

YOUTH FAMILY PLANNING POLICY SCORECARD



MAY 2020 UPDATE

ACKNOWLEDGMENTS

The 2020 edition of the *Youth Family Planning Policy Scorecard* was updated by Christine Power of Population Reference Bureau (PRB). The Scorecard was originally developed and refined by Sara Harris, Meredith Pierce, and Elizabeth Leahy Madsen. Alfred Hylton-Dei, Kelley Kline, Elizabeth Leahy Madsen, Shelley Megquier, Stephanie Perlson, and Alex Reed provided assistance with overall research, policy identification and interpretation, and review for this edition. Support for the development of and updates to the Scorecard has been provided by the Bill & Melinda Gates Foundation, particularly Ryan Cherlin, Caitlin Feurey, Kia Guarino, and Gwyn Hainsworth. Additional support has been provided by the World Health Organization for the development of the scorecards for Burundi, Cameroon, Central African Republic, Chad, Haiti, and Madagascar. The Scorecard was edited by Nancy Matuszak of PRB, with design assistance from Anneka Van Scoyoc at PRB.

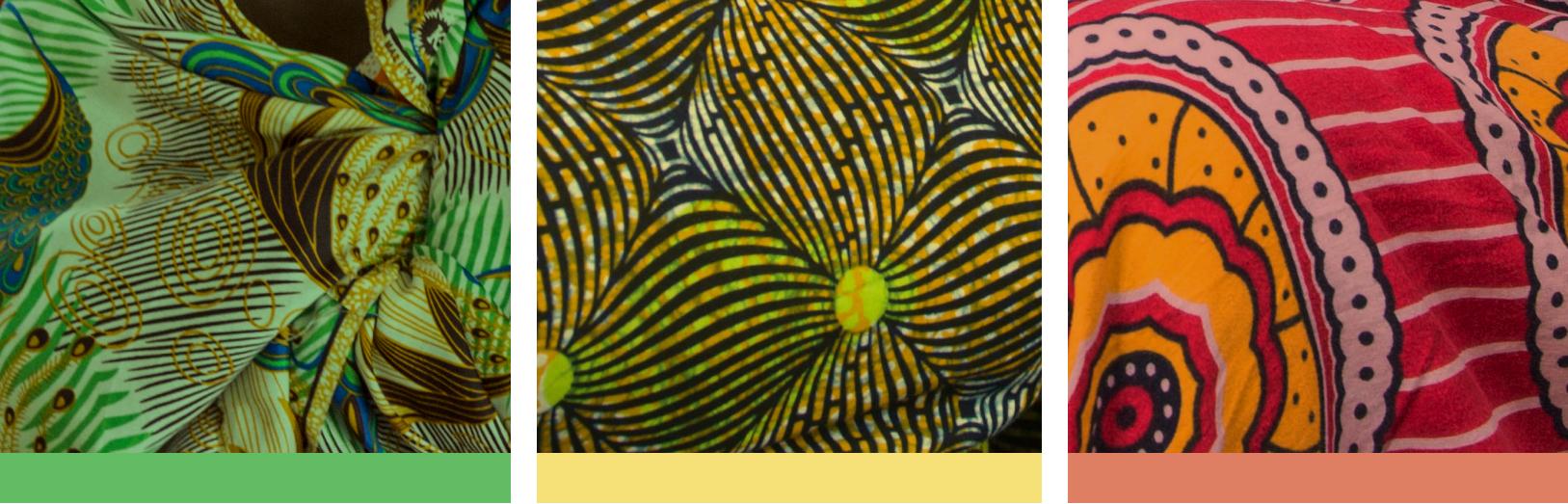
The indicator selection process benefited from review and input provided by several longstanding experts on adolescent and youth sexual and reproductive health, whose guidance was critical in shaping the evolution of this work. Heather Boonstra, Vicky Boydell, Jason Bremner, Katelyn Bryant-Comstock,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

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

At PRB, Kristin Bietsch, Jill Chanley, Amah Joyce Ehui, Marissa Falk, Kate Gilles, Stephanie Kimou, Nicole LaGrone, Shelley Megquier, Jerry Parks, Meredith Pierce, Christine Power, Angeline Siparo, and Rhonda Smith provided useful conceptual and research assistance to previous editions.

Cover photo: © Jonathan Torgovnik/Getty Images

© 2020 Population Reference Bureau. All rights reserved.



ACRONYMS

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

TABLE OF CONTENTS

5	INTRODUCTION
6	PURPOSE
7	METHODS
9	SCORECARD INDICATORS OVERVIEW
20	COUNTRY RESULTS AND ANALYSES
24	DISCUSSION OF RESULTS
27	BENIN
37	BURKINA FASO
46	BURUNDI
55	CAMEROON
66	CENTRAL AFRICAN REPUBLIC
74	CHAD
82	CÔTE D'IVOIRE
92	DEMOCRATIC REPUBLIC OF THE CONGO
102	ETHIOPIA
110	GUINEA
118	HAITI
128	KENYA
137	MADAGASCAR
148	MALI
158	MAURITANIA
167	NIGER
175	NIGERIA
185	SENEGAL
194	SINDH (PAKISTAN)
203	TANZANIA
212	TOGO
221	UGANDA



INTRODUCTION

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

Despite decisionmakers' growing commitment, young people continue to face many barriers to accessing contraceptives. Systematic assessment and mapping of the key policies and programs that govern young people's ability to access family planning (FP) information, services, and commodities are hampered by a limited evidence base. Governments and their partners lack clear guidance on investing in the interventions that will ensure their commitments to expanding FP use among young people are realized. Similarly, efforts by civil society to monitor the state of policy environments for youth FP are needed to

understand how countries are addressing these needs and identify areas for improvement.

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

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

REFERENCES

1. Pathfinder International, Evidence 2 Action (E2A), Population Services International (PSI), Marie Stopes International, FHI 360, "Global Consensus Statement: Expanding Contraceptive Choice for Adolescents and Youth to Include Long-Acting Reversible Contraception," (2015), accessed at www.familyplanning2020.org/resources/10631, on Feb. 2, 2017; United Nations Population Fund (UNFPA), *The Power of 1.8 Billion: Adolescents, Youth, and the Transformation of the Future* (New York: UNFPA, 2014); and World Health Organization (WHO), "Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries: WHO Guidelines" (Geneva: WHO, 2011).



© Jonathan Torgovnik/Getty Images

PURPOSE

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

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

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

From Policy Commitments to Implementation

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

METHODS

To identify policy and program interventions that have been proven to increase youth use of contraception, PRB staff conducted a literature review of 44 studies and systematic reviews (scholarly, gray, and program reports) on youth sexual and reproductive health (SRH) published between 2000 and 2016. From this evidence base, we identified legal approaches and programmatic interventions that have proven effective in improving access to and use of contraception among youth ages 15 to 24. We did not include adolescents ages 10 to 14 in the review, due to limited data for this age group.

The evidence on what works to address youth FP needs is varied and at times contradictory, due in part to the nature of this population. Youth's thoughts, interests, and behaviors are constantly changing and evolving, and different populations of youth (for example, married, out of school, disabled) have varied needs. Further, the impacts of youth interventions are often not observable for years after a study closes, when youth may initiate or resume sexual behavior.¹

Variations in outcomes are also related to intervention design and implementation. The 2016 *Lancet* Commission on Adolescent Health and Wellbeing found greater effectiveness when interventions were packaged together rather

than implemented individually; however, when interventions are packaged together it can be challenging to tease out the impact of specific interventions.² Finally, the manner in which interventions are implemented varies by study.

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

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

When selecting interventions, we chose those with supporting evidence directly linked to increased youth contraceptive use, although this criterion limited the number of policy and program interventions that were ultimately included. Cash transfer programs, for example, have had an impact on decreasing pregnancies among youth and increasing age of sexual debut, but the evidence has not yet identified a direct link to contraceptive use.³



© Jonathan Torgovnik/Getty Images

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

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

We devised four color-coded categories to classify how well a country is performing for each indicator. The color assigned for each indicator in a country's results is based on the extent to which that country provides the most favorable policy environment for youth to access and use contraception:

GREEN: Strong policy environment.

YELLOW: Promising policy environment but room for improvement.

RED: Policy environment impedes youth from accessing and using contraception.

GRAY: Policy addressing the indicator does not exist.

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

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

REFERENCES

1. Allison Glinski, Magnolia Sexton, and Suzanne Petroni, *Adolescents and Family Planning: What the Evidence Shows* (Washington, DC: International Center for Research on Women, 2016).
2. George Patton et al., "Our Future: A Lancet Commission on Adolescent Health and Wellbeing," *Lancet* 387, no. 10036 (2016): 2423-78.
3. Michelle J. Hindin et al., "Interventions to Prevent Unintended and Repeat Pregnancy Among Young People in Low- and Middle-Income Countries: A Systematic Review of the Published and Gray Literature," *Journal of Adolescent Health* 59, no. 3 (2016): S8-S15.

SCORECARD INDICATORS OVERVIEW

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

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

SCORECARD INDICATORS OVERVIEW (CONTINUED)

POLICY INDICATOR	Strong policy environment	Promising policy environment but room for improvement	Policy environment impedes youth from accessing and using contraception	Policy addressing the indicator does not exist
Youth-Friendly FP Service Provision	Policy details three service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services: provider training, confidentiality and privacy, free or reduced cost.	Policy references targeting youth in provision of FP services but mentions fewer than three of the service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services.	N/A	No policy exists targeting youth in the provision of FP services.
Enabling Social Environment	Policy details strategy addressing two enabling social-environment elements of the HIPs recommendations for adolescent-friendly contraceptive services: address gender norms; build community support.	Policy references building an enabling social environment but does not include specific intervention activities addressing both HIPs-recommended elements. Policy outlines detailed strategy addressing one of the two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.	N/A	No policy exists to build an enabling social environment for youth FP services.

Parental and Spousal Consent

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

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

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

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

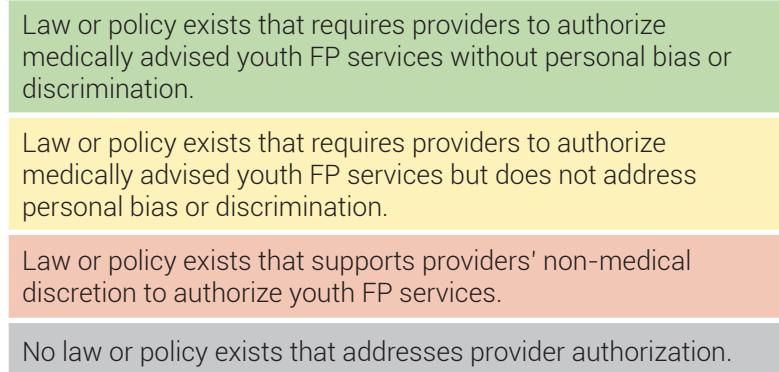
Many countries have taken a protectionist approach to legislating youth's access to FP services, based on a belief that young people need to be protected from harm and that parents or spouses should be able to overrule their reproductive health (RH) decisions. In practice, these laws serve as barriers that inhibit youth's access to a full range of sexual and reproductive health (SRH) services, including FP. For example, an International Planned Parenthood Federation study in El Salvador reports that laws requiring parental consent for minors to access medical treatment create a direct barrier for youth to access FP. The study recommends: "Primary legislation should clearly establish young people's right to access SRH services, independent of parental or other consent; to avoid ambiguity and the risk that informal restrictions will be applied at the discretion of service providers."¹

Global health and human rights bodies stress the importance of recognizing young people's right to freely and responsibly make decisions about their own reproductive health and desires. The 2012 International Conference on Population and Development's Global Youth Forum recommended that "governments must ensure that international and national laws, regulations, and policies remove

obstacles and barriers—including requirements for parental and spousal notification and consent; and age of consent for sexual and reproductive services—that infringe on the sexual and reproductive health and rights of adolescents and youth."²

Laws around consent to FP services are often unclear or contradictory. The Scorecard intends to recognize countries that explicitly affirm youth's freedom to access FP services without parental or spousal consent. Countries that have created such a policy environment have been placed in the green category, signifying the most favorable policy environment, because their definitive legal stance provides the necessary grounding from which to counteract social norms or religious customs that may restrict young people's ability to access FP services. If a policy document mentions that youth are not subject to consent from one of the third parties—spouse or parent—but does not mention the other, the country is classified in the yellow category. Any country that requires consent from a parent and/or spouse is placed in the red category. If a country does not have a policy in place that addresses youth access to FP services without consent, it is placed in a gray category.

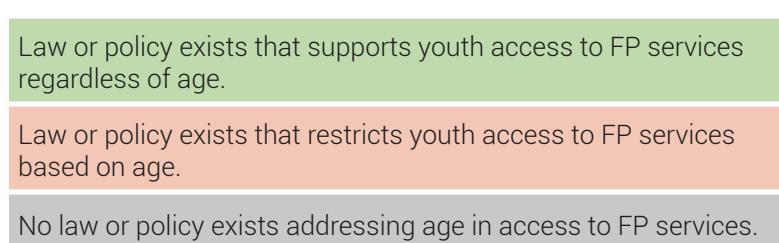
Provider Authorization



Providers often refuse to provide contraception to youth, particularly long-acting reversible methods, because of non-medical reasons.³ Service providers may impose personal beliefs or inaccurate medical criteria when assessing youth FP needs, creating a barrier to youth contraceptive uptake. Three-quarters of Ugandan providers queried on their perspective of providing contraception to youth believed that youth should not be given contraception, and one-fifth of providers said they would prefer to advise abstinence instead of providing injectables to young women.⁴ To address this barrier, national laws and policies should reflect open access to medically advised FP services for youth, without their being subject to providers' personal beliefs.⁵

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

Restrictions Based on Age



Youth seeking contraceptives continue to face barriers to accessing services because of their age. For example, a study in Kenya and Zambia found that less than two-thirds of nurse-midwives agreed that girls in school should have access to FP.⁶

In 2010, a WHO expert panel concluded that "the existence of laws and policies that improve

adolescents' access to contraceptive information and services, irrespective of marital status and age, can contribute to preventing unwanted pregnancies among this group."⁷ As mentioned above, the 2012 International Conference on Population and Development's Global Youth Forum recommended that "governments must ensure that international and national laws, regulations, and policies remove

obstacles and barriers—including... age of consent for sexual and reproductive services—that infringe on the sexual and reproductive health and rights of adolescents and youth.”⁸

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

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

Restrictions Based on Marital Status

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

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

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

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

A 2014 systematic review identified laws and policies restricting unmarried youth from accessing contraception as an impediment to youth uptake of contraception.⁹ In the absence of a legal stance on marital status, health workers can justify refusal to provide contraception to unmarried youth.¹⁰ Thus, strong policies providing equal access to FP services for married and unmarried youth are necessary to promote uptake of contraceptive services among all youth.

Countries are determined to have the most supportive policy environment for this indicator if they explicitly include a provision in their laws or

policies for youth to access FP services regardless of marital status. If a country recognizes an individual’s legal right to access FP services regardless of marital status but includes policy language that places particular emphasis on married couples’ right to FP, it is considered to have a promising yet inadequate policy environment and classified in the yellow category because the policy leaves room for interpretation. A country is placed in the red category if its policies restrict youth from accessing FP services based on marital status. Finally, if a country has no policy supporting access to FP services regardless of marital status, it is placed in the gray category.

Access to a Full Range of FP Methods

Law or policy exists that supports youth access to a full range of FP methods, including the provision of LARCs.

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

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

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

Youth seeking contraception, particularly long-acting reversible contraceptives (LARCs), are frequently faced with scrutiny or denial from their provider based on their age, marital status, or parity.¹¹ The WHO medical eligibility criteria for contraceptive use, however, explicitly state that age and parity are not contraindications for short-acting or long-acting reversible contraception.¹²

Provision of LARCs as part of an expanded method mix is particularly effective in increasing youth uptake of contraception. One of the studies identified in a 2016 systematic review offered implants as an alternative contraceptive option to young women seeking short-acting contraceptives at a clinic in Kenya. Twenty-four percent of the women opted to use an implant, and their rate of discontinuation was significantly lower than those using short-acting methods. Of the 22 unintended pregnancies that occurred, all were among women using short-acting methods.¹³ However, many youth around the world do not know about LARCs, and if they do, they may be confused about their use and potential side effects, hesitant to use them due to social norms, or face refusal from providers.

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

- *Providing access to the widest available contraceptive options, including LARCs*

(specifically, contraceptive implants and intrauterine contraceptive devices) to all sexually active adolescents and youth from menarche to age 24, regardless of marital status and parity.

- *Ensuring that LARCs are offered and available among the essential contraceptive options during contraceptive education, counseling, and services.*
- *Providing evidence-based information to policymakers, ministry representatives, program managers, service providers, communities, family members, and adolescents and youth on the safety, effectiveness, reversibility, cost effectiveness, acceptability, continuation rates, and the health and nonhealth benefits of contraceptive options, including LARCs, for sexually active adolescents and youth who want to avoid, delay, or space pregnancy.¹⁴*

This indicator differs from the *Restrictions Based on Age* indicator by focusing on the range of methods offered to youth. Countries should have in place a policy statement that requires health providers to offer short-acting and long-acting reversible contraceptive services regardless of age. In addition, the policy should leave no ambiguity in the scope of the directive but rather explicitly mention youth’s legal right to access a full range of contraceptive services, including LARCs. Therefore, countries with an explicit policy allowing youth to access a full range of contraceptive services—regardless of age—receive a green categorization for promoting the most supportive policy environment. Countries with policies that state that youth can access a full range of methods, but do not specify that LARCs

are included in the method choice, are placed in the yellow category. These countries are on the right track but would have a stronger enabling environment if their policies explicitly mentioned youth's right to access LARCs.

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

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

Comprehensive Sexuality Education

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

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

Policy promotes abstinence-only education or discourages sexuality education.

No policy exists supporting sexuality education of any kind.

The WHO recommends educating adolescents about sexuality and contraception to increase contraceptive use and ultimately prevent early pregnancy and poor RH outcomes.¹⁵ Comprehensive sexuality education (CSE) is a specific form of sexuality education that equips young people with age-appropriate, scientifically accurate, and culturally-relevant SRH knowledge, attitudes, and skills regarding their SRH rights, services, and healthy behaviors.¹⁶

A growing body of evidence demonstrates that informing and educating youth about sexuality and SRH have a positive impact on their RH outcomes. Sexuality education offered in schools helps youth make positive, informed decisions about their sexual behavior and can reduce sexually transmitted infections (STIs) and unintended pregnancies, in part due to increased self-efficacy and use of condoms and other contraception.¹⁷ A study in Brazil that implemented a school-based sexual education program in four municipalities measured a 68 percent increase in participating students' use of modern contraception during their last sexual intercourse.¹⁸

To be most effective, sexuality education should be offered as part of a package with SRH services, such as direct provision of contraception or links to youth-friendly FP services.¹⁹

Many approaches are available to implement sexuality education in and out of schools. The Scorecard considers CSE as the gold standard and relies on the "UNFPA Operational Guidance for Comprehensive Sexuality Education," which focuses on human rights and gender as a framework to effectively implement a CSE curriculum. The UNFPA Operational Guidance outlines nine essential components of CSE that are concise and easy to measure across countries' policy documents.²⁰ Further, these guidelines recognize gender and human rights and build on global standards discussed in the United Nations Educational, Scientific, and Cultural Organization's "International Technical Guidance on Sexuality Education."

A country is determined to have the most supportive policy environment and is classified in the green

The nine UNFPA essential components for CSE are:

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

category if its policies not only recognize the importance of sexuality education broadly but also include each of the nine elements of CSE.

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

While evidence proves that sexuality education equips youth with the necessary skills, knowledge, and values to make positive SRH decisions, including increased contraceptive use, little evidence exists that abstinence-only education is similarly effective. The 2016 *Lancet* Commission on Adolescent Health and Wellbeing recommends against abstinence-only education as a preventive health action and found it was ineffective in preventing negative SRH outcomes.²¹ In fact, some reports suggest that an abstinence-only approach increases the risk for negative SRH outcomes among youth.²² Therefore, a country that supports abstinence-only education is seen as limiting youth's access to and use of contraception and, as a result, is grouped in the red category. Any country lacking a sexuality education policy is placed in the gray category.



© Jonathan Torgovnik/Getty Images

Youth-Friendly FP Service Provision

Policy details three service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services: provider training, confidentiality and privacy, free or reduced cost.

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

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

The WHO “Guidelines on Preventing Unintended Pregnancies and Poor Reproductive Outcomes Among Adolescents in Developing Countries” recommend that policymakers make contraceptive services adolescent-friendly to increase contraceptive use among this population.²³ This recommendation aligns with numerous findings in the literature. A 2016 systematic assessment to identify evidence-based interventions to prevent unintended and repeat pregnancies among young people in LMIC found that three out of seven interventions that increased contraceptive use involved a component of contraceptive provision.²⁴

Additional evaluations show that when SRH services are tailored to meet the specific needs of youth, they are more likely to use these services and access contraception.²⁵ The Scorecard draws upon the four service-delivery core elements identified in the United States Agency for International Development’s HIPs brief, “Adolescent-Friendly Contraceptive Services,” as the framework for assessing the policy environment surrounding FP service provision.²⁶ One of the four elements is addressed in a separate indicator, *Access to a Full Range of FP Methods*, which evaluates the extent to which a country’s policy environment supports youth access to a wide range of contraception. The remaining three service-delivery elements are addressed in this indicator, *Youth-Friendly FP Service Provision*.

Many countries have adolescent-friendly health initiatives that include a wide range of health services, but for a country to be placed in the green category, its policies should specifically reference providing FP services to youth as part of the package of services. A country is placed in the green category for this

The three service-delivery elements are:

1. Train and support providers to offer non-judgemental services to adolescents.
2. Enforce confidentiality and audio/visual privacy.
3. Provide no-cost or subsidized services.

indicator if its policy documents reference the three adolescent-friendly contraceptive service-delivery elements as defined above. Simply referencing the provision of FP services to youth, but not adopting the three service-delivery elements of adolescent-friendly contraceptive services, indicates a promising but insufficient policy environment, and the country is placed in the yellow category. Countries that reference provider training in youth FP services but do not acknowledge judgement as a barrier or do not specify that the training is to combat provider discrimination will result in a yellow categorization. A country is similarly placed in the yellow category if policies reference making youth services affordable or confidential but do not specify FP services or products specifically.

Countries that do not have a policy that promotes FP service provision to youth are placed in the gray category.

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

Enabling Social Environment

Policy details strategy addressing two enabling social-environment elements of the HIPs recommendations for adolescent-friendly contraceptive services: address gender norms; build community support.

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

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

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

The final indicator addresses demand-side factors, specifically efforts to make youth access to and use of a full range of contraceptive methods more acceptable and appropriate within their communities. To support youth's acceptance of contraception and ensure they are comfortable seeking contraceptive services, it is imperative to spread awareness and build support for a wide range of contraceptive methods among the broader communities in which they live. The 2016 *Lancet* Commission on Adolescent Health and Wellbeing identified community-support interventions as a critical component of strong SRH service packages.²⁷

Group engagement activities that mobilize communities through dialogue and action, rather than by only targeting individuals, are considered a promising practice to change social norms around SRH, including contraceptive use.²⁸ Group engagement can be useful to change the discourse around youth sexuality and address misconceptions about contraception within communities.

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

- Link service delivery with activities that build support in communities.
- Address gender and social norms.

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

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

REFERENCES

1. Kara Apland, “Over-Protected and Under-Served: A Multi-Country Study on Legal Barriers to Young People’s Access to Sexual and Reproductive Health Services—El Salvador Case Study” (July 2014), accessed at www.ippf.org/sites/default/files/ippf_coram_el_salvador_report_eng_web.pdf, on Feb. 2, 2018.
2. UNFPA, “Follow-Up to the Implementation of the Programme of Action of the International Conference on Population and Development Beyond 2014—Bali Global Youth Forum, Bali, Indonesia 4–6 December 2012” (April 2013), accessed at www.unfpa.org/, on Feb. 2, 2018.
3. Venkatraman Chandra-Mouli et al., “Contraception for Adolescents in Low- and Middle-Income Countries: Needs, Barriers, and Access,” *Reproductive Health* 11, no. 1 (2014).
4. Gorrette Nalwadda et al., “Constraints and Prospects for Contraceptive Service Provision to Young People in Uganda: Providers’ Perspectives,” *BMC Health Services Research* 11, no. 1 (2011): 220.
5. “Sexual Rights Database,” Sexual Rights Initiative, accessed at <http://sexualrightsdatabase.org/>, on Feb. 2, 2018.
6. Paula Tavrow, “Promote or Discourage: How Providers Can Influence Service Use,” in *Social Determinants of Sexual and Reproductive Health: Informing Future Research and Programme Implementation*, ed. Shawn Malarcher (Geneva: WHO, 2010): 15–36.
7. Venkatraman Chandra-Mouli, Alma Virginia Camacho, and Pierre-André Michaud, “WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries,” *Journal of Adolescent Health* 52, no. 5 (2013): 517–22.
8. UNFPA, “Follow-Up to the Implementation of the Programme of Action of the International Conference on Population and Development Beyond 2014—Bali Global Youth Forum, Bali, Indonesia 4–6 December 2012,” (April 2013), accessed at www.unfpa.org/sites/default/files/event-pdf/bali_global_youth_forum_rec.pdf on Feb. 2, 2018.
9. Chandra-Mouli et al., “Contraception for Adolescents in Low- and Middle-Income Countries.”
10. Chandra-Mouli et al., “Contraception for Adolescents in Low- and Middle-Income Countries.”
11. Akinrinola Bankole and Shawn Malarcher, “Removing Barriers to Adolescents’ Access to Contraceptive Information and Services,” *Studies in Family Planning* 41, no. 2 (2010): 117–24; R. Rivera et al., “Contraception for Adolescents: Social, Clinical and Service-Delivery Considerations,” *International Journal of Gynecology & Obstetrics* 75, no. 2 (2001): 149–63; and Tavrow, “Promote or Discourage: How Providers Can Influence Service Use.”
12. WHO, *Medical Eligibility for Contraceptive Use*, 5th ed. (Geneva: WHO, 2015).
13. David Hubacher et al., “Preventing Unintended Pregnancy Among Young Women in Kenya: Prospective Cohort Study to Offer Contraceptive Implants,” *Contraception* 86, no. 5 (2012): 511–17.
14. Pathfinder et al., “Global Consensus Statement.”
15. Chandra-Mouli, Camacho, and Michaud, “WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries.”
16. UNESCO, *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers, and Health Educators*, vol. 1 (Paris: UNESCO, 2009).
17. Virginia A. Fonner et al., “School-Based Sex Education and HIV Prevention in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis,” *PloS One* 9, no. 3 (2014); K.G. Santhya and Shireen J. Jejeebhoy, “Sexual and Reproductive Health and Rights of Adolescent Girls: Evidence From Low- and Middle-Income Countries,” *Global Public Health* 10, no. 2 (2015): 189–221; and Chioma Oringanje et al., “Interventions for Preventing Unintended Pregnancies Among Adolescents,” *Cochrane Database Systematic Review* 4, no. 4 (2009).
18. Heloísa Helena Siqueira Monteiro Andrade et al., “Changes in Sexual Behavior Following a Sex Education Program in Brazilian Public Schools,” *Cadernos de Saúde Pública* 25, no. 5 (2009): 1168–76.
19. Patton et al., “Our Future.”
20. UNFPA, “UNFPA Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender,” (2014), accessed at www.unfpa.org/publications, on Feb. 2, 2018.
21. Patton et al., “Our Future.”
22. Santhya and Jejeebhoy, “Sexual and Reproductive Health and Rights of Adolescent Girls.”
23. Chandra-Mouli, Camacho, and Michaud, “WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries.”
24. Hindin et al., “Interventions to Prevent Unintended and Repeat Pregnancy Among Young People in Low- and Middle-Income Countries.”
25. Venkatraman Chandra-Mouli, Catherine Lane, and Sylvia Wong, “What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices,” *Global Health: Science and Practice* 3, no. 3 (2015): 333–40; Allison Glinski et al., *Adolescents and Family Planning*; and Lindsey B. Gottschalk and Nuriye Ortayli, “Interventions to Improve Adolescents’ Contraceptive Behaviors in Low- and Middle-Income Countries: A Review of the Evidence Base,” *Contraception* 90, no. 3 (2014): 211–25.
26. Jill Gay et al., HIPs, “Adolescent-Friendly Contraceptive Services: Mainstreaming Adolescent-Friendly Elements Into Existing Contraceptive Services,” (Washington, DC: United States Agency for International Development, 2015), accessed at www.fphighimpactpractices.org/afcs, on Feb. 2, 2018.
27. Patton et al., “Our Future.”
28. Kate Ploude et al., HIPs, “Community Group Engagement: Changing Norms to Improve Sexual and Reproductive Health,” (Washington, DC: United States Agency for International Development, 2016), accessed at www.fphighimpactpractices.org/, on Feb. 2, 2018.



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

YOUTH FAMILY PLANNING **POLICY SCORECARD**

COUNTRY RESULTS AND ANALYSES

TABLE OF RESULTS

	Policy Indicators							
	Parental and Spousal Consent	Provider Authorization	Age Restrictions	Marital Status Restrictions	Full Range of FP Methods	CSE	YF FP Service Provision	Enabling Social Environment
Benin	Green	Gray	Green	Green	Yellow	Yellow	Green	Green
Burkina Faso	Yellow	Gray	Green	Gray	Green	Yellow	Green	Gray
Burundi	Gray	Gray	Gray	Green	Yellow	Yellow	Yellow	Green
Cameroon	Gray	Gray	Green	Gray	Yellow	Yellow	Green	Yellow
Central African Republic	Green	Gray	Green	Green	Yellow	Gray	Gray	Gray
Chad	Gray	Gray	Green	Green	Yellow	Gray	Yellow	Gray
Côte d'Ivoire	Gray	Green	Green	Green	Red	Green	Green	Green
DRC	Yellow	Green	Green	Gray	Gray	Yellow	Yellow	Yellow
Ethiopia	Gray	Green	Gray	Green	Yellow	Yellow	Green	Green
Guinea	Gray	Gray	Green	Yellow	Yellow	Yellow	Yellow	Yellow
Haiti	Gray	Gray	Green	Gray	Green	Yellow	Green	Yellow
Kenya	Gray	Green	Green	Green	Green	Yellow	Green	Green
Madagascar	Gray	Gray	Green	Green	Green	Yellow	Yellow	Green
Mali	Yellow	Gray	Green	Green	Green	Yellow	Green	Green
Mauritania	Gray	Gray	Green	Green	Red	Yellow	Yellow	Yellow
Niger	Gray	Gray	Green	Yellow	Gray	Yellow	Yellow	Gray
Nigeria	Gray	Gray	Green	Green	Red	Red	Yellow	Yellow
Senegal	Gray	Green	Green	Green	Green	Yellow	Green	Green
Sindh (Pakistan)	Yellow	Green	Green	Red	Green	Red	Green	Yellow
Tanzania	Green	Green	Green	Green	Green	Yellow	Green	Green
Togo	Gray	Green	Green	Green	Red	Yellow	Green	Green
Uganda	Green	Yellow	Green	Gray	Green	Red	Yellow	Yellow



GREEN

Strong policy environment.



YELLOW

Promising policy environment but room for improvement.



RED

Policy environment impedes youth from accessing and using contraception.



GRAY

Policy addressing the indicator does not exist.

