) 2016-2020 and the National Health Development Plan of Guinea (PNDS) 2015-2024. In Côte d’Ivoire, the strategic orientations on family planning are given in the National Policy Document on Sexual, Reproductive, and Child Health, the latest version of which dates from 2020. While these national strategic documents guide the interventions of sectoral strategic plans such as the Reproductive Health Strategic Plan and the NCIP/FP, they remain programmatic and do not provide a sufficiently strong framework to reflect all of the recommendations in this policy brief.

latory documents state how the governments consider the needs of young people, taking them into account while protecting them from any form of discrimination, stigmatization, or prejudice, in any context and in any place and particularly in health services.

Here each country’s policy landscape assessed through the policy brief’s recommendations provides a snapshot to quickly capture the current state of affairs. It provides guidance on the major barriers that need to be addressed in national documents to fully ensure access to and use of family planning services by adolescents and youth. It is intended as a tool to assist countries in their policymaking. It also contributes to building advocacy messages for youth, civil society organizations, and other actors such as decentralized government services committed to promoting, ensuring access to, and sustaining the use of family planning services by youth.

Conclusions on Policy Recommendations by Country

This policy landscape analysis informs and confirms the complex nature of family planning interventions for adolescents and youth. All nine OP countries demonstrate strong political will to increase modern contraceptive prevalence rates (mCPR), including political commitments and clearly defined programmatic goals. The impetus provided by various policy frameworks, including annual review and planning meetings and initiatives for and with youth, are also points that countries share and that move them forward together. These efforts to improve young people’s reproductive health can be strengthened by analyzing the level of implementation of the policy brief’s recommendations and by identifying elements of the policy and programmatic environment that need to be improved to support sustainable contraceptive use by young people. Addressing adolescents and young adults as a heterogeneous group with specific and evolving needs, whether they are in union or not and regardless of their age, is critical to meeting the challenges and ambitious goals set by countries. Adolescents and young people must also be considered as full-fledged actors in this process. Without neglecting the particularity of each country’s context, it is important that legislative and regu-

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Benin

1 Youth Use of Contraception

Benin plans to provide equitable access to quality family planning services to all vulnerable people, including girls of reproductive age, by 2030. The plan is to increase contraceptive prevalence by improving access to and supply of appropriate services from 11.7% in 2017 to 20% in 2026; more specifically, from 5.6% in 2018 to 10% in 2026 among women ages 15 to 19 and from 12.4% in 2018 to 20% in 2026 among women ages 20 to 24. These targets, as well as the actions to be implemented, were defined through a consultative process that included youth. To achieve these goals, Benin intends to increase the affordability of family planning services and strengthen the training of providers (such as midwives). However, these actions do not explicitly target youth. They are therefore part of a fairly comprehensive approach.

2 Policy Brief Recommendations in Country Context

R1: Strengthen outreach and resources to support all users. National and subnational strategy and policy documents include evaluation or monitoring and evaluation objectives to support all current and former users *but do not include measures to strengthen health information management systems (personalized follow-ups, digital tools, home visits, meetings at the health center, etc.).*

R2: Support youth access to the full range of family planning methods without restriction. The policy environment is supportive of youth access to contraceptives regardless of marital status, age, and third-party consent. *However, policies do not explicitly state that providers should refrain from imposing their personal biases and beliefs when providing FP services to youth, even though this is a recurring problem for unmarried youth.*

R3: Provide client-centered care by recognizing the diversity of youth's SRH needs. The policies specifically refer to the provision of youth-friendly family planning and contraceptive services as part of a package of services, including specific objectives to train providers at different

levels to offer adolescent-friendly contraceptive services and stipulating that a youth-friendly service setting should be confidential and affordable. *However, these policies do not emphasize the importance of client-centered care more generally.*

R4: Train and support providers in offering high-quality, supportive counseling to youth. The policies incorporate provisions for tailoring counseling to the needs and conditions of youth. *However, medical history taking, including previous contraceptive use and current contraceptive needs, is not explicitly addressed. The NCIP/FP Benin 2019–2023 notes that all contraceptive methods suffer from incomplete counseling.*

SELECTED INDICATORS

5.7 children per woman

Total fertility rate

108 per 1,000 (ages 15–19)

Adolescent fertility rate

20%

Adolescent fertility¹

11.7% (ages 15–49)

5.6% (ages 15–19)

12.4% (ages 20–24)

mCPR among all married or in-union women

33%

Contraceptive discontinuation rate among women ages 15–49 years

32.3% (ages 15–49)

33% (ages 15–19)

37% (ages 20–24)

Share of women in union with unmet need for contraception

50.6% (ages 15–49)

65.5% (ages 15–19)

41.7% (ages 20–24)

Share of women not in union with unmet need for contraception



Source: EDS BENIN 2017–2018.

1. Percentage of women aged 15–19 who have started their reproductive life.

R5: Build the capacity of youth to access contraceptives in the private sector. As part of the FP2030 commitments, Benin has renewed its 2015 goal of free contraceptives for youth by the end of 2022. *Currently, subsidized contraceptives are not available in the private sector.*

R6: Include a range of active follow-up mechanisms between consultations. Benin plans to implement high-impact strategies (community-based distribution, mobile strategies) *but currently has no proactive monitoring mechanism.*

R7: Offer the full range of methods at the point of care and advance the distribution of self-administered methods. Benin's policy environment protects the right of individuals to access a full range of contraceptive methods and the method of their choice. *However, it does not specifically ensure this access for youth. There is also no referral mechanism to broaden access to a variety of methods tailored to young people's needs, even in response to adverse effects.*

3 Relevance of the Country's Policies to the Implementation of the Recommendations

■ All indicators are positive
■ At least a third of the indicators are positive
■ Less than a third of the indicators are positive

CRITERIA	
R1	1.1 Measures to improve the quality of contraceptive counseling and follow-up mechanisms to ensure continued FP use among new and current users.
R2	2.1 No restrictions based on marital status.
	2.2 A protectionist approach to legislating youth access to FP services: Youth must be protected from potential harm, and parents or spouses should not be able to overrule their reproductive health decisions.
	2.3 No restrictions based on age.
	2.4 Obligation of the provider to provide services without discrimination, including on the basis of age, marital status, or gender.
R3	3.1 Family planning programs take into account the varying needs of youth, not treating them as a homogeneous group.
R4	4.1 Training and support for appropriate providers to understand that age, marital status, and gender are not contraindications for any contraceptive method and to provide comprehensive information to youth about the full range of methods.
R5	5.1 Improve contraceptive affordability for youth with low purchasing power.
R6	6.1 Favorable environment for implementing a set of monitoring mechanisms.
R7	7.1 Availability of the full range of FP methods, including self-administered methods, at service delivery points and through an effective referral mechanism to ensure that young people can access their preferred method and change immediately if they experience unacceptable side effects.

Burkina Faso

1 Youth Use of Contraception

July 1, 2020 will remain an important date in the policy of promoting family planning in Burkina Faso with the announcement of free services throughout the country. It is an extraordinary opportunity for women of childbearing age in need of family planning services, especially for adolescents and young people ages 15 to 24, whether or not they are in union. Representing nearly a quarter of the total population, they have contraceptive prevalence rates of 6.3% (ages 15–19) and 18.2% (ages 20–24). At the national level and for all women, the contraceptive prevalence rate is 15.3%. While national documents and policies recognize adolescents and youth as a specific group, there is still a need for implementation measures in light of the high level of unmet need and also to reach the ambitious target contraceptive prevalence rate of 41.3% by 2025 announced in the third generation of the national family planning plan and in the country's FP2030 commitments.

2 Policy Brief Recommendations in Country Context

R1: Strengthen outreach and resources to support all users. The policy and strategy documents have provided for monitoring and evaluation mechanisms to ensure that family planning indicators are changing. *However, there is no system for monitoring individual users to ensure that they do not abandon FP methods because they are not suitable for them.*

R2: Support youth access to the full range of family planning methods without restriction. Although laws and strategies state that youth and adolescents have access to contraceptive methods, regardless of age and marital status, *the policy context does not clarify that consent from a third-party (parent or spouse) is not required. Similarly, there is no provision that compels providers to abide by the terms of open access to contraceptive use for youth and adolescents.*

R3: Provide client-centered care by recognizing the diversity of youth's SRH needs. Regulations and strategies support the provision of family planning services that focus on the needs of youth.

R4: Train and support providers in offering high-quality, supportive counseling to youth. The training for staff providing planning services includes youth-friendly counseling and information about the side effects of methods and about myths and misconceptions about contraception. *However, the training does not necessarily include values clarification.*

R5: Build the capacity of youth to access contraceptives in the private sector. The policy landscape supports access to contraceptive methods in the private sector, *but these contraceptives are not subsidized for youth and adolescents.* The announcement in 2020 of free family

SELECTED INDICATORS¹

6 children per woman

Total fertility rate

130 per 1,000 (ages 15–19)

Adolescent fertility rate

23.6%

Adolescent fertility

14.3% (ages 15–49)

5.9% (ages 15–19)

17.3% (ages 20–24)

mCPR among all married or in-union women

20%

Contraceptive discontinuation rate among women ages 15–49

23.8% (ages 15–49)

21.1% (ages 15–19)

23.5% (ages 20–24)

Share of women in union with unmet need for contraception

Data not available (ages 15–49)

Data not available (ages 15–19)

Data not available (ages 20–24)

Share of women not in union with unmet need for contraception



Source: EDS 2010.

planning services should remove this financial barrier in both the public and private sectors.

R6: Include a range of active follow-up mechanisms between consultations. *There is no active follow-up mechanism for family planning users.*

R7: Offer the full range of methods at the point of care and advance the distribution of self-administered methods. *The policy landscape shows mechanisms for youth to access family planning services, including LARC methods and counseling. However, legislation does not require providers to offer these methods to youth who request them. Similarly, emergency contraception is not specifically listed as a method available to youth.*

3 Relevance of the Country's Policies to the Implementation of the Recommendations

■ All indicators are positive
■ At least a third of the indicators are positive
■ Less than a third of the indicators are positive

CRITERIA

R1	1.1	Measures to improve the quality of contraceptive counseling and follow-up mechanisms to ensure continued FP use among new and current users.
R2	2.1	No restrictions based on marital status.
	2.2	A protectionist approach to legislating youth access to FP services: Youth must be protected from potential harm, and parents or spouses should not be able to overrule their reproductive health decisions.
	2.3	No restrictions based on age.
	2.4	Obligation of the provider to provide services without discrimination, including on the basis of age, marital status, or gender.
R3	3.1	Family planning programs take into account the varying needs of youth, not treating them as a homogeneous group.
R4	4.1	Training and support for appropriate providers to understand that age, marital status, and gender are not contraindications for any contraceptive method and to provide comprehensive information to youth about the full range of methods.
R5	5.1	Improve contraceptive affordability for youth with low purchasing power.
R6	6.1	Favorable environment for implementing a set of monitoring mechanisms.
R7	7.1	Availability of the full range of FP methods, including self-administered methods, at service delivery points and through an effective referral mechanism to ensure that young people can access their preferred method and change immediately if they experience unacceptable side effects.

1. Data from the Demography and Health module were updated in 2014 through the Continuous Multisectoral Survey (CMS). However, they have not been officially published. The mCPR for all women in union used by the country in 2021 is 31.9% (see FP2030 commitments).

Côte d'Ivoire

1 Youth Use of Contraception

The Ivorian policy environment is, to some extent, favorable to access to contraception for youth and adolescents. Despite the limitations related to sociocultural contexts marked by providers' value judgments regarding unmarried youth, the national sexual and reproductive health policy requires equitable access to information and care regardless of gender, age, race, ethnicity, religion, region, or social class. It also emphasizes the right of every individual to make free and informed decisions about their sexuality and reproduction. Furthermore, the Ivorian reproductive health policy is part of a participatory approach in its design and implementation. However, enormous challenges remain, including that of free and easy access to contraceptive methods for young people.

2 Policy Brief Recommendations in Country Context

R1: Strengthen outreach and resources to support all users. National and subnational strategy and policy documents (NBSAP 2015-2020) include monitoring and evaluation objectives to strengthen the performance of FP services but do not mention *any means of tracking users through a proactive mechanism*.

R2: Support youth access to the full range of family planning methods without restriction. The Ivorian national SRH policy (2008) requires equitable access to information and care regardless of gender, age, race, ethnicity, religion, region, or social class. It also requires providers to allow youth to access medically prescribed FP services without personal bias or discrimination.

R3: Provide client-centered care by recognizing the diversity of youth's SRH needs. Policies specifically refer to the provision of youth-friendly FP and contraceptive services, including the National Population Policy (2015) and the Family Planning Strategic Plan (2012-2016).

R4: Train and support providers in offering high-quality, supportive counseling to youth. National family planning policies and guidelines incorporate requirements for youth-friendly, quality counseling practices with provider education and refresher courses that include

values clarification and knowledge of youth cognitive development and needs. *However, contraceptive counseling for Ivorian youth does not explicitly address medical history taking, including previous contraceptive use and current contraceptive needs.*

R5: Build the capacity of youth to access contraceptives in the private sector. *The challenge of making contraceptive methods free or easy to access for youth through subsidies (especially in the private sector) remains.*

SELECTED INDICATORS

4.6 children per woman

Total fertility rate

124 per 1,000 (ages 15-19)

Adolescent fertility rate

26.1%

Adolescent fertility

14.3% (ages 15-49)

7.3% (ages 15-19)

12% (ages 20-24)

mCPR among all married or in-union women

Data not available

Contraceptive discontinuation rate among women ages 15-49 years

30.5% (ages 15-49)

31.1% (ages 15-19)

35% (ages 20-24)

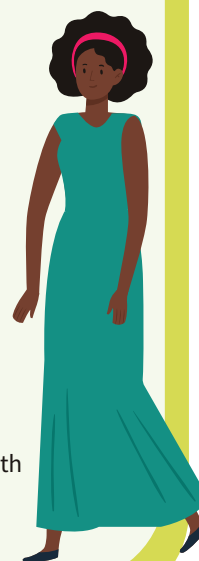
Share of women in union with unmet need for contraception

Data not available (ages 15-49)

Data not available (ages 15-19)

Data not available (ages 20-24)

Share of women not in union with unmet need for contraception



Source: MICS-5 2016.