TABLE OF REFERENCE DATA

Youth Family Planning Outcomes														
	Adolescent Birth Rate	Teenage Pregnancy Rate (%)	Percent Women Married/In Union, Ages 15-19	Use of Modern Contraception Among Married Women (%)			Use of Modern Contraception Among Unmarried, Sexually Active Women (%)			Most Common Modern Contraceptive Methods Used by Married Women		Unmet Need for Contraception Among Married Women (%)		
				Ages 15-19	Ages 20-24	Ages 15-49	Ages 15-19	Ages 20-24	Ages 15-49	Ages 15-19	Ages 20-24	Ages 15-19	Ages 20-24	Ages 15-49
Benin	108	20	19	5.2	9.5	12.4	19.5	29.4	23.6	Implant Injectable Condom	Implant Injectable Condom	33.0	37.0	32.3
Burkina Faso	130	24	32	6.2	15.0	15.0	48.8	68.1	58.7	Condom Injectable Pill	Injectable Pill Implant	21.1	23.5	23.8
Burundi	58	8	6	21.2	26.5	22.9	38.5	34.4	34.4	Injectable Condom Implant	Injectable Implant Condom	14.6	23.7	30.0
Cameroon	127	38	24	12.2	16.0	14.4	50.8	55.6	48	Condom Injectable Pill	Condom Pill Injectable	25.7	24.8	16.6
Central African Republic	229	49	—	6.7	8.9	9.3	—	—	—	Condom Pill LAM	Pill Condom LAM	26.6	26.8	26.0
Chad	179	26	9	2.3	3.5	5.0	14.5	21.2	18.8	LAM Injectable Pill / Implant	Injectable LAM Condom	22.5	24.9	22.9
Côte d'Ivoire	129	30	21	6.9	11.5	12.5	28.7	32.0	30.2	Pill Condom Injectable	Pill Condom Injectable	26.5	32.6	27.1
DRC	138	27	21	5.4	8.2	7.8	19.5	25.2	20.9	Condom Pill Injectable	Condom Injectable Implant	30.8	29.2	27.7
Ethiopia	80	13	17	31.8	38.5	35.3	(57.5)	47.0	55.0	Injectable Implant Pill	Injectable Implant Pill	20.5	18.5	22.3
Guinea	120	26	28	10.3	11.4	10.6	51.6	54.7	50.7	LAM Implant Pill	LAM Injectable Implant	23.4	26.8	23.7
Haiti	55	6.8	6.9	24.8	36.2	31.8	26.4	33.8	31.0	Injectable Condom Pill	Injectable Implant Condom	55.5	45.1	38.0
Kenya	96	18	12	36.8	49.8	53.2	49.3	64.2	60.9	Injectable Implant Condom	Injectable Implant Pill	23.0	18.9	17.5
Madagascar	148	31.7	22.7	28.3	48.5	49.8	25.6	56.3	45.7	Pill Injectable Condom	Injectable LAM Condom	26.9	17.3	18.9
Mali	164	36	42	9.2	16.7	16.4	32.3	38.2	35.3	Implant Injectable Pill	Injectable Pill Implant	12.8	19.9	21.1
Mauritania	84	22	—	7.7	15.9	15.6	—	—	—	Pill Injectable Condom	Pill Implant Injectable	38.9	34.9	33.6
Niger	206	40	61	5.9	12.6	12.2	—	—	(39.9)	Pill LAM Injectable	Pill LAM Injectable	13.1	18.4	16.0
Nigeria	106	19	22	2.3	8.2	12.0	22.2	28.2	27.7	Condom Pill Injectable	Condom Injectable Pill	13.1	16.6	16.1
Senegal	78	16	23		18.9	26.3	(23.6)	(48.3)	46.1	Injectable Implant Pill	Injectable Implant Pill	23.8	25.4	21.9
Sindh (Pakistan)	46	8	14	5.9	13.4	25.0	—	—	—	Condom Injectable Pill	Condom Pill Injectable	17.9	18.6	17.3
Tanzania	132	27	23	13.3	29.9	32	33.1	53.9	45.8	Injectable Implant Pill	Injectable Implant Pill	23	22.7	22.1



Youth Family Planning Outcomes

	Adolescent Birth Rate	Teenage Pregnancy Rate (%)	Percent Women Married/In Union, Ages 15-19	Use of Modern Contraception Among Married Women (%)			Use of Modern Contraception Among Unmarried, Sexually Active Women (%)			Most Common Modern Contraceptive Methods Used by Married Women		Unmet Need for Contraception Among Married Women (%)		
				Ages 15-19	Ages 20-24	Ages 15-49	Ages 15-19	Ages 20-24	Ages 15-49	Ages 15-19	Ages 20-24	Ages 15-19	Ages 20-24	Ages 15-49
Togo	84	17	13	7.7	15.3	17.3	36.0	42.9	38.4	Implant Injectable Condom	Injectable Implant Pill	41.6	39.5	33.6
Uganda	132	25	20	20.7	31.1	34.8	40.3	50.1	47.1	Injectable Implant Condom	Injectable Implant Condom	30.4	29.3	28.4

Notes: Adolescent birth rate is calculated as the age-specific fertility rate per 1,000 women for women ages 15 to 19. Teenage pregnancy rate is calculated as the percentage of women ages 15 to 19 who have begun childbearing. The most common modern contraceptive methods used by married women are listed in order of use, with the first method being the most frequently used. Lactational amenorrhea method (LAM) is a temporary family planning method based on the natural effect of breastfeeding on fertility. LAM requires that the mother's monthly bleeding has not returned, the baby is fully or nearly fully breastfed, and the baby is less than 6 months old. In more recent Demographic and Health Surveys (DHS), LAM is listed as a modern contraceptive method, whereas older publications categorize it as a traditional method. Data in this table reflect the categorization in the most recent DHS for each country. All data listed for Sindh Province is national-level data for Pakistan. Values in parentheses are based on unweighted cases for ages 25 to 49.

Sources: ICF International, Demographic and Health Surveys: Benin 2017-18, Burkina Faso 2010, Burundi 2016-17, Cameroon 2011, Chad 2014-15, Côte d'Ivoire 2011-12, Dem. Rep. Congo 2013-14; Ethiopia 2016; Guinea 2018, Haiti 2016-17, Kenya 2014; Madagascar 2008-09, Mali 2018, Niger 2012; Nigeria 2018; Pakistan 2017-18; Senegal 2017; Tanzania 2015-16; Togo 2013-14; and Uganda 2016. UNICEF, Multiple Indicator Cluster Surveys: Central African Republic 2010 and Mauritania 2015.

DISCUSSION OF RESULTS

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

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

A majority of countries included in the Scorecard allow youth to access FP services regardless of age or marital status. All of the 22 countries have a strong policy environment supporting youth access to FP services regardless of age except for Burundi, where no policy document exists that supports access. Benin, Burkina Faso, Burundi, CAR, Chad, Côte d'Ivoire, Ethiopia, Kenya, Madagascar, Mali,

Mauritania, Nigeria, Senegal, Tanzania, and Togo have a supportive policy environment for youth access to FP services regardless of marital status, while Guinea and Niger have room for improvement. Pakistan's Sindh Province is the only example of restrictive marital status guidelines for youth seeking FP services, while Cameroon, the DRC, Haiti, and Uganda do not have a policy that addresses marital status.

Only four countries—Benin, CAR, Tanzania, and Uganda—fully address the barriers presented by parental and spousal consent while four other countries—Burkina Faso, DRC, Mali, and Sindh—have room for improvement. Only eight of 22 countries have policies that underscore the obligation of providers to service youth without discrimination or bias. Nine countries do not have any policy regarding both parental and spousal consent and provider authorization. Future policies focused on youth SRH should use clear language prohibiting parental and spousal consent and provider authorization for youth contraceptive provision.

All Ouagadougou Partnership (OP) countries, with the exception of Côte d'Ivoire, have an RH law that outlines the rights of individuals and couples to RH information and services. Mauritania's law is the most recent, passed in 2017, and one is currently being drafted in Mali and Côte d'Ivoire. The language of these laws across OP countries share many similarities, but they vary in important ways. In Benin, the law includes language that prohibits parental and spousal consent for SRH services. In Mali, an RH law prohibits parental and spousal consent for SRH services, but a family law allows for spousal consent. In Burkina Faso, Côte d'Ivoire,



© Jonathan Torgovnik/Getty Images

Mali, Mauritania, Senegal, and Togo, RH laws explicitly mention adolescents and protect their right to family planning regardless of age or marital status. Overall, the policy environments in several of the OP countries are promising, and the poor adolescent RH outcomes that these countries face have the potential to improve if these policies are successfully implemented.

Discussion of comprehensive sexuality education (CSE) in policies is frequently vague and difficult to assess. Generally, countries mention sexuality education in their RH policies but do not provide additional guidance on the components of a sexuality education curriculum nor how to implement it. In some countries, policy environments are supportive of CSE. For example, Côte d'Ivoire policies support an expansive CSE program, as is demonstrated by the country's recent shift from a family life education (FLE) program to a CSE program that includes all nine of the UNFPA essential components of CSE. Other policy environments are less supportive; for example, Nigeria's family life and HIV education curriculum addresses sexuality education in schools but the avoids information on FP. While quite robust in discussions of human development, social norms, relationships, gender, and life skills, the policy takes a weak stance on SRH. In fact, the curriculum avoids discussion of FP services and promotes abstinence-only education. For this indicator, only one country was assessed to have a strong policy environment when it comes to CSE with the 15 countries assessed as having room to improve. Nigeria, Sindh Province in Pakistan, and Uganda have laws or policies that either promote abstinence-only education or discourage sexuality education. CAR and Chad do not have any policy that provides guidance on the components of a sexuality education program.

Three of the Scorecard indicators, *Access to a Full Range of FP Methods*, *Youth-Friendly Service Provision*, and *Enabling Social Environment*, track adherence to the remaining six core elements of adolescent-friendly service provision recommended in the High-Impact Practices in Family Planning (HIPs) "Adolescent-Friendly Contraceptive Services" guidelines. Burkina Faso, Ethiopia, Kenya, Mali, Senegal, and Tanzania were categorized as green for all three indicators, indicating that these six countries have the most supportive policies, fully aligned with the HIPs recommendations.

While 10 countries' policies explicitly support youth access to a full range of methods, four countries—Côte d'Ivoire, Mauritania, Nigeria, and Togo—have laws or

policies that restrict youth from accessing a full range of FP services based on age, marital status, and/or parity. Côte d'Ivoire restricts eligibility for intrauterine devices (IUDs) and implants based on age and parity, and progestin-only injectables based on age. Policies in Mauritania state that IUDs should be avoided for adolescents and that oral contraceptives are the best method for this age group. Nigeria discourages providers from providing LARCs to youth and limits contraceptive offerings in the essential drug list. In Togo, policies permit provision of a full range of contraceptive options to youth; however, they strongly recommend abstinence and include restrictions for recommending IUDs to adolescents based on parity, frequency of sexual activity, and number of partners.

Benin, Burundi, Cameroon, Chad, and Guinea have promising policy environments for providing a full range of methods for youth, but with room for improvement. In Benin and Burundi, policies protect individuals' right to a full range of methods but do not explicitly specify *youth access*. On the other hand, policy environments in Guinea, Cameroon, CAR, and Chad outline a minimum package of services for youth that includes access to all contraceptive methods but do not specifically reference long-acting reversible contraceptives (LARCs).

The 22 countries examined in the Scorecard are a mixture of fully supportive and promising in their treatment of youth-friendly FP service provision, with the exception of CAR, which does not have a policy targeting youth in the provision of FP services. Twelve of the 22 countries' policies explicitly address the three service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services. In Ethiopia, multiple policies support the provision of SRH services at an affordable cost or for free for those who cannot pay, as well as services that ensure the privacy of youth clients and training for health workers to provide services in a nonjudgemental and friendly way. The remaining nine countries—Burundi, Chad, DRC, Guinea, Madagascar, Mauritania, Niger, Nigeria, and Uganda—address youth in the provision of FP services but do not mention all three of the HIPs service-delivery elements. The policy environment in Guinea includes activities to train providers in youth-friendly (YF) services, including combating provider judgment, but it does not clearly address confidentiality and cost of youth FP services. While Uganda's policy documents address the need to

tailor SRH services to youth, they lack the inclusion of specific action steps aligned with the three HIPs recommendations.

Within the indicator for *Enabling Social Environment*, 11 of the 22 countries outline detailed steps to build community support for youth FP in their policies. Approaches included in this indicator generally call upon a common social and behavior change communication intervention to inform and educate the general community, community leaders, and parents about the importance of youth FP services. As the evidence for engaging communities evolves, the results for this indicator will likely show greater differentiation and prioritization of approaches.

Gender norms that promote boys' sexuality and stigmatize girls' have been identified in the HIPs "Adolescent-Friendly Contraceptive Services" as key barriers to adolescents' access to FP services.¹ Countries frequently identify gender inequalities and gender norms as challenges for youth, particularly girls and young women who wish to access contraception, and promote various approaches to address gender. Countries are assessed on policy support for addressing gender norms under the Enabling Social Environment indicator. Benin has an objective to engage youth to reduce gender-based violence and forced and early marriages within its youth SRH strategy. Burkina Faso recognizes the importance of girls' education and creating an environment conducive to gender equality. Côte d'Ivoire's CSE program includes a module in which youth learn about the impact of gender norms on SRH, and a gender module is planned for Togo's population education program. Ethiopia addresses gender inequalities through three high-level priority actions, and Kenya includes initiatives to mainstream gender responsiveness across youth SRH approaches. Togo also aims to raise awareness of gender issues among health stakeholders and to integrate a gender approach into SRH services for men, women, and adolescents. Mali includes an activity to address the economic empowerment of adolescent girls to improve their ability to make SRH decisions and a male engagement strategy that builds male family planning champions through peer learning and education groups

Policies in Cameroon, DRC, Guinea, Haiti, Mauritania, Nigeria, Sindh, and Uganda either reference building an enabling social environment to support youth

access to FP without specific interventions addressing the HIPs elements or only outlines strategies for one HIPs element. CAR, Chad, and Niger do not have policies that reference activities that build an enabling social environment for youth FP.

Analysis of selected FP reference data shows potential connections between evidence-based policy approaches and resulting health outcomes. Further analysis of additional countries is needed to explore the potential associations. For example, the two East African countries with the most supportive policy environments for YF service provision—Ethiopia and Kenya—also have the highest rate of modern contraceptive use among young married women between ages 15 to 19 and ages 20 to 24 among all 22 countries reviewed. While Tanzania has a supportive policy environment for YF service provision, its modern contraceptive rate (mCPR) falls slightly below Uganda, which has only a promising policy environment. In OP countries with the most-supportive policy environments for YF service provision—Benin, Burkina Faso, Côte d'Ivoire, Mali, Senegal, and Togo—the connection to mCPR is less clear. Togo has a high mCPR among married women ages 15 to 19 and ages 20 to 24 compared to other OP countries, and implants are one of the most-used modern methods among married women ages 15 to 24. However, Togo's policies, while promising for YF service provision, still include outdated medical eligibility criteria for the provision of LARCs to youth.

Often, policies reviewed were close to the end of their stated timeline or had already expired. New versions of policies that could be identified but were inaccessible at the time of analysis are detailed in each country's documents list. In the absence of a new policy document, the Scorecard analysis uses older policies in each country's documents list. This Scorecard provides recommendations to improve the overall policy environment and may be useful as decisionmakers update strategies and policies surrounding youth FP.

REFERENCES

1. Jill Gay et al., HIPs, "Adolescent-Friendly Contraceptive Services: Mainstreaming Adolescent-Friendly Elements Into Existing Contraceptive Services" (Washington, DC: United States Agency for International Development, 2015), accessed at www.fphighimpactpractices.org/afcs, on Feb. 2, 2018.

BENIN



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

POLICY DOCUMENTS REVIEWED

- Politique Nationale de la Jeunesse, 2001.
- Loi n° 2003-04 du 03 mars 2003 Relative à la Santé Sexuelle et à la Reproduction.
- Document de Stratégie Nationale de Réduction de la Mortalité Maternelle et Néonatale au Bénin, 2006-2015.
- Politique Nationale de Promotion du Genre du Bénin, 2008.
- Stratégie Nationale Multisectorielle de Santé Sexuelle et de la Reproduction des Adolescents et Jeunes au Bénin, 2010-2020.
- Programme National de Santé de la Reproduction, 2011-2015.
- Stratégie Nationale de Repositionnement de la Planification Familiale au Bénin, 2011-2015.
- Stratégie de Croissance pour la Réduction de la Pauvreté, 2011-2015.
- Plan d'Action National Budgétisé pour le Repositionnement de la Planification Familiale au Bénin, 2014-2018.
- Loi n° 2015-08 portant Code de l'enfant en République du Bénin.
- Plan Opérationnel de Reduction de la Mortalité Maternelle et Néonatale au Bénin, 2018-2022.
- Plan National de Développement Sanitaire, 2018-2022.

POLICY DOCUMENTS COULD NOT BE LOCATED:

- Stratégie Nationale pour la Sécurisation des Produits de Santé de la Reproduction, 2011-2016.
- Plan Stratégique Intégré de la Santé de la Reproduction, de la Mère, du Nouveau-né, de l'Enfant, de l'Adolescent et Jeune, 2017-2021.

Parental and Spousal Consent



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

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

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

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

Provider Authorization



No law or policy exists that addresses provider authorization.

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

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

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

Age Restrictions



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

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

Article 2 : Caractère universel du droit à la santé de la reproduction.

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

Article 7 : Droit à la non-discrimination.

Les patients sont en droit de recevoir tous les soins de santé de la reproduction sans discrimination fondée sur le sexe, le statut marital, le statut sanitaire ou tout autre statut, l'appartenance à un groupe ethnique, la religion, l'âge ou l'habileté à payer.

The “Loi n° 2015-08 portant Code de l'enfant » states that individuals under 18 years have the right to access to RH.

Article 156 : Santé de la reproduction de l'enfant

L'enfant doit avoir accès à la santé de la reproduction sans aucune forme de discrimination, de coercition ou de violence. Il a le droit à l'information la plus complète sur les avantages et les inconvénients de la santé de la reproduction, sur les méthodes de planification familiale et de contraception ainsi que sur l'efficacité des services de santé sexuelle et reproductive.

Benin is placed in the green category because the policy environment confirms that youth must be permitted access to family planning services regardless of age.

Marital Status Restrictions



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

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

Article 2 : Caractère universel du droit à la santé de la reproduction.

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

Article 7 : Droit à la non-discrimination.

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

Benin guarantees access to reproductive healthcare regardless of marital status; therefore, it is placed in the green category.

Access to a Full Range of FP Methods



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

While Benin’s policy environment protects the right of individuals to a full range of methods and to the method of their choice, it falls short of addressing youth access to a full range of contraceptive methods.

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

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

The “Stratégie Nationale Multisectorielle de Santé Sexuelle et de la Reproduction des Adolescents et Jeunes au Bénin, 2010-2020,” which is specifically concerned with youth reproductive health, defines reproductive health as including the right of individuals to the contraceptive methods of their choice, without explicitly stating that youth should be able to access a full range of contraceptive options:

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

Because Benin does not have a policy extending access to a full range of methods for youth specifically, it is placed in the yellow category for this indicator. To move to the green category, Benin should clarify that youth can access a full range of methods, including long-acting and reversible contraceptives.

Although the availability of EC is not factored into the categorization of this indicator, note that Benin's policy environment does not specifically address youth access to EC.

Comprehensive Sexuality Education



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

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

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

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

Principales options de promotion de la SRAJ/VIH/sida :

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

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

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

Les Organisations de jeunesse :

... Ces organisations jouent actuellement d'important rôle de mobilisation de jeunes. Elles doivent poursuivre les activités de mobilisation des jeunes et adolescents afin d'être de puissants instruments dans la mise en œuvre de la présente Stratégie Nationale Multisectorielle. Elles doivent contribuer à la promotion de la CCC en SRAJ, des prestations de services à base communautaire et le plaidoyer en vue de la mobilisation des leaders communautaires et des partenaires techniques et financiers.

The "Stratégie Nationale Multisectorielle" and the "Programme National de Santé de la Reproduction, 2011-2015" include a specific objective to strengthen involvement of youth in SRH programming:

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

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

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

Benin's policy environment is supportive of sexuality education but does not reference all nine of the United Nations Population Fund's (UNFPA) essential components of CSE. Therefore, Benin is placed in the yellow category for this indicator. Going forward, additional sexuality education policies should consider all nine UNFPA essential components of CSE.

Youth-Friendly FP Service Provision



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

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

The three service delivery elements of adolescent-friendly contraceptive services are mentioned in Benin's policy environment.

For example, the "Stratégie Nationale Multisectorielle de Santé Sexuelle et de la Reproduction des Adolescents et Jeunes au Bénin, 2010-2020" and the "Programme National de Santé de la Reproduction, 2011-2015" both include specific objectives to train providers at various levels to offer adolescent-friendly contraceptive services. Provider training described in the "Plan d'Action National Budgétisé pour le Repositionnement de la

Planification Familiale au Bénin, 2014-2018” aims to reduce provider bias against youth in the provision of family planning (FP) methods:

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

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

La formation sanitaire attrayante pour les adolescents et jeunes se définit comme un centre d'accueil ou de conseil, une maison des jeunes, offrant un bon accueil, une ambiance de gaité, d'aise, de confidentialité, une prise en charge adéquate, un traitement et des produits à moindre coût.

The "Plan Operationnel de Reduction de la Mortalité Maternelle et Neonatale au Bénin" lists the provision of free contraceptive methods to improve adolescent access to FP as a priority for 2018-2022:

Des priorités ont été formulées pour la période 2018 – 2022 au nombre desquelles figurent :

- *La gratuité de la Planification Familiale favorisant l'accès des adolescentes et jeunes à la contraception*

Activités : Offrir gratuitement toutes les gammes de produits contraceptifs dans les formations sanitaires et cabinets privés de soins.

The "Plan National de Développement Sanitaire, 2018-2022" also includes free access to FP for young people and women of reproductive age as a priority action to reduce morbidity and mortality among adolescents and young people:

5.5.2. Orientation Stratégique (OS2): Prestation de service et l'amélioration de la qualité des soins

Objectifs Spécifiques	Axes d'interventions	Actions prioritaires
<i>2.1 Réduire la morbidité, la mortalité de la mère, du nouveau né, de l'enfant, de l'adolescent et du jeune</i>	<i>2.1.2 Intensification des services de la Planification Familiale</i>	<ul style="list-style-type: none"> • Assurer la disponibilité des produits traceurs de la PF jusqu'au dernier niveau des prestations de services • Renforcer l'opérationnalisation du plan d'action budgétisé de PF • Assurer la gratuité de l'accès des jeunes et des femmes en âge de procréer à la PF

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

Enabling Social Environment



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

- Address gender norms.
- Build community support.

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

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

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

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

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

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

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

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

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

3.3 Principes directeurs

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

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

BURKINA FASO



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

POLICY DOCUMENTS REVIEWED

- Politique Nationale de Population du Burkina Faso, 2000.
- Plan Stratégique de Santé des Jeunes, 2004-2008.
- Loi Portant Santé de la Reproduction, 2005.
- Politique Nationale de Jeunesse, 2008.
- Directives Nationales sur la Santé Scolaire et Universitaire au Burkina Faso, 2008.
- Protocoles de Santé de la Reproduction, 2009.
- Politiques et Normes en Matière de Santé de la Reproduction au Burkina Faso, 2010.
- Politique Nationale de Santé, 2011.
- Plan National de Développement Sanitaire, 2011-2020.
- Troisième Programme d’Action en Matière de Population, 2012-2016.
- Plan National de Relance de la Planification Familiale, 2013-2015.
- Plan Stratégique Santé des Adolescents et des Jeunes, 2015-2020.
- Plan National d’Accélération de Planification Familiale du Burkina Faso, 2017-2020.
- Compte rendu du Conseil des ministres du mercredi 26 décembre 2018.
- Loi n° 025-2018 Portant Code Pénal.

Parental and Spousal Consent



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

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

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

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

Provider Authorization



No law or policy exists that addresses provider authorization.

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

Age Restrictions



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

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

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

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

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

Because the law guarantees youth access to family planning regardless of age, Burkina Faso is placed in the green category.

Marital Status Restrictions



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

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

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

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

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

Because the law guarantees youth access to family planning regardless of marital status, Burkina Faso is placed in the green category.

Access to a Full Range of FP Methods



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

The “Loi Portant Santé de la Reproduction, 2005” states that adolescents have the right to make decisions about their reproductive health and to obtain information about all methods of contraception.

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

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

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

Further, the “Protocoles” include long-acting and reversible contraceptives in the list of contraceptives that should be available to youth. Similarly, the “Politique Nationale de Population du Burkina Faso 2000” contains an objective to promote use of reproductive health services among adolescents, including a specific aim to provide a full range of methods:

Objectif intermédiaire :

1.1 : Promouvoir une grande utilisation des services de santé de la reproduction en particulier par les femmes, les jeunes et les adolescents.

Axes stratégiques :

1.1.2. Mise à la disposition de la population de services de santé de la reproduction de qualité y compris une gamme complète de méthodes contraceptives sûres, fiables et à un coût abordable.

The “Plan National d’Accélération de Planification Familiale du Burkina Faso, 2017-2020” includes an objective to widen the range of methods, including LARCs, to benefit young people.

Objectif 2 : Garantir la couverture en offre de services de PF et l'accès aux services de qualité en renforçant la capacité des prestataires publics, privés et communautaires et en ciblant les jeunes ruraux et les zones enclavées avec l'élargissement de la gamme des méthodes y compris la mise à l'échelle des MLDA et PFPP, l'amélioration de la prestation aux jeunes.

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

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

Comprehensive Sexuality Education



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

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

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

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

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

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

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

Objectif spécifique 3 : Rendre effective l'éducation en matière de population et de citoyenneté (EmPC) dans 100% des structures du système formel et 95% des structures non formelles.

Similarly, the “Plan National de Relance de la Planification Familiale, 2013-2015” includes an activity to revitalize population education in both formal and informal education settings, including training school nurses and staff at youth centers in the ‘youth approach.’ The “Plan Stratégique Santé des Adolescents et des Jeunes, 2015-2020” has a general activity to introduce sexuality education into education and training settings. Furthermore, the “Plan National d’Accélération de Planification Familiale du Burkina Faso, 2017-2020” includes priority actions to incorporate modules on comprehensive sexuality education (CSE) in teaching curricula, build the capacity of students and teachers on CSE, and implement a CSE approach for out-of school young people.

Burkina Faso’s policy environment is promising because it supports the provision of sexuality education and includes some of the essential components of CSE within its sexuality education program, such as reaching youth across formal and informal sectors, human rights, and citizenship. However, all nine components of CSE are not mentioned within a comprehensive sexuality education program. Therefore, Burkina Faso is placed in

the yellow category for CSE. Future plans for revitalizing sexuality education in Burkina Faso should consider including all nine United Nations Population Fund essential components of CSE.

Youth-Friendly FP Service Provision



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

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

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

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

The “Plan Stratégique” then includes an adjoining aim to train and supervise providers in youth sexual and reproductive health service provision:

Axe 2: Renforcement de l'offre de soins et des services de SRAJ de qualité

Formation continue des prestataires au niveau des formations sanitaires

Renforcement de la supervision des prestataires

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

In December 2018, the Council of Ministers adopted a decree on behalf of the Ministry of Health granting free FP care in Burkina Faso. The Council noted that this policy change would especially benefit adolescents and youth.

1.2. Au Titre du développement du Capital Humain, le Conseil à adopté :

Pour le compte du ministère de la Santé :

- *un décret portant gratuité des soins de la planification familiale au Burkina Faso.*

L'adoption de ce décret permet la mise en œuvre de la mesure de gratuité de la planification familiale dans les structures de santé publique de notre pays et une intensification de l'offre des services de la planification familiale au profit des populations notamment les adolescents, les jeunes et les populations vivant en milieu rural.

Burkina Faso has a strong policy environment for the provision of youth-friendly family planning services and is accordingly placed in the green category for this indicator.

Enabling Social Environment



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

- Address gender norms.
- Build community support.

Burkina Faso's policies support an enabling social environment for youth-friendly service provision through addressing gender norms and building support in communities. For example, the "Politiques et Normes en Matière de Santé de la Reproduction au Burkina Faso, 2010" acknowledge the multisectoral nature of reproductive health and the required collaboration around gender-related issues, such as:

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

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

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

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

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



BURKINA FASO

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

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

Burkina Faso outlines a detailed strategy to build community support for youth family planning services and to address gender norms. Therefore, it is placed in the green category for this indicator.

BURUNDI



Parental and Spousal Consent	No law or policy exists that addresses consent from a third party to access FP services.
Provider Authorization	No law or policy exists that addresses provider authorization.
Age Restrictions	No law or policy exists addressing age in access to FP services.
Marital Status Restrictions	Law or policy exists that supports youth access to FP services regardless of marital status.
Access to a Full Range of FP Methods	Law or policy exists that supports youth access to a full range of FP methods without defining full range of methods to include LARC methods.
Comprehensive Sexuality Education	Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.
Youth-Friendly FP Service Provision	Policy references targeting youth in provision of FP services but mentions fewer than three of the service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	Policy outlines detailed strategy addressing two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

POLICY DOCUMENTS REVIEWED

- Politique Nationale de la Jeunesse, 1998.
- Politique Nationale de la Santé de la Reproduction, 2007.
- Plan National de Développement Sanitaire, 2011-2015.
- Plan d'Accélération de la Planification Familiale, 2015-2020.
- Politique Nationale de Santé, 2016-2025.
- Loi n° 1/012 du 30 mai 2018 Portant Code de l'Offre des Soins et Services de Santé au Burundi.
- Plan Stratégique National de la Santé de la Reproduction, Maternelle, Néonatale, Infantile et des Adolescents, 2019-2023.

POLICY DOCUMENTS THAT COULD NOT BE LOCATED:

- Normes des Services de Santé de la Reproduction, 2012.

Parental and Spousal Consent



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

Burundi is placed in the grey category for this indicator because its policies do not explicitly support youth access to FP services without consent from parents and spouses.

Provider Authorization



No law or policy exists that addresses provider authorization.

Burundi is placed in the grey category for this indicator because its policies do not address non-medical provider authorization.

Age Restrictions



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

The "Politique National de Santé, 2016-2025" prioritizes access to SRH services for adolescents and young people to reach improved improve maternal, newborn, and adolescent health:

Période de l'adolescence (10- 20 ans) : (1) l'information et l'offre des services de santé sexuelle et reproductive des adolescent(e)s et des jeunes axée sur la prévention des grossesses précoces, la prévention des IST-VIH/SIDA, la prévention des mariages précoces...

Période de la jeunesse (20- 24 ans) : (1) l'information et l'offre des services de santé sexuelle et reproductive des jeunes axée sur la prévention des grossesses précoces, la prévention des mariages et maternité précoces, la prévention des IST-VIH/SIDA...

The "Loi n° 1/012 du 30 mai 2018 Portant Code de l'Offre des Soins et Services de Santé au Burundi" supports access to health without discrimination based on age, but is not specific to FP:

Chapitre II: Des principes directeurs de la politique nationale de santé. Nul ne peut être l'objet de discrimination du fait notamment de son origine, de sa race, de son ethnie, de son sexe, de sa couleur, de sa langue, de sa situation sociale, de ses convictions religieuses, philosophiques, ou politiques, du fait d'un handicap physique ou mental, du fait d'être porteur du VIH/Sida ou de toute autre maladie incurable.

Burundi's policies do not have a policy that clearly supports youth access to family planning regardless of age. Therefore, Burundi is placed in the grey category.

Marital Status Restrictions



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

The "Loi n° 1/012 du 30 mai 2018 Portant Code de l'Offre des Soins et Services de Santé au Burundi" supports the right to family planning access regardless of marital status:

Article 32: Tout individu ou tout couple a droit à l'information relative à la planification familiale et à tous les moyens d'y accéder.

Because the law supports access to FP services regardless of marital status, Burundi is placed in the green category.

Access to a Full Range of FP Methods



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

The "Politique National de la Santé de la Reproduction, 2007" aims to improve the availability and accessibility of FP services by expanding contraceptive method options, but fails to specifically mention youth access:

Amélioration de la disponibilité et de l'accessibilité des services de PF de qualité:

- *Etendre la distribution à base communautaire des contraceptifs non prescriptibles au niveau national ;*
- *Elargir la gamme des méthodes contraceptives en mettant l'accent sur les méthodes de longue durée d'action ;*
- *Améliorer les compétences techniques en matière de communication des prestataires des services de PF ;*

The "Politique Nationale de Santé, 2016-2025" describes the need to allow informed free choice of contraceptives to reach contraceptive coverage goals:

Le renforcement de l'accès et l'utilisation des services de planification familiale de qualité tenant compte des besoins et du choix libre éclairé de l'individu afin d'atteindre une couverture contraceptive d'au moins 50 %.

Although policy documents value method choice and mix, available policy documents do not explicitly mention youth access to a range of contraceptive methods nor mention LARC within the context of youth access. Burundi is placed in the yellow category.

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

Comprehensive Sexuality Education



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

The "Politique Nationale de Santé, 2016-2025" aims to introduce sex education and the promotion of gender equality into school curriculums, yet focuses on young people ages 20-24:

L'accès pour les jeunes de 20- 24 ans à (1) l'information et l'offre des services de santé sexuelle et reproductive des jeunes axée sur la prévention des grossesses précoces, la prévention des mariages et maternité précoces, la prévention des IST-VIH/SIDA, (2) services de prévention et prise en charge des addictions (alcool, tabac, drogues), (3) l'éducation nutritionnelle des jeunes et (4) dans le cadre de l'intersectorialité, introduire des séances d'éducation sexuelle et promotion de l'égalité du genre.

The "Politique Nationale" then briefly describes the introduction of sexuality education adapted to adolescents and young people's needs in school curriculums:

Période de l'adolescence (10- 20 ans) : ... Dans le cadre de l'intersectorialité : - introduction de l'éducation sexuelle adaptée aux adolescent(e)s et aux jeunes dans le cursus scolaire, - promotion de l'égalité du genre dans les écoles,...

Période de la jeunesse (20- 24 ans) : ... Dans le cadre de l'intersectorialité : - introduction de l'éducation sexuelle adaptée aux jeunes dans le cursus scolaire et promotion de l'égalité du genre, - protection des jeunes contre les violences sexuelles et autres formes de violences basées sur le Genre.

The "Plan d'Accélération de la Planification Familiale, 2015-2020" describes activities to ensure SRH information reaches adolescents and young people in and out of school:

Stratégie DE3 : Initiation de stratégies novatrices de communication en direction des adolescents et des jeunes scolarisés et non scolarisés. Au niveau de cette stratégie, il sera question d'utiliser les espaces et les outils de communication auxquels sont beaucoup attachés les adolescents et les jeunes pour les sensibiliser sur la PF.

...

Activité DE3.2 : Appuyer l'intégration de l'éducation sexuelle complète dans les programmes scolaires non encore couverts (8ème, 7ème, 6ème, 5ème) en synergie avec le ministère en charge de l'éducation. Il sera question d'aider à ce qu'il soit pris en compte dans les curricula de formation des classes de la (8ème, 7ème, 6ème, 5ème) l'éducation sexuelle. Il s'agira surtout d'aider à la confession et à la distribution des différents manuels.

Activité DE3.3 : Mettre en œuvre/utiliser les outils de formation sur la SSRAJ au niveau communautaire avec tous les acteurs (écoles, centres jeunes, associations de jeunes) dans l'ensemble des provinces du pays. Cette activité consistera à reproduire et à mettre à la disposition de tous les acteurs au niveau communautaire et ce dans les 17 provinces du pays, les outils de formation sur la SSRAJ. Ces outils serviront de base de formation dans les différents centres de regroupement des jeunes.

However, as part of a strategic goal to reduce STIs, undesired pregnancies, and high-risk abortions in adolescents and young people, the "Politique Nationale de la Santé de la Reproduction, 2007" aims to promote both abstinence and contraceptive use:

- Promouvoir l'abstinence et /ou l'usage correcte et systématique du Préservatif ;
- Promouvoir la contraception chez les jeunes et les adolescents ;

Burundi's policy environment is promising as it mandates sexuality education as a necessity for increasing contraceptive use. However, existing activities for implementation do not include each of UNFPA's nine elements of CSE. Therefore, Burundi is placed in the yellow category.

Youth-Friendly FP Service Provision



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

The "Politique Nationale de la Santé de la Reproduction, 2007" aims to build the capacity of providers to communicate with young people:

BURUNDI

Renforcer les capacités des prestataires de santé et autres intervenants en « Comment communiquer efficacement avec les jeunes et les adolescents. »

As part of a strategic goal to reduce STIs, undesired pregnancies, and high-risk abortions in adolescents and young people, the “Politique Nationale” plans to integrate adolescent and youth health into the minimum package of services for in-service training and promote user-friendly RH services.

The "Plan d'Accélération de la Planification Familiale, 2015-2020" includes a strategic priority to improve the supply of FP services, including ensuring adolescents and young people access services adapted to their needs. The priority intervention includes multiple activities to train health care workers or integrate FP into service curricula:

Activité O1.1 : Étendre l'offre de services de PF dans l'ensemble des CDS et hôpitaux publics... Rendre disponible les services de PF dans une structures, il s'agira essentiellement de former au moins deux prestataires, d'équiper les structures en matériel de communication pour le changement de comportement, en matériel de prévention des infections, matériel de pose et retrait de DIU et d'implant puis d'approvisionner les FOSA en produits contraceptifs de qualité.

...

Activité O1.3: Intégrer l'offre de PF dans les services de santé de toutes les entreprises qui en disposent... Il s'agira essentiellement de faire des plaidoyers, de former et d'équiper les services de santé de ces entreprises à offrir des services de PF de qualité.

...

Activité O1.7:Passer à l'échelle l'intégration de la PF dans le paquet d'activité de tous les Agents de Santé Communautaire (ASC) du pays...

The “Plan d’Accélération” also includes 10 more activities to build the capacity of service providers to give quality FP services, including modern contraceptives, although not specific to youth. These activities also involve on-the-job training and the integration of modules into in-service training. Finally, the “Plan d’Accélération” lists two specific activities to strengthen access to youth-friendly services, including equipping spaces and training providers:

*Stratégie O3 : Renforcement de l'accès des adolescents et jeunes aux services adaptés à leurs besoins
Cette stratégie a pour objectif de faciliter davantage l'accès des services de PF aux adolescents et aux jeunes. Elle comprend 2 activités.*

Activité O3.1 : Aménager et équiper deux CDS par district pour l'intégration effective de l'offre de services conviviaux pour adolescents et aux jeunes Il s'agira d'aménager et d'équiper des espaces à l'intérieur des CDS qui soit adaptés aux adolescents et aux jeunes. Ce qui facilitera l'offre des services de PF à ces derniers. 73 CDS seront aménagés et équipés pour offrir des services adaptés aux adolescents et aux jeunes pour répondre à un besoin de 90 CDS exprimé par le pays.

Activité O3.2 : Former les prestataires de deux CDS par district pour l'offre de services conviviaux pour adolescents et aux jeunes Des sessions de formation seront organisées pour former des prestataires à l'offre des services de PF adapté aux besoins des jeunes. Cette activité permettra de renforcer les capacités de 146 prestataires.

The "Plan Stratégique National De La Sante De La Reproduction, Maternelle, Néonatale, Infantile et des Adolescents, 2019-2023" details the priority intervention to improve the availability, accessibility, and use of adolescent health care and services, including RH. The activities outlined discuss the need to adapt the space and approach to youth-friendly services but fall short of mentioning privacy and confidentiality:

4.1.2 Renforcer les Equipes Cade de District à conduire des supervisions axées sur le coaching des prestataires en SSRAJ et VSBG (Formation et équipement)

4.1.3 Accroître le nombre de centres de santé respectant les standards pour offrir les services adaptés aux adolescents et des jeunes

The "Plan Stratégique" builds off of the "Loi n° 1/012 du 30 mai 2018 Portant Code de l'Offre des Soins et Services de Santé au Burundi," which guarantees the right to all patients to the confidentiality of their information:

Article 16: Tout patient a le droit de décider de l'usage des informations médicales le concernant et les concernant et les conditions dans lesquelles elles peuvent être transmises à des tiers. Les établissements de santé doivent garantir la confidentialité des informations qu'ils détiennent sur leurs patients même après leur décès. Toutefois le secret médical n'est pas opposable au patient. Le respect du secret médical peut être écarté dans les cas prévus par la loi.

The policies reviewed address the need to train and support providers to offer adolescent-friendly contraceptive services. However, Burundi's policy environment fails to specifically address the need to enforce audio/visual privacy and provide free or subsidized services. Burundi is placed in the yellow category for this indicator.

Enabling Social Environment



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

- Address gender norms.
- Build community support.

The "Politique Nationale de la Santé de la Reproduction, 2007" plans to strengthen advocacy within the community for increased support of youth FP:

Renforcement du plaidoyer auprès des pouvoirs publics pour un engagement plus accru en faveur de la PF:

Mener un plaidoyer vigoureux auprès de tous les intervenants existants (décideurs politiques, leaders communautaires et religieux) et potentiels en faveur d'une meilleure prise de conscience de la problématique de la PF et de la promotion de l'accès généralisé aux services de PF par les femmes, les hommes et les jeunes...

The "Plan d'Accélération de la Planification Familiale, 2015-2020" outlines strategies and activities, based on the HIPs, to create an environment favorable to FP:

Stratégie DE1 : Mobilisation sociale pour l'utilisation de la PF

BURUNDI

Cette stratégie vise à promouvoir la PF auprès des populations en général et des femmes, des adolescents et des jeunes puis des leaders communautaires.

Activité DE1.1 : Elaborer des supports de sensibilisation de la population basés sur les facteurs explicatifs de la faible utilisation de la PF et adaptés à chaque cible

Activité DE1.2 : Organiser des sensibilisations ciblées de la population à partir des facteurs explicatifs de la faible utilisation de la PF

Activité DE1.3 : Organiser des rencontres d'échanges et de plaidoyer avec les leaders communautaires (religieux, leaders d'opinion) pour leur implication en faveur de la PF

...

Activité DE1.7 : Organiser des activités de mobilisation communautaire (concours, jeux, chansons, sketches) pour la promotion de la PF. Cette activité va consister à organiser des journées culturelles et récréatives dans chacune des 17 provinces du pays. Il s'agira de créer des regroupements attractifs de masse en vue de faire la promotion de la PF à travers des jeux concours, ciné mobiles, chansons, sketches...

The "Plan d'Accélération" also includes promoting male engagement in FP as a priority and describes activities to use male champions and integrate FP activities into male community groups:

Stratégie DE2 : Promotion de l'engagement des hommes en PF Cette stratégie vise à faire à amener les hommes à s'impliquer d'avantage dans la promotion et à la pratique de la PF.

Activité DE2.1 : Utiliser les hommes champions pour la promotion de la PF auprès de leurs pairs Il s'agira d'identifier dans les différentes communautés et de former des champions ou des personnes qui se sont engagé dans la pratique la PF. Ces champions feront ensuite la promotion de la PF en partageant leurs expériences auprès de leurs pairs dans les lieux de rencontre privilégiés par les hommes.

Activité DE2.2 : Produire et diffuser des outils de communication en faveur de la PF ciblant les hommes. Des messages seront conçus spécifiquement pour hommes en mettant l'accent les aspects qui poussent les hommes à constituer un obstacle à la promotion et à la pratique de la PF.

Activité DE2.3 : Intégrer les activités de PF dans les programmes des groupements communautaires des hommes (pécheurs, agriculteurs, motards, militaires...) en utilisant des messages adaptés aux différents milieux. Il sera ici question d'organiser des sessions de formation et d'échanges à l'endroit des membres des différents groupements des hommes (pécheurs, d'agriculteurs, motards, militaires...) pour permettre à ces derniers de sensibiliser leurs pairs sur la PF au cours de leurs activités.

Burundi's policies outline specific interventions to build support within the larger community for youth FP and address gender and social norms. Burundi is therefore placed in the green category.

CAMEROON



Parental and Spousal Consent	No law or policy exists that addresses consent from a third party to access FP services.
Provider Authorization	No law or policy exists that addresses provider authorization.
Age Restrictions	Law or policy exists that supports youth access to FP services regardless of age.
Marital Status Restrictions	No law or policy exists addressing marital status in access to FP services.
Access to a Full Range of FP Methods	Law or policy exists that supports youth access to a full range of FP methods without defining full range of methods to include LARC methods.
Comprehensive Sexuality Education	Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.
Youth-Friendly FP Service Provision	Policy mentions three service-delivery elements of the High-Impact Practices in Family Planning (HIPs) recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	Policy references building an enabling social environment to support youth access to FP but does not include specific intervention activities addressing both HIPs-recommended elements.

POLICY DOCUMENTS REVIEWED

- Plan Stratégique National de la Santé de Reproduction, Maternelle Néonatale et Infantile, 2014-2020.
- Programme National Multisectoriel de Lutte contre la Mortalité Maternelle, Néonatale et Infanto-juvénile au Cameroun : Plan Stratégique, 2014-2020.
- Plan Opérationnel de Planification Familiale, 2015-2020.
- Plan Stratégique National de la Santé des Adolescents et des Jeunes au Cameroun, 2015-2019.
- Plan National de Développement Sanitaire, 2016-2020.
- Stratégie Sectorielle de Santé, 2016-2027.
- Protocoles et Algorithmes en SR-PF au Cameroun, 2017.
- Normes et Standards en SR-PF au Cameroun, 2018.
- Plan Stratégique National de Santé Numérique, 2020-2024.

POLICY DOCUMENTS THAT COULD NOT BE LOCATED:

- La Politique Nationale de la Santé de la Reproduction.

Parental and Spousal Consent



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

Cameroon is placed in the grey category for this indicator because its policies do not support youth access to FP services without consent from parents and spouses.

Provider Authorization



No law or policy exists that addresses provider authorization.

The "Plan Stratégique National de la Santé des Adolescents et des Jeunes au Cameroun, 2015-2019" acknowledges that provider bias toward young people is an issue preventing them from accessing services:

Les services, notamment de planning familial, sont inaccessibles aux jeunes. Ils rencontrent beaucoup de barrières : culturelles, économiques, l'attitude discriminatoire des prestataires de services.

The "Normes et Standards en SR-PF au Cameroun, 2018" states in the norms on counseling that providers should not force clients to adopt any method:

Si le client se décide, le counseling l'aide à choisir une méthode de contraception appropriée, l'aide à comprendre comment l'utiliser, et le rend capable de l'utiliser correctement pour une protection sûre et efficace. Cette information doit permettre une bonne compréhension de l'efficacité des méthodes contraceptives. Elle doit permettre au client de bien comprendre comment les utiliser correctement, de quelle manière elles agissent, quels en sont les effets secondaires courants, quels sont les risques et les avantages pour la santé, quels sont les signes et symptômes nécessitant de revenir consulter, des informations sur le retour à la fécondité après arrêt des méthodes et des informations sur la prévention des IST. Les prestataires ne doivent pas imposer à un client l'adoption d'une quelconque méthode.

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

Age Restrictions



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

The "Protocoles et Algorithmes en SR-PF au Cameroun, 2017" state that adolescents should have access to methods of their choosing:

En ce qui concerne la planification familiale, les adolescents peuvent utiliser n'importe quelle méthode de contraception et doivent avoir accès à un choix étendu. L'âge ne constitue pas à lui seul une raison médicale permettant de refuser une méthode à un adolescent.

Cameroon is placed in the green category because the policy environment confirms that youth must be permitted access to FP services regardless of age.

Marital Status Restrictions



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

The "Protocoles et Algorithmes en SR-PF au Cameroun, 2017" supports youth need for FP regardless of marital status:

Les adolescentes sexuellement actives mariées ou non ont des besoins en matière de planification familiale. Il faut éviter que le coût des services et des méthodes ne limitent pas les possibilités de choix.

In addition, the "Normes et Standards en SR-PF au Cameroun, 2018" state the right of a client to access reproductive health services regardless of their family situation:

2.1.2. Droit à l'accès aux services

Le droit à l'accès aux services...

Les clients doivent recevoir les services quel que soit leur sexe, leur principe, leur couleur, leur situation familiale, leur orientation sexuelle ou leur résidence.

Cameroon's policies lack specific language supporting the right of unmarried people to FP services. Cameroon is therefore placed in the grey category.

Access to a Full Range of FP Methods



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

The “Plan Stratégique National de la Santé des Adolescents et des Jeunes au Cameroun. 2015-2019” aims to reduce the morbidity and mortality linked to RH in adolescents and young people through increased prevalence of modern methods:

Augmenter le taux de prévalence contraceptive (méthodes modernes) chez les adolescentes et les jeunes filles d’ici 2019;

The “Protocoles et Algorithmes en SR-PF au Cameroun, 2017” state that adolescents should have access to methods of their choosing:

En ce qui concerne la planification familiale, les adolescents peuvent utiliser n’importe quelle méthode de contraception et doivent avoir accès à un choix étendu. L’âge ne constitue pas à lui seul une raison médicale permettant de refuser une méthode à un adolescent.

...

Les adolescentes sexuellement actives mariées ou non ont des besoins en matière de planification familiale. Il faut éviter que le coût des services et des méthodes ne limitent pas les possibilités de choix.

The "Protocoles" also provide a copy of a rapid consultation checklist from the WHO eligibility criteria (2015), as well as a detailed explanation of each contraceptive method and their definition, eligibility criteria, advantages, disadvantages, and usage. While there is specific reference to youth eligibility and access to a range of methods, the policies do not include long-acting reversible contraceptives.

The “Normes et Standards en SR-PF au Cameroun 2018” state that the full range of contraceptives must be authorized after consultation as part of an individual’s right to choose from a range of methods. However, it does not specify that this same right must be extended to youth:

2.1.3. Droit au choix du service

Le droit du client(e) au choix des services de SR stipule que :

- *Chaque individu décide librement de pratiquer la planification familiale ou non.*
- *Chaque individu décide librement de sa méthode contraceptive.*
- *Les prestataires de services doivent présenter à tout client(e) la gamme complète de méthodes contraceptives pour lui permettre de faire son choix...*
- *Une cliente qui a choisi une méthode à laquelle elle n'est pas éligible, doit en être informée et les méthodes alternatives devront lui être offertes.*

While Cameroon’s policy environment protects the right of individuals to choose from a full range of methods, it falls short of including explicit language allowing youth to access to a full range of contraceptive methods, including LARCs.

Although the availability of EC is not factored into the categorization of this indicator, it is worth noting that the “Protocoles” include EC in the list of contraceptives available for clients, with no mention of youth eligibility.

Comprehensive Sexuality Education



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

Cameroon’s policy environment supports the provision of sexuality education to in-school and out-of-school youth. The “Programme National Multisectoriel de Lutte Contre la Mortalité Maternelle Néonatale et Infanto-Juvénile au Cameroun: Plan Stratégique, 2014-2020” addresses the roles that the Ministries of Education and Health have in equipping young people with SRH knowledge.

The “Plan Stratégique National de la Santé des Adolescents et des Jeunes au Cameroun, 2015-2019” aims to strengthen social mobilization in favor of youth SRH and includes an objective to improve adolescent and youth knowledge of issues that impact their RH. The activities include spreading information in formal and informal settings:

OS2: Améliorer le niveau de connaissances des A/J sur les questions de SRAJ

2.1 Élaborer les outils techniques et didactiques en matière de SRA avec l’implication active des jeunes

2.2 Produire et disséminer les outils d’IEC/CCC

2.3 Former les Leaders des jeunes et les responsables des structures d’encadrement des jeunes en techniques de communication en matière de SRAJ.

2.4 Mener des activités d’information et de sensibilisation des A/J en matière de SRAJ.

2.5 Renforcer l’intégration de la thématique SRAJ (EVF/EVA/EMP/VIH/SIDA) dans les programmes d’éducation des jeunes, en milieu scolaire et extra-scolaire

The “Plan Opérationnel de Planification Familiale, 2015-2020” has a detailed strategy to increase youth knowledge of RH informal and informal settings. The strategy includes the use of ICTs to raise awareness among young people, the implementation of an SRH education in schools, and strengthening education through health clubs at school levels, including peer educators, with a focus on adolescent girls and young people.

Stratégie D3: Initiation des stratégies novatrices de communication en direction des adolescents et jeunes scolarisés et non scolarisés

Activité D3.1: Utilisation des TIC pour sensibiliser les jeunes

Activité D3.2: Intensification de l’enseignement de la SSR en milieu scolaire en synergie avec le ministère en charge de l’Education (MINSEC, MINSUP, MINFOP)

Activité D3.3 : Sensibilisation des adolescentes et jeunes par l'intermédiaire des pairs éducateurs et clubs santé

Activité D3.4 : Sensibilisation des jeunes du secteur informel et du milieu rural sur les questions de SSR à travers les associations des jeunes (socio-éducatives, culturelles et sportives) en synergie avec le MINJEC

The four activities outlined in the “Plan” show a commitment to reaching across formal and informal sectors, including sharing information through mobile phone lines, websites, health clubs, and youth associations. The third and fourth activities both integrate a focus on gender and support links to SRH services:

Sensibilisation des adolescentes et jeunes par l'intermédiaire des pairs éducateurs et clubs santé Pour le repositionnement de la PF et une implication des adolescentes et jeunes, il sera nécessaire de renforcer l'éducation par les clubs santé au niveau des écoles et les pairs éducateurs de tous les milieux extrascolaires.

...

Il y aura aussi l'identification des jeunes capables de porter les messages de la SR/PF aux autres jeunes. Il sera organisé deux fois par an une grande activité culturelle et sportive avec des moments de sensibilisation sur la PF et si possible l'offre des services aux adolescentes et jeunes en marge de l'activité.

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

Youth-Friendly FP Service Provision



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

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

The three service-delivery elements of adolescent-friendly contraceptive services are mentioned in Cameroon’s policy environment. The "Plan Stratégique National de la Santé des Adolescents et des Jeunes au Cameroun, 2015-2019" state youth’s right to confidentiality and privacy while seeking services:

Respect des droits humains : Le respect des droits humains sous-tend que, pour toute réalisation des programmes de développement, l'être humain soit placé au centre des interventions. Spécifiquement pour les adolescents et jeunes, il s'agit du droit à l'information, à la confidentialité et l'anonymat, la sécurité des soins, au libre choix, à l'intimité, au bien-être, la dignité, etc.

The "Normes et Standards en SR-PF au Cameroun 2018" expands on the right to confidentiality and privacy by including the requirement that providers must guarantee confidentiality while offering FP services:

2.1.5. Droit à l'intimité et à la confidentialité

Le droit à l'intimité et à la confidentialité stipule que :

- *Les locaux doivent garantir l'intimité et la confidentialité des prestataires.*
- *Les prestataires doivent respecter l'intimité du client(e).*
- *L'accès au fichier médical doit être strictement réservé aux prestataires de services et aux autres personnes autorisées.*
- *Le prestataire veille dans la mesure du possible, à ne pas être perturbé durant la consultation.*
- *Tout le personnel doit respecter le secret professionnel.*
- *Le personnel médical doit toujours prendre soin d'expliquer la présence d'une tierce personne durant la consultation et solliciter l'avis du client(e) avant d'autoriser la présence de cette tierce personne.*

3.1 Normes pour la planification familiale.

3.1.4. Cibles de la PF: Il s'agit des femmes en âge de procréer, des hommes et des adolescent(e)s et des jeunes.

3.1.5. L'organisation du travail

...

Les prestataires doivent veiller à l'organisation du travail et des locaux afin de garantir la confidentialité dans l'offre de services de PF. L'organisation des locaux et des services doit permettre de garantir cette confidentialité ainsi que le respect de la dignité des clientes depuis la consultation, l'achat des produits, jusqu'à l'administration de la méthode.

The "Plan Stratégique National de la Santé des Adolescents et des Jeunes au Cameroun, 2015-2019" includes specific objectives to build the capacity of providers and other health facility personnel to offer youth-friendly services:

3.5.2. Axe stratégique II : Renforcement de l'offre de service de SRAJ de qualité.

OS1 : Introduire les services sanitaires appropriés aux A/J dans au moins 25% des formations sanitaires de chaque district de santé.

OS2 : Renforcer les capacités en SRAJ de tous les gestionnaires et les prestataires.

OS3 : Introduire les modules de SRAJ dans les curricula de formation des personnels médicaux et paramédicaux.

Finally, the "Plan Stratégique National de la Santé de Reproduction, Maternelle Néonatale et Infantile, 2014-2020", the "Plan Opérationnel de Planification Familiale, 2015-2020", and "Stratégie Sectorielle de Santé, 2016-2027" all outline strategies to provide services at a free or reduced cost. The "Plan Stratégique" includes lifting financial barriers for RH visits in schools:

2 : Levee barrières financières

Gratuité des visites médicales annuelles dans les collèges, lycées et universités

The "Health Sector Strategy 2016-2027" aims to ensure services are adapted to young people's needs and states that providing free or subsidized services will help improve the use of contraceptives:

Implementation Strategy 1.4.3: Improving FP service delivery and use:

Improving the availability of FP services shall be done through:

- (i) scaling up integrated FP service delivery;*
- (ii) improving the availability of inputs through better management of the supply system and the establishment of an FP support fund;*
- (iii) capacity building of human resources in FP to make up for the significant shortage of trained personnel;*
- (iv) development of FP services adopted to the youth and adolescents. It is for this purpose that inventories will be made for a good mapping of the needs of quality inputs and human resources.*

As concerns improving the use of contraceptives, it will be achieved through: ...

- (ii) removal of financial barriers (subventions or even free healthcare for vulnerable targets) and socio-cultural (religious beliefs, disinformation);*

Cameroon has a strong policy environment for the provision of youth-friendly FP services and is accordingly placed in the green category for this indicator.

Enabling Social Environment



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

The “Plan Stratégique National de la Santé des Adolescents et des Jeunes au Cameroun, 2015-2019” includes a strategic goal to strengthen social mobilization around youth RH:

3.5.1. Axe stratégique I: Renforcement de la mobilisation sociale autour de la SRAJ.

OS1 : Améliorer la communication intégrée pour susciter la prise de conscience sur les problèmes de SRAJ au sein de la communauté (Elus, décideurs, société civile, responsables et Leaders)

OS2 : Renforcer le dialogue parents/enfants sur la SRAJ.

The “Plan” stresses the urgent need for social mobilization in favor of youth-friendly services within communities:

La communication portant sur la santé de reproduction reste insuffisante et prioritairement faite par les prestataires de soins et les enseignants. Or plusieurs autres personnes comme les parents, les leaders communautaires ont également la responsabilité d’assurer quotidiennement l’éducation de cette cible. Dès lors, il apparaît urgent pour une large mobilisation sociale en faveur de la SAJ d’améliorer la

communication intégrée. Celle-ci aura comme principal objectif de susciter une prise de conscience sur les problèmes de SRAJ au sein des communautés. La pertinence d'une telle action repose sur le rôle prépondérant de ces différents acteurs sur l'éducation et le processus de socialisation des A/J au niveau familiale voire communautaire.

The “Stratégie Sectorielle de Santé, 2016-2027” aims to improve demand for FP services by strengthening the role that men play in FP promotion:

Implementation Strategy 1.4.2: Improving the demand for FP services

Improving the demand of FP services will be achieved through the development of the following interventions: (i) interpersonal and mass communication in favour of FP to raise awareness on the availability of FP services at the operational level; (ii) strengthening the participation of men as partners in the promotion of FP especially in cultures where women have little decision-making power over their reproductive health.

The “Plan Opérationnel de Planification Familiale, 2015-2020” includes a detailed strategy to strengthen men as partners in promoting RH. While the strategy does not specifically target youth FP, it includes piloting husbands’ schools and promoting family planning among men in agricultural groups:

Stratégie D2 : Renforcement de l'implication des hommes comme partenaires dans la promotion de la SR en général et en particulier de la PF

Les hommes sont des décideurs clés mais ils ont souvent peu d'intérêt pour la PF ou qu'ils s'y opposent. Dans certaines localités, l'environnement socioculturel influence les comportements qui favorisent les attitudes pro-natalistes. Cependant, certains pays ont menés, avec succès, les hommes à devenir des champions de la PF. La stratégie de l'Engagement Constructif des Hommes (ECH) sera élaborée et disséminée. Les organisations paysannes la coordination de Cameroon Development Cooperation (CDC), Farmers groups, PALMOR, SODECOTON, etc.. seront impliquées dans la sensibilisation des hommes sur la PF. De la même manière l'approche de l'école des maris en expérimentation sera étendue dans plusieurs districts.

The "Programme National Multisectoriel de Lutte contre la Mortalité Maternelle, Néonatale et Infanto-juvénile au Cameroun : Plan Stratégique, 2014-2020" looks to mainstream gender to strengthen community mobilization and generate demand for the use of health services by women and young people, with an emphasis on the involvement of men, traditional and religious leaders, and young boys. The “Programme” also aims to take gender into account when implementing the Plan’s objectives:

Les besoins spécifiques des femmes et filles selon leurs statuts devront être pris en compte dans la mise en œuvre du PLMI. Un accent devra être mis sur l'implication des hommes, des leaders traditionnels et religieux et des jeunes garçons. Cette implication visera les aspects préventifs de lutte contre la mortalité maternelle et infantile mais également l'accompagnement et la prise en charge psycho sociale et la réinsertion socioéconomique des femmes et filles affectées par les complications liées à la mortalité maternelle.

La prise en compte des spécificités de genre dans le PLMI concerne par ailleurs la définition des activités visant la réduction des discriminations et des violences basées sur le genre y compris les pratiques socioculturelles limitant la demande (et l'accès) des femmes et des filles aux services et soins de SRMNI. Un accent devra être mis sur la jouissance par les femmes et les filles de leurs droits reproductifs, tout en intégrant les besoins des hommes et jeunes en matière de PF afin qu'ils soient des parties prenantes actives à la mise en œuvre du PLMMNI.



CAMEROON

While Cameroon's policies address the need to build community support for youth FP services and to address gender norms, the policies lack a detailed strategy for creating an enabling social environment specifically for youth FP services. Therefore, Cameroon is placed in the yellow category for this indicator.

CENTRAL AFRICAN REPUBLIC



Parental and Spousal Consent	Law or policy exists that supports youth access to FP services without consent from both third parties (parents and spouses).
Provider Authorization	No law or policy exists that addresses provider authorization.
Age Restrictions	Law or policy exists that supports youth access to FP services regardless of age.
Marital Status Restrictions	Law or policy exists that supports youth access to FP services regardless of marital status. Law or policy exists that supports youth access to FP services regardless of marital status.
Access to a Full Range of FP Methods	Law or policy exists that supports youth access to a full range of FP methods without defining full range of methods to include LARC methods.
Comprehensive Sexuality Education	No policy exists supporting sexuality education of any kind.
Youth-Friendly FP Service Provision	No policy exists targeting youth in the provision of FP services.
Enabling Social Environment	No policy exists to build an enabling social environment for youth FP services.

POLICY DOCUMENTS REVIEWED

- Plan National d'Action de l'Éducation Pour Tous, 2003-2015.
- Loi n°06.005 du 20 juin 2006 Bangayassi Relative à la Santé de Reproduction.
- Plan National de Développement Sanitaire, 2006-2015.
- Cadre Stratégique National de Lutte Contre le VIH et le Sida, 2012-2016.

Parental and Spousal Consent



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

The “Loi n°06.005 du 20 juin 2006 Bangayassi Relative à la Santé de Reproduction” states that individuals are entitled to receive all RH services without discrimination and without parental or spousal consent:

Art. 14 : Les patients sont en droit de recevoir tous les soins de santé en matière de la reproduction sans discrimination aucun, fondée sur le sexe, la religion, l'ethnie, l'âge, le statut sanitaire ou tout autre statut. Sauf dispositions légales contraires, l'autorisation du partenaire ou de ses parents avant le traitement peut ne pas être requise.

As the law addresses consent from third parties in accessing FP services, Central African Republic (CAR) is placed in the green category for this indicator.

Provider Authorization



No law or policy exists that addresses provider authorization.

CAR lacks any policy addressing non-medical provider authorization and is therefore placed in the gray category for this indicator.

Age Restrictions



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

The “Loi n°06.005 du 20 juin 2006 Bangayassi Relative à la Santé de Reproduction.” guarantees equitable access to SRH care regardless of age:

Art. 7: Toute personne a droit à une vie sexuelle satisfaisante, en toute sécurité. Elle a le droit de procréer et doit être libre de le faire au rythme de son choix. Le droit de procréer implique l'accès à l'information et l'utilisation des méthodes de planification familiale conformément aux normes prescrites ; l'accès à des services de santé devant permettre aux femmes de mener à bien grossesse et accouchement, et donnant aux couples toutes les chances d'avoir des enfants en bonne santé.

Art. 8: Tous les individus sont égaux en droit et en dignité en matière de la reproduction. Ce droit est universel et fondamental. Il est garanti à tout être humain, tout au long de sa vie, en toute situation et en tout lieu. Aucun individu ne peut être privé de ce droit dont il bénéficie sans aucune discrimination fondée sur l'âge, le sexe, la fortune, la religion, l'ethnie, la situation matrimoniale et sans la moindre coercition ou la violence.

Because the law guarantees access to family planning regardless of age, CAR is placed in the green category.

Marital Status Restrictions



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

The “Loi n°06.005 du 20 juin 2006 Bangayassi Relative à la Santé de Reproduction” guarantees youth access to SRH care regardless of marital status:

Art. 7: Toute personne a droit à une vie sexuelle satisfaisante, en toute sécurité. Elle a le droit de procréer et doit être libre de le faire au rythme de son choix. Le droit de procréer implique l'accès à l'information et l'utilisation des méthodes de planification familiale conformément aux normes prescrites ; l'accès à des services de santé devant permettre aux femmes de mener à bien grossesse et accouchement, et donnant aux couples toutes les chances d'avoir des enfants en bonne santé.

Art. 8: Tous les individus sont égaux en droit et en dignité en matière de la reproduction. Ce droit est universel et fondamental. Il est garanti à tout être humain, tout au long de sa vie, en toute situation et en tout lieu. Aucun individu ne peut être privé de ce droit dont il bénéficie sans aucune discrimination fondée sur l'âge, le sexe, la fortune, la religion, l'ethnie, la situation matrimoniale et sans la moindre coercition ou la violence.

Because the law guarantees access to family planning regardless of marital status, CAR is placed in the green category.

Access to a Full Range of FP Methods



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

The “Loi n°06.005 du 20 juin 2006 Bangayassi Relative à la Santé de Reproduction” states that any individual or couple has the right to choose the method of family planning that works for them:

Art. 9 : Tout individu ou tout couple a le droit de décider librement et avec discernement, de la taille de sa famille dans le respect des lois en vigueur, de l’ordre public et de bonnes mœurs. Pour ce faire, il a le droit de choisir la méthode de planification familiale qui lui convient.