R6: Include a range of active follow-up mechanisms between consultations. *There is no formal mechanism for collaboration between public and private health workers to ensure confidentiality and to promote the implementation of follow-up through the health system. Similarly, except for awareness-raising, the integration of digital interventions into family planning programs is not yet effective.*

R7: Offer the full range of methods at the point of care and advance the distribution of self-administered methods. *Ivorian laws and policies do not guarantee exclusive access for youth to their preferred method, including self-administered methods, at service delivery points and through an effective referral mechanism.*

3 Relevance of the Country's Policies to the Implementation of the Recommendations

- All indicators are positive
- At least a third of the indicators are positive
- Less than a third of the indicators are positive

CRITERIA

R1	1.1	Measures to improve the quality of contraceptive counseling and follow-up mechanisms to ensure continued FP use among new and current users.
R2	2.1	No restrictions based on marital status.
	2.2	A protectionist approach to legislating youth access to FP services: Youth must be protected from potential harm, and parents or spouses should not be able to overrule their reproductive health decisions.
	2.3	No restrictions based on age.
	2.4	Obligation of the provider to provide services without discrimination, including on the basis of age, marital status, or gender.
R3	3.1	Family planning programs take into account the varying needs of youth, not treating them as a homogeneous group.
R4	4.1	Training and support for appropriate providers to understand that age, marital status, and gender are not contraindications for any contraceptive method and to provide comprehensive information to youth about the full range of methods.
R5	5.1	Improve contraceptive affordability for youth with low purchasing power.
R6	6.1	Favorable environment for implementing a set of monitoring mechanisms.
R7	7.1	Availability of the full range of FP methods, including self-administered methods, at service delivery points and through an effective referral mechanism to ensure that young people can access their preferred method and change immediately if they experience unacceptable side effects.

Guinea

1 Youth Use of Contraception

As part of the FP2030 commitments, Guinea plans to increase the contraceptive prevalence rate among adolescents (ages 15–19) from 8.3% in 2020 to 12.8% in 2023 and among youth (ages 20–24) from 15.2% in 2020 to 19.7% in 2023. In order to achieve this, the country plans to improve the demand for FP services through awareness campaigns and the involvement of community-based intermediaries (CBIs) and CSOs. Supply and access will be strengthened through, among other things, the training of providers and the equipping of the public and private sectors, the practice of self-injection of DMPA-SC, community-based distribution (CBD), and the establishment of frameworks for dialogue between public authorities and partners: United Nations Population Fund, U.S. Agency for International Development, HP+, CSOs, and the Young Ambassadors. The country also plans to make FP services free by 2024. However, these actions mentioned in the FP2030 commitments are envisaged in a global approach without specifying the absence of restrictions related to age, marital status, or gender.

2 Policy Brief Recommendations in Country Context

R1: Strengthen outreach and resources to support all users. Monitoring and evaluation mechanisms exist in Guinea for FP, *but the country does not focus on support for users (new or current) or on active and personalized follow-up.*

R2: Support youth access to the full range of family planning methods without restriction. Although the country lacks age restrictions for FP services, *Guinea does not have laws or policies that explicitly encourage young people's access to FP regardless of their marital status or spousal consent. Also, there is no law requiring providers to provide services without discrimination or bias, including on the basis of age, marital status, or gender.*

R3: Provide client-centered care by recognizing the diversity of youth's SRH needs. The policies specifically reference the provision of youth-friendly FP and contraceptive services through one of the five general standards outlined in the Adolescent and Youth Friendly

Health Services Standards (2013). *However, the policies do not reflect greater personalization of service delivery and do not explicitly emphasize the importance of client-centered care.*

R4: Train and support providers in offering high-quality, supportive counseling to youth. FP programs, policies, and guidelines incorporate requirements for youth-friendly and quality counseling practices. Provider training and refresher courses include values clarification as well as knowledge of youth cognitive development and needs (NCIP/FP Guinea 2019–2023). *However, contraceptive counseling for youth does not explicitly address medical history taking, including previous contraceptive use and*

SELECTED INDICATORS

4.8 children per woman

Total fertility rate

120 per 1,000 (ages 15–19)

Adolescent fertility rate

26%

Adolescent fertility

10.6% (ages 15–49)

10.3% (ages 15–19)

11.4%¹ (ages 20–24)

mCPR among all married or in-union women

66%

Contraceptive discontinuation rate among women ages 15–49 years

22.1% (ages 15–49)

20.1% (ages 15–19)

20% (ages 20–24)

Share of women in union with unmet need for contraception

35.7% (ages 15–49)

Data not available (ages 15–19)

Data not available (ages 20–24)

Unmet needs among women not in union



Source: EDS 2018.

current contraceptive needs. There is also no mention of the need to proactively address side effects while providing information that is easy to understand and dispels myths and misconceptions about contraception.

R5: Build the capacity of youth to access contraceptives in the private sector. Guinea plans to provide free family planning services in all public health facilities in the country by 2024. Targets for increasing access to FP/RH for adolescents and youth—including those in vulnerable situations—and the capacity of service delivery points are also mentioned in the Guinea 2019-2023 NCIP/FP. However, access to subsidized contraceptives in the private sector is not mentioned.

R6: Include a range of active follow-up mechanisms between consultations. The Guinean policy environment does not include active follow-up mechanisms between consultations (phone calls, SMS or automated text messages/bots, home visits by a health worker, etc. while ensuring confidentiality solutions).

R7: Offer the full range of methods at the point of care and advance the distribution of self-administered methods. The availability of the full range of modern FP methods at service delivery points is a priority and is clearly reflected in strategic documents, but there is no effective referral mechanism to ensure that youth can access their preferred method and switch immediately in case of unacceptable side effects.

3 Relevance of the Country's Policies to the Implementation of the Recommendations

- All indicators are positive
- At least a third of the indicators are positive
- Less than a third of the indicators are positive

CRITERIA	
R1	1.1 Measures to improve the quality of contraceptive counseling and follow-up mechanisms to ensure continued FP use among new and current users.
R2	2.1 No restrictions based on marital status. 2.2 A protectionist approach to legislating youth access to FP services: Youth must be protected from potential harm, and parents or spouses should not be able to overrule their reproductive health decisions. 2.3 No restrictions based on age. 2.4 Obligation of the provider to provide services without discrimination, including on the basis of age, marital status, or gender.
R3	3.1 Family planning programs take into account the varying needs of youth, not treating them as a homogeneous group.
R4	4.1 Training and support for appropriate providers to understand that age, marital status, and gender are not contraindications for any contraceptive method and to provide comprehensive information to youth about the full range of methods.
R5	5.1 Improve contraceptive affordability for youth with low purchasing power.
R6	6.1 Favorable environment for implementing a set of monitoring mechanisms.
R7	7.1 Availability of the full range of FP methods, including self-administered methods, at service delivery points and through an effective referral mechanism to ensure that young people can access their preferred method and change immediately if they experience unacceptable side effects.

1. DHS 2018 does not provide the mCPR for all women (in and out of union).

1 Youth Use of Contraception

Contraceptive use in Mali is guided by two key documents: Law No. 02-044 of 2002 and the NCIP/FP 2019-2023. The Multisectoral Action Plan for Adolescent/Youth Health 2017-2022 specifically addresses the issue of youth and adolescents. These laws and national strategic documents are in line with the international commitments made by Mali. As such, the country has renewed its commitments to the implementation of the ICPD+25 roadmap and the FP2030 initiative. Particular emphasis is placed on access and the specific needs of adolescents and young people ages 15 to 24 because of their high representation in the population. To adequately address these needs, several frameworks are open to the active participation of youth in the processes of developing, monitoring, and evaluating programmatic documents. Young people also participate in the main RH consultation frameworks, including the RH Thematic Group and the FP and adolescent/youth health (AYH) multisectoral groups.

2 Policy Brief Recommendations in Country Context

R1: Strengthen outreach and resources to support all users. National and subnational strategy and policy documents include evaluation or monitoring and evaluation objectives to support all current and former users *but do not include measures to strengthen health information management systems (personalized follow-ups, digital tools, home visits, meetings at the health center, etc.).*

R2: Support youth access to the full range of family planning methods without restriction. The policy environment is supportive of youth access to contraceptives regardless of marital status, age, and third-party consent. *However, policies do not explicitly state that providers should refrain from imposing their personal biases and beliefs when providing FP services to youth.* Adolescent girls/youth, especially those who are unmarried, are vulnerable to bias.

R3: Provide client-centered care by recognizing the diversity of youth's SRH needs. The policies specifically refer to the provision of youth-friendly family planning and contraceptive services as part of a package of services, including specific objectives to train providers at different

levels to offer adolescent-friendly contraceptive services and stipulating that a youth-friendly service setting should be confidential and affordable.

R4: Train and support providers in offering high-quality, supportive counseling to youth. Mali's 2019-2023 NCIP/FP builds on the previous plan by identifying activities to train providers—and the staff who train them—to adapt their practice to the needs of youth, create spaces that emphasize confidentiality, and reduce stigma and discrimination. The Guide to Constructive Male Engagement in Reproductive Health addresses confidentiality, *but the documents do not specifically address values clarification or requiring a medical history that includes previous contraceptive use.*

SELECTED INDICATORS

6.3 children per woman

Total fertility rate

164 per 1,000 (ages 15-19)

Adolescent fertility rate

36%

Adolescent fertility

15.4% (ages 15-49)

7.5% (ages 15-19)

17.1% (ages 20-24)

mCPR among all married or in-union women

37.7%

Contraceptive discontinuation rate among women ages 15-49 years

23.9% (ages 15-49)

19.8% (ages 15-19)

21.8% (ages 20-24)

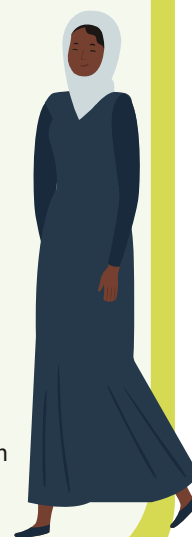
Share of women in union with unmet need for contraception

51.3% (ages 15-49)

Data not available (ages 15-19)

Data not available (ages 20-24)

Share of women not in union with unmet need for contraception



Source: EDS 2018.

R5: Build the capacity of youth to access contraceptives in the private sector. The government has set prices for (subsidized) contraceptive products, but the actual prices charged for LARCs vary between and within the public and private sectors. *There are no subsidized products in the private sector for youth.*

R6: Include a range of active follow-up mechanisms between consultations. *The policy environment does not include active follow-up mechanisms between consulta-*

tions (phone calls, SMS or automated text messages/bots, home visits by a health worker, etc. while ensuring confidentiality solutions).

R7: Offer the full range of methods at the point of care and advance the distribution of self-administered methods. The full range of contraceptive methods is available through health services, *but there are no specific measures for youth access to emergency methods and LARC methods.*

3 Relevance of the Country's Policies to the Implementation of the Recommendations

- All indicators are positive
- At least a third of the indicators are positive
- Less than a third of the indicators are positive

CRITERIA	
R1	<div>1.1</div> Measures to improve the quality of contraceptive counseling and follow-up mechanisms to ensure continued FP use among new and current users.
R2	<div>2.1</div> No restrictions based on marital status. <div>2.2</div> A protectionist approach to legislating youth access to FP services: Youth must be protected from potential harm, and parents or spouses should not be able to overrule their reproductive health decisions. <div>2.3</div> No restrictions based on age. <div>2.4</div> Obligation of the provider to provide services without discrimination, including on the basis of age, marital status, or gender.
R3	<div>3.1</div> Family planning programs take into account the varying needs of youth, not treating them as a homogeneous group.
R4	<div>4.1</div> Training and support for appropriate providers to understand that age, marital status, and gender are not contraindications for any contraceptive method and to provide comprehensive information to youth about the full range of methods.
R5	<div>5.1</div> Improve contraceptive affordability for youth with low purchasing power.
R6	<div>6.1</div> Favorable environment for implementing a set of monitoring mechanisms.
R7	<div>7.1</div> Availability of the full range of FP methods, including self-administered methods, at service delivery points and through an effective referral mechanism to ensure that young people can access their preferred method and change immediately if they experience unacceptable side effects.

Mauritania

1 Youth Use of Contraception

As part of the FP2030 commitments, Mauritania has set a goal of increasing the modern contraceptive prevalence rate among married women from 19% in 2020 to 25% in 2025. To achieve this goal, it plans to strengthen, with the help of its partners, the supply of FP services and to make the full range of contraceptive methods available in all facilities at the national level; to train FP providers, including on LARCs (in particular IUDs); to relocate the supply of services to the peri-urban and rural levels by ensuring monthly mobile activities; and to strengthen the integrated distribution circuit for reproductive health products. It is committed to strengthening FP/RH services tailored to the needs of adolescents and youth between 2021 and 2025 by developing and implementing a communication strategy targeting youth in a participatory manner, training 1,000 AYRH providers, and creating 400 school-based RH clubs. However, Mauritania does not explicitly legislate youth access to the full range of contraceptives without restriction. As an Islamic Republic, Mauritania has laws and policies that encourage the use of contraception only in the context of marriage.

2 Policy Brief Recommendations in Country Context

R1: Strengthen outreach and resources to support all users. *There is no monitoring and evaluation mechanism in Mauritania that focuses on supporting new or existing users. Similarly, the health system does not use any user follow-up system (personalized follow-up, digital tool, home visit, meeting at the health center, etc.) to ensure that users do not stop using contraception.*

R2: Support youth access to the full range of family planning methods without restriction. Mauritania has no laws or policies that explicitly allow youth access to FP without restrictions related to age or marital status. *Nor is there any text specifying that third-party consent is not required.* The Reproductive Health Bill (2017) provides that all individuals, including adolescents, are equal in rights and dignity with respect to RH and prohibits discrimination based on marital status, *but this text remains in draft form.*

R3: Provide client-centered care by recognizing the diversity of youth's SRH needs. *No law or policy states that providers must avoid discriminating against or judging youth.*

R4: Train and support providers in offering high-quality, supportive counseling to youth. Family planning programs view youth as a specific and heterogeneous group. Therefore, their needs are addressed in an appropriate manner. *Mauritanian policies and laws do not link provider training to judgmental issues and do not address confidentiality or history taking related to prior contraceptive use.*

SELECTED INDICATORS

6.1 children per woman

Total fertility rate

84 per 1,000 (ages 15–19)

Adolescent fertility rate

17%

Adolescent fertility

15.6% (ages 15–49)

7.7% (ages 15–19)

15.9% (ages 20–24)

mCPR among all married or in-union women

Data not available

Contraceptive discontinuation rate among women ages 15–49 years

33.6% (ages 15–49)

38.9% (ages 15–19)

34.9% (ages 20–24)

Share of women in union with unmet need for contraception

Data not available (ages 15–49)

Data not available (ages 15–19)

Data not available (ages 20–24)

Unmet needs among women not in union



Source: MICS 2015.

R5: Build the capacity of youth to access contraceptives in the private sector. *Mauritania does not have mechanisms to provide free access to contraceptives for youth.*

R6: Include a range of active follow-up mechanisms between consultations. *The texts do not mention any mechanisms for monitoring clients.*

R7: Offer the full range of methods at the point of care and advance the distribution of self-administered methods. *Mauritania does not guarantee youth access to their preferred method or to self-administered methods at service delivery points and does not have a referral mechanism.*

3 Relevance of the Country's Policies to the Implementation of the Recommendations

- All indicators are positive
- At least a third of the indicators are positive
- Less than a third of the indicators are positive

CRITERIA

R1	1.1	Measures to improve the quality of contraceptive counseling and follow-up mechanisms to ensure continued FP use among new and current users.
R2	2.1	No restrictions based on marital status.
	2.2	A protectionist approach to legislating youth access to FP services: Youth must be protected from potential harm, and parents or spouses should not be able to overrule their reproductive health decisions.
	2.3	No restrictions based on age.
	2.4	Obligation of the provider to provide services without discrimination, including on the basis of age, marital status, or gender.
R3	3.1	Family planning programs take into account the varying needs of youth, not treating them as a homogeneous group.
R4	4.1	Training and support for appropriate providers to understand that age, marital status, and gender are not contraindications for any contraceptive method and to provide comprehensive information to youth about the full range of methods.
R5	5.1	Improve contraceptive affordability for youth with low purchasing power.
R6	6.1	Favorable environment for implementing a set of monitoring mechanisms.
R7	7.1	Availability of the full range of FP methods, including self-administered methods, at service delivery points and through an effective referral mechanism to ensure that young people can access their preferred method and change immediately if they experience unacceptable side effects.

Niger

1 Youth Use of Contraception

Niger is the OP country with the highest fertility and lowest modern contraceptive prevalence rates. In 2021, as part of FP2030 commitments, national authorities committed to reaching 36.8% of women of reproductive age using FP by 2030. The strategies to achieve this goal are based on both demand creation through community interventions and on expanding the supply of quality services (e.g., self-injection of DMPA-SC and revitalization and expansion of school and university infirmaries). These strategies are part of increasing access to FP services for adolescents and young people in school and out-of-school settings, strengthening the family life education program and consolidating the intersectoral nature of FP as described in the 2018 FP Operational Plan, which includes the Ministries of Public Health, Population, Education, Finance, and Youth.

2 Policy Brief Recommendations in Country Context

R1: Strengthen outreach and resources to support all users. The policy and strategy documents have provided for monitoring and evaluation mechanisms to ensure that family planning indicators are changing. *However, there is no system for monitoring individual users to ensure that they do not abandon FP methods because they are not suitable for them.*

R2: Support youth access to the full range of family planning methods without restriction. Although the 2006 Reproductive Health Law recognizes RH as a universal human right to be free from discrimination, including based on age or marital status, it is more specific about the rights of married couples. *No text explicitly supports access to and use of methods by youth. Similarly, the policy landscape is silent on obtaining third-party consent and on the obligation of providers to provide services without discrimination.*

R3: Provide client-centered care by recognizing the diversity of youth's SRH needs. The 2018 operational plan includes building provider capacity to deliver quality family planning and reproductive health care services to youth and adolescents.

R4: Train and support providers in offering high-quality, supportive counseling to youth. Training for planning service providers includes youth-friendly counseling, method side effects, and myths and misconceptions about contraception. *However, these trainings do not include values clarification.*

R5: Build the capacity of youth to access contraceptives in the private sector. *The policy landscape supports access to contraceptive methods in the private sector, but contraceptives are not subsidized in either the public or private sectors.*

SELECTED INDICATORS

7.6 children per woman

Total fertility rate

206 per 1,000 (ages 15–19)

Adolescent fertility rate

40.4%

Adolescent fertility

11% (ages 15–49)

3.7% (ages 15–19)

11.8% (ages 20–24)

mCPR among all married or in-union women

Data not available

Contraceptive discontinuation rate among women ages 15–49 years

16% (ages 15–49)

13.1% (ages 15–19)

18.4% (ages 20–24)

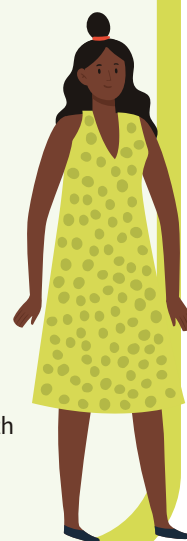
Share of women in union with unmet need for contraception

Data not available (ages 15–49)

Data not available (ages 15–19)

Data not available (ages 20–24)

Share of women not in union with unmet need for contraception



Source: EDS 2012.

R6: Include a range of active follow-up mechanisms between consultations. *There is no active follow-up mechanism for family planning users.*

R7: Offer the full range of methods at the point of care and advance the distribution of self-administered methods. Niger has mechanisms in place for youth to

access family planning services, including LARC methods and counseling. However, legislation does not require the provider to provide these methods to youth who request them. Similarly, strategies and plans do not encourage youth to use emergency contraception, self-administered methods, or LARC methods.

3 Relevance of the Country's Policies to the Implementation of the Recommendations

- All indicators are positive
- At least a third of the indicators are positive
- Less than a third of the indicators are positive

CRITERIA

R1	1.1	Measures to improve the quality of contraceptive counseling and follow-up mechanisms to ensure continued FP use among new and current users.
R2	2.1	No restrictions based on marital status.
	2.2	A protectionist approach to legislating youth access to FP services: Youth must be protected from potential harm, and parents or spouses should not be able to overrule their reproductive health decisions.
	2.3	No restrictions based on age.
	2.4	Obligation of the provider to provide services without discrimination, including on the basis of age, marital status, or gender.
R3	3.1	Family planning programs take into account the varying needs of youth, not treating them as a homogeneous group.
R4	4.1	Training and support for appropriate providers to understand that age, marital status, and gender are not contraindications for any contraceptive method and to provide comprehensive information to youth about the full range of methods.
R5	5.1	Improve contraceptive affordability for youth with low purchasing power.
R6	6.1	Favorable environment for implementing a set of monitoring mechanisms.
R7	7.1	Availability of the full range of FP methods, including self-administered methods, at service delivery points and through an effective referral mechanism to ensure that young people can access their preferred method and change immediately if they experience unacceptable side effects.

Senegal

1 Youth Use of Contraception

Following its adherence to the OP, the Ministry of Health and Social Action repositioned FP in its 2009-2018 National Health Development Plan (PNDS), one of whose four fundamental objectives is to reduce the burden of maternal and infant/child morbidity and mortality. The national contraceptive prevalence rate (CPR) target was set at 45% by 2020 based on a scenario developed with the support of Track 20. This objective has not been reached, but the country remains committed to reaching 46% contraceptive prevalence by 2025. The same deadline has been set for the signing of the decree implementing the RH law promulgated in 2005. This enforcement decree aims to promote, among other things, FP from a human rights perspective. The participation of young people is considered fundamental in the process of writing the texts and advocating for the signing of the decree. Furthermore, with 61% of the population under the age of 24, Senegal aims to reduce unmet need among married adolescents ages 15 to 19 from 22.9% in 2019 to 15% in 2026 and among young women ages 20 to 24 from 19.6% in 2019 to 10% in 2026. No mention is made of unmarried young women.

2 Policy Brief Recommendations in Country Context

R1: Strengthen outreach and resources to support all users. The policy and strategy documents have provided for monitoring and evaluation mechanisms to ensure that family planning indicators are changing. *However, there is no system for monitoring individual users to ensure that they do not abandon FP methods because they are not suitable for them.*

R2: Support youth access to the full range of family planning methods without restriction. Although laws and strategies state that youth and adolescents have access to contraceptive methods, regardless of age and marital status, *the policy does not clarify that third-party consent is not required.* However, providers have an obligation to offer FP services to youth without bias.

R3: Provide client-centered care by recognizing the diversity of youth's SRH needs. Regulations and strate-

gies support the provision of family planning services that focus on the needs of youth.

R4: Train and support providers in offering high-quality, supportive counseling to youth. Training for family planning staff addresses the specific needs of youth *but does not include values clarification.*

R5: Build the capacity of youth to access contraceptives in the private sector. The policy landscape supports subsidized access to contraceptive methods. *However, there is no clear indication that such subsidies could also apply to the private sector.*

SELECTED INDICATORS

4.7 children per woman

Total fertility rate

71 per 1,000 (ages 15–19)

Adolescent fertility rate

13.8%

Adolescent fertility

17.9% (ages 15–49)

2.3% (ages 15–19)

12.8% (ages 20–24)

mCPR among all married or in-union women

Data not available

Contraceptive discontinuation rate among women ages 15–49 years

21.7% (ages 15–49)

22.9% (ages 15–19)

19.6% (ages 20–24)

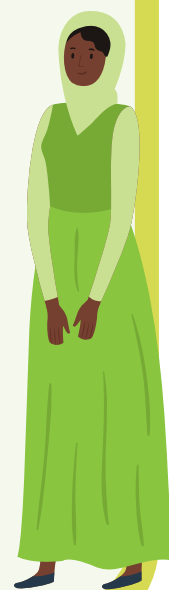
Share of women in union with unmet need for contraception

Data not available (ages 15–49)

Data not available (ages 15–19)

Data not available (ages 20–24)

Share of women not in union with unmet need for contraception



Source: EDS 2019.

R6: Include a range of active follow-up mechanisms between consultations. *There is no active follow-up mechanism for family planning users.*

R7: Offer the full range of methods at the point of care and advance the distribution of self-administered

methods. Senegal has mechanisms for youth to access family planning services, including LARCs, emergency contraception, and counseling. *Self-administered methods are not part of the range of methods available to youth.*

3 Relevance of the Country's Policies to the Implementation of the Recommendations

■ All indicators are positive
■ At least a third of the indicators are positive
■ Less than a third of the indicators are positive

CRITERIA

R1	1.1	Measures to improve the quality of contraceptive counseling and follow-up mechanisms to ensure continued FP use among new and current users.
R2	2.1	No restrictions based on marital status.
	2.2	A protectionist approach to legislating youth access to FP services: Youth must be protected from potential harm, and parents or spouses should not be able to overrule their reproductive health decisions.
	2.3	No restrictions based on age.
	2.4	Obligation of the provider to provide services without discrimination, including on the basis of age, marital status, or gender.
R3	3.1	Family planning programs take into account the varying needs of youth, not treating them as a homogeneous group.
R4	4.1	Training and support for appropriate providers to understand that age, marital status, and gender are not contraindications for any contraceptive method and to provide comprehensive information to youth about the full range of methods.
R5	5.1	Improve contraceptive affordability for youth with low purchasing power.
R6	6.1	Favorable environment for implementing a set of monitoring mechanisms.
R7	7.1	Availability of the full range of FP methods, including self-administered methods, at service delivery points and through an effective referral mechanism to ensure that young people can access their preferred method and change immediately if they experience unacceptable side effects.

Togo

1 Youth Use of Contraception

Togo's goal is to reach a contraceptive prevalence rate of 29.5% in women of reproductive age by 2026. Achieving this goal will require the creation of an enabling environment, demand creation, provision of quality FP services, and resource mobilization. The country has set a goal of reducing the youth and adolescent fertility rate to 56 per 1,000 by 2026. To do so, major multisectoral interventions must be put in place and involve, among others, the ministries in charge of gender equality, education, and youth. In addition, the country has a national program to combat teenage pregnancy and teenage marriage that expired in 2019 and needs to be updated.

2 Policy Brief Recommendations in Country Context

R1: Strengthen outreach and resources to support all users. The policy and strategy documents have provided for monitoring and evaluation mechanisms to ensure that family planning indicators are changing. *However, there is no system for monitoring individual users to ensure that they do not abandon FP methods because they are not suitable for them.*

R2: Support youth access to the full range of family planning methods without restriction. Although laws and strategies state that youth and adolescents have access to contraceptive methods regardless of age and marital status, *the policy context does not clarify that third-party consent is not required. Providers have an obligation to offer family planning services to youth without bias.*

R3: Provide client-centered care by recognizing the diversity of youth's SRH needs. Regulations and strategies support the provision of family planning services that focus on the needs of youth.

R4: Train and support providers in offering high-quality, supportive counseling to youth. Training for family planning staff addresses the specific needs of youth *but does not include values clarification.*

R5: Build the capacity of youth to access contraceptives in the private sector. The policy landscape supports access to contraceptive methods, including subsidies if

needed. These subsidies take into account private services that have established contracts with the state.