The RH law also states that contraception includes all methods recognized as effective and safe, including modern and traditional methods. An individual has the right to choose from the full range of methods:

Art. 23 : La contraception comprend toutes méthodes approuvées, reconnues efficaces et sans danger. Ces méthodes peuvent être modernes, traditionnelles ou populaires. Toute la gamme des méthodes contraceptives légales doit être proposée et disponibles.

Art. 24 : Le droit de déterminer le nombre d’enfants et de fixer l’espacement de leur naissance confère à chaque individu la faculté de choisir parmi toute la gamme de méthodes contraceptives efficaces et sans danger, celle qui lui convient.

The “Plan National de Développement Sanitaire, 2006-2015” aims to provide a minimum package of activities and includes equipping facilities with contraceptive products, although it provides no details on which products:

Services de santé en faveur des femmes améliorés et disposent d’un paquet minimum d’activités selon les normes

- *Evaluer les besoins en équipements en matière de MSR, Soins Obstétricaux et Néonataux d’Urgence (SONU), produits contraceptifs ;*
- *Equiper les structures en matériel : 8 ordinateurs + accessoires ; 100 tables d’accouchement ; 20 motocyclettes ; produits contraceptifs ;*

CAR’s policies allow youth to access a range of methods but fall short of specifying that LARCs are included in method choice. In the absence of a policy statement that requires health providers to offer short-acting and long-acting reversible contraceptive services regardless of age, CAR is placed in the yellow category for this indicator.

Although the availability of EC is not factored into the categorization of this indicator, none of CAR’s policy documents reference youth access to EC.

Comprehensive Sexuality Education



No policy exists supporting sexuality education of any kind.

The "Plan National d'Action de l'Éducation Pour Tous, 2003-2015" acknowledges that CAR's education systems have not yet met the needs of young people and adolescents when it comes to their health and well-being. It introduces a family life education (FLE) component as a solution but notes that the FLE component does not have national coverage to reach all young people. The Plan proposes reaching across formal and informal sectors to cover this gap.

The National Education Plan does not provide details on the FLE curriculum but does propose activities to broaden the FLE teachings and introduce the curriculum at all levels of education within the school system. The Plan also lays out an objective to ensure education of school-aged citizens in the fight against sexually transmitted diseases and AIDS. The objective identifies the lack of SRH information as an immediate barrier and proposes sensitization activities and the distribution of SRH education textbooks:

Obstacles immédiats : Ignorance des communautés sur la santé sexuelle et reproductive

Obstacles sous-jacents : Insuffisance d'information et de formation en santé reproductive y compris la lutte contre les MST/SIDA

Obstacles profonds : Absence de stratégies multiples de lutte contre les MST/SIDA, faiblesse de coordination des interventions sur les MST/SIDA.

Activités :

- Élaborer les programmes de sensibilisation
- Organiser et animer des séances de sensibilisation
- Organiser des séminaires, conférences, et tables rondes
- Élaborer les programmes de santé sexuelle et reproductive
- Concevoir et diffuser les manuels d'éducation sexuelle et reproductive
- Former et recycler les enseignements de tous les niveaux

The "Plan National de Développement Sanitaire, 2006-2015" aims to improve RH services for adolescents and young people through interventions on RH education in formal and informal settings:

Services de SR en faveur des adolescents/jeunes disponibles et renforcés selon les normes

- Réactualiser l'avant projet du programme national de santé des adolescents et des jeunes;
- Réhabiliter /Étendre le centre de santé scolaire et universitaire de Bangui ;
- Étendre les services de santé scolaire : 8 à Bangui; 16 dans les préfectures sanitaires ;
- Étendre le programme Education à la Vie Familiale (EVF) dans les curricula des écoles du fondamental 1 et 2 au profit des jeunes scolarisés aux autres préfectures ;
- Soutenir les organisations de jeunesse en milieu informel pour leur implication en matière de santé de la reproduction des adolescents et des jeunes (formation, sensibilisation, équipement, création des centres d'écoute).

The "Cadre Stratégique National De Lutte Contre le VIH et le Sida, 2012-2016" indicates that the communication plan from the previous strategic framework that proposed integrating SRH for vulnerable groups had not yet been developed. However, it did note that the Ministry of Education successfully integrated HIV into training curricula for use at all education levels and at extracurricular activities for peer education.

While the national education and health plans shows promise around the introduction of reproductive health education in the future, no policies outline an implementation framework for sexuality education. CAR is therefore placed in the gray category for this indicator.

Youth-Friendly FP Service Provision



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

The "Loi n°06.005 du 20 juin 2006 Bangayassi Relative à la Santé de Reproduction" guarantees an individual's right to access RH services at an affordable cost and to privacy of information:

Art. 13: "Tout individu ou tout couple a le droit de bénéficier des soins de santé de qualité et de services sûrs, efficaces, accessibles et à un coût abordable.

Art. 15: Aucune information concernant la santé du patient ou de l'usager ne doit être divulguée sans autorisation expresse de celui-ci. Le patient a le droit de connaître les informations dont le prestataire de soins habilité dispose sur sa personne.

The RH law also states that government health facilities must be adapted to needs of specific groups, including young people:

Art. 19: L'Etat et les collectivités examinent et mettent en place les structures intégrées des soins de santé de la reproduction. Celles-ci doivent être adaptées aux besoins spécifiques de tous, y compris des jeunes. Ces structures doivent poursuivre un but non lucratif, sous réserve des dispositions spécifiques concernant les structures privées de prestation de services.

The "Plan National de Développement Sanitaire, 2006-2015" includes training of providers as an intervention to improve RH services for young people:

Former/recycler en MSR [Maternité Sans Risque], PTPE [Pays Pauvres Très Endettés] et Genre : 100 formateurs; 200 prestataires de Maternité Sans Risque (MSR), y compris ONGs [Organisation Non Gouvernementale] 200 prestataires PTPE, y compris ONGs; 85 agents de santé scolaire; 350 Matrones;

The "Cadre Stratégique National De Lutte Contre le VIH et le Sida, 2012-2016" includes a strategic objective to increase the number of health facilities that offer family planning facilities and increased use of family planning by seropositive women ages 15-49 but provides no further details on specific activities around youth family planning.

While the current policy environment provides a foundation for adolescent-friendly contraceptive services, it fails to adequately reference the three HIPs' contraceptive service-delivery elements. To move to a fully

supportive policy environment, future policies should link training providers in YF family planning services to judgment, ensure confidentiality of information is extended to audio/visual privacy, and clarify that “affordable costs” equates to no-cost or subsidized services. CAR is placed in the gray category for this indicator.

Enabling Social Environment

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

The “Plan National de Développement Sanitaire 2006-2015” outlines a strategic objective to avail quality reproductive health services with male and community support. As part of a minimum package of activities in health facilities, the CAR government aims to:

- *Sensibiliser les communautés sur les bienfaits des services de SR, en Genre ; ...*
- *Mobiliser et faire participer les communautés aux efforts d'amélioration de la qualité des services de santé en SR.*

While the National Health Plan acknowledges that the current environment in CAR does not adequately address gender issues in health strategies, it does not propose interventions to address gender and social norms. The Plan also acknowledges the need to build support within the community on the benefits of RH services. Future policies need to link youth FP service delivery with activities that build support in communities. As no policy exists to build an enabling social environment for youth FP services, CAR is placed in the grey category for this indicator.

CHAD



Parental and Spousal Consent	No law or policy exists that addresses consent from a third party to access FP services.
Provider Authorization	No law or policy exists that addresses provider authorization.
Age Restrictions	Law or policy exists that supports youth access to FP services regardless of age.
Marital Status Restrictions	Law or policy exists that supports youth access to FP services regardless of marital status.
Access to a Full Range of FP Methods	Law or policy exists that supports youth access to a full range of FP methods without defining full range of methods to include LARC methods.
Comprehensive Sexuality Education	No policy exists supporting sexuality education of any kind.
Youth-Friendly FP Service Provision	Policy references targeting youth in provision of FP services but mentions fewer than three of the service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	No policy exists to build an enabling social environment for youth FP services.

POLICY DOCUMENTS REVIEWED

- Loi n°006/PR/2002 du 15 avril 2002 Portant Promotion de la Santé de Reproduction.
- Politique Nationale du Genre, 2011.
- Politique Stratégique de Santé Communautaire, 2015-2018.
- Politique Nationale de Santé, 2016-2030.
- Plan National de Développement Sanitaire, 2018-2023.

POLICY DOCUMENTS THAT COULD NOT BE LOCATED:

- Plan d'Action Quinquennal de la Politique National Genre, 2019-2023.

Parental and Spousal Consent



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

Chad's policy environment does not specifically prohibit parental and spousal consent for youth access to FP services. Until it addresses consent from a third party in a future policy, Chad is placed in the gray category for this indicator.

Provider Authorization



No law or policy exists that addresses provider authorization.

No law or policy was identified that requires providers to provide medically advised FP services to youth without personal bias or discrimination. Chad is placed in the gray category for this indicator.

Age Restrictions



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

The “Loi n°006/PR/2002 du 15 avril 2002 Portant Promotion de la Santé de Reproduction” guarantees the right to reproductive health regardless of age:

Chapitre 2 - Des principes et droits en matière de santé de la reproduction

Art.3.- Tous les individus sont égaux en droit et dignité en matière de santé de reproduction sans discrimination aucune fondée sur l'âge, le sexe, la fortune, la religion, l'éthnie, la situation matrimoniale ou sur toute autre situation...

Art.6.- Tout individu, tout couple a droit à l'information, à l'éducation et aux moyens nécessaires relatifs aux avantages, aux risques et à l'efficacité de toutes méthodes de régulation des naissances.

Because these policies address access to FP services regardless of age, Chad is placed in the green category.

Marital Status Restrictions



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

The “Loi n°006/PR/2002 du 15 avril 2002 Portant Promotion de la Santé de Reproduction” guarantees the right to reproductive health regardless of marital status:

Chapitre 2 - Des principes et droits en matière de santé de la reproduction

Art.3.- Tous les individus sont égaux en droit et dignité en matière de santé de reproduction sans discrimination aucune fondée sur l'âge, le sexe, la fortune, la religion, l'ethnie, la situation matrimoniale ou sur toute autre situation.

Art.6.- Tout individu, tout couple a droit à l'information, à l'éducation et aux moyens nécessaires relatifs aux avantages, aux risques et à l'efficacité de toutes méthodes de régulation des naissances.

naissances.

Chad is placed in the green category as its policies support youth access to FP regardless of marital status.

Access to a Full Range of FP Methods



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

The “Loi n°006/PR/2002 du 15 avril 2002 Portant Promotion de la Santé de Reproduction” guarantees young people’s access to RH services regardless of age, and further details that RH services include all methods and family planning services:

Chapitre 4 - Des soins et services de santé de reproduction

Art.13.- Par soins et services de santé de la reproduction, on entend notamment:

- *L'orientation, l'information, l'éducation, la communication, la recherche, les moyens, les méthodes et, de manière générale, tous les services en matière de planification familiale*

While Chad's reproductive health law explicitly mentions youth's right to family planning methods, it is ambiguous in its scope. For Chad to move into the green category, it needs to ensure that LARCs are offered and available among the essential contraceptive options for youth. Chad is placed in the yellow category for this indicator.

Although the availability of EC is not factored into the categorization of this indicator, note that no reviewed policies reference youth access to EC.

Comprehensive Sexuality Education



No policy exists supporting sexuality education of any kind.

The "Politique Nationale du Genre, 2011" includes a strategic goal for equal and equitable access to basic social services by men and women, which includes a specific intervention in favor of sexuality education for young people:

Orientation stratégique 3: Accès égal et équitable aux services sociaux de base, aux ressources (y compris le foncier) et aux bénéfices par les hommes et les femmes.

Il s'agit de: ...

Promouvoir des actions en faveur de l'éducation sexuelle des jeunes et d'une parenté responsable;

The first objective under this goal is to eliminate harmful traditional practices through education of girls and boys. This objective includes a set of initiatives to reduce education gaps between girls and boys, including the elimination of gender stereotypes at school and the achievement of favorable conditions to keep girls in school:

Objectif 3.1 : Éliminer les pratiques traditionnelles néfastes liées à l'éducation des filles et des garçons, à l'utilisation des services sociaux de base.

La réalisation de cet objectif nécessite le développement des initiatives visant à réduire les écarts entre l'éducation des filles et des garçons, à éliminer les stéréotypes sexistes au niveau de l'école, à soutenir les actions en faveur de la promotion des droits en matière de SR et de la lutte contre les VBG en vue de l'élimination des pratiques néfastes...

Objectif 3.2 : Promouvoir les initiatives visant à satisfaire les besoins spécifiques de filles et des garçons, des hommes et des femmes dans le secteur de l'éducation, de la formation et de l'alphabétisation.

While the National Gender Policy supports sexuality education among young people and clearly acknowledges the benefits of education to young girls, no policies were identified that addressed sexuality education in detail.

Chad is placed in the gray category for this indicator but could move into a more supportive environment by mandating sexuality education in a national policy and including each of the nine elements of CSE.

Youth-Friendly FP Service Provision



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

The "Loi n°006/PR/2002 du 15 avril 2002 Portant Promotion de la Santé de Reproduction" guarantees an individual's right to access affordable RH services :

Art.8.- Tout individu, tout couple a le droit d'accéder à des services de santé de proximité sûrs, efficaces, abordables et acceptables.

The "Politique Nationale de Santé, 2016-2030" looks to improve health care delivery to young people through RH services adapted to their needs:

Intervention 2: Amélioration de la prestation des soins de qualité aux femmes, aux jeunes et aux enfants. Il s'agit de :

- *Promouvoir la santé des jeunes et des adolescents en créant des centres de santé reproductive répondant aux besoins des jeunes et des adolescents.*

The "Plan National de Développement Sanitaire, 2018-2023" acknowledges that adolescent health policy is limited in the country. As one of its strategic goals, the Plan aims to promote the health of young people and adolescents through providing health services to youth as part of the package of services at all health levels. In order to support this, the Plan suggests defining policies and strategic plans with interventions, such as youth centers and counseling for youth:

Action 22.1.1 : Définir les politiques, plans stratégiques, les normes relatives à la santé des jeunes, des adolescents, des personnes âgées et des personnes handicapées.

La définition des politiques et des plans stratégiques de santé scolaire, de la santé des adolescents et des personnes âgées favorisera leur développement. Dans la mise en œuvre de ces politiques seront mieux organisés les services de santé existants à disposer des centres de conseils et d'écoute des jeunes et adolescents et des centres de rééducation fonctionnelle. A travers cette action, on renforcera le service national d'hygiène scolaire et universitaire en créant progressivement des services régionaux dans les 23 régions pour mettre en œuvre un paquet de services défini.

Once adolescent health policies, plans, and standards are in place, the next objective is to strengthen the capacities of health personnel to provide services to young people and adolescents:

Action 22.1.3 : Renforcer les capacités du personnel de santé dans la prise en charge des problèmes de santé des adolescents, des jeunes, des personnes âgées et des personnes handicapées.

Une fois les politiques, plans stratégiques et normes relatives à la santé des adolescents, des jeunes, des personnes âgées et des personnes handicapées, élaborés et adoptés, le personnel de santé sera formé à tous les niveaux de la prise en charge et les formations sanitaires équipées conséquemment pour assurer une prise en charge efficace des problèmes de santé de ces catégories de la population. Ce renforcement des capacités devra se traduire entre autres par la prise en compte des interventions relatives à la santé des adolescents, des jeunes, des personnes âgées et des personnes handicapées, dans les plans opérationnels annuels.

The Plan acknowledges that the availability of FP services across the country is high, but facilities have low operational capacity. To remedy this problem, the Plan proposes an intervention to train health personnel in counseling to better present methods of contraception and their side effects and ensure that the FP guidance is included in medical training at all levels:

La disponibilité des services de PF est assez élevée, mais leur capacité opérationnelle est faible. Pour pallier à cette situation, le personnel de santé sera formé en conseil afin de mieux présenter les différentes méthodes de contraception et les effets indésirables. Les directives relatives à la PF MSP - Plan National de Développement Sanitaire : PNDS3 2018-2021 - Tchad seront mises à disposition des formations médicales de tous les niveaux. L'approvisionnement régulier des intrants de la PF sera assuré.

The reviewed policy documents recognize Chad's nascent status in youth-friendly FP service provision. By guaranteeing the right to affordable FP services and acknowledging the need to train providers to provide services to youth, Chad has a promising but insufficient policy environment. To move to a fully supportive policy environment, policies should link provider training to issues of judgement and ensure confidentiality and audio/visual privacy for youth accessing FP services. Chad is placed in the yellow category for this indicator.

Enabling Social Environment



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

The "Politique Nationale du Genre, 2011" acknowledges the gender inequities that affect women's control over reproductive health decisions. The policy reinforces the right to health—including reproductive health—as a guiding principle. One of the policy's strategic goal for equal and equitable access to basic social services by men and women includes interventions to promote communication on reproductive health and sexuality education with the general population:

Orientation stratégique 3 : Accès égal et équitable aux services sociaux de base, aux ressources (y compris le foncier) et aux bénéfices par les hommes et les femmes.

Il s'agit de : ...

Mener auprès des populations une communication active sur les questions relatives aux problèmes de santé, à la santé reproductive, et notamment la sexualité ;

...

Promouvoir des actions en faveur de l'éducation sexuelle des jeunes et d'une parenté responsable ;

The first objective under this goal is to eliminate harmful traditional practices through education of girls and boys. This objective includes a set of initiatives to raise awareness and commitment of community members, including men, through dialogue and social mobilization:

Aussi bien des actions de plaidoyer, de sensibilisation et de renforcement des capacités doivent être menées. Celles-ci doivent se fonder sur l'engagement de la communauté, et en particuliers les hommes. La démarche doit s'articuler autour d'un dialogue et d'une mobilisation sociale qui permettent aux communautés de s'approprier de ces questions liées à leur santé et bien-être.

Dans le système éducatif par exemple, il faut accroître l'offre (infrastructures et équipements adéquats) dans tous les milieux et la mobilisation sociale de la communauté (Etat, populations, projets, ONG, collectivités locales, privé, PTF, etc.) autour des services sociaux de base.

The third objective under the strategic goal to reach equal and equitable access to basic social services is to contribute to improving reproductive health and reducing maternal morbidity. The proposed interventions include emphasizing gender specificities in RH services and supporting community conversations to involve all stakeholders in gender-sensitive RH actions:

Objectif 3.3 : Contribuer à l'amélioration de la santé de la reproduction et à la réduction de la mortalité maternelle et néonatale.

L'enjeu de cet objectif est d'assurer aux hommes et aux femmes des services de santé de la reproduction de qualité de façon à réduire significativement les risques de mortalité liée à la maternité, et à permettre à chacun et à chacune d'avoir une vie reproductive saine et responsable.

La stratégie adoptée pour atteindre cet objectif consiste à faire le plaidoyer pour l'amélioration de l'accès aux services de santé de qualité en mettant l'accent sur les spécificités de genre (hommes, femmes, jeunes vieux, rural, urbain, régions...). Par ailleurs, il faut mettre un accent particulier sur la formation initiale et les recyclages du personnel, en vue de garantir des services de soin de qualité et leur utilisation. A cet effet, l'appui d'une communication sociale en vue de l'implication consciente de tous les acteurs aux actions de la santé de reproduction (SR) sensible au genre est primordial.

While the National Gender Policy acknowledges gender and social norms within reproductive health and proposes actions that could be taken, it does not specifically target interventions around youth. For Chad to create an environment that is fully supportive of youth FP, new policies should specifically outline a strategy to link service delivery with activities that build support for youth FP in communities and link gender strategies to youth FP. Chad is placed in the gray category for this indicator.

CÔTE D'IVOIRE



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

POLICY DOCUMENTS REVIEWED

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

DOCUMENTS IN DRAFT, NOT REVIEWED:

- Politique Nationale de la Santé de la Reproduction.

Parental and Spousal Consent



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

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

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

Côte d’Ivoire’s policy environment, however, does not adequately prohibit parental and spousal consent. Côte d’Ivoire should consider addressing these forms of external authorization unequivocally in future legislation, such as in the reproductive health law being drafted at the time of this writing. Until then, Côte d’Ivoire is placed in the gray category for this indicator.

Provider Authorization



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

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

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

Raisons - d’être :

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

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

Age Restrictions



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

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

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

Dans cette optique, la présente déclaration de politique nationale de la santé de la reproduction repose sur des valeurs essentielles suivantes : la solidarité, l'équité, l'éthique et le respect de la spécificité du genre.

The “Politique Nationale de Population 2015” includes a specific objective to empower women, which will be achieved through promoting universal access to SRH for women, girls, and young people:

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

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

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

Because these policies address access to family planning services regardless of age, Côte d’Ivoire is placed in the green category.

Marital Status Restrictions



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

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

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

The “Programme d’Orientation sur la Santé des Adolescents Destiné aux Prestataires de Soins de Santé, 2006,” a WHO training document officially adopted by the National Program for School and University Health in the Ministry of Health and Public Hygiene for training providers in YF services, includes guidance on providing contraceptive services to unmarried youth:

Adolescentes non mariées

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

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

Access to a Full Range of FP Methods



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

The “Plan Stratégique National de la Santé des Adolescents et des Jeunes, 2016-2020” describes the minimum package of services for adolescents, which includes contraception but does not specify which methods should be made available.

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

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

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

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

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

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

Comprehensive Sexuality Education



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

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

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

1. Genre

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

The CSE program also includes components on improving communication skills and decisionmaking in SRH:

2. Relations interpersonnelles et communication

Cette composante explique les relations et les liens avec les membres de la famille, les amis, les voisins, les connaissances, le ou la petit(e) ami(e), ses enseignants, ses camarades, etc. Le but de cette

composante est d'aider les adolescent(e)s à mieux comprendre leurs relations et à les aborder avec plus de confiance.

3.Valeurs et attitudes

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

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

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

...Renforcer les capacités des acteurs de l'éducation formelle et non formelle

Cette stratégie nécessite l'organisation d'ateliers de renforcement des capacités de la communauté éducative et des partenaires sociaux.

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

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

Côte d'Ivoire has a strong policy environment for CSE, including reference to all nine UNFPA essential components of CSE, and is placed in the green category for this indicator.

Youth-Friendly FP Service Provision



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

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

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

The “Plan Stratégique National de la Santé des Adolescents et des Jeunes, 2016-2020” discusses training providers in YF services, including SRH. The “Plan Stratégique de la Planification Familiale, 2012-2016” includes specific activities to establish youth-friendly FP services, including training providers. The “Plan d’Action National Budgétisé de Planification Familiale, Côte d'Ivoire, 2015-2020” acknowledges that adolescents and young people face judgment and includes specific activities to develop training manuals, train and supervise providers, and to evaluate the performance of centers offering YF services:

3.1- Défis en matière de demande des services de PF

Quant aux adolescents et jeunes non en union, ils craignent de rencontrer leurs parents et d'autres adultes dans les points d'accès à la PF et jugent que leur utilisation de la PF est mal perçue par les prestataires qui préfèrent offrir les méthodes uniquement aux femmes en union. Ils ont un faible leadership et sont faiblement impliqués dans les décisions qui concernent leur avenir...

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

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

The “Standards des Services de Santé Adaptés aux Adolescents et aux Jeunes en Côte d'Ivoire (n.d.),” include activities to train providers to have an attitude free of stigma and discrimination when providing YF services:

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

Raisons - d'être :

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

The “Standards” also describe the right of youth to privacy and confidentiality when accessing services. The “Plan Stratégique de la Planification Familiale, 2012-2016” and the “Plan Stratégique de la Santé de la Reproduction, 2010-2014” include the same activity to advocate for reduced costs for youth SRH services:

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

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

Enabling Social Environment



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

- Address gender norms.
- Build community support.

The “Plan Stratégique de la Santé de la Reproduction, 2010-2014” offers a strategy to strengthen the capacity of communities to address youth sexual and reproductive health (SRH) issues:

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

Interventions prioritaires

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

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

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

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

The “Plan National de Développement, 2016-2020” notes that improved family planning (FP) use depends on empowering women and ensuring schooling for girls:

Les effets escomptés à terme à travers la réalisation de la « révolution contraceptive », ne seront perceptibles que si des progrès notables sont réalisés dans la scolarisation et en particulier la scolarisation des jeunes filles et l'autonomisation de la femme. Ainsi, il sera question à ce niveau, de

CÔTE D'IVOIRE

garantir un meilleur accès à l'éducation pour toutes les jeunes filles et de favoriser l'autonomisation de la femme à travers des activités génératrices de revenu.

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

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

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

Pour ce faire, il faut :

défendre l'"accès universel à la santé sexuelle et reproductive, en particulier pour les femmes, les filles et les jeunes, y compris pendant les périodes de conflits et de situations d'urgence ;

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

DEMOCRATIC REPUBLIC OF THE CONGO

Parental and Spousal Consent

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

Provider Authorization

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

Age Restrictions

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

Marital Status Restrictions

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

Access to a Full Range of FP Methods

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

Comprehensive Sexuality Education

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

Youth-Friendly FP Service Provision

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

Enabling Social Environment

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

POLICY DOCUMENTS REVIEWED

- Les Codes Larcier de la République Démocratique du Congo, Tome I Droit Civil et Judiciaire, édition 2003.
- Politique Nationale de Santé de la Reproduction, 2008.
- Interventions de Santé Adaptées aux Adolescents et Jeunes, Normes de la Zone de Santé Relatives aux Interventions Intégrées de Santé de la Mère, du Nouveau-né et de l'Enfant en République Démocratique du Congo, Volume 5, 2012.
- Politique Nationale Santé de l'Adolescent, 2013, and Paquet d'Activités PNSA dans la Zone de Santé.
- Standards des Services de Santé Adaptés aux Adolescents et Jeunes, 2014.
- Democratic Republic of Congo Family Planning National Multisectoral Strategic Plan, 2014-2020.
- Plan Stratégique National de la Santé et du Bien-Etre des Adolescents et des Jeunes, 2016-2020.
- Plan National de Développement Sanitaire 2016-2020 : vers la Couverture Sanitaire Universelle.
- Loi N° 06/015 du 12 juin 2006 Autorisant l'Adhésion de la République Démocratique du Congo au Protocole à la Charte Africaine des Droits de l'Homme et des Peuples, Relatif aux Droits de la Femme en Afrique.
- Loi n°18/035 du 13 décembre 2018 Fixant les Principes Fondamentaux Relatifs à l'Organisation de la Santé Publique.

Parental and Spousal Consent



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

"Les Codes Larcier de la République Démocratique du Congo, Tome I Droit Civil et Judiciaire, édition 2003." gives husbands full control over the legal rights of married women:

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

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

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

In 2018, the "Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa", originally adopted by the African Union in 2003 and also known as the "Maputo Protocol", was published in the *Journal Officiel de la République Démocratique du Congo*, officially binding the DRC to the protocol. In line with the Protocol, the "Loi n° 06/015 du 12 juin 2006 Autorisant l'Adhesion de La Republique Democratique Du Congo au Protocole a la Charte Africaine des Droits de l'Homme et Des Peuples, Relatif Aux Droits de la Femme En Afrique" gives women the right to exercise control over their fertility, including the number of children they have and the spacing of births:

Article 14 : Droit à la santé et au contrôle des fonctions de reproduction.

1. Les États assurent le respect et la promotion des droits de la femme à la santé, y compris la santé sexuelle et reproductive. Ces droits comprennent :

- a) le droit d'exercer un contrôle sur leur fécondité ;*
- b) le droit de décider de leur maternité, du nombre d'enfants et de l'espacement des naissances ;*
- c) le libre choix des méthodes de contraception ;*
- d) le droit de se protéger et d'être protégées contre les infections sexuellement transmissibles, y compris le VIH/SIDA ;*
- e) le droit d'être informées de leur état de santé et de l'état de santé de leur partenaire, en particulier en cas d'infections sexuellement transmissibles, y compris le VIH/SIDA, conformément aux normes et aux pratiques internationalement reconnues ;*
- f) le droit à l'éducation sur la planification familiale.*

DEMOCRATIC REPUBLIC OF THE CONGO

The DRC's public health law, the "Loi n°18/035 du 13 décembre 2018 Fixant les Principes Fondamentaux Relatifs à l'Organisation de la Santé Publique," legally protects a woman's ability to choose to use family planning even if her spouse objects:

Article 82:

Pour les personnes légalement mariées, le consentement des deux conjoints sur la méthode contraceptive est requis.

En cas de désaccord entre les conjoints sur la méthode contraceptive à utiliser, la volonté du conjoint concerné prime.

Article 84:

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

While spousal consent is required for contraceptive use, the will of the individual seeking contraception is considered supreme in the case of a disagreement. Similarly, the law encourages spousal discussions on the number of children and spacing of births but, in the case of a disagreement, the woman's will is supreme.

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

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

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

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

Create a law favorable to family planning, to protect minors and adolescents, and to promote gender.

Recent legal changes, most notably the 2018 public health law, are very promising and have removed the requirement for spousal consent as a barrier. However, because parental consent for youth's use of contraception is still permitted under the adolescent health policy, the DRC is placed in the yellow category for this indicator. The country has the potential to move into the green category if future laws are enacted that explicitly prohibit spousal consent in all cases.

Provider Authorization



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

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

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

- *Aménager des espaces / environnement sûr et favorable à l’entretien.*
- *Préserver la confidentialité et l’intimité des adolescents et jeunes.*
- *Adopter des attitudes attrayantes :*
 - *Se montrer ouvert et accessible;*
 - *Adopter un ton doux et rassurant;*
 - *Faire attention à votre attitude (geste, mimique, réaction d’étonnement, de réprobation, de condamnation).*
 - *Traiter les adolescents et jeunes avec courtoisie (saluer avec respect et sympathie, offrir le siège, se présenter).*
 - *User de patience (un certain temps peut être nécessaire pour que les adolescents et jeunes qui ont des besoins particuliers fassent part de leurs problèmes ou prennent une décision).*
 - *Laisser parler l’adolescent ou le jeune sans l’interrompre.*
 - *Eviter de porter de jugement.*
 - *Faire preuve de compréhension quant aux difficultés que les adolescents et jeunes éprouvent à parler de sujets touchant à la sexualité (peur que les parents le découvrent, réprobation des adultes et de la société).*

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

Age Restrictions



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

The “Loi n°18/035 du 13 décembre 2018 Fixant les Principes Fondamentaux Relatifs à l’Organisation de la Santé Publique” states that any person of reproductive age can access contraceptives.

Article 81 :

Toute personne en âge de procréer peut bénéficier après avoir été éclairé, d'une méthode de contraception réversible ou irréversible sur consentement libre. En cas de contraception irréversible, le consentement est écrit, après avis de trois médecins, et du psychiatre.

In addition, the “Plan Stratégique National de la Santé et du Bien-Etre des Adolescents et des Jeunes, 2016-2020” seeks to improve the sexual and reproductive health status of adolescents and youth ages 10 to 24.

Because the public health law addresses access to contraception regardless of age, DRC is placed in the green category.

Marital Status Restrictions



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

While the “Loi n°18/035 du 13 décembre 2018 Fixant les Principes Fondamentaux Relatifs à l’Organisation de la Santé Publique” recognizes that people of any reproductive age can access contraceptives, it does not explicitly recognize marital status as a criterion for provision or refusal of FP services. Providers and clients may differently interpret this statement, potentially creating a barrier for youth who want to access contraception. To strengthen the eligibility criteria, the guideline’s eligibility statement should specifically recognize segmented parts of the population, such as married and unmarried youth. Because no policy exists addressing marital status in access to FP services, DRC is placed in the gray category.

Access to a Full Range of FP Methods



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

While the “Plan Stratégique National de la Santé et du Bien-Etre des Adolescents et des Jeunes, 2016-2020” aims to reach 3,870 facilities with contraceptive supplies, including condoms for adolescents and youth, it does not indicate the provision of a full range of contraceptives nor any guidelines around provision of contraceptives to this age group.

The “Politique Nationale Santé de l’Adolescent, 2013” states that contraceptive methods beyond the preferred method of abstinence must be made available to youth, but only references pills and condoms. The related document, “Paquet d’Activités PNSA dans la Zone de Santé,” describes plans for FP activities that include YF contraceptive methods, rather than explicitly including a full range of methods.

The “Interventions de Santé Adaptées aux Adolescents et Jeunes, 2012” encourage condom and contraceptive distribution at the community level and indicate in general terms that youth should be informed about how to prevent unwanted pregnancy in visits to health centers. This policy does not describe providing youth with a full range of contraceptive methods.

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

The “Loi n°18/035 du 13 décembre 2018 Fixant les Principes Fondamentaux Relatifs à l’Organisation de la Santé Publique” specifically states that youth can benefit from both reversible and irreversible contraceptives. Furthermore, the “Loi n° 06/015 du 12 juin 2006” binds the DRC to the Maputo Protocol, which acknowledges a woman’s right to choose any method of contraception.