R6: Include a range of active follow-up mechanisms between consultations. *There are no mechanisms for actively monitoring family planning users.*

R7: Offer the full range of methods at the point of care and advance the distribution of self-administered methods. *The policy landscape is not conducive to youth access to the full range of family planning services, including LARC methods and emergency contraception.*

SELECTED INDICATORS

4.8 children per woman

Total fertility rate

84 per 1,000 (ages 15–19)

Adolescent fertility rate

16.5%

Adolescent fertility

16.7% (ages 15–49)

10.1% (ages 15–19)

20.5% (ages 20–24)

mCPR among all married or in-union women

Data not available

Contraceptive discontinuation rate among women ages 15–49 years

33.6% (ages 15–49)

41.6% (ages 15–19)

39.5% (ages 20–24)

Share of women in union with unmet need for contraception

Data not available (ages 15–49)

Data not available (ages 15–19)

Data not available (ages 20–24)

Share of women not in union with unmet need for contraception



Source: EDS 2014.

3 Relevance of the Country's Policies to the Implementation of the Recommendations

- All indicators are positive
- At least a third of the indicators are positive
- Less than a third of the indicators are positive

CRITERIA

R1	1.1	Measures to improve the quality of contraceptive counseling and follow-up mechanisms to ensure continued FP use among new and current users.
R2	2.1	No restrictions based on marital status.
	2.2	A protectionist approach to legislating youth access to FP services: Youth must be protected from potential harm, and parents or spouses should not be able to overrule their reproductive health decisions.
	2.3	No restrictions based on age.
	2.4	Obligation of the provider to provide services without discrimination, including on the basis of age, marital status, or gender.
R3	3.1	Family planning programs take into account the varying needs of youth, not treating them as a homogeneous group.
R4	4.1	Training and support for appropriate providers to understand that age, marital status, and gender are not contraindications for any contraceptive method and to provide comprehensive information to youth about the full range of methods.
R5	5.1	Improve contraceptive affordability for youth with low purchasing power.
R6	6.1	Favorable environment for implementing a set of monitoring mechanisms.
R7	7.1	Availability of the full range of FP methods, including self-administered methods, at service delivery points and through an effective referral mechanism to ensure that young people can access their preferred method and change immediately if they experience unacceptable side effects.

References

- Cathryn Streifel, “Best Practices for Sustaining Youth Contraceptive Use,” Jan. 22, 2021
- Christine Power et al., [Youth Family Planning Policy Scorecard](#), PRB, March 2022

Benin

- FP 2030 Commitments
- Demographic and Health Survey 2017-2018
- Law No. 2003-04 of March 3, 2003, on Sexual Health and Reproduction
- Law No. 2021-12 of December 20, 2021, modifying and completing the Law No. 2003-04 of March 3, 2003, relative to Sexual Health and Reproduction
- National Costed Implementation Plan for Family Planning (NCIP/FP) 2019-2023

Burkina Faso

- FP 2030 Commitments
- Demographic and Health Survey 2010
- Continuous Multi-Sector Survey (CMS) 2014
- Law No. 049-2005/AN on Reproductive Health

Côte d’Ivoire

- FP 2020 Commitments
- Demographic and Health Survey and Multiple Indicator Cluster Survey 2011-2012
- National Costed Implementation Plan for Family Planning (NCIP/FP) 2015-2020
- National Reproductive Health Policy, 2020
- Multiple Indicator Cluster Survey 5 - 2016

Guinea

- FP 2030 Commitments
- Demographic and Health Survey 2018
- National Costed Implementation Plan for Family Planning (NCIP/FP) 2019-2023
- National Economic and Social Development Plan (PNDES) 2016-2020
- Guinea’s National Health Development Plan (PNDS) 2015-2024

Mali

- FP 2030 Commitments
- Demographic and Health Survey 2018
- National Costed Implementation Plan for Family Planning (NCIP/FP) 2019-2023
- Law No. 02-044 of June 24, 2002, on Reproductive Health

Mauritania

- FP 2030 Commitments
- Law No. 2017-25 on Reproductive Health
- Demographic and Health Survey 2019
- Multiple Indicator Cluster Survey (MICS) 2015

Niger

- FP 2030 Commitments
- Family Planning in Niger: OPERATIONAL PLAN 2018
- Demographic and Health Survey 2012
- Law adopted by the National Assembly on May 24, 2006, on Reproductive Health

Senegal

- FP 2030 Commitments
- Continuous Demographic and Health Survey (DHS-Continuous) 2019
- National Strategic Framework for Family Planning 2016-2020

Togo

- FP 2030 Commitments
- Demographic and Health Survey 2013-2014
- Law No. 2007-005 of January 10, 2007, on Reproductive Health



Annexes:

Details of the Analysis for Each Country

Benin

RECOMMENDATION 1

Criterion 1.1

INDICATOR: 1.1.1 **MEASUREMENT: YES**

NCIP Benin 2019-2023, p. 44

- Incorporates the notion of additional users.

INDICATOR: 1.1.2 **MEASUREMENT: NO**

RECOMMENDATION 2

Criterion 2.1

INDICATOR: 2.1.1 **MEASUREMENT: YES**

Benin Scorecard

- Law No. 2003-04 of March 3, 2003 on sexual and reproductive health stipulates that patients must receive all RH care without any discrimination based on age.
- Universal nature of the right to reproductive health: (...) no discrimination on the basis of age, sex, property, religion, ethnicity or marital status.
- Right to non-discrimination. (...) reproductive health care without discrimination based on gender, marital status (...)

Criterion 2.2

INDICATOR: 2.2.1 **MEASUREMENT: YES**

Benin Scorecard

- The “right to non-discrimination” enshrined in Law No. 2003-04 of March 3, 2003, on sexual and reproductive health stipulates that the authorization of parents and partners is not required to receive RH care.

Criterion 2.3

INDICATOR: 2.3.1 **MEASUREMENT: YES**

Benin Scorecard

- Law No. 2003-04 of March 3, 2003, on sexual and reproductive health stipulates that patients must receive all RH care without any discrimination based on age.
 - Universal nature of the right to reproductive health: (...) no discrimination on the basis of age, sex, property, religion, ethnicity or marital status (...).
 - Right to non-discrimination: Patients are entitled to receive all reproductive health care without discrimination based on gender, marital, health, or other status, ethnicity, religion, age, or ability to pay.
- Law No. 2015-08 on the Children's Code provides that every person under the age of 18 has the right to access RH. Article 156, on reproductive health of the child: (...) access to reproductive health without any form of discrimination, coercion, or violence. They have the right to the fullest information on the advantages and disadvantages of reproductive health, on family planning and contraceptive methods, and on the effectiveness of sexual and reproductive health services.

Criterion 2.4

INDICATOR: 2.4.1 **MEASUREMENT: NO**

Benin Scorecard

- The National Costed Implementation Plan for Repositioning Family Planning in Benin (2014-2018) recognizes that provider judgment of young people, especially those who are unmarried, is a pervasive problem that prevents young people from accessing family planning services.
- However, Benin's policies do not explicitly state that providers should refrain from imposing their personal biases and beliefs when providing FP services to youth.

RECOMMENDATION 3

Criterion 3.1

INDICATOR: 3.1.1 **MEASUREMENT: NO**

INDICATOR: 3.1.2 **MEASUREMENT: YES**

Benin Scorecard

- The National Multisectoral Strategy for Adolescent and Youth Sexual and Reproductive Health in Benin (2010-2020) and the National Reproductive Health Program (2011-2015) both include specific objectives to train providers at different levels to offer adolescent-friendly contraceptive services.
- The National Multi-Sector Strategy states that a youth-friendly service framework must be confidential and affordable.

RECOMMENDATION 4

Criterion 4.1

INDICATOR: 4.1.1 MEASUREMENT: YES

Benin Scorecard

- Provider training, described in the National Costed Implementation Plan for Repositioning Family Planning in Benin (2014-2018), aims to reduce provider bias against youth in the provision of family planning methods.

PANB Benin 2019-2023

- A9. Implement FP/RH services adapted to youth and adolescents, regardless of their marital status and place of residence. Integrate interventions that are better adapted to specific FP service needs of young people, whether they are in or out of school in urban or rural areas. This requires capacity building for providers to offer services and to promote integrated FP/STI/HIV interventions.

INDICATOR: 4.1.2 MEASUREMENT: YES

Benin FP2030

- Commitment Goal 3: Increase contraceptive prevalence through improved access and provision of appropriate services from 11.7% in 2017 to 20% in 2026.
- Train providers on youth-friendly services.

NCIP Benin 2019-2023

- A4. Building the capacities of public and private health care providers to offer friendly and age-appropriate AYRH services: Strengthening the capacities of 5% of public and private health care providers (i.e., 114 health care providers) per year that offer FP services adapted to adolescents and young people will make it possible to remove bias of certain providers against adolescents and young people who come to the health centers to adopt FP methods. This will be achieved through training, the development of care facilities, and supervision and monitoring of services.

INDICATOR: 4.1.3 MEASUREMENT: NO

NCIP Benin 2019-2023

- All FP methods suffer from incomplete counseling.

Planned:

- O.A.2./A1. Build providers' capacities to offer quality FP services (Quality Assurance of Services, specific counseling, contraceptive technologies, formative supervision, etc.).
- O.A.2./ A4. Build the capacity of public and private health care providers to offer user-friendly and adapted AYRH services in order to remove the bias of some providers against adolescents and young people who come to the health centers to adopt FP methods (training, development of care facilities, and supervision and monitoring of services).

RECOMMENDATION 5

Criterion 5.1

INDICATOR: 5.1.1 **MEASUREMENT: NO**

Benin FP2030

- Commitment Goal 2: Provide free family planning to all girls and women of reproductive age by the end of December 2022.

NAPB Benin 2019-2023

- The country's commitment to provide free modern FP methods to youth by 2015 has not yet been met.

Benin Scorecard

- The Operational Plan for the Reduction of Maternal and Neonatal Mortality in Benin includes among its priorities for 2018-2022 the provision of free contraceptive methods to improve adolescent access to FP.
- The National Health Development Plan (2018-2022) also includes among its priority actions free access to FP for youth and women of reproductive age, in order to reduce morbidity and mortality among adolescents and youth.

INDICATOR: 5.1.2 **MEASUREMENT: NO**

NAPB Benin 2014-2018, p. 56

Planned, not actual.

- A2. Expansion of FP service provision through social franchising by contracting with CSOs and private health facilities: To expand the provision of FP services by private sector health facilities, the social franchise should increase contracting the provision of FP services from 115 franchised health facilities to 165 in 2023—that is, 50 additional private clinics. The contracting will add an average of 10 private clinics per year from 2019 to 2023.

RECOMMENDATION 6

Criterion 6.1

INDICATOR: 6.1.1 **MEASUREMENT: YES** *assuming FP2030 is implemented*

Benin FP2030

Commitment Goal 3:

- Service offering: Scaling up high-impact strategies (CBD, mobile strategies, DMPA-SC, self-injection, PPFP, task shifting).

INDICATOR: 6.1.2 **MEASUREMENT: NO**

INDICATOR: 6.1.3 **MEASUREMENT: NO**

Nothing related to the follow-up of the users

Efforts aimed at general information

RECOMMENDATION 7

Criterion 7.1

INDICATOR: 7.1.1 **MEASUREMENT: NO**

Benin Scorecard

- Benin does not have a policy to expand youth access to a full range of contraceptive methods.
- Benin's policy environment protects the right of individuals to access a full range of contraceptive methods and the method of their choice. **However**, it does not specifically ensure this access for youth.
- Law No. 2003-04 of March 3, 2003, on sexual health and reproduction stipulates that the full range of legal contraceptive methods must be authorized and available after medical consultation as part of the right of each person to choose his or her method from a range of safe and effective contraceptive methods. **However, it does not specify that this same right should be extended to young people.**
- According to the National Multisectoral Strategy for Adolescent and Youth Sexual and Reproductive Health in Benin (2010-2020), which specifically addresses RH among youth, RH includes the right of individuals to obtain contraceptive methods of their choice, **without explicitly stating that youth should have access to a full range of contraceptive options.**

INDICATOR: 7.1.2 **MEASUREMENT: NO**

NAPB Benin 2019-2023

- O.A1. Expansion of community-based distribution (CBD) of subcutaneous injectable and self-injection in 7 Health Zones per year.
- Nothing about referrals.
- Nothing about youth.

INDICATOR: 7.1.3 **MEASUREMENT: NO**

Benin Scorecard

- Benin's political environment does not specifically favor youth access to EC.

INDICATOR: 7.1.4 **MEASUREMENT: NO**

Benin Scorecard

- According to the National Multisectoral Strategy for Adolescent and Youth Sexual and Reproductive Health in Benin (2010-2020), which specifically addresses RH among youth, RH includes the right of individuals to obtain contraceptive methods of their choice, without explicitly stating that youth should have access to a full range of contraceptive options.
- Benin does not have a policy to expand youth access to a full range of contraceptive methods, including LARCs.

INDICATOR: 7.1.5 **MEASUREMENT: NO**

PANB Benin 2019-2023

Not specified for youth and adolescents.

- O.A.1./A7. Integrate FP and LARC into RH services in public and private health facilities that do not yet offer it.
- O.A.1./A8. Strengthen the integration of FP services into other health services (HIV/AIDS, malaria, immunization, nutrition, etc.) using the VSI /FP approach (systematic identification of client FP needs) and make contraceptive products and counseling available in all RH services.

Criterion 7.1 (continued)

INDICATOR: 7.1.6 **MEASUREMENT: NO**

NAPB Benin 2019-2023

- Benin has adopted and has at its disposal the law on reproductive health (RH law) and its application texts that are currently being signed. The RH law integrates national strategic orientations while respecting the international commitments ratified by the country. The purpose of Benin's RH law is to define reproductive health standards and the legal provisions that govern them. It also establishes the rights in this area and sanctions all forms of violation of these rights.

INDICATOR: 7.1.7 **MEASUREMENT: NO**

Same as 7.1.6.

Burkina Faso

RECOMMENDATION 1

Criterion 1.1

INDICATOR: 1.1.1 **MEASUREMENT: YES**

- [National Recovery Plan FP 2013-2015](#), pp. 12-21
- [PNAPF Burkina 2017-2020](#) (expectation of additional users)

INDICATOR: 1.1.2 **MEASUREMENT: NO**

- [National FP Recovery Plan 2013-2015](#), p. 21—Monitoring and evaluation: Monitoring and evaluation of plan implementation is mentioned, “Provide data collection and patient monitoring tools in health facilities,” but no longer appears in subsequent plans.
- [PNAPF Burkina 2017-2020](#), p. 40—Coordination, monitoring, and evaluation: Mentions the inadequacy of the data collection system.

RECOMMENDATION 2

Criterion 2.1

INDICATOR: 2.1.1 **MEASUREMENT: YES**

[Burkina Faso Scorecard](#)

- The Reproductive Health Act (2005) states that all individuals, including adolescents, have equal rights and dignity with respect to RH throughout their lives, regardless of their marital status.

Criterion 2.2

INDICATOR: 2.2.1 **MEASUREMENT: NO**

[Burkina Faso Scorecard](#)

- The Reproductive Health Policies and Standards in Burkina Faso (2010) stipulate that access to reversible contraceptive methods should not be subject to the husband’s permission.
- However, they do not explicitly mention the absence of a parental consent requirement.

Criterion 2.3

INDICATOR: 2.3.1 **MEASUREMENT: YES**

[Burkina Faso Scorecard](#)

- The Reproductive Health Act (2005) states that all individuals, including youth, have equal rights and dignity with respect to RH throughout their lives, regardless of age.

Criterion 2.4

INDICATOR: 2.4.1 MEASUREMENT: NO

Burkina Faso Scorecard

- There is no law or policy that addresses provider authorization.
- Although the Adolescent and Youth Health Strategic Plan (2015-2020) describes provider bias as a barrier to youth accessing health care, it does not include an explicit statement that providers may not assert personal biases or discriminate when offering FP services to youth.

RECOMMENDATION 3

Criterion 3.1

INDICATOR: 3.1.1 MEASUREMENT: YES

Reproductive Health Protocol 2009 states that “Counseling should focus on the individual needs of each client by ensuring:

- the right to privacy and confidentiality of the interview to preserve the client’s self-esteem and self-confidence in all circumstances;
- freedom of expression;
- informed consent;
- voluntary choice;
- respect for the client’s rights;
- client capacity building.”

INDICATOR: 3.1.2 MEASUREMENT: YES

National Family Planning Acceleration Plan 2017-2020

- Objective 2: Ensure FP service coverage and access to quality services by building the capacity of public, private, and community-based providers and targeting rural youth and remote areas with an expanded range of methods including scaling up LARCs and PPFP, improving delivery to youth.
- OA2.1. Improved access to contraception for adolescents and young people, including those in vulnerable situations. Contracts will be signed with local NGOs to overcome difficulties of geographical access. The FP points of service will be provided with medical supplies and contraceptive products to ensure quality FP services. Finally, advocacy will be carried out for free contraceptive products for adolescents and youth.
- OA3.1. Build the capacity of service providers offering contraceptive services to youth and adolescents. Building the capacities of point of service (POS) providers to offer FP services better adapted to the specific needs of adolescents and young people will make it possible to increase the use of FP/contraception services among adolescents in POS. This will be achieved through training, the development of care facilities, and supervision and monitoring of services.
- Planning (P3.1). Revision of the public health code to ensure access to contraceptive services for adolescents and youth.

Integrated Strategic Plan for Reproductive, Maternal, Newborn, Child, Adolescent, Youth, and Elderly Health (SRMNIA-PA) 2017-2020

- Family planning is addressed as a cross-cutting issue because it concerns all the targets of the integrated strategic plan.

RECOMMENDATION 4

Criterion 4.1

INDICATOR: 4.1.1 **MEASUREMENT: YES**

Burkina Faso Scorecard

- The Reproductive Health Act (2005) also states that adolescents have the right to make decisions about their RH and to obtain information about all contraceptive methods.
- The Adolescent and Youth Health Strategic Plan (2015-2020) includes the addition of a goal to train and supervise providers in the delivery of youth-friendly SRH services, to counteract “*non-respectful and judgmental provider attitudes, and the right to confidentiality not being respected.*”
 - Axis 2: Improving the offering of care and quality AYRH services / Continuous training of providers at the health facility level / Strengthening the supervision of providers.

INDICATOR: 4.1.2 **MEASUREMENT: NO**

- Training of providers is mentioned in the FP2030 commitments without specifying that this should address values clarification.
- No law or strategy requires providers to clarify their values.

INDICATOR: 4.1.3 **MEASUREMENT: YES**

Reproductive Health Protocols (July 2009), p. 6

- Family planning counseling
- Counseling is a one-on-one meeting in a quiet setting between a client or couple seeking counseling and a counselor in which the counselor helps the client or couple understand, analyze their reproductive health needs, and choose a free and informed solution to address it (+ details on goals and basic principles, including support, listening, information, choices, options, etc.).

Training manual for FP providers

- Counseling for the different methods should include information about side effects (Fact Sheet, pp. 135-184).

RECOMMENDATION 5

Criterion 5.1

INDICATOR: 5.1.1 **MEASUREMENT: YES**

Burkina Faso Scorecard

- The Adolescent and Youth Health Strategic Plan (2015-2020) includes specific plans to make services more financially accessible for youth by ensuring free services and alternative payment options.
- The National Guidelines on School and University Health in Burkina Faso (2008) state that youth centers should provide affordable contraceptives to students and stress the importance of confidentiality in providing services to youth.
- In December 2018, the Council of Ministers adopted a decree from the Minister of Health granting free access to FP care in Burkina Faso: “for the implementation of the measure of free family planning in the public health structures of our country and an intensification of the offer of family planning services for the benefit of the populations, especially adolescents, youth, and populations living in rural areas.”

INDICATOR: 5.1.2 **MEASUREMENT: NO**

- The FP2030 commitments mention increasing the availability of services, specifying “100% public health facilities” without mentioning the private sector.

RECOMMENDATION 6

Criterion 6.1

INDICATOR: 6.1.1 **MEASUREMENT: NO**

Nothing for client follow-up.

INDICATOR: 6.1.2 **MEASUREMENT: NO**

Nothing for follow-up through the health system.

INDICATOR: 6.1.3 **MEASUREMENT: NO**

No policy or strategy found.

RECOMMENDATION 7

Criterion 7.1

INDICATOR: 7.1.1 MEASUREMENT: YES

Burkina Faso Scorecard

- The Reproductive Health Act (2005) states that adolescents have the right to make decisions about their RH and to obtain information about all contraceptive methods.
- The Reproductive Health Protocols (2009) state that adolescents should have access to all FP methods regardless of age or marital status.
- The protocols include LARCs in the list of contraceptive methods that should be available to youth.
- Burkina Faso's National Population Policy (2000) contains an objective on promoting the use of RH services among adolescents, with the goal of providing a full range of contraceptive methods.
- One of the goals of Burkina Faso's National Family Planning Acceleration Plan (2017-2020) is to expand the range of FP methods that can benefit youth, including LARC methods.

INDICATOR: 7.1.2 MEASUREMENT: NO

NAPBFP Burkina 2017-2020, p. 54

- OA5.4. Expansion of community-based distribution of subcutaneous injectable and self-injection in 10 Health Zones per year
- Nothing about referrals
- Nothing about youth

INDICATOR: 7.1.3 MEASUREMENT: NO

Burkina Faso Scorecard

- The health protocols do not include EC in the list of contraceptives that must be available to youth.

INDICATOR: 7.1.4 MEASUREMENT: YES

Burkina Faso Scorecard

- The Reproductive Health Protocols (2009) state that adolescents should have access to all methods regardless of age or marital status.
- Burkina Faso's National Population Policy (2000) contains an objective on promoting the use of RH services among adolescents, with the goal of providing a full range of contraceptive methods.
- One of the goals of Burkina Faso's National Family Planning Acceleration Plan (2017-2020) is to expand the range of methods that can benefit youth, particularly LARC methods.

INDICATOR: 7.1.5 MEASUREMENT: YES

Burkina Faso Scorecard

- One of the goals of Burkina Faso's National Family Planning Acceleration Plan (2017-2020) is to expand the range of methods that can benefit youth, particularly LARC methods.

Criterion 7.1 (continued)

INDICATOR: 7.1.6 MEASUREMENT: NO

- No legal obligation.
- However, in Reproductive Health Protocols (July 2009), p. 133:
 - “Adolescents and youth of all ages and marital status should have access to all contraceptive methods. Unnecessary clinical procedures that may discourage adolescents and youth from seeking care should be avoided.”
 - Types of contraception among adolescents and youth (10-24 years):
 - Abstinence
 - Barrier methods (male and female condoms, spermicides)
 - Combined oral contraceptives
 - Progestin-only oral contraceptives
 - Natural methods (necklace, MAO)
 - Injectables
 - Implants
 - IUDs

INDICATOR: 7.1.7 MEASUREMENT: NO

Same as 7.1.6.

Côte d'Ivoire

RECOMMENDATION 1

Criterion 1.1

INDICATOR: 1.1.1 **MEASUREMENT: YES**

- NCIP/FP (2015-2020) recognizes that adolescents and youth face judgment from providers and includes specific activities to develop training manuals, train and supervise providers, and evaluate the performance of centers offering AY services:
 - Supervision of the services offered by the trained providers.
 - Performance evaluation of youth services centers.

INDICATOR: 1.1.2 **MEASUREMENT: NO**

No existing mechanism to report.

RECOMMENDATION 2

Criterion 2.1

INDICATOR: 2.1.1 **MEASUREMENT: YES**

Côte d'Ivoire Scorecard

- NICP/FP (2015-2020) states that providers' and parents' judgment of adolescents, especially unmarried adolescents, is a barrier to accessing FP services: Adolescents and youth who are not in union are afraid to meet their parents and other adults at FP access points and feel that their use of FP is frowned upon by providers, who prefer to offer methods only to married women.
- The Adolescent Health Curriculum for Health Care Providers (2006), a WHO training document that was formally adopted by the National School and University Health Program at the Ministry of Health and Public Hygiene for training providers to offer youth-friendly services, includes recommendations on providing contraceptive services for unmarried youth, unmarried adolescents, etc.
- Adolescents, especially those in exclusive relationships, may also want to use other, more sustainable methods [than condoms]. Contraceptive providers should support this decision.

Criterion 2.2

INDICATOR: 2.2.1 **MEASUREMENT: NO**

Côte d'Ivoire Scorecard

- No law or policy addresses parental or spousal consent for youth to access FP services.
- NCIP/FP (2015-2020) states that providers' and parents' judgment of adolescents, especially unmarried adolescents, is a barrier to accessing FP services: Adolescents and youth who are not in union are afraid to meet their parents and other adults at FP access points and feel that their use of FP is frowned upon by providers, who prefer to offer methods only to married women.

Criterion 2.3

INDICATOR: 2.3.1 **MEASUREMENT: YES**

Côte d'Ivoire Scorecard

- The National Reproductive Health and Family Planning Policy Document (second edition, 2008) ensures equitable access to SRH care regardless of age: In light of these rights, the National SRH Policy requires equitable access to information and care regardless of gender, age, race, ethnicity, religion, region, or social class. It also emphasizes the right of every individual to make free and informed decisions about his or her sexuality and reproduction. In this light, this national reproductive health policy statement is based on the following core values: solidarity, equity, ethics, and gender sensitivity.
- The National Population Policy (2015) contains a specific objective of empowering women, which will be achieved by promoting universal access to SRH for women, girls, and youth:
 - General Objective 4: Ensure women's empowerment and gender equity.
 - Specific objective 4.1: Reduce gender inequality and gender-based violence.
- This requires advocating for universal access to sexual and reproductive health, especially for women, girls, and youth, including during times of conflict and emergency.

Criterion 2.4

INDICATOR: 2.4.1 **MEASUREMENT: YES**

Côte d'Ivoire Scorecard

- A law or policy requires providers to allow youth to access medically prescribed FP services without personal bias or discrimination.
- The Standards for Adolescent and Youth Friendly Health Services in Côte d'Ivoire (undated), which include contraception in the minimum package of services, emphasize the importance of providers having the appropriate skills and attitudes for AY service delivery: Standard II: All POS providers have the knowledge, skills, and attitudes required to provide AY-friendly services.

RECOMMENDATION 3

Criterion 3.1

INDICATOR: 3.1.1 **MEASUREMENT: YES**

Côte d'Ivoire Scorecard

- The National Population Policy (2015) includes a strategy to develop and expand youth-friendly SRH services, and the Family Planning Strategic Plan (2012-2016) includes an intervention to develop standards for SRH services for youth.
- The National Strategic Plan for Adolescent and Youth Health (2016-2020) addresses provider training for youth-friendly services, including SRH.
- The Family Planning Strategic Plan (2012-2016) includes specific interventions to establish youth-friendly FP services, including training for providers.
- NCIP/FP (2015-2020) recognizes that adolescents and youth face judgment from providers and includes specific activities to develop training manuals, train and supervise providers, and evaluate the performance of centers offering AY services.

INDICATOR: 3.1.2 **MEASUREMENT: YES**

Same as 3.1.1.

Policies refer specifically to the provision of youth-friendly FP and contraceptive services (as part of a package of services).

RECOMMENDATION 4

Criterion 4.1

INDICATOR: 4.1.1 **MEASUREMENT: YES**

- The National Strategic Plan for Adolescent and Youth Health (2016-2020) addresses provider training for youth-friendly services, including SRH.
- The Family Planning Strategic Plan (2012-2016) includes specific interventions to establish youth-friendly FP services, including training for providers.
- NCIP/FP (2015-2020) recognizes that adolescents and youth face judgment from providers and includes specific activities to develop training manuals, train and supervise providers, and evaluate the performance of centers offering AY services.

INDICATOR: 4.1.2 **MEASUREMENT: YES**

- The Adolescent and Youth Friendly Health Services Standards in Côte d'Ivoire propose activities to train providers to adopt an attitude free of stigma and discrimination when providing AY services: Standard II: All POS providers have the knowledge, skills, and attitudes required to provide AY- friendly services.
- These standards also describe young people's right to privacy and confidentiality when accessing services. The Family Planning Strategic Plan and the Reproductive Health Strategic Plan include the same intervention to advocate for reduced costs of SRH services for youth: Conduct advocacy with the government for reduced costs of SRH care for all adolescents and youth in all health facilities.