However, neither policy explicitly mentions youth’s legal right to access a full range of contraception, including LARCs. As the DRC does not have a policy extending access to a full range of methods for youth, it is placed in the gray category for this indicator.

Although the availability of EC is not factored into the categorization of this indicator, no policies reviewed specifically address youth access to EC.

Comprehensive Sexuality Education



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

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

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

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

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

Les interventions de santé en faveur des adolescents et des jeunes reposent sur la communication pour le changement de comportement soutenue par l'offre des services de prévention. Il s'agit de : l'éducation complète sur la santé reproductive et sexuelle en milieu scolaire et parascolaire.

The plan also includes several activities that contribute to CSE, including promoting the core universal value of human rights for adolescents and young people and the provision of safe and healthy learning environments:

Les objectifs spécifiques assignés à ce Plan sont les suivants :

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

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

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

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

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

Youth-Friendly FP Service Provision



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

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

Extend integrated youth-friendly services to all health zones.

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

services, setting up “spaces” suitable for young people, and providing contraceptives (defined only as male and female condoms) to this age group.

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

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

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

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

Therefore, the policy environment is understood to be promising but incomplete, and the DRC is placed in the yellow category for FP service provision. When expanding YF service protocols, policymakers should consider including all three elements identified in the High-Impact Practices in Family Planning “Adolescent-Friendly Contraceptive Services” to improve adolescent and youth uptake of contraception.

Enabling Social Environment



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

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

The “Paquet d’Activités” that accompanies the “Politique Nationale Santé de l’Adolescent, 2013” broadly outlines activities for building community support for youth health in general, such as advocacy aimed at community leaders and community-outreach activities using multimedia/mass media platforms. However, these activities are not specific to building support for youth access to contraception.

DEMOCRATIC REPUBLIC OF THE CONGO

The “Plan Stratégique National de la Santé et du Bien-Etre des Adolescents et des Jeunes, 2016-2020” has as one of its chief priorities the need to promote the health of young people through empowering communities to find solutions to problems affecting adolescent health:

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

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

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

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

The policy environment aims to build community support for youth SRH education and access to condoms, but does not reference building community support for youth access to FP services that include a broader range of contraceptive methods. The “Politique Nationale Santé de l’Adolescent” mentions gender, primarily related to gender-based violence, in the context of adolescent health broadly. Because the DRC does not include specific interventions related to building an enabling social environment, the country is placed in the yellow category for this indicator.

ETHIOPIA



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

POLICY DOCUMENTS REVIEWED

- Education Sector Policy and Strategy on HIV & AIDS, Responding to the Challenges of HIV & AIDS in Ethiopia, Federal Ministry of Education, Addis Ababa, Ethiopia, 2009.
- National Guidelines for Family Planning Services in Ethiopia, 2011.
- Health Sector Transformation Plan, 2015/16-2019/20.
- Costed Implementation Plan for Family Planning in Ethiopia, 2015-2020.
- National Health Promotion and Communication Strategy, 2016-2020.
- National Adolescent and Youth Health Strategy, 2016-2020.
- National Reproductive Health Strategy 2016-2020.
- Adolescent and Youth Health Standards, Implementation Guideline and Minimum Service Delivery Package, 2017.
- Adolescent and Youth Health for Health-Care Service Providers Participant's Manual, 2017.
- School Health Program Framework, 2017.
- Standards on Youth Friendly Reproductive Health Services & Minimum Service Delivery Package on YFRH Services: Service Delivery Guideline (no date).

Parental and Spousal Consent



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

The “National Adolescent and Youth Health Strategy, 2016-2020” refers to a prohibition against third-party consent requirements for youth seeking contraception:

A law permits adolescents and youth to use contraceptives without third party consent.

However, this law is not identified by name and could not be located. Unless confirmation of such a law or policy can be made, Ethiopia is placed in the gray category for this indicator. To strengthen the policy environment, the country should consider establishing or re-affirming and disseminating direct language allowing youth to access FP services without parental or spousal consent.

Provider Authorization



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

Ethiopian policy documents acknowledge the rights of youth to receive family planning services, and the barrier that provider bias can pose. The “National Adolescent and Youth Health Strategy, 2016-2020” states:

When adolescents and youth attempt to utilize services, they encounter unfriendly environments including breaches in confidentiality, judgmental and disapproving attitudes relating to sexual activity and substance use, and discrimination. This results in failure to provide important services and increase the vulnerability of particular groups.

The policy also outlines multiple priority actions to promote supportive attitudes by providers:

- *Build the capacity of health providers to manage and provide [Adolescent and Youth Friendly Health Services] AYFHS with a compassionate, respectful and caring manner*
- *Promote supportive attitudes and behavior by health workers to better engage adolescents and youth in health care services and programs*

While these statements are a positive step, the “National Adolescent and Youth Health Strategy, 2016-2020” does not explicitly instruct providers to offer youth-friendly services without judgment or bias. However, the

“Standards on Youth Friendly Reproductive Health Services & Minimum Service Delivery Package on YFRH Services: Service Delivery Guideline” mandate that services be provided in adherence with the WHO definitions of adolescent-friendly health services, including:

Adolescent friendly health care providers who...are non-judgmental and considerate[,] easy to relate to and trust worthy.

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

Age Restrictions



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

Policies reviewed thoroughly address youth’s right to access family planning (FP) services, regardless of age.

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

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

Similarly, the “Standards on Youth Friendly Reproductive Health Services & Minimum Service Delivery Package on YFRH Services: Service Delivery Guideline” explicitly prohibit age from consideration:

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

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

Marital Status Restrictions



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

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

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

The "National Guidelines" also recognize the unique context of both married and unmarried adolescents, further addressing the need to provide tailored services to this population:

Married adolescents require FP services to delay and space childbirth;

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

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

Access to a Full Range of FP Methods



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

Ethiopian policies support youth's access to a full range of family planning methods regardless of age and marital status. The "Standards on Youth Friendly Reproductive Health Services & Minimum Service Delivery Package on YFRH Services: Service Delivery Guidelines" state as an objective:

[T]o enable youth [to] have access to a range of contraceptive methods and information so that they would be able to decide on when and how they would be able to have children and get protected from unplanned pregnancy.

These standards, further, affirm youth access to all contraceptive methods:

Ensure availability and accessibility of all types of modern contraceptives, including LARC [(long-acting reversible contraceptives)], for adolescents and youth who are sexually active.

Ethiopia is placed in the green category for this indicator.

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

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

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

Comprehensive Sexuality Education



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

The “National Adolescent and Youth Health Strategy, 2016-2020” includes a priority intervention related to “comprehensive life skills, family life and sexuality education” and a related target to increase access to CSE to 62.5 percent of adolescents and youth by 2020. Noting weaknesses in CSE implementation to date, the strategy identifies priority actions that touch on some of the UNFPA essential components of CSE, including reaching out-of-school and vulnerable youth. However, several of the UNFPA essential elements of CSE, such as an integrated focus on gender and ensuring scientifically accurate SRH information, are not addressed in these priority actions.

The “School Health Program Framework, 2017” provides further guidance on the provision of sexuality education. The “Program” includes SRH as one of its 10 packages:

Package 6: Sexual and reproductive health (SRH) services

Access to SRH services is a primary concern of adolescent and youth due to the sensitive nature and risk of sex and sexuality issues. In this package, age appropriate SRH information and education will be provided at each level of school. The provision of SRH services will be comprehensive and rights-based. Comprehensive SRH rights state that services should be voluntary, informed and affordable.

The major focus of the SRH package will occur in the 2nd cycle education and will focus on sexual health education and health behavior promotion, including information on delaying and abstaining sexual activity. At the secondary school level, students seeking HIV testing and sexually active students seeking contraceptive services like condoms, oral contraceptives (including emergency contraception), injectables, and implants will be referred to the nearby health facility.

The “School Health Program” mentions all nine UNFPA essential components either as guiding principles or within activities, but the “Program” is limited in the breadth of instruction regarding sexuality, sexual behavior, and reproductive health.

Like the “National Adolescent and Youth Health Strategy,” other policies suggest additional emphasis will be placed on educating Ethiopian youth regarding FP. The “Costed Implementation Plan for Family Planning in Ethiopia, 2015/16-2020” incorporates an activity that seeks to work through the Ministry of Education (MoE) to strengthen sexuality education:

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

Ethiopia is placed in the yellow category for this indicator. Policies directly support providing some form of sexuality education and indicate that the development of a more robust curriculum is a priority for the country.

Youth-Friendly FP Service Provision



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

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

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

The “National Reproductive Health Strategy, 2016-2020” discusses the need for services to be tailored to meet the needs of youth. The “Strategy” outlines strategic interventions to increase access to SRH information, education, and services, including provider training:

- *Train health workers on adolescent-friendly health care to improve skills on providing quality adolescent and youth-friendly SRH information and services.*
- *Train the HEWs [health extension workers] on providing appropriate SRH information and services as per the standard.*
- *Develop and distribute job-aids for health workers including HEWs in all health facilities*

To comprehensively address the range of health issues faced by youth in Ethiopia, the Ministry of Health broadened the scope of the most recent adolescent health policy, the “National Adolescent and Youth Health Strategy, 2016-2020.” SRH remains a key feature in this policy, which seeks to increase contraceptive prevalence among youth, reduce unmet need for modern contraception, and reduce unintended adolescent pregnancy.

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

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

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

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

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

Enabling Social Environment



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

- Address gender norms.
- Build community support.

The importance of building community support for youth family planning (FP) services features in the priority interventions of Ethiopia's "National Adolescent and Youth Health Strategy, 2016-2020:"

- Leverage existing community health structures to provide adolescent and youth health information and age appropriate CSE - utilize the Health Extension Program involving Health Extension Workers and Health Development Army.
- Undertake community-based initiatives for demand creation through peers, health extension workers, counselors and others.
- Strengthen and engage community-based forums and faith-based organizations, including religious institutions, one-to-five networks, and community support groups, in improving adolescent health.
- Strengthen community involvement in prevention of early and unintended pregnancy.
- Promote education of parents and the community on the health and rights of adolescents and youth.

This strategy recognizes gender inequalities and includes related priority actions:

- Mainstream gender and address its concerns in all adolescent and youth health programs.
- Empower adolescents to challenge gender stereotypes, discrimination and violence within peers/ families, educational institutions, workplaces and public spaces.
- Assess and identify key structural forces that affect health and drive disparities, including gender-related structural and institutional biases across sectors.

Community support for youth sexual and reproductive health is featured in other documents, including the "Standards on Youth Friendly Reproductive Health Services & Minimum Service Delivery Package on YFRH Services: Service Delivery Guideline." Ethiopia is placed in the green category, as policy documents reviewed thoroughly address building community support for youth FP services and address gender norms.

GUINEA



Parental and Spousal Consent	No law or policy exists that addresses consent from a third party to access FP services.
Provider Authorization	No law or policy exists that addresses provider authorization.
Age Restrictions	Law or policy exists that supports youth access to FP services regardless of age.
Marital Status Restrictions	Law or policy exists that supports access to FP services for unmarried women, but includes language favoring the rights of married couples to FP.
Access to a Full Range of FP Methods	Law or policy exists that supports youth access to a full range of FP methods without defining full range of methods to include LARC methods.
Comprehensive Sexuality Education	Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.
Youth-Friendly FP Service Provision	Policy references targeting youth in provision of FP services but mentions fewer than three of the service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	Policy outlines detailed strategy addressing one of the two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

POLICY DOCUMENTS REVIEWED

- Code de Santé Publique, 1997.
- Loi Portant la Santé de la Reproduction, 2000.
- Plan Stratégique de Développement Sanitaire, 2001.
- Plan National de Développement Sanitaire, 2003-2012.
- Feuille de Route Nationale Pour Accélérer la Réduction de la Mortalité Maternelle, Néonatale et Infanto-Juvénile, 2012-2016.
- Standards de Services de Santé Adaptés aux Adolescents et aux Jeunes, 2013.
- Document de Stratégie de Réduction de la Pauvreté DSRP III, 2013-2015.
- Politique Nationale de Santé, 2014.
- Plan National de Développement Sanitaire, 2015-2024.
- Plan Stratégique en Santé et Développement des Adolescents et des Jeunes en Guinée, 2015-2019.
- Plan de Relance du Système de Santé, 2015-2017.
- Normes et Procédures en Santé de la Reproduction, 2016.
- Plan Stratégique National de la Santé Maternelle, du Nouveau-né, de l'Enfant, de l'Adolescent et des Jeunes, 2016-2020.
- Plan d'Action National Budgétisé de Planification Familiale de la Guinée, 2019-2023.

Parental and Spousal Consent



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

As no law or policy exists that addresses parental or spousal consent for youth access to FP services, Guinea is placed in the gray category for this indicator.

Provider Authorization



No law or policy exists that addresses provider authorization.

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

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

The “Plan d’Action National Budgétisé de Planification Familiale de la Guinée, 2019-2023” also addresses judgment youth face from providers:

Deuxièmement, l’offre de services de PF est inadaptée aux jeunes. Le personnel soignant des centres ne sait pas comment les recevoir. On peut citer en exemple le manque de confidentialité et même parfois des jugements sévères de la part du personnel des centres.

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

Age Restrictions



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

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

Article 2: Caractère universel du droit à la santé de la reproduction

Tous les individus sont égaux en droit et dignité en matière de santé de la reproduction. Le droit à la santé de la reproduction est un droit universel fondamental garanti à tout être humain, tout au long de sa vie, en toute situation et en tout lieu. Aucun individu ne peut être privé de ce droit dont il bénéficie sans discrimination aucune fondée sur l'âge, le sexe, la fortune, la religion, la situation matrimoniale ou sur toute autre considération.

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

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

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

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

Marital Status Restrictions



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

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

Article 2: Caractère universel du droit à la santé de la reproduction

Tous les individus sont égaux en droit et dignité en matière de santé de la reproduction. Le droit à la santé de la reproduction est un droit universel fondamental garanti à tout être humain, tout au long de sa vie, en toute situation et en tout lieu. Aucun individu ne peut être privé de ce droit dont il bénéficie sans discrimination aucune fondée sur l'âge, le sexe, la fortune, la religion, la situation matrimoniale ou sur toute autre considération.

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

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

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

Access to a Full Range of FP Methods



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

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

The “Plan d’Action National Budgétisé de Planification Familiale de la Guinée, 2019-2023” discusses targeting young people in the supply of FP services by expanding the range of methods, including scale-up of LARCs:

Objectif 2: Garantir la couverture en offre des services de PF/EN et accès aux services de qualité en renforçant la capacité des prestataires publics, privés et communautaires et en ciblant les jeunes des zones rurales et enclavées avec l’élargissement de la gamme des méthodes, y compris la mise à l’échelle des MLDA et PFPP, l’amélioration des services et prestations adaptés aux besoins des jeunes notamment dans les infirmeries scolaires et universitaires sans oublier la prise en charge de la PF intégrée dans les autres services de SR (PF postpartum, SAA, VIH, Vaccination, Fistules, Paludisme, etc...)

While the “Plan” discusses providing LARCs to young people, Guinea’s policy environment does not require health providers to offer LARCs regardless of age. Therefore, Guinea is placed in the yellow category for this indicator.

Comprehensive Sexuality Education



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

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

Article 4 : Droit à l'information et à l'éducation

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

Several policies describe plans for introducing sexuality programming in schools. The “*Plan d’Action National Budgétisé de la Planification Familiale en Guinée, 2019-2023*” includes the implementation of a CSE approach to improve SRH knowledge for young people:

A1. Mise en place d'une approche d'Education Complète à la Sexualité (ECS) pour les jeunes scolarisés et non/déscolarisés ou en situation de vulnérabilité.

Activités :

- *Produire un argumentaire en faveur de l'éducation complète des adolescents et des jeunes en collaboration avec les leaders religieux pour renforcer les modules complémentaires sur la SRAJ à intégrer dans l'enseignement des élèves par un consultant pendant 10 jours*
- *Faire un plaidoyer en direction du Secrétariat d'Etat chargé des Affaires Religieuses, de l'Education Nationale, du MASEF (MAPF ET L'ENFANCE), de la Société Civile et des Relations avec le Parlement et de la Jeunesse, etc., pour l'intégration des modules des SRAJ dans les curricula de formation*
- *Élaborer et multiplier les supports éducatifs (affiches, dépliants, boîte à image...) sur l'éducation complète ciblée*
- *Adapter et traduire les modules pour une formation des adolescent(e)s et des jeunes non scolarisés en arabe et 3 langues nationales*
- *Identifier et former 20 enseignants expérimentés pour assurer la formation des formateurs*
- *Animer 5 sessions de formation des enseignants*

One of the essential CSE components is to reach youth in formal and informal settings. The “*Feuille de Route Nationale Pour Accélérer la Réduction de la Mortalité Maternelle, Néonatale et Infanto-Juvénile, 2012-2016*” and the “*Plan Stratégique en Santé et Développement des Adolescents et des Jeunes en Guinée, 2015-2019*” describe plans to reach youth in and out of school with sexuality education, in addition to broader awareness campaigns to spread SRH information.

Another essential component of CSE aims to strengthen youth advocacy and civic engagement. The “*Plan Stratégique*” emphasizes youth participation in designing and implementing health programs, but it does not include plans for teaching youth about youth advocacy and civic engagement within a CSE program.

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

Youth-Friendly FP Service Provision



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

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

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

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

The "Plan d'Action National Budgétisé de la Planification Familiale en Guinée, 2019-2023" defines a specific target to increase provider capacity for youth-friendly FP services:

A2. Renforcement de l'enseignement de la PF dans les écoles et facultés de formation en santé

- *Élaborer/adapter des manuels de formation en prise en charge des jeunes et des adolescents dans les FS offrant la PF*
- *Identifier et évaluer la performance des OSC actives dans la lutte contre l'infection VIH/sida chez les jeunes et recenser chaque année 20 FS appropriées pour la prise en charge des adolescents et des jeunes*
- *Renforcer l'équipement des FS pour offrir des services aux adolescents et aux jeunes*
- *Aménager les services (espace horaire, activités, etc....) pour prendre en compte les besoins des jeunes*
- *Superviser les prestations offertes par les prestataires formés*

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

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

Interventions :

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

The “Standards de Services” include a guiding principle on respect for the confidentiality and privacy of youth. However, Guinea’s policies do not adequately address the provision of no-cost or subsidized services. The “Standards de Services” include an activity to make health products affordable to adolescents, but do not specifically address the cost of FP services. Therefore, Guinea is placed in the yellow category for this indicator.

Enabling Social Environment



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

One of the five overarching standards described in the “Standards de Services de Santé Adaptés aux Adolescents et aux Jeunes, 2013” includes planned activities for mobilizing communities around YF services, which include contraceptive services:

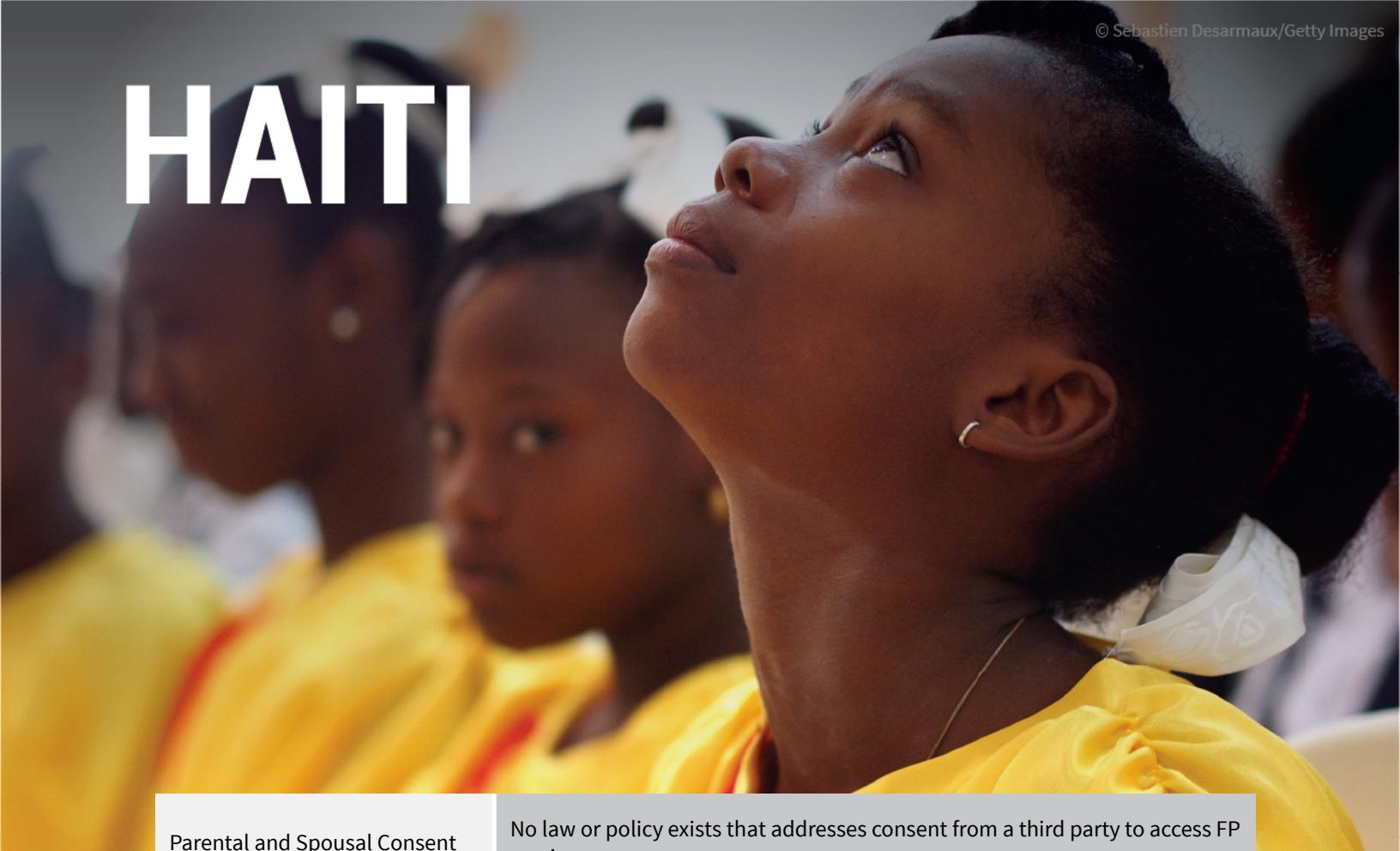
Standard 4: La communauté - y compris les adolescents et les jeunes - facilite la mise en place et l'utilisation des services de santé adaptés aux adolescents et aux jeunes.

1. *Les organisations à base communautaire les leaders communautaires, les enseignants, les agents communautaires/Assistants sociaux et les associations de jeunes sont mobilisées autour des PPS [points de prestation de services] pour faciliter l'utilisation des services de santé par les adolescents et les jeunes*
2. *Les organisations à base communautaire, les leaders communautaires et les enseignants, les agents communautaires/Assistants sociaux et les associations de jeunes, sont orientés en vue de faciliter l'utilisation des PPS par les A&J [les adolescents et les jeunes]*
3. *Les leaders communautaires/parents encouragent les A&J à utiliser les SSAAJ*

The “Plan Stratégique en Santé et Développement des Adolescents et des Jeunes en Guinée, 2015-2019” discusses building support in communities and addressing gender norms. However, this document is not specific to youth SRH services, and it does not describe youth access to contraception, rather referring to youth health services in general. The “Standards de Services” make brief mention of gender mainstreaming, though not in any detail.

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

HAITI



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

POLICY DOCUMENTS REVIEWED

- Manuel de Normes en Planification Familiale et en Soins Maternels, 2009.
- Politique Nationale de Promotion de la Santé, 2009.
- Politique Nationale de Santé, 2012.
- Plan Stratégique National de Santé des Jeunes et Adolescents, 2014-2017.
- Plan Stratégique National de Santé Sexuelle et Reproductive, 2019-2023.
- Plan stratégique national de santé de la reproduction et planification familiale, 2013-2016.

Parental and Spousal Consent



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

In its description of the current SRH situation in Haiti, the "Plan Stratégique National De Santé Sexuelle et Reproductive, 2019 – 2023" notes that young people and adolescents under age 18 have limited access to health services without parental permission. The Plan does not specify whether this limited access is due to an unsupportive policy environment or a socio-cultural environment. In the absence of clarity within policies around parental consent and no mention of spousal consent, Haiti is placed in the gray category for this indicator.

Provider Authorization



No law or policy exists that addresses provider authorization.

Haiti is placed in the gray category for this indicator because its policies do not address non-medical provider authorization.

Age Restrictions



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

The "Manuel de Normes en Planification Familiale et en Soins Maternels, 2009" includes women of reproductive age who are sexually active as well as young people with sexual health and reproductive needs, as beneficiaries of family planning services:

Les bénéficiaires des services sont:

- 1) Les couples qui désirent être informés en matière de planification familiale ou la pratiquer.
- 2) Les femmes qui ont des besoins en Santé de la Reproduction et sexuelle.
- 3) Les femmes en âge de procréer sexuellement actives et qui veulent éviter une grossesse non désirée, ou qui cherchent à espacer leurs grossesses et qui sont donc à la recherche d'une méthode d'espacement des naissances.
- 4) Les hommes en âge de procréer qui veulent assurer eux-mêmes ou partager avec leur partenaire la responsabilité du contrôle des naissances, soit en choisissant une méthode masculine, soit en encourageant leur partenaire à choisir et à utiliser une méthode contraceptive efficace.
- 5) Les hommes et les femmes qui ne veulent plus avoir d'enfants et qui optent pour une méthode définitive de contraception chirurgicale.
- 6) Les jeunes qui ont des besoins en santé sexuelle et en Santé de la Reproduction.
- 7) Les couples qui ont besoin de procréation.

As the Manual supports youth access to family planning, Haiti is placed in the green category for this indicator.

Marital Status Restrictions



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

The "Plan Stratégique National de Santé Sexuelle et Reproductive, 2019 – 2023" includes a multisectoral strategy to improve the legal framework to support young people in SRH services. However, as no current policy could be identified that supported youth access to FP services regardless of marital status, Haiti is placed in the gray category for this indicator.

Access to a Full Range of FP Methods



Law or policy exists that supports youth access to a full range of FP methods, including the provision of LARCs.

The "Manuel de Normes en Planification Familiale et en Soins Maternels, 2009" includes young people as beneficiaries to family planning services:

Les bénéficiaires des services sont:

...

1) Les jeunes qui ont des besoins en santé sexuelle et en Santé de la Reproduction.

The Manual further states that clients must be able to select methods of their choice, noting that health facilities should ensure a wide range of methods to facilitate client choice:

ÉLÉMENT 1: CHOIX DE LA MÉTHODE Le client doit pouvoir obtenir la méthode de son choix. Aussi, l'Institution doit veiller à ce qu'il n'y ait pas de biais au niveau de l'offre des méthodes pour ne pas influencer le choix du client. De plus, l'Institution doit assurer la disponibilité d'une grande gamme de méthodes pour faciliter et satisfaire le choix du client, puisque les besoins de méthode spécifique varient avec l'âge, le statut matrimonial, la parité de la femme et le sexe.

The Manual continues to outline all available methods, including notes on how they work, their efficacy, and advantages and disadvantages, including side effects, eligibility, and limitations. As Haitian policy documents include young people as beneficiaries to family planning and support their access to a range of methods, including LARCs, Haiti is placed in the green category for this indicator.

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

Comprehensive Sexuality Education



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

The "Plan Stratégique National de Santé des Jeunes et Adolescents, 2014-2017" lists the development of a sexuality education curriculum by the Ministry of Education and Professional Development as an opportunity to support youth health. The Plan includes an objective to empower young people to be responsible in their sexual behavior and outlines multiple interventions around sexuality education in formal and informal settings:

4.4 Habiliter les jeunes à une sexualité responsable. Interventions

4.4.1 Appui au MENFP pour l'implantation d'un programme d'éducation sexuelle dans les écoles.

4.4.2 Formation/recyclage de trois formateurs de pairs éducateurs par section communale en partenariat avec les ONG œuvrant dans le domaine de la santé des jeunes et des adolescents.

4.4.3 Recensement des organisations de jeunes.

4.4.4 Formations des jeunes par les pairs éducateurs au niveau des associations, groupements de jeunes et autres initiatives de jeunes.

4.4.5 Implantation d'une ligne téléphonique d'informations santé jeunes et adolescent.

4.4.6 Diffusion d'informations santé et santé sexuelle des jeunes sur un réseau social (FACE Book).

4.4.7 Diffusion d'informations dans le cadre de l'organisation de Journées récréatives et de grandes mobilisations de jeunes et d'adolescents.

4.4.8 Célébration de la Journée internationale de la jeunesse.

The "Plan Stratégique National de Santé Sexuelle et Reproductive, 2019-2023" aims to strengthen the knowledge of young people ages 10 to 24 on the topic of sexual health. Intervention activities include strengthening the existing sex education program in schools:

Activités :

Développer une stratégie de communication sur la sexualité et le droit des jeunes.

Renforcer la formation des ASCP sur la santé des adolescents et des jeunes.

Renforcer les capacités des professeurs à transmettre aux jeunes et adolescents dans les écoles, le programme d'éducation sexuelle existant.

While both policies provide approaches to implementing sexuality education in and out of school, no comprehensive sexuality education framework could be located nor do available policies describe the nine essential components that should be included in a sexuality education program. Haiti is placed in the yellow category for this indicator.

Youth-Friendly FP Service Provision



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

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

To support its objective to reduce the number of unwanted pregnancies among youth ages 15 to 24, the "Plan Stratégique National de Santé Sexuelle et Reproductive, 2019-2023" aims to implement a YF pilot project in three public institutions. The three institutions will adapt international standards for quality, comprehensive care for adolescents and young people, and the essential packet of services as set by the WHO:

STRATÉGIE 5.2.2 – a) Mettre en œuvre dans au moins trois institutions de santé les normes mondiales de l'OMS et de l'ONUSIDA pour la qualité des services de santé complets destinés aux adolescents et adaptés au contexte d'Haïti en tenant compte du paquet essentiel de services pour les jeunes de 15 à 24 ans.

Activités :

Adapter les standards internationaux pour des soins de santé complets de qualité destinés aux adolescents et jeunes de 15 à 24 ans.

Mettre en œuvre ces standards dans trois institutions publiques du pays dans le cadre d'un projet pilote.

Évaluer l'amélioration de la qualité des soins complets pour adolescents au terme du projet pilote.

Étendre le projet pilote à d'autres institutions à partir des résultats obtenus dans l'évaluation

The "Plan Stratégique National de Santé des Jeunes et Adolescents, 2014-2017" includes objectives and specific interventions to strengthen the health system structure by improving the quality of services for adolescents and young people. The specific interventions promote privacy and confidentiality of services as well as provider training:

2.3 Renforcer progressivement les départements sanitaires pour faciliter un fonctionnement adéquat des services de santé offerts aux jeunes et aux adolescents.

Interventions : ...

2.3.2 Aménagement de salles d'accueil et de consultation amis des jeunes, reflétant un aspect convivial pour les jeunes.

2.3.3 Atelier de sensibilisation des responsables départementaux à l'amélioration du programme de santé des jeunes.

2.3.4 Formation de prestataires formateurs de jeunes...

2.3.6 Plaidoyer pour l'intégration d'activités SS/SR des jeunes dans les budgets départementaux.

2.3.7 Elaboration d'un plan opérationnel SJA dans chaque département.

2.4 Rendre accessible une prise en charge normalisée, intégrée et holistique aux jeunes et aux adolescents.

Interventions

2.4.1 Spécification du Paquet essentiel de services institutionnels aux jeunes et adolescents...

2.4.6 Approvisionnement des points de services locaux et des organisations de jeunes en intrants SS/SR/PF et autres médicaments pour les jeunes...

2.4.8 Acquisition de matériels, fournitures et équipements audiovisuels pour les espaces de services aux jeunes...

2.4.11 Mise en place de consultations gynécologiques spécifiques accessibles aux jeunes au niveau des HCR.

The Plan's objective to establish effective communication between young people and providers includes additional activities to train providers to be more holistic in their care:

4.2 Établir des liens efficaces de communication entre jeunes et prestataires des institutions publiques de santé. Interventions

4.2.1 Formation des prestataires en éducation sexuelle, santé sexuelle, prise en charge holistique des jeunes, suivi des interventions visant les jeunes, initiation à l'usage des supports éducatifs.

4.2.2 Réunion de sensibilisation sur les droits sexuels des jeunes et des adolescents.

The Plan also shares that interviews with stakeholders revealed that program officials overwhelmingly said health care providers were currently unable to welcome young people without discrimination, and they identified education and training were key to reversing the current state of youth services.

The “Manuel de Normes en Planification Familiale et en Soins Maternels, 2009”, which lays out youth as beneficiaries to family planning services, clearly states that family planning services are free:

1.6. COUT DES SERVICES

Les services de PF sont totalement gratuits.