INDICATOR: 4.1.3 **MEASUREMENT: NO**

RECOMMENDATION 5

Criterion 5.1

INDICATOR: 5.1.1 MEASUREMENT: NO

INDICATOR: 5.1.2 MEASUREMENT: NO

RECOMMENDATION 6

Criterion 6.1

INDICATOR: 6.1.1 MEASUREMENT: NO

Nothing in terms of a follow-up mechanism.

INDICATOR: 6.1.2 MEASUREMENT: NO

INDICATOR: 6.1.3 MEASUREMENT: NO

Nothing in terms of a follow-up mechanism.

RECOMMENDATION 7

Criterion 7.1

INDICATOR: 7.1.1 MEASUREMENT: NO

- The National Strategic Plan for Adolescent and Youth Health (2016-2020) describes the minimum package of services for adolescents, which includes contraception, but does not list the methods that should be available to youth.
 - The Adolescent Health Curriculum for Health Care Providers (2006), a World Health Organization (WHO) training document officially adopted by the National School and University Health Program of the Ministry of Health and Public Hygiene of Côte d'Ivoire, includes eligibility criteria for all contraceptive methods. However, this document presents outdated medical eligibility criteria for IUDs and implants. It restricts IUD use based on age and parity.
-

INDICATOR: 7.1.2 MEASUREMENT: NO

INDICATOR: 7.1.3 MEASUREMENT: NO

Criterion 7.1 (continued)

INDICATOR: 7.1.4 MEASUREMENT: NO

- The Adolescent Health Curriculum for Health Care Providers (2006), a WHO training document officially adopted by the National School and University Health Program of the Ministry of Health and Public Hygiene of Côte d'Ivoire, includes eligibility criteria for all contraceptive methods. However, this document presents outdated medical eligibility criteria for IUDs and implants. It restricts IUD use based on age and parity: IUDs are not recommended for women under 20 because of the high risk of expulsion in younger women who have not yet given birth.

INDICATOR: 7.1.5 MEASUREMENT: NO

INDICATOR: 7.1.6 MEASUREMENT: NO

INDICATOR: 7.1.7 MEASUREMENT: NO

Guinea

RECOMMENDATION 1

Criterion 1.1

INDICATOR: 1.1.1 **MEASUREMENT: NO**

Monitoring and evaluation mechanisms exist but are not focused on supporting new and existing users.

INDICATOR: 1.1.2 **MEASUREMENT: NO**

Nothing in terms of a follow-up mechanism.

RECOMMENDATION 2

Criterion 2.1

INDICATOR: 2.1.1 **MEASUREMENT: NO**

Guinea Scorecard

- A law or policy supports single women's access to FP services but contains language that promotes FP rights for married couples.
- Indeed, there is some confusion because the law expands access to FP services regardless of marital status but places particular emphasis on the rights of married couples.

Criterion 2.2

INDICATOR: 2.2.1 **MEASUREMENT: NO**

Guinea Scorecard

- No law or policy addresses parental or spousal consent for youth to access FP services.

Criterion 2.3

INDICATOR: 2.3.1 **MEASUREMENT: YES**

Guinea Scorecard

- The Reproductive Health Act (2000) states that RH is a guaranteed right for all individuals, regardless of age.
- The Adolescent and Youth Friendly Health Services Standards (2013) state that youth have the right to access quality health services, regardless of age.
- The service standards include contraception as part of the minimum package of services for adolescents and support youth access to these services regardless of age.

Criterion 2.4

INDICATOR: 2.4.1 **MEASUREMENT: NO**

Guinea Scorecard

- No law or policy addresses provider authorization.
- The Guinean political environment does not explicitly prohibit providers from expressing personal bias or discrimination.

RECOMMENDATION 3

Criterion 3.1

INDICATOR: 3.1.1 **MEASUREMENT: NO**

Nothing in the SRH standards.

INDICATOR: 3.1.2 **MEASUREMENT: YES**

Guinea Scorecard

- One of the five general standards outlined in the Adolescent and Youth Friendly Health Services Standards (2013) addresses planned activities to engage communities around youth-friendly services, including contraceptive services.
- Standard 4: The community—including adolescents and youth—facilitates the development and use of adolescent and youth-friendly health services.

RECOMMENDATION 4

Criterion 4.1

INDICATOR: 4.1.1 **MEASUREMENT: YES**

Guinea Scorecard

- The Adolescent and Youth Friendly Health Services Standards (2013) include a goal to ensure that providers are trained to deliver youth-friendly services:
- All providers have the knowledge, skills, and positive attitudes (required) to provide adolescent and youth-friendly services.
- The Reproductive Health Standards and Procedures (2016) describe procedures that providers should follow when meeting with youth at each level of the health system. For example, the document encourages providers to listen carefully to youth.

Criterion 4.1 (continued)**INDICATOR: 4.1.2 MEASUREMENT: YES**

- NCIP/FP Guinea (2019-2023) identifies a specific objective to improve the capacity of youth-friendly FP service providers:
 - OA1.4. Build the capacity of health facility providers to access contraception and AYRH services tailored to adolescents and married youth: Building the capacities of POS providers to offer FP services better adapted to the specific needs of adolescents and young people will make it possible to increase the use of FP/contraception services among adolescents in points of service. This will be done through training, facility design, and supervision and monitoring of services.
- The National Strategic Plan for Maternal, Newborn, Child, Adolescent, and Youth Health (2016-2020) includes activities to build the capacity of providers of youth-friendly services and to address the stigma that youth may face.

INDICATOR: 4.1.3 MEASUREMENT: NONCIP Guinea 2019-2023

- First of the 9 Challenges Related to Service Supply and Access (low quality of FP service supply including intake/counseling); pp. 52 and 53 .

RECOMMENDATION 5**Criterion 5.1****INDICATOR: 5.1.1 MEASUREMENT: YES** *assuming FP2030 commitments are implemented*Guinea FP2030—Planned

- Commitment Goal 3: Make family planning services free in all public health facilities in the country by 2024.

NCIP/FP Guinea 2019-2023—Planned

- Service Offerings and Access, p. 69.
 - OA3.1. Increase access to FP/RH contraception for adolescents and youth, including those in vulnerable situations.
 - OA3.2. Build the capacity of service delivery points (offering contraceptive services for youth and adolescents).

INDICATOR: 5.1.2 MEASUREMENT: NONCIP Guinea 2019-2023—Planned

- Service Offerings and Access, p. 70.
- A3.3. Support other sectors like the private sector.

RECOMMENDATION 6

Criterion 6.1

INDICATOR: 6.1.1 **MEASUREMENT: NO**

Nothing in terms of a follow-up mechanism.

INDICATOR: 6.1.2 **MEASUREMENT: NO**

INDICATOR: 6.1.3 **MEASUREMENT: NO**

Nothing in terms of a follow-up mechanism.

RECOMMENDATION 7

Criterion 7.1

INDICATOR: 7.1.1 **MEASUREMENT: YES** *but without referrals*

Guinea Scorecard

- The Adolescent and Youth Friendly Health Service Standards (2013) emphasize the minimum package of services for adolescents, which makes the full range of contraceptive methods available to youth. However, the service standards do not specify that these methods include LARCs.
- Guinea's NCIP/FP (2019-2023) includes targeting youth in FP service delivery by expanding the range of methods, including increased use of LARCs.

NCIP Guinea 2019-2023, p. 69

- OA2.8. Integrate FP into RH services in public and private health facilities that do not yet offer it.
-

INDICATOR: 7.1.2 **MEASUREMENT: NO**

NCIP Guinea 2019-2023, p. 67

- OA2.2. Expand community-based strategy (CBS) for subcutaneous injectable and self-injection in 8 provincial health departments per year (DMPA-SC, etc.).
 - Nothing about referrals.
 - Nothing about youth.
-

INDICATOR: 7.1.3 **MEASUREMENT: NO**

Criterion 7.1 (continued)**INDICATOR: 7.1.4 MEASUREMENT: NO**Guinea Scorecard

- A law or policy supports youth access to a full range of FP methods, but it does not specify whether this full range includes LARCs.
- The Adolescent and Youth Friendly Health Service Standards (2013) emphasize the minimum package of services for adolescents, which makes the full range of contraceptive methods available to youth. However, the service standards do not specify that these methods include LARCs.

INDICATOR: 7.1.5 MEASUREMENT: NONCIP/FP Guinea 2019-2023, p. 69—Planned

- OA2.8. Integration of FP into the RH services of public and private health facilities that do not yet offer it: Long-acting methods will be integrated each year into 30 public and private health facilities that offer only short-acting methods.

INDICATOR: 7.1.6 MEASUREMENT: NOGuinea Scorecard

- The plan calls for the provision of LARCs to youth, but Guinea's policy environment does not require health providers to offer these methods regardless of age.

INDICATOR: 7.1.7 MEASUREMENT: NO*Same as 7.1.6.*

RECOMMENDATION 1

Criterion 1.1

INDICATOR: 1.1.1 MEASUREMENT: YES

- NCIP Mali 2019-2023 (June 2019) / Executive Summary (p. viii, para. 3) / Operational and Strategic Objectives of the NCIP 2019-2023 (including Tables 12-16), pp. 45-47.
- National and regional targets for mCPR, users, and additional users.

INDICATOR: 1.1.2 MEASUREMENT: NO

- NCIP Mali 2019-2023 (June 2019) / Table 12 Challenges and causes related to supervision, monitoring, and evaluation (Challenge C4: Causes / p. 39).
- Weak data collection system at all levels.
- Weak monitoring and supervision of activities at all levels.

RECOMMENDATION 2

Criterion 2.1

INDICATOR: 2.1.1 MEASUREMENT: YES

Mali Scorecard

- Law No. 02-044 on reproductive health (2002) stipulates that access to reproductive health for each person and each couple is guaranteed:
 - Article 3: Men and women have the equal right to freedom, responsibility, information, and the use of any method of family planning or regulation of their choice that is not contrary to law.
 - Article 4: Every individual and couple has the right to free access to reproductive health services and to the highest attainable standard of care.
- Mali's NCIP/FP (2019-2023) interprets the law as guaranteeing access to contraception for individuals and couples:
 - In June 2002, the country passed the Reproductive Health Law, which guarantees the right of all couples and individuals to quality family planning information and services.
- The Action Plan also supports access to contraception for young people regardless of their marital status:
 - Contraceptives are distributed indiscriminately to all women (married and unmarried).

Criterion 2.2

INDICATOR: 2.2.1 MEASUREMENT: NO

Mali Scorecard – Insufficient

- Law No. 02-044 on reproductive health (2002) stipulates that spousal consent is required for permanent contraceptive methods, except in cases of life-threatening pregnancy, with a second medical opinion (...)
- The Reproductive Health Services Policy and Standards (2019) reaffirm the law and state that all contraceptives, with the exception of permanent contraceptives, must be offered to all recipients without parental or spousal consent.

However,

- Youth cannot access permanent methods without spousal and parental consent. To improve the policy environment, policymakers should legally protect young people's access to all FP services without the consent of a parent or spouse.

Criterion 2.3

INDICATOR: 2.3.1 MEASUREMENT: YES

Mali Scorecard

- The Reproductive Health Services Policy and Standards (2019) state that contraceptives should be offered to all adolescents and youth: Beneficiaries of contraceptive services are men, women of reproductive age, especially young women without children, multiparous women, people with STI/HIV/AIDS risk behavior, people with mental health conditions, and young adults.

Criterion 2.4

INDICATOR: 2.4.1 MEASUREMENT: NO

Mali Scorecard

- No law or policy requires providers to authorize FP services prescribed to youth by a physician, without personal bias or discrimination.

RECOMMENDATION 3

Criterion 3.1

INDICATOR: 3.1.1 **MEASUREMENT: YES**

Mali Scorecard

- NCIP/FP (2019-2023) recognizes the importance of an enabling environment for access to family planning. Its first strategic priority is to create demand, especially for youth and adolescents, by developing partnerships with the community.
- The Social Health Development Program (2014-2018) includes a plan to train parents to communicate with teens on SRH.

INDICATOR: 3.1.2 **MEASUREMENT: YES**

Mali Scorecard

- Mali's NCIP/FP (2019-2023) addresses the need for FP programs to be youth friendly and refers to the Adolescent and Youth Health and Development Strategic Plan (2017-2021), which aims to improve the health and development of young people through youth-friendly services.

RECOMMENDATION 4

Criterion 4.1

INDICATOR: 4.1.1 **MEASUREMENT: YES**

Mali Scorecard

- Mali's NCIP/FP (2019-2023) builds on the previous plan by identifying activities to train providers—and the staff who train them—to be more youth friendly, create spaces that emphasize confidentiality, and reduce stigma and discrimination.
- The *Guide to Constructive Male Engagement in Reproductive Health* addresses confidentiality. Objective: To increase the number of adolescents and young adults trained and educated in sexual and reproductive health who adopt positive behavior in the community. Strategies: ...Building trust and confidentiality with adolescents and youth when seeking RH services.

INDICATOR: 4.1.2 **MEASUREMENT: NO**

Nothing specific on values clarification or knowledge of youth cognitive development and needs.

INDICATOR: 4.1.3 **MEASUREMENT: NO**

Nothing specific.

RECOMMENDATION 5

Criterion 5.1

INDICATOR: 5.1.1 **MEASUREMENT: NO**

- NCIP/FP Mali 2019-2023 / FP Service Supply and Access (in Key Issues and Challenges), p. 33—Insufficient
- The government has set prices for (subsidized) contraceptive products, but the actual prices charged for LARCs vary between and within the public and private sectors.

INDICATOR: 5.1.2 **MEASUREMENT: NO**

- NCIP Mali 2019-2023 (June 2019) / Table 11 Challenges and causes related to policy, enabling environment, and financing (Challenge E2: Causes / p. 37).
- Lack of third-party payment mechanisms.