The manual emphasizes the importance of provider attitudes and states that providers must provide privacy and confidentiality for all clients:

ELEMENT IV: RELATIONS INTER-PERSONNELLES: CLIENT / PRESTATAIRE. Des relations empreintes de cordialité entre le personnel et le client comptent beaucoup pour induire la satisfaction du client. Que ce soit au niveau de l'accueil pour l'inscription et l'enregistrement, que ce soit lors du Counseling ou de l'examen clinique, le personnel doit faire preuve d'empathie, de respect pour le client. L'environnement de la consultation doit présenter un cachet d'intimité et de confidentialité. Le client doit être mis en confiance pour l'inciter à exprimer sans réserve ses besoins.

Haiti's policies specifically reference providing FP services as part of a package of services and includes the three service-delivery elements of the HIPs recommendations: provider training, enforcing confidentiality and privacy, and providing no-cost or subsidized services. Haiti is placed in the green category for this indicator.

Enabling Social Environment



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

The "Plan Stratégique National de Santé des Jeunes et Adolescents, 2014-2017" includes an objective to promote favorable behaviors for young people's health. The objective's detailed activities include the establishment of partnerships between parents and the church so that parents gain a better understanding of how they can share information on sexuality education with their children and a community forum to sensitize parents' roles in their child's sexual health. The objective also includes a meeting of community leaders to engage them in promoting an enabling environment for adolescent sexual health:

4.1 Améliorer la communication enfant-parents, en matière de santé en général et de santé sexuelle en particulier, au niveau de toutes les sections communales du pays.

...

4.1.5 Organisation de réunions avec les leaders communautaires pour les engager dans des actions visant la promotion, la protection de la santé et de la santé sexuelle des adolescents et des jeunes.

The Plan builds further support for youth FP by including multiple activities with which to engage the community to promote adolescent and youth sexual health:

4.3.1 Organisation de réunions avec les leaders communautaires pour les engager dans des actions visant la promotion et la protection de la santé, de la santé sexuelle des adolescents et des jeunes.

4.3.2 Sensibilisation des communautés lors de festivités patronales, foires et autres activités communautaires de masse et les engager dans des actions visant la promotion et la protection de la santé, de la santé sexuelle des adolescents et des jeunes.

4.3. Diffusion de spots de sensibilisation à la radio pour inciter les communautés et susciter leur intérêt à s'engager dans des actions visant la promotion et la protection de la santé, de la santé sexuelle des adolescents et des jeunes.

The Plan falls short of outlining a full gender strategy for youth family planning, but does include an activity on raising awareness for gender equity among providers of public health:

4.2 Établir des liens efficaces de communication entre jeunes et prestataires des institutions publiques de santé.

...

4.2.3 Promotion et sensibilisation pour l'équité de genre et prévention de la violence.

The "Plan Stratégique National de Santé Sexuelle et Reproductive, 2019-2023" also links service delivery with activities that build support for FP in communities:

Mobiliser la société civile, les élus locaux, les collectivités territoriales autour d'un plan efficace de promotion de la santé sexuelle et reproductive et des droits des femmes et des filles élabore et mis en œuvre conjointement avec les institutions de santé.

Activités :

Mobiliser les institutions de santé pour la mise en place de stratégies et plans de communication et de sensibilisation au niveau communautaire en SSR et droits des femmes et des filles, conjointement avec la société civile, les élus locaux, et les collectivités territoriales.

Soutenir l'implication des communautés, groupes de femmes, élus locaux, collectivités territoriales dans l'organisation et la gestion des services communautaires et institutionnels de santé sexuelle et reproductive, dans une optique de renforcement de la qualité des services.

Initier de nouveaux modèles d'intervention en SSR auprès des hommes, tant au niveau communautaire qu'institutionnel.

The Plan also outlines a strategy to target parents as key roles in establishing a more favorable SRH environment for young people ages 10 to 24, including training parents on their role in supporting FP information and involving community organizations to promote and protect youth RH needs:

Favoriser la mise en place de programmes de formation et de sensibilisation des parents sur le rôle qu'ils ont à jouer auprès de leurs enfants dans le domaine de l'éducation à la santé, de l'éducation

sexuelle et la nécessité de partager avec leurs enfants les informations, expériences et valeurs en matière de sexualité

Encourager l'implication des organisations communautaires et conseils communaux dans des actions visant la promotion, la protection de la santé et de la santé sexuelle des jeunes et des adolescents.

The policies reviewed outline the need to build a supportive social environment for youth FP through engagement of families and communities; however, they fall short of adequately addressing gender norms as they relate to youth access to FP. Haiti is placed in the yellow category for this indicator.

KENYA



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

POLICY DOCUMENTS REVIEWED

- The Kenya Constitution, 2010.
- National Reproductive Health Policy, 2007.
- Kenya Health Policy, 2012-2030.
- Education Sector Policy on HIV and AIDS, Second Edition, 2013.
- National Adolescent Sexual and Reproductive Health Policy, 2015.
- National Guidelines for Provision of Adolescent and Youth Friendly Services in Kenya, 2016.
- National Family Planning Guidelines for Service Providers: Updated to Reflect the 2015 Medical Eligibility Criteria of the World Health Organization, 2016.
- The Health Act, 2017.
- National Family Planning Costed Implementation Plan, 2017-2020.
- National Adolescent Sexual Reproductive Health Policy Implementation Framework, 2017-2021.
- National School Health Policy, 2019.
- Kenya Youth Development Policy, 2019.

POLICY DOCUMENTS IN DEVELOPMENT:

- Reproductive Healthcare Act, 2019.

Parental and Spousal Consent



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

Despite Kenya's strong policy environment supporting SRH services for adolescents and youth, the legal stance on parental and spousal consent for youth accessing FP services remains noticeably weak.

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

The “Reproductive Healthcare Act, 2019,” introduced in the Kenyan Senate in December 2019 would explicitly require parental consent in the provision of RH services for adolescents (age 10-19):

1. *In the provision of adolescent friendly reproductive health services, a health provider shall*
 - (a) *obtain parental consent; and*
 - (b) *give due consideration to the exact age of the adolescent in a bid to provide age-appropriate information, education and reproductive health services.*

If enacted, this legal justification for parental consent would mean that youth will continue to face barriers at facilities when attempting to access the contraceptive services they desire. Kenya is placed in the gray category for parental or spousal consent. The country could move into the green category if policymakers amends restrictive language in the “Reproductive Healthcare Act” or pass a new policy that includes a provision that recognizes youth’s right to access FP services without parental or spousal consent.

Provider Authorization



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

Explicit policy language directs providers to offer nondiscriminatory, unbiased care to adolescents based on medical eligibility criteria. The “National Guidelines for Provision of Adolescent and Youth Friendly Services in

Kenya, 2016” promote five characteristics of adolescent service provision that follow the WHO Quality of Care framework for adolescent service provision: accessible, acceptable, appropriate, equitable, and effective. The guidelines specifically address the role of the provider to offer adolescent-friendly health services, including the provision of contraception, in a manner that respects the five quality of care characteristics:

The service providers should be non-judgmental and considerate in their dealings with adolescents and youth and deliver the services in the right way.

A draft of the “Reproductive Healthcare Act, 2019” also addresses provider judgment:

(g) provide age and development appropriate reproductive health services in the county health system and facilitate access to confidential, comprehensive, and non-judgmental reproductive health services by such persons;

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

Age Restrictions



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

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

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

The “Health Act, 2017” includes the right of people of reproductive age to access FP services:

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

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

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

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

This explicit recognition of adolescents' right to contraception regardless of age is a critical step toward addressing the barriers many youth encounter when trying to access these services. Kenya is placed in the green category for this indicator.

Marital Status Restrictions



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

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

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

Kenya is placed in the green category for this indicator as the policy environment includes a clear provision for youth to access FP services regardless of marital status.

Access to a Full Range of FP Methods



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

Adolescents and youth in Kenya can access a full range of contraception under existing policies. The “National Guidelines for Provision of Adolescent and Youth Friendly Services in Kenya, 2016” include contraception as a component in the essential package of service offerings for adolescents:

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

While the “National Family Planning Guidelines for Service Providers, 2016” support adolescent and youth access to all methods of contraception alongside counseling, it discourages the use of permanent methods:

Adolescents and youth in need of contraceptive services can safely use any method, following the guidelines and MEC criteria accordingly.

Permanent methods, such as tubal ligation and vasectomy should be discouraged for adolescents and youth without children

Any adolescent and youth who requests emergency contraception should receive counseling on all methods of FP

Adolescents may be less tolerant of side effects. It is important to explain the possible side effects during FP counseling in order to reduce the likelihood of discontinuation and seek alternative methods if the side effects persist.

The “National Family Planning Guidelines for Service Providers, 2016 ” align with the 2015 WHO medical eligibility criteria guidelines. Therefore, Kenya is placed in the green category for this indicator.

Although the availability of EC is not factored into the categorization of this indicator, note that under these guidelines adolescents and youth are eligible to receive EC.

Comprehensive Sexuality Education



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

The Cabinet Secretaries of the Ministries of Education and Health have jointly signed a new “National School Health Policy, 2019.” The “Policy” does not include a standalone CSE program but rather integrates several of the UNFPA essential components throughout the document, including the recognition of international and national equal rights to healthRH; an integrated focus on gender; access and links to SRH information and services; a safe and healthy learning environment; and cultural relevance. However, the remaining four essential CSE elements are not clearly addressed in the policy: scientifically accurate information, participatory teaching methods, youth advocacy and civic engagement, and connections to the informal sector.

References to sexuality education are vague in the 2019 policy. The most relevant section, “Early/Unprotected sexual activity” alludes to protectionist educational opportunities, such as abstinence, to learn about avoiding sexual situations but does not explicitly mention enabling educational practices, such as linking youth to SRH services or informing youth about contraception:

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

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

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

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

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

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

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

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

The guidelines in the “National Adolescent Sexual and Reproductive Health Policy, 2015” and the “National Adolescent Sexual Reproductive Health Policy Framework, 2017-2021” lay out a vision for sexuality education in the country, including elements such as reaching in-school and out-of-school youth, using medically accurate information, and training health care providers to provide SRH information. Further, the “National Guidelines for Provision of Adolescent Youth Friendly Services in Kenya, 2016” present a framework for YF service delivery based at schools. Included in this framework are components such as life skills education on decisionmaking, negotiation, self-assurance, and communication, as well as an emphasis on school discussions surrounding the topic of sexual assault. None of these guidelines, however, cover all nine essential components of CSE.

The policy environment surrounding CSE in Kenya is considered promising but incomplete, and the country has been placed in the yellow category.

Youth-Friendly FP Service Provision



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

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

Kenya has an inclusive and supportive policy environment for the provision of SRH services to both youth and adolescents, incorporating the three service-delivery core elements of adolescent-friendly contraceptive services discussed in the HIPs “Adolescent Friendly Contraceptive Services” review. The “National Guidelines for Provision of Adolescent and Youth Friendly Services in Kenya, 2016” recognize the health and human rights of

young people. The guidelines explicitly address the high cost of services as a barrier to youth seeking FP services:

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

The “National Guidelines” recognize and address the challenges providers face when balancing personal beliefs with the provision of SRH care to youth:

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

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

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

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

The “National Adolescent Sexual Reproductive Health Policy Framework, 2017-2021” also outlines several planned activities to expand and improve provider training on adolescent and YF services.

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

Enabling Social Environment



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

- Address gender norms.
- Build community support.

Thematic Area 5 of Kenya’s “National Family Planning Costed Implementation Plan, 2017-2020” outlines several activities to promote FP within the community, one of which targets support for adolescent SRH:

KENYA

Activity DC 2. Adaptation of a multisectoral/stakeholder approach in provision of accurate and consistent information on FP to communities.

DC 2.1.3. FP coordinators to support adolescents and youth to promote FP among peers.

The “National Adolescent Sexual and Reproductive Health Policy, 2015” states an objective to “promote adolescent sexual and reproductive health and rights” and includes specific actions relevant to building community support and addressing gender norms:

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

Mainstream gender and address its concerns in all ASRH programs.

Both of these actions are further detailed in “The “National Adolescent Sexual Reproductive Health Policy Framework, 2017-2021.”

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

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

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

MADAGASCAR



Parental and Spousal Consent	No law or policy exists that addresses consent from a third party to access FP services.
Provider Authorization	No law or policy exists that addresses provider authorization.
Age Restrictions	Law or policy exists that supports youth access to FP services regardless of age.
Marital Status Restrictions	Law or policy exists that supports youth access to FP services regardless of marital status.
Access to a Full Range of FP Methods	Law or policy exists that supports youth access to a full range of FP methods, including the provision of LARCs.
Comprehensive Sexuality Education	Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.
Youth-Friendly FP Service Provision	Policy references targeting youth in provision of FP services but mentions fewer than three of the service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	Policy outlines detailed strategy addressing two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

POLICY DOCUMENTS REVIEWED

- Loi n° 2004-028 du 09 septembre 2004 Portant Politique Nationale de la Jeunesse.
- Loi n° 2011-002 du 15 juillet portant Code de la Santé Publique.
- Loi n° 2015 – 038 Modifiant et Complétant Certaines Dispositions de la Loi n°2004-028 du 09 septembre 2004 Portant Politique Nationale de la Jeunesse.
- Plan de Développement du Secteur Santé, 2015-2019.
- Politique Nationale de Santé, 2016.
- Politique Nationale de Santé Communautaire à Madagascar, 2017.
- Loi n° 2017-043 Fixant les Règles Générales Régissant la Santé de la Reproduction et de la Planification Familiale.
- Plan Stratégique National en Santé de la Reproduction des Adolescents et des Jeunes, 2018-2020.
- Plan d’Action National Budgétisé en Planification Familiale à Madagascar, 2016-2020.
- Plan Sectoriel de l’Education, 2018-2022.

POLICY DOCUMENTS THAT COULD NOT BE LOCATED:

- Free family planning policy.

Parental and Spousal Consent



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

The "Loi n°2017-043 Fixant les Règles Générales Régissant la Santé de la Reproduction et la Planification Familiale" addresses an individual's right to plan their family without consent from their partner but without specific mention of youth access:

Article 4.-Toute personne a le droit de fonder une famille, de procréer ainsi que de décider librement avec discernement du nombre d'enfants de l'espacement des naissances et ce, indépendamment de l'autorisation de son partenaire.

Madagascar is placed in the gray category for this indicator because its policies do not explicitly support youth access to FP services without consent from parents and spouses.

Provider Authorization



No law or policy exists that addresses provider authorization.

The "Loi n°2017-043 Fixant les Règles Générales Régissant la Santé de la Reproduction et la Planification Familiale" states that providers are obligated to respect a patient's confidentiality and individual choice in family planning:

Article 14- Article 14.- L'obligation de confidentialité de respecter les règles de déontologie, d'informer de respecter le choix des individus est imposée aux prestataires de soins de la Santé de la Reproduction et de la Planification Familiale.

While the law underscores the providers' obligation to respect a client's choice in reproductive health and family planning, it does not address non medical provider authorization. Madagascar is therefore placed in the gray category.

Age Restrictions



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

The "Loi n°2017-043 Fixant les Règles Générales Régissant la Santé de la Reproduction et la Planification Familiale" states that all individuals have the right to reproductive health and family planning regardless of age or marital status:

Article 3. Tous les individus sont égaux en droit et en dignité en matière de santé de la reproduction. Chaque individu sans discrimination, peut mener une vie sexuelle responsable et sans risque.

Le droit à la Santé de la Reproduction et à la Planification Familiale est un droit fondamental.

Aucun individu ne peut être privé de ce droit dont il bénéficie sans discrimination

Aucune fondée sur l'âge, le sexe, la fortune, la couleur, de la peau, la religion, l'ethnie, la situation matrimoniale ou sur toute autre situation.

Madagascar is placed in the green category for this indicator as the law supports youth access to FP services regardless of age.

Marital Status Restrictions



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

The "Loi n°2017-043 Fixant les Règles Générales Régissant la Santé de la Reproduction et la Planification Familiale" states that all individuals have the right to reproductive health and family planning regardless of age or marital status:

Article 3. Tous les individus sont égaux en droit et en dignité en matière de santé de la reproduction. Chaque individu sans discrimination, peut mener une vie sexuelle responsable et sans risque.

Le droit à la Santé de la Reproduction et à la Planification Familiale est un droit fondamental.

Aucun individu ne peut être privé de ce droit dont il bénéficie sans discrimination

Aucune fondée sur l'âge, le sexe, la fortune, la couleur, de la peau, la religion, l'ethnie, la situation matrimoniale ou sur toute autre situation.

The law also states that young people and adolescents can access reproductive healthcare regardless of marital status:

Article 21: Les soins et prestations de services de Santé de la Reproduction comprenant, entre autres, les composantes suivantes : ...

3) la santé reproductive des jeunes et adolescents : Conseils et offre de service de Planification Familiale pour les adolescents sexuellement actifs mariés ou non;

Madagascar is placed in the green category because the policy environment confirms that youth must be permitted access to FP services regardless of marital status.

Access to a Full Range of FP Methods



Law or policy exists that supports youth access to a full range of FP methods, including the provision of LARCs.

The "Loi n° 2017-043 Fixant les Règles Générales Régissant la Santé de la Reproduction et la Planification Familiale" supports an individual's right to information on a range of contraceptive methods:

Article 3: ... Chaque individu a droit à l'information, à l'éducation concernant les avantages, les risques et l'efficacité de toutes les méthodes contraceptives.

The "Plan d'Action National Budgétise en Planification Familiale à Madagascar, 2016-2020" includes a strategic priority on adolescent contraceptive demand creation through information on modern methods :

Priorité 2: Créer la demande auprès de la population, surtout les jeunes, à travers des informations correctes et appropriées sur les méthodes modernes de PF et des points de services.

The “Plan d’Action” also outlines a strategy to increase the range of methods available to young people, including LARCs:

Des stratégies vont être mises en place pour remédier aux problèmes de manque de formation du personnel, renforcer les compétences des prestataires en PF, améliorer l'offre de la gamme des produits contraceptifs de qualité, notamment des méthodes modernes et de longue durée et enfin favoriser l'accès à la PF de qualité pour tous, surtout parmi les jeunes.

Madagascar's policies outline strategies for increasing youth access to a range of methods, including LARCs. Therefore, Madagascar is placed in the green category.

Although the availability of EC is not factored into the categorization of this indicator, note that the “Plan d’Action” includes EC in its plans to promote and scale up long-term and new contraceptive methods, but not in

the adolescent-specific SRH section. Thus, it is unclear whether the policy intends for EC to be accessible to youth.

Comprehensive Sexuality Education



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

The "Loi n° 2017-043 Fixant les Règles Générales Régissant la Santé de la Reproduction et la Planification Familiale" aims to ensure universal access to FP education:

Objectif 3.7 : Assurer l'accès de tous à des services de soins de santé sexuelle et procréative, y compris des fins de la planification familiale, d'information et d'éducation, et la prise en compte de la santé procréative dans les stratégies et programmes nationaux

The "Plan d'Action National Budgétisé de la Planification Familiale, 2016-2020" also states the need for RH advocacy and describes an activity to advocate for sexual health education:

CD 2.5 Mettre l'accent sur la sensibilisation des jeunes par rapport à la PF et aux dangers liés à la grossesse précoce. Les jeunes représentent une population vulnérable avec des besoins souvent insatisfaits en raison des barrières culturelles et institutionnelles. Le premier lieu d'éducation des jeunes est l'école. Ainsi, le plaidoyer sera fait à travers la vulgarisation de l'éducation sexuelle dans les écoles publiques et privées vers les professeurs formés.

The "Plan Stratégique National en Santé de la Reproduction des Adolescents et des Jeunes, 2018-2020" outlines a strategic focus to strengthen access to information that meets adolescents' and young people's needs, including interventions in schools:

Axe stratégique 2 : Renforcement de l'accès aux informations répondant aux besoins des adolescents et des jeunes ainsi que des personnes influentes par une communication stratégique

Interventions Prioritaires

5.4 Intégrer la SRAJ dans le paquet d'activités des établissements scolaires, des centres sociaux, des Centres d'information et de prise en charge du PVIH

5.5 Intégrer le programme d'éducation par le pair dans les associations caritatives, confessionnelles et du scoutisme (Kiady, Fanilo, Mpanazava, Tily, Antily,...)....

5.7 Poursuivre l'intégration de la SRAJ dans les écoles, centres de formation militaires, garnisons et centres de rééducation pénitentiaires

The "Plan Stratégique" also lists integration of a CSE program into the public and private school curriculum as a key output:

Produit 7: Des programmes d'information, d'éducation et d'orientation en matière de SSRAJ ciblant les adolescents et les jeunes sont disponibles et intégrées dans le programme scolaire public et privé.

7.1 - Mettre à l'échelle le programme d'Education Sexuelle Complète au sein des établissements d'enseignement primaire, secondaire publiques et privés

The "Plan Stratégique" also lists activities to broaden the reach of a CSE program to out-of-school youth:

6.3 Adapter le programme d'éducation sexuelle complète pour les jeunes non scolarisés 6.4 Adapter les modules sur la SRAJ dans les programmes d'alphabétisation pour la formation de jeunes déscolarisés et non scolarisés, et les centres pour les personnes en situation d'handicap

Finally, the "Plan Sectoriel de l'Education, 2018-2022" outlines the priorities for school health, including the acquisition of responsible health behaviors:

Promouvoir la santé des Jeunes : ... En matière de la santé des jeunes, il y a lieu d'augmenter l'accès des jeunes scolarisés aux informations en matière de Santé des Jeunes à travers des actions de sensibilisation au niveau des collèges et lycées afin de leur faire acquérir des comportements responsables en matière de Santé des Jeunes et Adolescents.

The "Plan" identifies an activity for the next draft of the Malagasy curriculum as the introduction of education on adolescent reproductive health:

Les activités à mettre en œuvre pour élaborer le deuxième draft du Cadre d'orientation et d'organisation du curriculum malagasy sont :

- la réflexion sur l'introduction des TICE, les compétences pour la vie dont l'éducation sexuelle qui englobe la santé reproductive des adolescents (SRA) et l'éducation des filles, la santé scolaire, l'éducation inclusive, l'éducation à la citoyenneté, l'éducation à la paix, la lutte contre la corruption, l'EDD avec intégration des thèmes éducation civique, éducation environnementale, éducation maritime.*

Madagascar's policy environment is supportive of sexuality education but does not outline a detailed CSE policy referencing all nine of the UNFPA essential components. Therefore, Madagascar is placed in the yellow category for this indicator.

Youth-Friendly FP Service Provision



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

The "Loi n° 2017-043 Fixant les Règles Générales Régissant la Santé de la Reproduction et la Planification Familiale" states that providers are obligated to respect a patient's confidentiality and individual choice in family planning:

Article 14- Article 14.- L'obligation de confidentialité de respecter les règles de déontologie, d'informer de respecter le choix des individus est imposée aux prestataires de soins de la Santé de la Reproduction et de la Planification Familiale.

The "Plan Stratégique National en Santé de la Reproduction des Adolescents et des Jeunes, 2018-2020" outlines activities to reinforce the competencies of service providers, including training service providers on youth-friendly services:

Axe stratégique 3 : Renforcement de capacités institutionnelles et des compétences techniques et managériales des acteurs impliqués dans la mise en œuvre du PSN, y compris les adolescents et les jeunes.

Interventions :

8.1 Instaurer un service convivial de SRAJ avec renforcement en sensibilisations basées sur la prévention dans la structure de prise en charge des cas de situation d'urgence ;

8.2. Former les prestataires de services (médecin, sage-femme, assistants sociaux ; responsable des centres sociaux, AC, centre de rééducation et de réinsertion sociale, intervenants sociaux) sur les techniques de communication au profit des groupes spécifiques des adolescents et des jeunes ;

8.3. Développer et mettre en œuvre des stratégies avancées pour les jeunes de rue, les jeunes délinquants, les jeunes de la population clé à haut risque, les jeunes en situation d'handicap, les jeunes en couple et les jeunes parents ;

8.4. Développer et mettre à l'échelle les offres communautaires pour les jeunes en union et jeune parent pour la première fois en utilisant les services de santé disponibles et les événements communautaires ;

The "Plan Stratégique " also details the recipients of training activities on adolescent health, including providers, managerial staff, and referral staff:

Axe Stratégique 4 : Offre de services de santé communautaires et cliniques intégrés de SSRAJ de qualité et conviviaux adaptés aux adolescents et jeunes

Interventions :

12.1 Identifier les besoins de formation et de renforcement de capacités techniques des prestataires et des superviseurs à tous les différents niveaux en matière de SRAJ

12.2 Élaborer le kit de formation de capacités techniques et managériales à l'intention des prestataires et des superviseurs

12.3 Développer le système de référence et de contre référence à partir du niveau communautaire

12.4 Assurer la formation de prestataires de services sur les techniques d'offre de services SSRAJ aux adolescents et jeunes

12.5. Former le personnel d'appui en accueil et orientation des adolescents et des jeunes clients 12.6 Assurer la formation managériale et les visites d'échanges d'expériences pour les gestionnaires de programmes à divers niveaux (secteurs public et privé) sur les dispositifs d'offre de service de SSRAJ

The "Plan d'Action National Budgétise en Planification Familiale à Madagascar, 2016-2020" describes additional activities to train service providers to better provide services to young people, including training to reduce bias, stigma, and discrimination:

OAS 3.7 Renforcement de l'approche jeune dans la prestation de services PF.

... De nouveaux espaces jeunes, de nouveaux centres amis des jeunes, coins et kiosques des jeunes vont également être créés dans plus de 25% des CSB publics de chaque district sanitaire qui vont être transformés en CSB « Ami des Jeunes ». Ils seront, en outre, mis aux normes en matière d'IEC/CCC. Enfin, le personnel de santé va être formé à l'IEC/CCC en PF et à l'approche jeune permettant ainsi une meilleure prise en charge de cette tranche de la population.

OAS 3.7.3 Transformer des CSB2 des 113 DS en CSB Amis des jeunes Paravent pour confidentialité

OAS 3.7.3.1 Identifier des CSB à transformer en CSB Amis des jeunes (salle pour accueil des jeunes, personnel de santé suffisant, ...)

...

OAS 3.7.3.3 Former des formateurs en SRA/approche jeune

The "Plan d'Action" references a Malagasy policy signed in 2006 that included a policy of free FP products and services, but the policy could not be located for review. As reviewed policies address training and supporting providers and enforcing confidentiality but do not sufficiently address the cost of services, Madagascar is placed in the yellow category for this indicator.

Enabling Social Environment



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

- Address gender norms.
- Build community support.

The "Loi n° 2017-043 Fixant les Règles Générales Régissant la Santé de la Reproduction et la Planification Familiale" outlines the importance of male involvement in reproductive health:

Article 16 : Les personnes du genre masculin ont le devoir de protéger le droit des femmes à la santé sexuelle et reproductive de ces dernières, notamment leur accès aux services et le respect de leur choix sur la procréation.

The "Plan Stratégique National en Santé de la Reproduction des Adolescents et des Jeunes, 2018-2020" outlines community dialogues as a priority intervention:

Interventions Prioritaires :

1.3 Programmer des dialogues communautaires pour discuter des droits des jeunes et des comportements responsables en leur faveur

The "Plan Stratégique" provides further clarity in detailed strategic communication activities to enable support toward youth access to RH services:

Interventions Prioritaires ...

5.9 Renforcer les capacités des acteurs/communauté éducative (parents et animateurs, AC, éducateurs, jeunes leaders, agents de santé) sur la SRAJ, communication pour le changement social et comportemental des jeunes, et l'orientation vers les services

Axe stratégique 2: Renforcement de l'accès aux informations répondant aux besoins des adolescents et des jeunes ainsi que des personnes influentes par une communication stratégique...

6.2 Recenser et orienter les activités de communication/sensibilisation sur SRAJ dans les centres d'écoute, centres de promotion sociale, centres de jeunesse et au niveau des organisations de sports et des loisirs avec un accent sur le genre et le référencement...

6.9 Organiser des séances de communication au profit des personnes influentes, des adolescents et des jeunes en vue de leur appui dans l'orientation des jeunes (parents) vers les services SSRAJ

The "Plan Stratégique" includes other activities to target traditional and religious leaders and others influential in the community to build their capacity to defend adolescent and youth reproductive health:

9.1 Renforcer et mettre à l'échelle un programme d'éducation des parents au niveau communautaire et autour des structures d'encadrement des adolescents et jeunes

9.2 Renforcer les compétences des APART en vue de mieux défendre les intérêts des groupes d'adolescents et jeunes vulnérables en matière de SSRAJ

9.3 Elaborer et diffuser un catalogue/répertoire renfermant tous les supports IEC disponibles pour faciliter l'accès aux utilisateurs

9.4 Organiser des dialogues communautaires et débats médiatiques et événementielles impliquant les autorités et les leaders traditionnels (APART) sur la question SSRAJ notamment sur le mariage des enfants et la grossesse précoce

9.5 Organiser des dialogues communautaires entre parents et adolescents portant sur les obstacles culturels à la promotion de la SSRAJ

9.6 Appuyer les CTD et les organisations confessionnelles pour l'intégration des activités SSRAJ dans leurs priorités d'actions

The "Plan Sectoriel de l'Education, 2018-2022" includes activities to build support within the community for adolescent RH awareness and acknowledges the challenges that young girls face:

En se référant à la partie « Education Inclusive » du présent Plan Sectoriel de l'Education, la discrimination en termes de genre handicape les jeunes filles et a un impact sérieux sur leur scolarisation. Les parents ont assurément une place importante à assurer auprès des jeunes et notamment des jeunes filles dans leur éducation à la notion de genre et à la santé reproductive. Cependant, parler de ces sujets et notamment de la santé reproductive reste tabou dans certaines familles malgaches, et plus particulièrement dans les zones défavorisées.

The "Plan Sectoriel" includes activities to strengthen parents' knowledge of youth SRH through an awareness campaign in collaboration with local radio stations, as well as educating parents and the community on the importance and necessity of sexual health education.

MADAGASCAR

The ““Plan d’Action National Budgétise en Planification Familiale à Madagascar, 2016-2020” also lays out a detailed strategy to strengthen the environment for family planning through community engagement and mobilization. The proposed activities include an information campaign to bridge religious and cultural gaps toward acceptance and use of family planning but fail to specifically address youth access. The “Plan d’Action” emphasizes the importance of involving men and husbands in family planning, and proposes an information campaign to specifically address the specific needs of young people:

Des efforts particuliers pour la création de la demande vont être faits pour les hommes et les jeunes. Les hommes partagent autant de responsabilités que les femmes dans la santé de la reproduction. Néanmoins, le manque d’attention leur étant portée suggère que la PF ne les concerne pas. L’implication des hommes et des maris est cruciale pour le succès des campagnes de création de la demande. Les hommes peuvent empêcher les femmes d’utiliser la PF et ainsi d’y avoir recours librement. C’est en réduisant leurs préjugés que l’on assurera leur soutien pour la PF. Pour répondre aux besoins spécifiques des jeunes, des campagnes d’information spécifiques vont être mises en place. Elles insisteront sur les dangers des grossesses précoces et sur les bienfaits de la contraception

Madagascar’s policies outline specific interventions to build support within the larger community for youth FP and address gender and social norms and is therefore placed in the green category.

MALI



Parental and Spousal Consent	Law or policy exists that supports youth access to FP services without consent from one but not both third parties (parents and spouses).
Provider Authorization	No law or policy exists that addresses provider authorization.
Age Restrictions	Law or policy exists that supports youth access to FP services regardless of age.
Marital Status Restrictions	Law or policy exists that supports youth access to FP services regardless of marital status.
Access to a Full Range of FP Methods	Law or policy exists that supports youth access to a full range of FP methods, including long-acting and reversible contraceptives (LARCs).
Comprehensive Sexuality Education	Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.
Youth-Friendly FP Service Provision	Policy references targeting youth in provision of FP services but mentions fewer than three of the service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	Policy outlines detailed strategy addressing one of the two enabling social environment elements of the HIPs recommendations for adolescent-friendly contraceptive services.

POLICY DOCUMENTS REVIEWED

- Déclaration de la Politique Nationale de Population du Mali, 1991.
- Loi n° 02-044 Relative à la Santé de la Reproduction, 2002.
- Politique et Normes des Services de Santé de la Reproduction, 2005.
- Guide for Constructive Men's Engagement in Reproductive Health, 2008.
- Loi n° 2011-087 du 30 décembre 2011 Portant Code des Personnes et de la Famille.
- Politique National Genre du Mali, 2011.
- Plan d'Action National de Planification Familiale du Mali, 2014-2018.
- Programme de Développement Socio-Sanitaire, 2014-2018.
- Plan Décennal de Développement Sanitaire et Social, 2014-2023.
- Plan d'Action National Budgétisé de Planification Familiale du Mali, 2019-2023.