RECOMMENDATION 6

Criterion 6.1

INDICATOR: 6.1.1 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

INDICATOR: 6.1.2 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

INDICATOR: 6.1.3 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

RECOMMENDATION 7

Criterion 7.1

INDICATOR: 7.1.1 **MEASUREMENT: YES** *but without referrals*

Mali Scorecard

- The Ten-Year Health and Social Development Plan (2014-2023) affirms the need to make all available methods, including long-acting contraceptive methods, available to youth.
- The Reproductive Health Services Policy and Standards (2019) also support adolescent and youth access to contraceptive methods.
- The Reproductive Health Services Policy and Standards (2005) describe the reproductive services that should be available to adolescents and include a full range of short- and long-acting contraceptive options.

Criterion 7.1 (continued)**INDICATOR: 7.1.2 MEASUREMENT: NO**NCIP/FP Mali 2019-2023

- Activity: Expand innovative FP supply skills transfer strategies (clinical mentoring, coaching, *small dose, high frequency*, self-injectable DMPA-SC to women) including in crisis-affected areas.
- Nothing about referrals
- Nothing about youth

INDICATOR: 7.1.3 MEASUREMENT: NOMali Scorecard

- The policy and standards also include EC in the general list of contraceptive methods, but not in the section reserved for adolescent SRH. Therefore, it is unclear whether the policy includes making EC available to youth.

INDICATOR: 7.1.4 MEASUREMENT: NOMali Scorecard – Insuffisant

- While the policy environment is supportive of youth access to contraceptive methods, it does not **explicitly** state that youth have access to a range of methods, including LARCs, regardless of age, marital status, or parity.

INDICATOR: 7.1.5 MEASUREMENT: YESMali Scorecard

- The Ten-Year Health and Social Development Plan (2014-2023) affirms the need to make all available methods, including long-acting contraceptive methods, available to youth:
 - RS-1.3. Family planning is better repositioned in RH activities, etc. The priority interventions selected in this area are as follows: Development of specific interventions to strengthen the continuity of the supply of quality FP services, particularly the use of long-term methods, increasing the demand for FP services and facilitating access to FP services for women, men, youth, and adolescents.

BUT NCIP Mali 2019-2023

- Explains that there is a general lack of skilled staff to provide FP services, especially long-acting methods (LARCs); plans to train 1,571 providers on contraceptive technology, including LARCs and PPF and Sayana Press; and has no explicit goals linking LARCs and youth.

INDICATOR: 7.1.6 MEASUREMENT: NO

Nothing specific in the documents consulted.

INDICATOR: 7.1.7 MEASUREMENT: NO

Nothing specific in the documents consulted.

Mauritania

RECOMMENDATION 1

Criterion 1.1

INDICATOR: 1.1.1 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

INDICATOR: 1.1.2 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

RECOMMENDATION 2

Criterion 2.1

INDICATOR: 2.1.1 **MEASUREMENT: NO**

The Reproductive Health Bill (2017) provides that all individuals, including adolescents, have equal rights and dignity in RH and prohibits discrimination based on marital status:

Article 7

- All individuals, including adolescents and children, and all couples have equal rights and dignity in matters of reproductive health.
- The right to reproductive health is a fundamental universal right guaranteed to all human beings throughout their lives.

Criterion 2.2

INDICATOR: 2.2.1 **MEASUREMENT: NO**

- Mauritania's National Costed Implementation Plan for Birth Spacing (2019-2023) recognizes the difficulty young people have in discussing FP with their parents. However, no law or policy prohibits parental or spousal consent for youth to access FP services.

Criterion 2.3

INDICATOR: 2.3.1 MEASUREMENT: NO

The Reproductive Health Bill (2017) mentions that all individuals, including adolescents, have equal rights and dignity in reproductive health; it also prohibits age discrimination:

Article 7

- All individuals, including adolescents and children, and all couples have equal rights and dignity in matters of reproductive health.
- The right to reproductive health is a fundamental universal right guaranteed to all human beings throughout their lives.
- No individual may be deprived of this right, which he or she enjoys without any discrimination on the basis of age, sex, property, color, religion, ethnicity, marital status, or any other situation.

However,

- Although the law guarantees information and education on all birth spacing methods, it does not guarantee access to a range of contraceptive services, including LARCs.
- In addition, the Family Planning Guide to Birth Spacing, revised edition (April 2008), which includes protocols for each contraceptive method, states that oral contraceptives are the method of choice for adolescents and that the IUD should be avoided.

Criterion 2.4

INDICATOR: 2.4.1 MEASUREMENT: NO

- The National Costed Implementation Plan for Birth Spacing (2019-2023) recognizes the stigma patients face when seeking FP services.
- The FP service offer is inadequate for adolescents and youth. The staff at the centers do not know how to receive them. One example is the lack of confidentiality and sometimes even harsh judgments on the part of center staff. In addition, when FP services are available, access is lacking, either geographically or financially, especially for adolescents and young people in vulnerable situations.
- However, no law or policy states that providers must avoid discriminating against or judging youth.

RECOMMENDATION 3

Criterion 3.1

INDICATOR: 3.1.1 MEASUREMENT: YES

- The National Reproductive Health Program: Draft Action Plan (2007) contains specific interventions to pilot and study the feasibility of youth-friendly SRH services. The National Reproductive Health Program: RH Strategic Plan (2008-2012) aims to increase the provision of youth-friendly SRH services. It recommends training providers in specific techniques for communicating with youth and offering certain FP methods to youth (condoms, oral contraception, and emergency contraception).
- The Costed Implementation Plan for Birth Spacing (2019-2023) contains a specific intervention to train providers to offer youth-friendly services.

Criterion 3.1 (continued)

INDICATOR: 3.1.2 MEASUREMENT: YES

- The National Reproductive Health Program: Draft Action Plan (2007) contains specific interventions to pilot and study the feasibility of youth-friendly SRH services. The National Reproductive Health Program: RH Strategic Plan (2008-2012) aims to increase the provision of youth-friendly SRH services. It recommends training providers in specific techniques for communicating with youth and offering certain FP methods to youth (condoms, oral contraception, and emergency contraception).
- The Costed Implementation Plan for Birth Spacing (2019-2023) contains a specific intervention to train providers to offer youth-friendly services.
 - OA1.4. Build the capacity of health facility providers in accessing contraceptive and ARH adapted services for adolescents and married youth. Building the capacity of POS providers in the area of offering FP services better adapted to the specific needs of adolescents and youth will increase the use of FP/contraception services among adolescents and youth in POS. This will be achieved through training, the development of care structures, and supervision and monitoring of services.
- The Action Plan also describes an activity to offer free family planning on “family planning days” and includes a priority action to advocate for free family planning on an ongoing basis, especially for adolescents and youth.

RECOMMENDATION 4

Criterion 4.1

INDICATOR: 4.1.1 MEASUREMENT: NO

The policies do not link provider training to judgmental issues and do not address confidentiality or visual and auditory privacy.

INDICATOR: 4.1.2 MEASUREMENT: NO

The policies do not link provider training to judgmental issues and do not address confidentiality or visual and auditory privacy.

INDICATOR: 4.1.3 MEASUREMENT: NO

Nothing specific in the documents consulted.

RECOMMENDATION 5

Criterion 5.1

INDICATOR: 5.1.1 MEASUREMENT: NO

Nothing specific in the documents consulted.

INDICATOR: 5.1.2 MEASUREMENT: NO

Nothing specific in the documents consulted.

RECOMMENDATION 6

Criterion 6.1

INDICATOR: 6.1.1 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

INDICATOR: 6.1.2 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

INDICATOR: 6.1.3 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

RECOMMENDATION 7

Criterion 7.1

INDICATOR: 7.1.1 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

INDICATOR: 7.1.2 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

INDICATOR: 7.1.3 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

INDICATOR: 7.1.4 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

INDICATOR: 7.1.5 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

INDICATOR: 7.1.6 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

INDICATOR: 7.1.7 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

Niger

RECOMMENDATION 1

Criterion 1.1

INDICATOR: 1.1.1 MEASUREMENT: YES

Family planning in Niger: Action Plan 2012-2020

- Activities 1.1.31 to 1.1.35 and 1.1.41. 41 (pp. 15-16) concern monitoring and evaluation of the plan.

INDICATOR: 1.1.2 MEASUREMENT: NO

Nothing specific in the documents consulted.

RECOMMENDATION 2

Criterion 2.1

INDICATOR: 2.1.1 MEASUREMENT: NO

Niger Scorecard

- Section 2 of the Reproductive Health Act of 2006 recognizes that RH is a universal human right and must be **free from discrimination**, including discrimination based on age or **marital status**.
- However, the same law gives primacy to couples in the following terms:
 - Article 3: “Legally married couples may freely and responsibly decide on the spacing of their children and have the necessary information to do so and the right to access the best reproductive health.”
 - However, there is no similar provision for unmarried youth.
- It also notes that “the young unmarried woman using a contraceptive method is badly perceived by the population.”

Criterion 2.2

INDICATOR: 2.2.1 MEASUREMENT: NO

FP2030 Niger Scorecard

- No laws or policies that address third-party consent to access FP services were found. This legal and policy gap may be a barrier to youth access given the local environment of low youth and female empowerment.

Criterion 2.3

INDICATOR: 2.3.1 MEASUREMENT: YES

Niger Scorecard

- Section 2 of the Reproductive Health Act of 2006 recognizes that RH is a universal human right and must be **free from discrimination**, including discrimination based on **age** or marital status.
- Article 2: Universal nature of the right to reproductive health. All individuals are equal in rights and dignity with regard to reproductive health. The right to reproductive health is a fundamental universal right guaranteed to every human being throughout his or her life, in every situation and in every place.
- No individual may be deprived of this right, which he or she enjoys without any discrimination on the basis of age, sex, property, religion, ethnicity, marital status, or any other situation.

Criterion 2.4

INDICATOR: 2.4.1 MEASUREMENT: NO

Niger Scorecard

- No law or policy requires providers to authorize FP services prescribed to youth by a physician, without personal bias or discrimination.

RECOMMENDATION 3

Criterion 3.1

INDICATOR: 3.1.1 MEASUREMENT: YES

Family Planning in Niger: Action Plan 2012-2020

- Activities 1.1.31 to 1.1.35 and 1.1.41 (pages 15-16) concerning monitoring and evaluation of the plan.

INDICATOR: 3.1.2 MEASUREMENT: YES

Niger Scorecard

- Niger's Family Planning: Operational Plan (2018) states that the Ministry of Public Health **will further build the capacity of youth outreach providers** at all levels to provide quality family planning services and reproductive health care to youth and adolescents.

RECOMMENDATION 4

Criterion 4.1

INDICATOR: 4.1.1 MEASUREMENT: YES

Niger Scorecard

- Niger's Family Planning: Operational Plan (2018) states that the Ministry of Public Health **will further build the capacity of youth outreach providers** at all levels to provide quality family planning services and reproductive health care to youth and adolescents.
- Such skill building will necessarily include youth-friendly counseling issues.

INDICATOR: 4.1.2 MEASUREMENT: NO

Nothing specific on values clarification or knowledge of cognitive development and needs of youth.

INDICATOR: 4.1.3 MEASUREMENT: NO

Nothing specific in the documents consulted.

RECOMMENDATION 5

Criterion 5.1

INDICATOR: 5.1.1 MEASUREMENT: NO

Niger Scorecard

- Many sources refer to a 2007 law that guarantees free access to contraceptive methods for all women in all public facilities. However, it is not clear that young people are beneficiaries of such a measure, as the policy document could not be accessed.

INDICATOR: 5.1.2 MEASUREMENT: NO

FP2030 Commitments

- Commitment 5 aims to “reduce from 38% in 2021 to 10% in 2025 the proportion of public health facilities with contraceptive method breakdown at all levels, including the last mile.”
- However, there is no specific evidence of increased availability and/or subsidization of the product in the private sector. Also, it is not clear that the 2007 law reported by some sources also provided for subsidized contraceptives in the private sector.

Family Planning in Niger: Action Plan 2012-2020

- Although the Action Plan calls for contraceptives to be made available in all public and private health facilities, there is no mention of subsidizing the products in these services.

RECOMMENDATION 6

Criterion 6.1

INDICATOR: 6.1.1 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

INDICATOR: 6.1.2 **MEASUREMENT: NO**

Niger Scorecard

- The policies reviewed do not mention respect for confidentiality and visual and auditory privacy, nor do they link provider training to concerns about judgment.
-

INDICATOR: 6.1.3 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

RECOMMENDATION 7

Criterion 7.1

INDICATOR: 7.1.1 **MEASUREMENT: NO**

FP2030 Commitment

- The strategy for increasing contraceptive prevalence includes making contraceptive supplies and medical consumables available at the last mile. However, there is no mention that this is the full range. Similarly, these methods have not been cited so that the comprehensiveness of the methods targeted can be assessed.
 - Moreover, there is no mention of referrals.
-

INDICATOR: 7.1.2 **MEASUREMENT: NO**

FP 2030 Niger Commitment

- Strategies for Commitment 1: Improving the offering of and access to family planning services (**scaling up of self-injection** [DMPA-SC], CBD, continued integration of FP into the continuum of care [RPNC, delivery, ANC, NC, CREN, PAC, curative]).
- Innovative skills transfer strategies for FP provision (clinical mentoring, coaching, *small dose, high frequency*, DMPA-SC self-injection to women) including in crisis-affected areas.
- Nothing about referrals.
- Nothing about youth.

Criterion 7.1 (continued)

INDICATOR: 7.1.3 **MEASUREMENT: NO**

Niger Scorecard

- The Health Development Plan (2017-2021) mentions the objective of improving the provision of services for youth and adolescents by integrating health services for youth at all levels of the health system. Targeted interventions include management of sexually transmitted infections, voluntary HIV testing, voluntary sickle cell screening, pregnancy prevention (availability of contraceptive products), management of the consequences of abortion, etc.
- However, there is no mention of emergency contraception.

INDICATOR: 7.1.4 **MEASUREMENT: NO**

Niger Scorecard

- Niger's policy environment does not discuss expanding youth access to a full range of FP methods.

FP2030 Commitments

- Policies to improve access to methods have been defined, including immediate postpartum LARC, but this does not target youth.

INDICATOR: 7.1.5 **MEASUREMENT: YES**

Niger Scorecard

- Niger's policy environment does not discuss expanding youth access to a full range of FP methods.
- Strategies to promote postpartum long-acting reversible contraception (LARC), including immediate postpartum LARC, appear to be oriented toward married women (i.e., those who give birth).

INDICATOR: 7.1.6 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

INDICATOR: 7.1.7 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

Senegal

RECOMMENDATION 1

Criterion 1.1

INDICATOR: 1.1.1 MEASUREMENT: YES

- The National Family Planning Strategic Framework 2016-2020 (pp. 44-46) includes research, monitoring, and evaluation interventions.

INDICATOR: 1.1.2 MEASUREMENT: NO

No ongoing monitoring of users in the documents consulted.

RECOMMENDATION 2

Criterion 2.1

INDICATOR: 2.1.1 MEASUREMENT: YES

Senegal Scorecard

- The Law No. 2005-18 of Aug. 5, 2005, on reproductive health explicitly recognizes **marital status** in its Articles 3 and 10.
- Article 3: The right to reproductive health is a fundamental and universal right guaranteed to every human being without **discrimination on the basis of age**, sex, property, religion, race, ethnicity, **marital status**, or any other status.
- Article 10: Everyone has the right to receive all reproductive health care **without discrimination on the basis of age**, sex, **marital status**, ethnicity, or religion.

Criterion 2.2

INDICATOR: 2.2.1 MEASUREMENT: NO

Senegal Scorecard

- No law mentions the consent of a third person, spouse, or parent.

Criterion 2.3

INDICATOR: 2.3.1 MEASUREMENT: NO

Senegal Scorecard

- The Law No. 2005-18 of Aug. 5, 2005, on reproductive health explicitly recognizes **age** in its Articles 3 and 10.
- Article 3: The right to **reproductive** health is a fundamental and universal right guaranteed to every human being without **discrimination on the basis of age**, sex, property, religion, race, ethnicity, marital status, or any other status.
- Article 10: Everyone has the right to receive all reproductive health care without **discrimination on the basis of age**, sex, marital status, ethnicity, or religion.

Criterion 2.4

INDICATOR: 2.4.1 MEASUREMENT: YES

Senegal Scorecard

- The Strategic Plan for Adolescent/Youth Sexual and Reproductive Health in Senegal (2014-2018) states that services should be provided to youth by providers who are available, competent, and supportive and who know how to communicate with youth in a **non-judgmental** manner.

RECOMMENDATION 3

Criterion 3.1

INDICATOR: 3.1.1 MEASUREMENT: YES

Senegal Scorecard (p 197)

- The FP service provider should place the needs, problems, thoughts, feelings, views, and perspectives of adolescents/youth at the center of its activities.

INDICATOR: 3.1.2 MEASUREMENT: YES

Senegal Scorecard

- The Strategic Plan for Adolescent/Youth Sexual and Reproductive Health in Senegal (2014-2018) states that services should be accessible (and affordable), acceptable, equitable (and without any value judgment), effective, appropriate, efficient, and comprehensive.

RECOMMENDATION 4

Criterion 4.1

INDICATOR: 4.1.1 MEASUREMENT: NO

- Particular emphasis will be placed on the recruitment and training of providers in the areas of FP: counseling, roster management, CT, after a good needs analysis.
- However, it is not clear that this is youth-friendly counseling.

INDICATOR: 4.1.2 MEASUREMENT: NO

No mention of value clarification in the documents consulted.

INDICATOR: 4.1.3 MEASUREMENT: YES

National Strategic Framework for Family Planning 2016-2020 (p. 36)

- A gap identification exercise will be carried out in order to better adapt the training modules to the real needs of the moment and to better respond to the specificities that will allow them to have a greater impact.

RECOMMENDATION 5

Criterion 5.1

INDICATOR: 5.1.1 MEASUREMENT: YES

Senegal Scorecard

- The Strategic Plan for Adolescent/Youth Sexual and Reproductive Health in Senegal (2014–2018) states that services should be accessible (and affordable), acceptable, equitable (and without any value judgment), effective, appropriate, efficient, and comprehensive.
- The “accessible” dimension implies that the services must be provided at a good price (free if necessary).

INDICATOR: 5.1.2 MEASUREMENT: NO

Nothing specific on subsidizing FP services in the private sector in the documents consulted.

RECOMMENDATION 6

Criterion 6.1

INDICATOR: 6.1.1 MEASUREMENT: NO

Nothing specific in the documents consulted.

INDICATOR: 6.1.2 MEASUREMENT: NO

Nothing specific in the documents consulted.

INDICATOR: 6.1.3 MEASUREMENT: NO

Nothing specific in the documents consulted.

RECOMMENDATION 7

Criterion 7.1

INDICATOR: 7.1.1 MEASUREMENT: YES

Senegal Scorecard

- The Strategic Plan for Adolescent/Youth Sexual and Reproductive Health in Senegal (2014-2018) states that services should be accessible (and affordable), acceptable, equitable (and without any value judgment), effective, appropriate, efficient, and **comprehensive**.
 - The “comprehensive” dimension refers to the fact that the benefits should cover all aspects of care, including referral if necessary.
-

INDICATOR: 7.1.2 MEASUREMENT: NO

FP2030 Commitments

- Ensure availability of services and products through **self-care strategies (self-injection, vaginal ring, self-testing [pregnancy, HPV, HIV])**.
 - However, this is an implementation strategy for Commitment 1, which targets married women.
 - No mention of availability of services and products through self-care strategies in Commitment 3, which deals with adolescents.
 - No mention of referrals.
-

INDICATOR: 7.1.3 MEASUREMENT: YES

Senegal Scorecard

- Protocols for reproductive health services state that adolescents can use any method of contraception and should have access to a wide range of choices. Emergency contraception is one of the methods mentioned in the protocols.

Criterion 7.1 (continued)

INDICATOR: 7.1.4 **MEASUREMENT: YES**

Senegal Scorecard

- Reproductive health service protocols recommend that providers offer medically appropriate contraceptive methods to youth, regardless of age. It is stated that adolescents can use any method of contraception and should have access to a wide range of choices. This includes immediate postpartum LARCs.

INDICATOR: 7.1.5 **MEASUREMENT: YES**

Senegal Scorecard

- The right to access a full range of contraceptive options is explicitly emphasized in Senegal's reproductive health service protocols. These protocols take immediate postpartum LARC into account.

INDICATOR: 7.1.6 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

INDICATOR: 7.1.7 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

Togo

RECOMMENDATION 1

Criterion 1.1

INDICATOR: 1.1.1 **MEASUREMENT: YES**

NCIP Togo 2017-2022

- Incorporates the notion of additional users.

INDICATOR: 1.1.2 **MEASUREMENT: NO**

No mention of a personalized client follow-up mechanism in the documents consulted.

RECOMMENDATION 2

Criterion 2.1

INDICATOR: 2.1.1 **MEASUREMENT: YES**

Togo Scorecard

- Law No. 2007-005 on reproductive health (2007) guarantees the right to benefit from RH services, including FP, regardless of marital status and also guarantees the right of adolescents to access RH without discrimination.
- The National Program to Combat Adolescent Pregnancy and Marriage in Schools and Out-of-School Environments in Togo (2015-2019) places special emphasis on access to services by improving SRH services and targets both married and unmarried youth.

Criterion 2.2

INDICATOR: 2.2.1 **MEASUREMENT: NO**

Togo Scorecard

- No law or policy addresses third-party consent to access FP services.

Criterion 2.3

INDICATOR: 2.3.1 **MEASUREMENT: YES**

Togo Scorecard

- Law No. 2007-005 on reproductive health (2007) stipulates that RH services must be accessible to all individuals regardless of age and further guarantees the right of adolescents to access RH without discrimination.
- Togo's Reproductive Health, Family Planning, and Sexually Transmitted Infections Policy and Standards (2009) state that youth-friendly services are based on the principle that adolescents have a right to health services regardless of their age.

Criterion 2.4

INDICATOR: 2.4.1 **MEASUREMENT: YES**

Togo Scorecard

- The Reproductive Health Protocols: Maternal Health, Child Health, Youth and Adolescent Health, and Men's Health, Volume I (2009) make it clear that providers should not make judgments about young people.
- Law No. 2007-005 on reproductive health (2007) guarantees the right of adolescents to benefit from RH services without discrimination.
- Togo's Reproductive Health, Family Planning and Sexually Transmitted Infections Policy and Standards (2009) stipulate that providers must refrain from making judgments when counseling clients on FP methods.

RECOMMENDATION 3

Criterion 3.1

INDICATOR: 3.1.1 **MEASUREMENT: NO**

No mention of client-centered FP services in the documents consulted.

INDICATOR: 3.1.2 **MEASUREMENT: YES**

Togo Scorecard

- Togo's National Health Development Plan (2017-2022) lists comprehensive sex education and information, counseling, and services for SRH, including contraception, among the priority interventions for adolescent health and development.
- Togo's most recent National Health Development Plan (2017-2022) lists the development of FP services specific to youth and adolescents as a priority intervention.

RECOMMENDATION 4

Criterion 4.1

INDICATOR: 4.1.1 **MEASUREMENT: YES**

Togo Scorecard

- Togo's Policy and Standards on Reproductive Health, Family Planning and Sexually Transmitted Infections (2009) provide "Keys to Good Counseling."
- The Reproductive Health Protocols: Maternal Health, Child Health, Youth and Adolescent Health, and Men's Health, Volume I (2009) describe the necessary characteristics of interactions between providers and adolescents, such as respecting their moral principles, building trust, and ensuring confidentiality.

Criterion 4.1 (continued)

INDICATOR: 4.1.2 MEASUREMENT: YES

BNAP Togo 2017-2022

- Plans to train professionals in the delivery of youth-friendly FP services and specifically aims to remove the barrier of negative provider attitudes.
- OA2-A5. Build the capacity of health facility providers to offer friendly and age-appropriate AYRH services, including contraception.

INDICATOR: 4.1.3 MEASUREMENT: NO

BNAP Togo 2017-2022

- Incomplete counseling is observed for all FP methods.

RECOMMENDATION 5

Criterion 5.1

INDICATOR: 5.1.1 MEASUREMENT: YES

Togo Scorecard

- Togo's Adolescent and Youth Friendly Health Services Standards (2009) aim to improve the affordability of youth-friendly services.
- The National Program to Combat Teenage Pregnancy and Marriage in Schools and Out-of-School Environments in Togo (2015-2019) includes a subsidized contraceptive program for adolescents.
- The FP2030 commitments include advocacy for free FP services.

INDICATOR: 5.1.2 MEASUREMENT: YES

NCIP Togo 2017-2022

- OA3-A2. Expansion of FP service provision through contracting with CSOs and private health facilities: To expand the provision of FP services by private sector health facilities, the social franchise should increase contracting the provision of FP services by 15 additional private clinics per year.

RECOMMENDATION 6

Criterion 6.1

INDICATOR: 6.1.1 MEASUREMENT: NO

No tracking mechanism via messages was found.

INDICATOR: 6.1.2 MEASUREMENT: NO

Nothing aimed at tracking through the health system.

INDICATOR: 6.1.3 MEASUREMENT: NO

Nothing for active monitoring.

RECOMMENDATION 7

Criterion 7.1

INDICATOR: 7.1.1 MEASUREMENT: NO

Togo Scorecard

- A law or policy **limits** young people's access to a full range of FP methods based on age, marital status, and/or gender.
 - Togo's Adolescent and Youth Friendly Health Service Standards (2009) describe the minimum package of services for adolescents at each level of the health system.
 - Togo's Reproductive Health Protocols: Common Components, Supporting Components, Volume II (2009) include a full range of contraceptive options for youth in family planning services and recognize the importance of providing contraceptive services to sexually active youth.
 - BUT the policy states that abstinence should be strongly recommended to adolescents. It places restrictions on recommending IUDs to adolescents based on their parity, frequency of sexual activity, and number of partners.
 - While some Togolese policies support youth access to a full range of methods, the 2009 Reproductive Health Protocols prohibit the provision of LARCs to youth.
-

INDICATOR: 7.1.2 MEASUREMENT: YES

NCIP Togo 2017-2022

- OA1-A1. Strengthen the supply of quality FP services through community-based distribution of contraceptives, including injectables (Depo-Provera, Sayana Press, etc.).
- CBD is only in 11 districts, of which not all localities are fully covered, therefore there is a need to extend this strategy to other districts by strengthening the skills and motivation of community health workers .
- The FP2030 commitments refer to strengthening the practice of DMPA-SC self-injection in all health districts.

Criterion 7.1 (continued)

INDICATOR: 7.1.3 **MEASUREMENT: NO**

Togo Scorecard

- The protocols also include EC in the general list of contraceptive methods, but not in the section for adolescent SRH. Therefore, it is unclear whether or not the policy includes making EC available to youth.

INDICATOR: 7.1.4 **MEASUREMENT: NO**

Togo Scorecard

- Togo's Adolescent and Youth Friendly Health Service Standards (2009) describe the minimum package of services for adolescents at each level of the health system. This includes all contraceptive methods, including LARCs.
- Togo's Reproductive Health Protocols: Common Components, Supporting Components, Volume II (2009) include a full range of contraceptive options for youth in family planning services and recognize the importance of providing contraceptive services to sexually active youth.
- BUT the policy states that abstinence should be strongly recommended to adolescents. It places restrictions on recommending IUDs to adolescents based on their parity, frequency of sexual activity, and number of partners.
- While some Togolese policies support youth access to a full range of methods, the 2009 Reproductive Health Protocols prohibit the provision of LARCs to youth.
- *The FP2030 commitments mention youth and adolescent access to age-appropriate FP services, which may imply limited access to immediate postpartum LARCs.*

INDICATOR: 7.1.5 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

INDICATOR: 7.1.6 **MEASUREMENT: NO**

Nothing specific in the documents consulted.

INDICATOR: 7.1.7 **MEASUREMENT: NO**

Nothing specific in the documents consulted.



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