POLICY DOCUMENTS THAT COULD NOT BE LOCATED:

- Politique Cadre de Développement de la Jeunesse, 2012-2016.
- Plan Stratégique de Sécurisation des Produits de la Reproduction et des Produits Sanguins au Mali, 2014-2018.
- Plan Stratégique de la Santé de la Reproduction, 2014-2018.
- Plan d'action Multisectoriel Santé des Adolescents et des Jeunes, 2017-2021.
- Plan Stratégique de Santé et de Développement des Adolescents et Jeunes, 2017-2021.
- Politique Nationale Santé Scolaire et Universitaire et le Plan Stratégique de Santé.

DRAFT POLICY DOCUMENTS, NOT REVIEWED:

- Plan Stratégique de la Reproduction 2019-2023.

Parental and Spousal Consent



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

The “Loi n° 2011-087 du 30 décembre 2011 Portant Code des Personnes et de la Famille” states that wives must obey their husbands and that husbands are the head of the family.

Article 316 : Dans la limite des droits et devoirs respectifs des époux consacrés par le présent Code, la femme doit obéissance à son mari; et le mari, protection à sa femme...

Article 319 : Le mari est le chef de famille. Il perd cette qualité au profit de la femme en cas :

- *d'absence prolongée et injustifiée ;*
- *de disparition ;*
- *d'interdiction ;*
- *d'impossibilité de manifester sa volonté.*

Le choix de la résidence de la famille appartient au mari. La femme est tenue d'habiter avec lui et il est tenu de la recevoir.

Ce choix doit se faire dans l'intérêt exclusif du ménage.

Les charges du ménage pèsent sur le mari. La femme mariée qui dispose de revenus peut contribuer aux charges du ménage.

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

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

Due to conflicting policy documents surrounding spousal consent, Mali is placed in the yellow category for this indicator. The discrepancy in the policies adds a barrier to youth attempting to access family planning without parental and spousal consent. To improve the policy environment, policymakers should include specific provisions for youth to access FP services without consent from a parent or spouse.

Provider Authorization



No law or policy exists that addresses provider authorization.

No law or policy exists that requires providers to authorize medically advised youth FP services without personal bias or discrimination. Mali is placed in the gray category for this indicator.

Age Restrictions



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

The “Politique et Normes des Services de Santé de la Reproduction, 2005” state that women of all ages are able to access contraceptive services:

Les bénéficiaires des services de contraception sont les hommes, les femmes en âge de procréation et en particulier les femmes jeunes sans enfant, les grandes multipares, les personnes à comportement à risque de IST-VIH/SIDA, les malades mentaux et les jeunes adultes.

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

Marital Status Restrictions



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

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

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

Article 4: Tout individu, tout couple a le droit d'accéder librement à des services de santé de reproduction et de bénéficier des soins de la meilleure qualité possible.

The “Plan d’Action National Budgétisé de Planification Familiale du Mali, 2019-2023” interprets the reproductive health law as a guarantee for access to contraceptives by individuals and couples:

Le pays a voté, en juin 2002, la loi sur la santé de la reproduction qui garantit le droit à tous les couples et aux individus de disposer d'informations et de services de qualité en matière de planification familiale.

The “Plan d’Action” also supports youth access to contraception regardless of marital status:

Les contraceptifs sont distribués sans distinction à toutes les femmes (mariées ou non-mariées)

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

Access to a Full Range of FP Methods



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

The “Plan Décennal de Développement Sanitaire et Social, 2014-2023” affirms the need to make all methods available to youth:

RS-1.3: La planification familiale et mieux repositionnée dans les activités de SR

... Les interventions prioritaires retenues dans ce domaine sont les suivantes : Développement d'interventions spécifiques pour renforcer la continuité de l'offre de services PF de qualité notamment l'utilisation des méthodes de longue durée, l'augmentation de la demande des services de la PF et la facilitation de l'accès des femmes, des hommes, des jeunes et adolescents aux services de PF.

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

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

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

Comprehensive Sexuality Education



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

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

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

The “Guide for Constructive Men’s Engagement in Reproductive Health, 2008” describes strategies for educating youth in SRH in informal and formal settings:

Objective:

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

Strategies:

... Develop innovative initiatives that promote RH within formal and informal education systems

... Encourage sex education dialogue within the family

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

The “Plan d’Action National Budgétisé de Planification Familiale du Mali, 2019-2023” describes a specific activity to improve youth advocacy, one of the nine essential components of CSE, by strengthening partnerships with youth groups working in FP. However, this is not described as a component of a CSE program.

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

Youth-Friendly FP Service Provision



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

The new "Plan d'Action National Budgétisé de Planification Familiale du Mali 2019-2023" addresses the need for FP programs to account for youth and references a specific policy document, "Plan Stratégique de Santé et de Développement des Adolescents et des Jeunes, 2017-2021" which aims to contribute to improving the health and development of young people through youth-friendly services. As of March 2020, this policy document could not be located for review.

The "Plan d'Action" builds on the preceding action plan by laying out activities to train providers and the staff who train them to be more youth-friendly,, as well as create youth-friendly spaces with a focus on confidentiality:

Objectif prioritaire 6 : Améliorer l'adaptation des services PF aux adolescents/jeunes et les personnes vulnérables

Action prioritaire 11 : Renforcement de l'accès aux services PF y compris PFPP et SAA des groupes vulnérables et spécifiques (adolescents et jeunes, personnes vivant avec un handicap, réfugiés, déplacées, personnes vivant avec le VIH, etc.)

Activité : Renforcer l'offre adaptée aux besoins des adolescents et des jeunes

Former 25 formateurs nationaux et régionaux sur la SAJ (2 personnes dans 11 régions et 3 DGS) 1 session de formation de 6 jours, multiplication des modules, salle, per diem, 2 formateurs, kit formation

1. Former 1 435 prestataires des districts sanitaires sur la SAJ (1 personne/74 CSRef et 1 personne/1 361 CSCCom) 47 sessions de formation des prestataires (organisée au niveau des 11 régions), 30 personnes par session

2. Aménager des espaces (salles d'attente, confidentialité, sortie à part) pour adolescents et jeunes dans 1 000 structures de santé pour l'offre des services conviviaux aux adolescents et jeunes 1 000 espaces ont été aménagés pour l'offre des services conviviaux aux adolescents et jeunes

3. Aménager des espaces (salles d'attente, confidentialité, sortie à part) pour adolescents et jeunes dans 1 000 structures de santé pour l'offre des services conviviaux aux adolescents et jeunes 1 000 espaces ont été aménagés pour l'offre des services conviviaux aux adolescents et jeunes

The plan also acknowledges that training activities will be done to reduce the stigma and discrimination faced by youth:

Des efforts programmatiques vont aussi être faits pour que des prestations et actes de PF deviennent accessibles financièrement pour tous. Lesdits efforts faciliteront également l'accès à un plus grand nombre de services adaptés aux jeunes dans des structures sanitaires avec un personnel formé à cet

effet, réduisant ainsi la stigmatisation et les discriminations auxquelles les jeunes font face dans certains centres.

The plan mentions the president's declaration to initiate free FP services, including steps that should be taken before the policy is implemented:

O.2.2. Renforcement de l'accès financier aux services de PF, y compris PFPP

Un mécanisme de suivi de la déclaration du Président de la République concernant la gratuité des contraceptifs va être mis en place. Des sessions de plaidoyer seront organisées auprès de la présidence pour assurer la mise en œuvre effective de la mesure (voir l'axe politique, environnement habilitant et financement). Pour permettre cet accès aux services PF, avant que la politique de gratuité ne soit mise en œuvre, le PANB prévoit des campagnes annuelles d'intensification de l'offre de PF gratuite à tous les niveaux et les journées gratuites mensuelles de prestation PF dans les structures de santé.

Il convient aussi d'élaborer et de mettre en œuvre des plans d'urgence des districts affectés par la crise avec l'offre gratuite de services dans les camps de déplacés ou de réfugiés et pour les communautés d'accueils.

The “Guide for Constructive Men’s Engagement in Reproductive Health, 2008” discusses confidentiality:

Objective:

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

Strategies:

...Reinforce a climate of trust and confidentiality with teenagers and youth when they access RH services

Mali is placed in the green category because its policies adequately address all three adolescent-friendly service-delivery elements.

Enabling Social Environment



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

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

Afin de promouvoir la planification familiale au Mali, le MPFFE [Ministère de la Promotion de la Femme, la Famille et l’Enfant] se propose de sensibiliser les membres des communautés sur la santé de la reproduction et la planification familiale ainsi que de diffuser la politique de la législation relative à la

SR...Un plan intégré de communication pour le repositionnement de la PF sera élaboré et un curriculum de formation des parents sur la communication avec les enfants et les ados sur la SR développé.

The “Plan d’Action National Budgétisé de Planification Familiale du Mali, 2019-2023” recognizes the importance of an enabling environment in access to family planning. The first strategic priority of the “Plan d’Action” is to create demand, especially for young people and adolescents, by developing partnerships with the community:

Priorité 1 : Créer la demande auprès des populations, notamment chez les jeunes, les adolescents, les femmes et les hommes, y compris en contexte humanitaire, en développant un partenariat stratégique avec les élus locaux, les leaders communautaires et religieux.

Priority actions within the strategic priority to create demand include the need to strengthen the commitment of community members—including elected officials and religious and community leaders—to support family planning and spread awareness and build support for it within the broader community through dialogue and action:

CD1.1. Renforcement de l’engagement des élus locaux, leaders religieux, communautaires en faveur de la PF

L’engagement des leaders communautaires, religieux et élus locaux sera obtenu à travers le renforcement de leur niveau de connaissance et de leur implication en matière de PF (multiplication des sessions de formation et d’orientation des leaders femmes, jeunes et hommes et renforcement des contacts avec les communes en faveur de la SR/PF des jeunes). Les stratégies suivantes seront utilisées, telles que l’adaptation et la multiplication des outils et supports de communication sur la PF, la formation en PF, l’utilisation de l’approche Jigisigi Fête de Mariage, basée sur l’utilisation d’un livret donnant au couple des informations sur leur santé en général et sur leur santé reproductive en particulier.

CD1.2. Amélioration de la communication sur la PF à l’endroit des communautés

La mobilisation communautaire pour la promotion de la PF se réalisera à travers l’implication des groupements féminins et de jeunes/adolescents, des associations professionnelles, des municipalités, et des médias modernes et traditionnels dans les activités. Pour ce faire, les stratégies suivantes seront utilisées, notamment, le développement de partenariats avec les municipalités, l’organisation de campagnes nationales PF et d’autres activités de masse, l’utilisation d’approches comme Térikunda Jékulu (TJ).

The plan also details a male engagement strategy focused on building male FP champions through peer learning and education groups:

CD1.3. Renforcement de la participation des hommes dans la promotion de la SR/PF (ECH)

L’engagement des hommes est envisagé sous trois angles :

1. *L’homme en tant que client des services de la SR pour lui-même*
2. *L’homme en tant que partenaire de soutien au sein du couple en matière de reproduction*
3. *L’homme en tant que facteur de changement au sein de la communauté*

Cette stratégie d’engagement constructif des hommes sera matérialisée dans le PANB 2019-2023 à travers les expériences dites de « l’école des maris », « clubs des maris », « clubs des futurs maris », et « l’approche Handarey »

Finally, the plan aims to strengthen the decisionmaking power of women, adolescent girls, and young women in the choice and use of family planning, as well as mobilize adolescents and young people through appropriate



MALI

communication. Mali's policy environment adequately addresses gender norms and describes activities for engaging the community to support youth access to FP. Therefore, Mali is placed in the green category for this indicator.

MAURITANIA

Parental and Spousal Consent	No law or policy exists that addresses consent from a third party to access FP services.
Provider Authorization	No law or policy exists that addresses provider authorization.
Age Restrictions	Law or policy exists that supports youth access to FP services regardless of age.
Marital Status Restrictions	Law or policy exists that supports youth access to FP services regardless of marital status.
Access to a Full Range of FP Methods	Law or policy exists that restricts youth from accessing a full range of FP methods based on age, marital status, and/or parity.
Comprehensive Sexuality Education	Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.
Youth-Friendly FP Service Provision	Policy references targeting youth in provision of FP services but mentions fewer than three of the service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	Policy references building an enabling social environment to support youth access to FP but does not include specific intervention activities addressing both HIPs-recommended elements.

POLICY DOCUMENTS REVIEWED

- Déclaration Nationale de Politique de Population, 1995.
- Cadre Stratégique National de Lutte Contre les IST/VIH/Sida, 2003-2007.
- Stratégie Définissant la Politique Nationale de la Jeunesse, 2004.
- Déclaration Nationale de Politique de Population, 2005.
- Politique Nationale de Santé et d'Action Sociale, 2006-2015.
- Programme National de Santé de la Reproduction: Projet de Plan d'Action, 2007.
- Guide de Planification Familiale – Espacement des Naissances, Édition révisée en avril 2008.
- Programme National de Santé de la Reproduction: Plan Stratégique SR, 2008-2012.
- Plan National de Développement Sanitaire, 2012-2020.
- Guide de la Pratique Sage-Femme en Mauritanie, 1ère Édition, 2014.
- Déclaration Nationale de Politique de Population, 2014.
- Projet de Loi Relative à la Santé de la Reproduction, 2017.
- Politique Nationale de Santé, 2017.
- Plan National de Développement Sanitaire, 2017-2020.
- Plan d'Action National Budgétisé en Faveur de l'Espacement des Naissances de la Mauritanie, 2019-2023.

Parental and Spousal Consent



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

The “Plan d’Action National Budgétisé en Faveur de l’Espacement des Naissances de la Mauritanie, 2019-2023” acknowledges the difficulty young people face in discussing FP with their parents. However, no law or policy exists that prohibits parental or spousal consent for youth access to FP services. Mauritania is placed in the gray category for this indicator.

Provider Authorization



No law or policy exists that addresses provider authorization.

The “Plan d’Action Budgétisé en Faveur de l’Espacement des Naissances, 2019-2023” acknowledges the issue of provider stigma toward youth seeking FP services:

Deuxièmement, l’offre de services de PF est inadaptée aux adolescents et les jeunes. Le personnel soignant des centres ne sait pas comment les recevoir. On peut citer en exemple le manque de confidentialité et même parfois des jugements sévères de la part du personnel des centres. De plus, quand l’offre de service de PF ne fait pas défaut c’est l’accès, que ce soit au niveau géographique ou financier, surtout pour les adolescents et les jeunes en situation de vulnérabilité.

However, no law or policy exists explicitly stating that providers must avoid discrimination or bias toward youth. Mauritania is placed in the gray category for this indicator.

Age Restrictions



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

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

Article 7

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

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

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

Mauritania is placed in the green category for this indicator.

Marital Status Restrictions



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

The “Projet de Loi Relative à la Santé de la Reproduction, 2017” states that all individuals, including adolescents, are equal in dignity and rights related to RH and prohibits discrimination based on marital status:

Article 7

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

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

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

Mauritania is placed in the green category for this indicator.

Access to a Full Range of FP Methods



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

The “Projet de Loi Relative à la Santé de la Reproduction, 2017” includes “family planning/birth spacing” among RH care services. The “Projet de Loi” states that all people, including adolescents, must receive information and education on all methods of birth spacing:

Article 9

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

While the law guarantees information and education on all methods of birth spacing, it does not guarantee youth access to a range of contraceptive methods, including LARCs.

Further, the “Guide de Planification Familiale—Espacement des Naissances, Edition révisée en avril 2008,” which includes protocols for providing each contraceptive method, states that oral contraceptives are the best method for adolescents and that the IUD should be avoided:

4. AUTRES FEMMES À RISQUE

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

Future updates to the document should align with the WHO medical eligibility criteria for contraceptive use. A more recent document, “Guide de la Pratique Sage-Femme en Mauritanie, 1ère Edition 2014,” states that IUDs and implants are acceptable for young women, and that IUDs are acceptable for nulliparous women:

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

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

The “Plan d’Action National Budgétisé en Faveur de l’Espacement des Naissances, 2019-2023” looks to improve access to a varied and comprehensive range of contraceptive methods, with an emphasis on young people:

3.3.1. Objectifs stratégiques

Objectif 2 : Garantir la couverture en offre de services de PF/EN et l'accès aux services de qualité en renforçant la capacité des prestataires publics, privés et communautaires et en ciblant les jeunes ruraux et les zones enclavées avec l'élargissement de la gamme des méthodes y compris la mise à l'échelle des MLDA et PFPP, l'amélioration des services et prestations adaptés aux besoins des jeunes.

Despite the two recent documents that take a more favorable approach to method choice for youth, the policy environment does not consistently guarantee access to a full range of methods for youth. Mauritania is placed in the red category for this indicator.

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

Comprehensive Sexuality Education



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

Mauritania's policies support the provision of sexuality education for youth.

The "Plan d'Action National Budgétisé en Faveur de l'Espace des Naissances, 2019-2023" prioritizes the implementation of a CSE approach for adolescents and young people in formal and informal education settings:

CD2.1. Mise en place d'une approche d'Education Complète à la Sexualité (ECS) pour les adolescents et les jeunes non/déscolarisés (en situation de vulnérabilité).

L'éducation complète à la sexualité permet aux adolescents et aux jeunes de prendre des décisions concernant leur sexualité en connaissance de cause. Elle est dispensée sur plusieurs années et fournit aux jeunes des informations adaptées à leur âge et correspondant au développement de leurs capacités : des informations scientifiques et académiques concernant le développement humain, l'anatomie et la grossesse, mais également des renseignements sur la contraception et les infections sexuellement transmissibles (IST), notamment le VIH. Au-delà de leur caractère purement informatif, ces programmes favorisent également la confiance ainsi qu'une meilleure communication. Ils doivent en outre traiter des questions sociales qui entourent la sexualité et la procréation, notamment les normes sociales, la vie de famille et les relations humaines. En prenant en compte les résultats du diagnostic, il s'agit de mieux intégrer les questions de SSR et autres spécificités des adolescent(e)s et des jeunes à travers les enseignements formel et non formel. L'intensification de l'enseignement de la SSR/PF dans les écoles de base doit être faite à travers la mise à jour des modules de formation des enseignants et la révision des curricula destinés aux élèves. Les enseignants expérimentés seront formés pour être des formateurs. Ces groupes de formateurs animeront des sessions de formation des enseignants au cours plusieurs sessions par an. Les enseignants formés travailleront avec les élèves sur des questions de la SSR/PF en utilisant les modules révisés. Des dépliants comportant les messages essentiels seront élaborés pour les élèves.

However, the “Plan d’Action” only partially addresses the nine essential components of CSE. Mauritania is placed in the yellow category.

Youth-Friendly FP Service Provision



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

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

RESULTAT ATTENDU 2: L'offre et l'utilisation des services de SSRAJ est augmentée

ACTIONS 2

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

The "Plan d'Action Budgétisé en Faveur de l'Espacement des Naissances, 2019-2023" includes a specific activity to train providers to offer youth-friendly services:

OA1.4. Renforcement des capacités des prestataires des FS dans l'accès à la contraception et les services adaptés de SRAJ aux adolescents et aux jeunes mariés. Renforcer les capacités des prestataires des PPS dans le domaine de l'offre des services de PF adaptés aux adolescents et aux jeunes permettra d'accroître l'utilisation des services de PF/contraception des adolescents et des jeunes dans les PPS car ceux-ci seront mieux adaptés à leurs besoins spécifiques. Elle sera réalisée à travers la formation, l'aménagement des structures de soins, la supervision et le suivi des prestations

The "Plan d'Action" also outlines an activity to provide free contraceptives on "family planning days" and includes a priority action to continuously advocate for free FP, particularly for adolescents and young people:

P3.5. Plaidoyer auprès des décideurs pour la gratuité des services de PF en particulier chez les adolescents et les jeunes de 2019 à 2023. Au cours des activités de journées spéciales de PF, les méthodes modernes de PF sont offertes gratuitement et les clientes sont souvent nombreuses, dépassant les objectifs fixés par les services de santé et autres prestataires. Cet état de fait soutient que les coûts des produits constituent une barrière importante à l'utilisation des services et produits contraceptifs dans les FS. Ces coûts peuvent varier d'une structure à une autre. Le plaidoyer sera fait pour viser la gratuité définitive des produits contraceptifs comme c'est le cas lors des journées spéciales PF. Il sera constitué une équipe de plaidoyer, un plan de plaidoyer doit être élaboré ainsi qu'un suivi régulier de la mise en œuvre du plan. Ce plaidoyer sera renforcé pour la gratuité de la PF pour les adolescentes et les jeunes qui sont davantage concernées par les barrières financières

However, because the policies do not connect provider training to issues of judgment and do not address audio/visual confidentiality and privacy, Mauritania is placed in the yellow category for this indicator.

Enabling Social Environment



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

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

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

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

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

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

The “Plan National de Développement Sanitaire, 2017-2020: Volume 2: Le Plan” aims for all health facilities to provide a minimum package of youth and adolescent RH services through involvement with community actors:

3.2.3. Santé de l’adolescent et du jeune

... Accès équitable des adolescentes et des jeunes aux services cliniques et d’information de qualité :

Un paquet minimum d’activités SRAJ sera assuré par tous les CS en collaboration avec les acteurs communautaires, en particulier les associations de jeunes et les ONG engagés dans la santé des adolescents et des jeunes.

Des centres de prise en charge des violences à l’égard des jeunes femmes et des adolescents seront mis en place progressivement au niveau des structures de référence en commençant par les hôpitaux.

L’implication des acteurs communautaires – à travers des accords de partenariats formalisés – permettra d’assurer du programme ciblé de SRAJ adaptés aux spécificités et aux besoins des jeunes et des adolescents en zones rurales et périurbaines.

The “Plan d’Action National Budgétisé en Faveur de l’Espacement des Naissances, 2019-2023” aims to provide an enabling environment for family planning through interaction with political and community leaders:

Objectif 4: Garantir un environnement favorable pour la PF à travers :

- *Le renforcement des activités de plaidoyer auprès des décideurs (Président de la République de Mauritanie, Premier Ministre, Institutions nationales, ministère de la santé et ministères connexes) et des leaders administratifs, traditionnels, religieux et des élus.*

Within its priority actions, the “Plan d’Action” also targets men and community leaders as family planning advocates. The constructive engagement approach looks to build FP champions through training:

CD3.1. Mise en œuvre de la stratégie de l’engagement constructif des hommes (ECH) dans le curriculum de la PF/EN.

... L’engagement des hommes est envisagé selon trois axes :

- *Homme en tant que client des services de la SR pour lui-*
- *Homme en tant que partenaire de soutien au sein du couple en matière de reproduction*
- *Homme en tant facteur changement au sein de la communauté.*

Cette stratégie d’engagement constructif des hommes va soutenir et amplifier celle en cours dite de “l’école des maris”. ... Cette stratégie responsabilise mieux la communauté dans la résolution des problèmes liés à la SR. L’approche « maris modèles » quant à elle fait référence aux époux qui accompagnent leurs épouses aux services de santé, les soutiennent pour l’auto prise en charge pendant la période périnatale, sensibilisent d’autres époux et recherchent des solutions pour l’accès aux soins...

CD3.2. Formation et implication des leaders religieux et coutumiers sur les outils de plaidoyer et les droits à la santé en faveur de la SR/PF.

... Etant donné que les leaders religieux, les chefs de villages et notables constituent des décideurs et leaders d’opinion influents capables d’appuyer les efforts de promotion de la PF, il y a lieu de former de nouveaux champions parmi eux pour conduire en leur direction un plaidoyer soutenu en vue d’accroître leur engagement en faveur de la PF et les mettre à contribution dans la mobilisation des communautés

While Mauritania’s policy documents include plans to engage community members in supporting family planning and address gender norms, there is no detailed strategy for building an enabling social environment for youth FP specifically. Mauritania is placed in the yellow category for this indicator.

NIGER



Parental and Spousal Consent	No law or policy exists that addresses consent from a third party to access FP services.
Provider Authorization	No law or policy exists that addresses provider authorization.
Age Restrictions	Law or policy exists that supports youth access to FP services regardless of age.
Marital Status Restrictions	Law or policy exists that supports access to FP services for unmarried women, but includes language favoring the rights of married couples to FP.
Access to a Full Range of FP Methods	No law or policy exists addressing youth access to a full range of FP methods.
Comprehensive Sexuality Education	Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.
Youth-Friendly FP Service Provision	Policy references targeting youth in provision of FP services but mentions fewer than three of the service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services.
Enabling Social Environment	No policy exists to build an enabling social environment for youth FP services.

POLICY DOCUMENTS REVIEWED

- Loi sur la Santé de la Reproduction au Niger, 2006.
- Planification Familiale au Niger : Plan d'Action, 2012-2020.
- Planification Familiale au Niger: Plan Opérationnel, 2018.
- Plan de Développement Sanitaire, 2017-2021.

POLICY DOCUMENTS THAT COULD NOT BE LOCATED:

- Politique Nationale de Santé, 2015.
- Politique Nationale Genre, 2008.
- Plan Stratégique en Santé des Adolescents et des Jeunes, 2011-2015.
- Law guaranteeing free contraceptives.

Parental and Spousal Consent



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

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

Provider Authorization



No law or policy exists that addresses provider authorization.

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

Age Restrictions



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

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

Article 2 - Caractère universel du droit à la santé de la reproduction. Tous les individus sont égaux en droit et en dignité en matière de santé de la reproduction. Le droit à la santé de la reproduction est un droit universel fondamental garanti à tout être humain, tout au long de sa vie, en toute situation et en

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

Niger is placed in the green category for this indicator.

Marital Status Restrictions



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

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

Article 3 – Autodétermination

Les couples et les individus ont le droit de décider librement et avec discernement des questions ayant trait à la santé de la reproduction dans le respect des lois en vigueur, de l'ordre public et des bonnes mœurs. Les couples légalement mariés peuvent décider librement et avec discernement de l'espacement de leurs naissances et de disposer des informations nécessaires pour ce faire, et du droit d'accéder à la meilleure santé en matière de reproduction.

Additionally, while the “Planification Familiale au Niger: Plan Opérationnel, 2018” acknowledges that the use of contraceptive methods by young unmarried women is negatively perceived by the public, it states that such a perception does not align with the country’s adolescent and youth SRH vision. However, the Plan does not offer any further details:

La jeune femme célibataire utilisant une méthode contraceptive est mal vue par la population ce qui est contraire à la vision SSRAJ (Santé sexuelle et reproductive des adolescents et des jeunes);

This emphasis on legally married couples stands in contrast to the rest of the law, which extends reproductive rights, including FP, to all individuals. To address this discrepancy, the government should clarify policy language supporting access to FP services by married and unmarried couples and individuals, including youth. Furthermore, the government should provide specific policy language regarding its adolescent and youth SRH vision, and particularly the right of young unmarried women to access and use contraceptive methods. Niger is placed in the yellow category for this indicator.

Access to a Full Range of FP Methods



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

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

Comprehensive Sexuality Education



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

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

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

Recognizing the need for FP education demonstrates a level of policy commitment on this issue. However, the policy fails to include specific guidelines on the content of the material and how the lessons should be instructed, nor coverage for young people outside of this specific course.

The FP demand-generation objective 3 of the “Planification Familiale au Niger: Plan Opérationnel, 2018” aims to reinforce the adolescent and youth FLE program.

Objectif CD 3: Renforcer le programme d’éducation à la vie familiale des adolescents et jeunes

Définition de l’Objectif: La majorité des adolescents et jeunes n’ont pas d’informations précises et approfondies sur les questions de procréation et de préparation à la gestion future de la vie familiale. Le MSP va travailler à préparer les adolescents et jeunes à la parenté responsable. Il formera les adolescents et jeunes à travers les canaux propices (mise à échelle de la formation sur les curricula en milieu scolaire, etc.). Il les sensibilisera dans les villages, au niveau des centres de promotion des jeunes, les “Makarantas”, “les Fada”, les centres de formation des jeunes pour apprendre et discuter de la PF.

The 2018 operational plan offers more details about program approach compared to the 2012-2020 action plan. Examples of such details include a focus on preparing adolescents and youth for responsible parenting and a mention of implementation of activities in settings outside of schools (villages, youth promotion centers, youth training centers, etc.). However, the operational plan lacks content specificity and directives for instruction. It

also does not reference all nine of the UNFPA essential components of CSE. Given this omission and limited details, Niger is placed in the yellow category for this indicator.

Youth-Friendly FP Service Provision



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

The “Planification Familiale au Niger: Plan Opérationnel, 2018” identifies youth as a priority population and includes a service access objective targeting youth.

Objectif AS 2 : Augmenter les points d'accès aux services de SR/PF pour les adolescents et jeunes en milieux scolaire et extrascolaire.

Définition de l'Objectif : Les jeunes ont des besoins spécifiques en matière de planification familiale qui ne sont pas suffisamment pris en compte alors qu'ils sont plus exposés à des pratiques à risque en matière de santé sexuelle et de reproduction. Le MSP cherche à accroître la disponibilité de points d'accès aux services de planification familiale adaptés à leurs besoins. Il renforcera davantage les capacités des prestataires en approche jeunes à tous les niveaux pour offrir aux jeunes et aux adolescents, des services de planification familiale et des soins de santé de la reproduction de qualité.

The “Plan de Développement Sanitaire, 2017-2021” aims to strengthen the supply of health services for young people and adolescents by integrating youth health services into all levels of the health system:

Poursuivre l'intégration des services de santé des jeunes dans les paquets des services à tous les niveaux du système de santé. L'intégration des services de santé des jeunes et des adolescents dans les paquets d'activités à tous les niveaux du système de santé va se poursuivre pour augmenter la disponibilité et la capacité des services. Les interventions qui seront ciblées sont : la prise en charge des infections sexuellement transmissibles, le dépistage volontaire du VIH, le dépistage volontaire de la drépanocytose, la prévention de la grossesse (disponibilité des produits contraceptifs), la prise en charge des conséquences de l'avortement, etc.

...Collaborer avec les jeunes afin de définir les stratégies et interventions d'offre de services adaptés à leurs besoins ;

Both policy documents highlight the government's commitment to increasing the availability of FP service access points tailored to the needs of youth and indicates that building the capacity of service providers in a “youth approach” will be prioritized.

Multiple news sources reference a 2007 law that guarantees free access to contraceptive methods to all women in all public facilities. In the absence of a review of the policy document, it is unclear whether youth are identified as beneficiaries. However, the reviewed policies do not mention enforcing confidentiality and audio/visual privacy or connect provider training to judgment issues. Because the policies do not adequately cover all

three of the service-delivery elements of youth-friendly FP services, Niger is placed in the yellow category for this indicator.

Enabling Social Environment

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

The “Planification Familiale au Niger: Plan d’Action, 2012-2020” includes an FP communications intervention, Activity 2.1.2, that targets multiple stakeholder groups, including youth:

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

However, no further details exist regarding the purpose of the communication materials or activities within the intervention. It is unclear if the activity will contribute to building community support for youth access to FP services.

The “Planification Familiale au Niger: Plan Opérationnel, 2018” includes a demand-generation objective to increase the number of opinion leaders and champions in support of FP:

Objectif CD 1 : Augmenter le nombre de leaders d’opinion Champions de la PF

Définition de l’Objectif : Les leaders d’opinion sont des modèles pour la société. Ils pourront contribuer à la promotion de la PF en parlant publiquement de ses bénéfices pour le bien-être des communautés. Le MSP va identifier plus de leaders d’opinion afin qu’ils soutiennent activement et plaident pour les programmes de PF. Il va former les leaders et les outiller avec des données probantes sur la valeur de la PF pour en faire des Champions.

The Plan outlines a priority action that focuses on creating FP champions within several community groups:

Identifier et former en plaidoyer et IEC/CCC des champions PF au niveau des institutions, religieux, sociétés civiles, secteurs privés, jeunes

However, while both the objective and priority action described above suggest an intention to increase community support for FP services, it is not evident that the focus is on increasing community support for youth access to FP services in particular.

The “Plan de Développement Sanitaire, 2017-2021” describes awareness-raising activities as an intervention to improve the health of young children and adolescents:

Les interventions suivantes seront mises en oeuvre pour améliorer la santé du jeune enfant et de l'adolescent:

- Prévenir les grossesses précoces chez les adolescentes. Cette intervention sera menée en collaboration avec le Ministère en charge de la population, de l'enseignement secondaire, de la jeunesse, de l'emploi et de la justice. Elle consistera à la sensibilisation de la communauté, les parents et les adolescents afin de réduire les mariages précoces.
- Étendre les activités des pairs éducateurs. Les expériences réussies des pairs éducateurs vont être étendues.
- D'autres interventions se feront en amont en termes de communication pour le changement des comportements à la fois des jeunes et des parents. Ces interventions auront pour but d'amener les jeunes à adopter un comportement sexuel responsable et à utiliser les services de santé disponibles le cas échéant. Ces interventions nécessitent une action multisectorielle qui implique les médias, la société civile et la communauté.
- Collaborer avec les jeunes afin de définir les stratégies et interventions d'offre de services adaptés à leurs besoins;

While the plan outlines actions to increase adolescent access to information of sexual behaviors to prevent teenage pregnancies, it is unclear whether the intention is to increase demand for FP or to build a supportive environment for youth FP. In the absence of this information explicitly addressing efforts to build community support for FP for youth, as well as the lack of mention of addressing gender norms, Niger is placed in the gray category, subject to updating if further policy documents provide additional information regarding the content of this intervention.

NIGERIA



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

POLICY DOCUMENTS REVIEWED

- National Family Life and HIV Education (FLHE) Curriculum for Junior Secondary School in Nigeria, 2003.
- National Policy on Health and Development of Adolescents and Young People in Nigeria, 2007.
- National Strategic Framework on the Health and Development of Adolescents and Young People in Nigeria, 2007-2011.
- Action Plan for Advancing Young People's Health and Development in Nigeria, 2010-2012.
- National Family Planning/Reproductive Health Service Protocols, Revised Edition, 2010.
- National Training Manual for the Health and Development of Adolescent and Young People in Nigeria, 2011.
- Clinical Protocol for the Health and Development of Adolescent and Young People in Nigeria, 2011.
- Increasing Access to Long-Acting Reversible Contraceptives in Nigeria: National Strategy and Implementation Plan, 2013-2015.
- National Guidelines for the Integration of Adolescent and Youth Friendly Services Into Primary Health Care Facilities in Nigeria, 2013.
- National Guidelines on Promoting Access of Young People to Adolescent and Youth-Friendly Services in Primary Health Care Facilities in Nigeria, 2013.
- National Training Manual on Peer-to-Peer Youth Health Education 2013.
- National Health Act, 2014.
- Nigeria Family Planning Blueprint (Scale-Up Plan), 2014.
- Manual for Training Doctors and Nurse/Midwives on LARC Methods 2015
- National Reproductive Health Policy, 2017.
- National Standards & Minimum Service Package for Adolescent & Youth-Friendly Health Services, 2018.
- National Youth Policy, 2019.

DRAFT POLICY DOCUMENTS:

- National Health Policy, 2016.
- National Policy on the Health and Development of Adolescents and Young People in Nigeria, 2020-2024.

POLICY DOCUMENTS THAT COULD NOT BE LOCATED:

- Free Family Planning Commodity Policy, 2011.

Parental and Spousal Consent



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

The “National Standards & Minimum Service Package for Adolescent & Youth-Friendly Health Services, 2018” protects the confidentiality of information for youth and adolescents, including from parents.

Although not yet passed, a draft version of the “National Policy on the Health and Development of Adolescents and Young People in Nigeria, 2020-2024” guaranteed access to FP services without the consent of a third party:

Ensure that all adolescents age 14 years have the rights to receive ambulatory and non-surgical reproductive health services appropriate for their age and health situation – including contraceptive information, counselling and services, prevention and treatment of sexually transmitted infections, management of sexual abuse and post-abortion care – without any discrimination from health worker or request for adult/parental consent that may pose a barrier to prompt and quality services

The ambivalence of the current legal framework on youth’s right to freely and independently access FP services creates a barrier for youth accessing such services. If the “National Policy” becomes law—or another policy with similar language—Nigeria’s policy environment would be supportive of youth access to FP services without parental or spousal consent. Nigeria is placed in the gray category for this indicator.

Provider Authorization



No law or policy exists that addresses provider authorization.

The “National Standards & Minimum Service Package for Adolescent & Youth-Friendly Health Services, 2018” promote the right of young people to access general health services without provider discrimination:

Standard 4:

All young people who visit health service delivery facilities are treated with respect, dignity and in an equitable manner irrespective of their health, socio-demographic or political status.

What does this mean? Health care providers administer the same level of quality care and consideration to all adolescents regardless of age, sex, social status, cultural background, ethnic origin, sexual preferences, disability or any other reason.

Rationale: Being treated disrespectfully is a strong disincentive for adolescents and other young people to use health services. Also, young people are not likely to attend a point of service delivery if they feel excluded or discriminated against in any way. On the other hand, being treated equally will have a positive effect on adolescents, encouraging them to meet further appointments and recommend the service to their peers. Furthermore, the manner young people are treated contributes significantly to their sense of satisfaction with care as clients.

Input Criteria: ...

Protocols/guidelines to provide services competently in nonjudgmental, caring, considerate, gender-responsive and culturally sensitive attitude and equitable manner are in place.

While the document underscores health providers' obligation to serve youth without discrimination, it does not explicitly mention FP services. Although not yet passed, a draft version of the "National Policy on the Health and Development of Adolescents and Young People in Nigeria, 2020-2024" states that adolescents older than age 14 should be able to receive contraceptive services without discrimination from a health worker:

Ensure that all adolescents age 14 years have the rights to receive ambulatory and non-surgical reproductive health services appropriate for their age and health situation – including contraceptive information, counselling and services, prevention and treatment of sexually transmitted infections, management of sexual abuse and post-abortion care – without any discrimination from health worker or request for adult/parental consent that may pose a barrier to prompt and quality services.

If this draft policy is passed with the current language, Nigeria's policies would acknowledge providers' duty to offer FP services to youth without discrimination or bias. However, Nigeria is currently placed in the gray category for this indicator.

Age Restrictions



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

Several key policies acknowledge clients' rights to access SRH services regardless of age. The "National Reproductive Health Policy, 2017" states:

All Nigerians, irrespective of their gender and age including adolescents from age 10 years and older population, have sexual and reproductive rights, and are equally entitled to sexual and reproductive health development and care.

The "National Family Planning/Reproductive Health Service Protocols, Revised Edition 2010" direct service providers to inform every client of his or her right to:

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

Although a final copy of the approved policy could not be located, a draft version of the "National Health Policy 2016" took an expansive approach to SRH services for youth:

The Goal: To reduce maternal, neonatal, child and adolescent morbidity and mortality in Nigeria, and promote universal access to comprehensive sexual and reproductive health services for adolescents and adults throughout their life cycle.

The “National Youth Policy, 2019” confirms the right of youth to access RH, and alters the definition of youth from the previous youth policy from ages 18 to 35 to ages 15 to 29. This recognition of the rights of all people to access FP services is critical to address the barriers women of all ages frequently face when attempting to access contraception. Nigeria is placed in the green category for this indicator.

Marital Status Restrictions



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

The “National Family Planning/Reproductive Health Service Protocols, Revised Edition, 2010” direct service providers to inform every client of his or her right to:

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

Nigeria is placed in the green category for this indicator.

Access to a Full Range of FP Methods



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

The “National Training Manual for the Health and Development of Adolescent and Young People in Nigeria, 2011” discourages providers from recommending certain non-permanent method options, even though they have been deemed safe for general use by the WHO:

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

NIGERIA

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

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

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

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

However, an earlier document, “National Family Planning/Reproductive Health Service Protocols, Revised Edition 2010” includes youth and nulliparous women in the eligibility criteria for short-acting and long-acting reversible contraceptive methods. The document outlines no restrictions on the provision of oral contraceptives and implants to women between menarche and 18 years old and advises providers that the advantages outweigh the risks for the provision of injectables and IUDs to women who are younger than age 18 and nulliparous. The “National Training Manual on Peer-to-Peer Health Education, 2013” also acknowledges that, except for permanent methods, all methods appropriate for healthy adults are also appropriate for post-pubertal adolescents. In addition, the “National Standards & Minimum Service Package for Adolescent & Youth-Friendly Health Services, 2018” specify that the package of adolescent and YF services for SRH include counselling and provision of barrier methods, oral pills, emergency contraceptives, and LARCs as “appropriate.” The “Manual for Training Doctors and Nurse/Midwives on LARC Methods, 2015” mandates that providers use the WHO Medical Eligibility Criteria in provision of IUDs and contraceptive implants but does not reference age.

The inconsistency between the adolescent policies and general FP service protocols creates an opportunity for providers to differentially interpret the directives and a barrier to youth attempting to access a full range of methods. Adding a provision that explicitly supports youth access to all medically eligible contraceptive methods would strengthen Nigeria’s policies regarding youth FP and support full implementation of the “Nigeria Family Planning Blueprint (Scale-Up Plan),” which promotes the provision of LARCs to youth. Nigeria is placed in the red category for this indicator.

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

Comprehensive Sexuality Education



Policy promotes abstinence-only education or discourages sexuality education.

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

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

The "National Guidelines on Promoting Access of Young People to Adolescent and Youth-Friendly Services in Primary Health Care Facilities in Nigeria, 2013" references peer education as a strategy to supplement in-school SRH instruction to reach in-school and out-of-school youth, as well as parents and guardians. The "National Training Manual on Peer-to-Peer Youth Health Education, 2013" details a peer education session on contraception and pregnancy prevention, including a discussion emphasizing the benefits of abstinence. However, the policy also states that peer educators should discuss various contraceptives and their advantages, acknowledging that "adolescents should make contraceptive choices based on their need and whether they want to protect against pregnancy and or need to protect against STI/HIV."

The "Nigeria Family Planning Blueprint (Scale-Up Plan), 2014" includes an activity to improve the FLHE curriculum:

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

Nigeria is placed in the red category for CSE since the country's guidance on sexuality education refers only to abstinence. To improve the policy environment surrounding sexuality education, policymakers in Nigeria should consider including the nine UNFPA essential components of CSE when updating the FLHE curriculum.

Youth-Friendly FP Service Provision



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

Nigeria’s “National Reproductive Health Policy, 2017” emphasizes YF service provision, although such services are not defined:

Objective 4: To increase access to quality reproductive health information and services for adolescents and young persons. Target 1: Achieve at least 50% coverage of young people who have access to comprehensive SRH information and services by 2021. Target 2: Achieve at least 50% coverage of young people who have access to comprehensive youth friendly health services by 2021.

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

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

This activity directs YF centers to provide private spaces for young clients, which aligns with one of the three service-delivery core elements identified in the HIPs “Adolescent-Friendly Contraceptive Services” review. The “Blueprint” also aims to increase demand for FP services by targeting high-priority sub-populations, including adolescents and young people, by improving provider training:

Provision of adolescent- and youth-friendly services shall be mainstreamed into pre-service and in-service training of healthcare providers at all levels....

Mentorship and supervision are key strategies for improving the quality of implementation. Supervisory tools will be revised to include key FP quality standards, such as youth-friendly service provision. Supervisors will receive training in conducting supportive supervision. Mentoring and supervisory tools for family planning will be developed as part of the training curriculum for use in post-training mentorship sessions.

The “National Youth Policy, 2019,” outlines policy benchmarks to integrate adolescent- and youth-friendly health services in primary health facilities and implement training programs for YF service delivery, an additional HIPs core element of service delivery. The “National Training Manual for the Health and Development of Adolescent and Young People in Nigeria, 2011” lists eight competencies of a youth-centered counselor, one of which guides counselors to be aware of their own judgments:

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

However, the same document emphasizes abstinence-only values, likely affirming some providers' preconceived notions regarding youth's right to access contraception. One section describing factors affecting adolescent development mentions abstinence as a positive traditional practice, and a later section describing pregnancy prevention methods emphasizes abstinence as the norm:

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

The “National Standards & Minimum Service Package for Adolescent & Youth-Friendly Health Services, 2018” state that provider protocols/guidelines include nonjudgmental services and outline staff training to ensure respectful attitudes, as well as provide services at a free or affordable cost, but is not specific to family planning:

1. Protocols/ guidelines to provide services competently in nonjudgmental, caring, considerate, gender-responsive and culturally sensitive attitude and equitable manner are in place.
2. All staff undergo training in appropriate procedures to ensure respectful attitude and maintenance of the dignity of clients in their service provision to all categories of young people....
3. Policies and procedures to provide health services to young people free of charge or at affordable prices are in place.

Multiple external documents report the existence of Nigeria’s “Free Family Planning Commodity Policy” of 2011, which states that family planning commodities should be provided free of charge to all clients in the public sector. However, a copy of this policy could not be obtained, and stakeholders note that out-of-pocket costs often offset its effectiveness.

Nigeria is placed in the yellow category for youth-friendly FP service provision. The country has the potential to move to a green categorization if policy documents include provisions to offer free or subsidized FP services to youth.

Enabling Social Environment



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

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

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

NIGERIA

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

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

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

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

Specific activities are outlined under these objectives to engage the community through advocacy and community mobilization, and promote RH behaviors through information, education, and communication.

A draft copy of the “National Adolescent Health Policy, 2020-2024” declares gender equity and responsiveness as an underlying principle and value and emphasizes the need to engage gender-responsive approaches, including community interventions that address gender imbalances:

Strengthen adolescent leadership and engagement in the family and community using transformative interventions that address the power imbalance between adolescent girls and boys as well as gender-inequitable norms and practices, including gender-based violence.

Existing policies, however, do not include specific activities to address gender norms related to youth access to or use of FP services. Nigeria is placed in the yellow category for this indicator.

SENEGAL



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

POLICY DOCUMENTS REVIEWED

- Loi n° 2005-18 du 5 août 2005 Relative à la Santé de la Reproduction.
- Stratégie Nationale en Santé des Adolescentes/Jeunes au Sénégal, 2005.
- Loi n° 2010-03 du 9 avril 2010 Relative au VIH/Aida.
- Plan d'Action National de Planification Familiale, 2012-2015.
- Programme d'Amélioration de la Qualité, de l'Équité et de la Transparence, 2013-2025.
- Plan Stratégique de Santé Sexuelle et de la Reproduction des Adolescent(e)s/Jeunes au Sénégal, 2014-2018.
- Cadre Stratégique National de Planification Familiale, 2016-2020.
- Stratégie Nationale de Financement de la Santé pour Tendre vers la Couverture Sanitaire Universelle, 2017.
- Plan National de Développement Sanitaire et Social, 2019-2028.
- Protocoles de Services de Santé de la Reproduction au Sénégal (n.d.).
- Stratégie Nationale d'Equité et d'Egalité de Genre, 2016-2026.

Parental and Spousal Consent



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

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

Provider Authorization



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

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

Ces services doivent être : ...

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

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

Age Restrictions



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

The right of youth to receive sexual and reproductive health care is written into Senegalese law. The 2005 RH law, “Loi n° 2005-18 du 5 août 2005 Relative à la Santé de la Reproduction,” includes a clear declaration allowing

all people to access reproductive health (RH) services without discrimination, including discrimination based on age. Under Articles 3 and 10, the right to RH is acknowledged as a fundamental health and human right for all people. The law further promotes access to RH for adolescents under Article 4.

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

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

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

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

Marital Status Restrictions



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

The 2005 RH law, “Loi n° 2005-18 du 5 août 2005 Relative à la Santé de la Reproduction,” includes a clear declaration allowing all people to access RH services without discrimination, including discrimination based on marital status:

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

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

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

Senegal is placed in the green category for this indicator.

Access to a Full Range of FP Methods



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

The right to a full range of contraceptive options is explicitly outlined in the “Protocoles de Services de Santé de la Reproduction au Sénégal (no date).” The service protocols recognize the unique sexual and reproductive health needs and interests of youth and instruct providers to offer medically-appropriate contraception to adolescents, regardless of age:

En ce qui concerne la planification familiale, les adolescents peuvent utiliser n'importe quelle méthode de contraception et doivent avoir accès à un choix étendu. L'âge ne constitue pas à lui seul une raison médicale permettant de refuser une méthode à une adolescente. Si certaines inquiétudes ont été exprimées concernant l'utilisation de certaines méthodes contraceptives chez l'adolescente (par ex. l'emploi des progestatifs injectables seuls pour les moins de 18 ans), elles doivent être pesées en regard des avantages présentés par le fait d'éviter une grossesse.

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

Although the availability of emergency contraception (EC) is not factored into the categorization of this indicator, EC is also included in the list of available methods in “Protocoles.”

Comprehensive Sexuality Education



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

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

SENEGAL

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

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

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

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

This component, however, is not included as an aim of the previously described sexual health education program. Additional components, such as providing accurate information, linking sexual and reproductive health (SRH) services and other initiatives for young people, providing youth-friendly spaces, and strengthening youth input into SRH programming, are also acknowledged in the “Plan Stratégique,” but often in the context of service delivery rather than CSE.

The “Cadre Stratégique National de Planification Familiale, 2016-2020” includes interventions for the promotion of large-scale communication on birth spacing. In reference to communication to young people, the National Strategy outlines the integration of new family planning protocols into current home economics and life and earth sciences curricula and the support of peer educators within FLE clubs as interventions.

Renforcement de la communication visant les jeunes :

En matière de renforcement de la communication visant les jeunes, la DSRSE mettra l'accent sur des initiatives visant à adapter davantage le dispositif de formation existant en formant les professeurs relais technique (PRT) et les professeurs d'économie familiale sur la PF, en appuyant l'intégration des nouveaux protocoles PF dans les curricula des professeurs d'économie familiale et de Sciences de la Vie et de la Terre en formant les leaders Elèves Animateurs (LEA), les gouvernements scolaires et autres pairs éducateurs sur les techniques de communication. Enfin, le présent plan prévoit de réaliser des investissements substantiels visant à doter les LEA de supports de communication, contractualiser avec les clubs EVF dans les écoles pour la mise en oeuvre d'un paquet d'activités et soutenir la réalisation d'activités périodiques de suivi /coordination.

The “Stratégie Nationale de Financement de la Santé pour Tendre vers la Couverture Sanitaire Universelle, 2017” acknowledges the positive impact that sexual health education can have on informed decisions and RH outcomes, but does not provide further details on the proposed education curriculum.

Senegal’s policies acknowledge CSE broadly but fall short of including all nine essential components together in a clear operational policy for CSE. Senegal has a promising policy environment for CSE, but until these policies are revised, the country will remain in the yellow category.

Youth-Friendly FP Service Provision



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

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

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

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

Additionally, the “Plan Stratégique” outlines the necessary criteria for YF services in line with the World Health Organization’s Quality of Care framework for adolescent service provision, including that services must be accessible (and affordable), acceptable, equitable, effective (and without any value judgments), appropriate, efficient, and comprehensive:

Ces services doivent être :

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

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

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

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

Les protocoles définis doivent être respectés pour les différents services. Cependant du fait de la spécificité et de la vulnérabilité de cette cible, une attention particulière doit être apportée aux droits à l'information, à l'accès, à l'intimité et à la dignité de ces adolescent(e)s et jeunes.

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

Enabling Social Environment



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

- Address gender norms.
- Build community support.

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

[Bâtir] une campagne participative pour les jeunes.

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

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

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

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

The “Plan Stratégique” also discusses how gender will be addressed in youth reproductive health programs:

6.4.2.1 Sur le plan social et organisationnel

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

- *Prise en compte des questions de Genre*

La dimension genre sera prise en compte dans l'élaboration des projets et programmes de SRAJ ainsi que dans l'éducation et la formation des adolescent(e)s/jeunes. Dans le cadre de l'éducation de ces derniers, les questions de genre et les conséquences néfastes de la violence basée sur le genre seront abordées afin que toute forme de violence soit prévenue.

Les jeunes seront informés et sensibilisés sur les Droits Humains (le genre faisant partie intégrante des questions de droit de l'homme).

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

SINDH (PAKISTAN)



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

POLICY DOCUMENTS REVIEWED

- Pakistan National Population Policy, 2002.
- Manual of National Standards for Family Planning, 2009.
- National Program for Family Planning and Primary Health Care, “The Lady Health Workers Programme,” 2010-2015.
- Sindh Health Sector Strategy, 2012-2020.
- Reproductive and Healthcare Rights Act, 2013 (national policy).
- Costed Implementation Plan on Family Planning for Sindh, 2015.
- National Vision for Coordinated Priority Actions to Address Challenges of Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition, 2016-2025.
- Sindh Population Policy, 2016.
- Sindh Youth Policy, 2018.
- Manual of Standards for Family Planning Services, Sindh: Revised, 2017.

POLICY DOCUMENTS THAT COULD NOT BE ACCESSED:

- Sindh Reproductive Healthcare Rights Bill, 2019.

POLICY DOCUMENTS IN DRAFT, NOT REVIEWED:

- Pakistan National Population Policy, 2017.

Parental and Spousal Consent



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

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

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

Article 4: Promotion of reproductive healthcare rights:

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

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

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

The “Manual of National Standards for Family Planning, 2009” and the “Manual of Standards for Family Planning Services, Sindh: Revised 2017” include identical guidance to providers on preventing barriers to contraceptive use, including discouragement of requiring spousal consent:

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

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

Provider Authorization



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

The “Manual of National Standards for Family Planning, 2009” and the "Manual of Standards for Family Planning Services, Sindh: Revised 2017" identify unjustified medical barriers, including provider bias:

What Are Unjustified Medical Barriers?

- Practices derived (at least partly) from a medical rationale.
- Non-evidence-based barriers that result in denial of contraception.
- Eligibility restrictions, based on providers' limitations/personal biases.

These policies urge providers to follow the medical eligibility criteria to discern eligibility for contraceptive services. Sindh is placed in the green category for this indicator.

Age Restrictions



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

The “Costed Implementation Plan on Family Planning for Sindh, 2015” includes the “Family Planning 2020: Rights and Empowerment Principles of Family Planning” as an annex to the document. This list states that age and marital status should not determine access to family planning services:

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

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

Marital Status Restrictions



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

Sindh policy documents are contradictory regarding the right to access FP services regardless of marital status. The “Costed Implementation Plan on Family Planning for Sindh, 2015” references the right of all women, regardless of marital status, to access family planning (FP) information and services, , as does the “Manual of Standards for Family Planning Services, Sindh: Revised 2017”:

Right to Access: All individuals in the community have a right to receive services from FP programmes, regardless of their social status, economic situation, religion, political belief, ethnic origin, marital status, geographical location, or any other group identity.

However, the “Sindh Population Policy, 2016” narrows the scope of access to FP services to married young people:

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

The latter policy references sociocultural beliefs surrounding young people’s reproductive health behaviors as justification for the focus on married youth. As such, the “Sindh Population Policy, 2016” overlooks the FP needs of unmarried youth, creating a barrier to access to services. Further, the “Manual of Standards for Family Planning Services, Sindh: Revised 2017” contradicts its own language on marital status cited above by stating:

Adolescents who are married need access to safe and effective contraception.

Because of the language limiting the perceived need for contraception to married youth, Sindh province is placed in the red category for this indicator.

Access to a Full Range of FP Methods



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

The “Manual of National Standards for Family Planning, 2009” and the “Manual of Standards for Family Planning Services, Sindh: Revised 2017” discuss the special contraceptive and counseling needs of adolescents, ultimately encouraging providers to offer a full range of methods to youth:

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

These policies align with the World Health Organization’s medical eligibility criteria and classify all short- and long-acting reversible methods as “use method in any circumstance” or “generally use method” for post-menarche women under age 18 and nulliparous women. The province is placed in the green category for this indicator.

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

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

Comprehensive Sexuality Education



Policy promotes abstinence-only education OR discourages sexuality education.

The “National Vision for Coordinated Priority Actions to Address Challenges of Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition, 2016-2025” acknowledges the role that the national government can play in overseeing integration of reproductive health and family planning across sectors. The “National Vision” includes sexuality education for adolescents as one of the measures the Ministry of Health can support:

Focus on sexual & reproductive health education among adolescents, both boys and girls in school and out of school, is an important step that needs to be taken in a culturally sensitive manner.

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

Similar move would be initiated to support education of adolescents as their reproductive health issues are significant in urban and rural areas. However, this will be approached within the acceptable socio-cultural framework of the province and in conducive settings. As such, the Policy endorses that

adolescents and youth may be equipped with knowledge about healthy and happy marital life leading to responsible parenthood.

Additional activities support educating older youth regarding life skills. Sindh addresses FP education for youth at the university level under Activity 5.4.1 of the “Costed Implementation Plan on Family Planning for Sindh, 2015”:

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

Although this policy recognizes the provision of sexuality education, the scope is limited to college-age students.

The "Sindh Youth Policy, 2018" indicates support for access to RH information:

Strategic objective 2.2.: Youth Population and Health for a Better Youth Future

Short-term and Mid-term Strategies:...

1. c) *Promotion of adolescence and youth health rights through establishing a “Youth Helpline” for counseling of adolescents on their health and reproductive issues; undertaking education and communication activities in reproductive rights at the school level with cultural sensitivities of the regions in view; increasing medical health awareness and literacy of youth especially on the issues of drug use, tobacco use, aids, hepatitis, sexually transmitted diseases, etc.; portrayal of equality of boys and girls through all public messages and curricula, and initiating life-skill programmes for children and youth; ...*

While some policies support youth access to information, other policies limit CSE to married couples and focus on an abstinence-only educational approach, limiting the ability of youth to make positive SRH decisions. Sindh is placed in the red category for this indicator.

Youth-Friendly FP Service Provision



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

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

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

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

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

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

The “Manual of Standards for Family Planning Services, Sindh: Revised 2017” defines YF services and provides a checklist for facility observation that includes whether services are free or affordable to young people and whether several provisions to ensure privacy and confidentiality are in place.

The “Costed Implementation Plan on Family Planning for Sindh, 2015” identifies youth as a vulnerable segment of the population and acknowledges that strategies to reach this group include comprehensive and nonjudgmental contraceptive counseling and service provision. The Plan includes activities to train health providers in YF service provision:

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

Although a copy of the “Sindh Reproductive Healthcare Rights Bill, 2019” could not be obtained, the bill is reported to include language guaranteeing privacy during the provision of RH services and ensuring the confidentiality of personal information.

Because these policies emphasize youth-friendly FP services and include the three service-delivery elements of the HIPs recommendations—cost, privacy and confidentiality, and provider training—Sindh is placed in the green category for this indicator.

Enabling Social Environment



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

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



SINDH (PAKISTAN)

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

However, additional guidance on how this activity will be implemented, as well as discussion of approaches to address gender norms, are missing, placing the province in the yellow category for this indicator.

TANZANIA



A photograph showing four young women standing outside a simple, light-colored mud-brick building with a doorway and a window. They are dressed in colorful traditional clothing. One woman in a red shirt and orange skirt stands prominently in the center. Another woman in a green patterned skirt is on the right, holding hands with someone whose arm is partially visible on the far right. A blue cloth is draped over the left side of the frame. The scene suggests a rural or semi-rural setting in Tanzania.

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

POLICY DOCUMENTS REVIEWED

- Guidelines for Implementing HIV/AIDS/STDs and Life Skills Education in Schools and Teachers' Colleges, Version 2, 2002.
- National Health Policy, 2003.
- National Standards for Adolescent Friendly Reproductive Health Services, 2004.
- National Family Planning Guidelines and Standards, 2013.
- Health Sector Strategic Plan IV, 2015-2020.
- National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn, and Child Deaths in Tanzania, 2016-2020 (One Plan II).
- National Adolescent Health and Development Strategy, 2018-2022.
- National Family Planning Costed Implementation Plan, 2019-2023.

POLICY DOCUMENTS IN DRAFT, NOT REVIEWED

:

- National Health Policy, 2018.

Parental and Spousal Consent



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

The right of young people and adolescents to freely access family planning services without requiring consent from a parent or spouse is situated prominently in the Tanzania “National Family Planning Guidelines and Standards, 2013”:

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

Given this clear declaration protecting youth autonomy in sexual and reproductive health decisionmaking, Tanzania is placed in the green category for this indicator.

Provider Authorization



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

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

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

The service providers exhibits the following characteristics:

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

The recent “National Adolescent Health and Development Strategy, 2018-2022” highlights provider bias and attitude as key barriers to youth access to family planning (FP) services, defining adolescent-friendly services as those that include:

Providers who are non-judgmental and considerate, easy to relate to and trustworthy [...] provide information and support to enable each adolescent to make the right free choices for his or her unique needs.

The much earlier “National Standards for Adolescent Friendly Reproductive Health Services, 2004” affirm the rights of youth to access FP services and providers’ obligation to adhere to youth rights:

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

Taken together, these statements supporting youth access to sexual and reproductive health services free from provider judgment or bias indicate a supportive and favorable policy environment. Therefore, Tanzania is placed in the green category for this indicator.

Age Restrictions



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

The “National Standards for Adolescent Friendly Reproductive Health Services, 2004” makes a clear age-based statement protecting the rights of youth to access FP services:

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

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

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

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

Marital Status Restrictions



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

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

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

Tanzania's policy clearly recognizes married and unmarried youth's right to FP services and is therefore placed in the green category for this indicator.

Access to a Full Range of FP Methods



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

The “National Family Planning Guidelines and Standards, 2013” affirm the right of young people to access a full range of FP methods. The “National Standards for Adolescent Friendly Reproductive Health Services, 2004” further direct providers to offer FP services in accordance with the WHO medical eligibility criteria:

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

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

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

Comprehensive Sexuality Education



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

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

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

These guidelines were developed in 2002, prior to the publication of international guidance on CSE. This framing is not comprehensive and limits the provision of information on sexuality, safe sexual behaviors, SRH care, and gender.

Newer policies implicitly acknowledge the limitations of the current policy environment for CSE. The “National Adolescent Health and Development Strategy, 2018-2022,” which replaces the previous National Adolescent Reproductive Health Strategy, recommends:

Promote a comprehensive curriculum which makes sexual and reproductive health, nutrition, life skills and empowerment compulsory topics to be included in secondary school and non-formal education packages.

The “National Family Planning Costed Implementation Plan, 2019-2023” supports the adoption of policies that improve youth access to contraceptive information and services and integrates a CSE program into the national curriculum:

Output EE 4: Policies supporting young people’s access to contraceptive information and services adopted and implemented.

Activity 1: Include strong, evidence-based FP content into Comprehensive Sexuality Education (CSE), currently integrated in national school-based curricula for primary and secondary schools.

While the costed implementation plan activity includes sub-activities detailing the necessary steps for the adoption of a new CSE curriculum, including stakeholder workshops and costing for drafting, revision, and dissemination of the policy, it does not include guidelines that are fully aligned with the UNFPA essential components. To improve upon existing guidelines, the Ministry of Education and Culture should consider including the nine essential components for CSE in any future curricula revisions. Tanzania is placed in the yellow category for this indicator.

Youth-Friendly FP Service Provision



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

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

The “National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child, and Adolescent Health in Tanzania 2016-2020 (One Plan II)” prioritizes adolescent and youth-friendly FP services, setting a target to increase the proportion of adolescent and YF health services from 30 percent to 80 percent by 2020. The “National Family Planning Costed Implementation Plan, 2019-2023” includes provider training and ensures confidentiality and privacy within its activities to improve availability and access to quality YF services:

OUTPUT SD4: Number of facilities offering quality youth-friendly services according to established national youth-friendly service standards increased

Reflecting strategic priority 4, activities in this output focus on improving services for young people at both the facility and community levels. First, an assessment will be conducted with youth of different profiles (e.g., different age groups, married versus unmarried, in- versus out-of-school) to collect information regarding barriers they face in accessing contraceptive services. Findings will be shared with CHMTs and facility managers as part of advocacy to prioritise funding for structural changes, including infrastructure improvements to ensure privacy and confidentiality, changes in hours of service, and signage to publicise facilities that have undertaken efforts to become adolescent-friendly. Facilities will be identified for improvement and for training needs via routine supervision. In collaboration with the Adolescent and Reproductive Health Unit, at least one trainer per region will be trained in YFCS [youth-friendly contraceptive services]. At least two providers per facility across the country will be trained to offer contraceptive services to youth without bias or barriers; these trainings will also include private facilities or pharmacies and ADDOs that youth are likely to frequent. In addition, operators of the youth-focused toll-free help line will also be trained in YFCS. In addition to showing visible signs that identify them as meeting requirements for YFCS, facilities will be included in a YFCS directory that can be disseminated through FP stakeholder meetings, trainings, and zonal meetings and through the toll-free help line. Efforts will also be made to reach young people with services outside of facilities, including outreach from facilities to places where youth gather frequently (e.g., youth clubs, youth corners). The quality of YFCS offered by both facility- and community-based providers will be assessed during routine supportive supervision visits conducted under Output SD1.

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

All family planning service-delivery points—whether in a facility, community, or outreach setting—should incorporate youth-friendly services, as further described in Section II: Standards. Services are youth-friendly if they have policies and attributes that attract youth to the services, provide a comfortable and

appropriate setting for serving youth, meet the needs of young people, and are able to retain their young clients for follow-up and repeat visits.

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

Together, these policies address each of the three service-delivery core elements identified in the HIPs “Adolescent-Friendly Contraceptive Services” review to improve adolescent and youth uptake of contraception. Therefore, Tanzania is considered to have a supportive and favorable policy environment surrounding service provision and is placed in the green category for this indicator.

Enabling Social Environment



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

- Address gender norms.
- Build community support.

The “National Adolescent Health and Development Strategy, 2018-2022” emphasizes community engagement and efforts to overcome gender norms:

Misinformation among gatekeepers is a potential drawback to adolescents’ access to health services as parents, guardians and local leaders are critical information channels for adolescents... By empowering families and the community in general, demand for adolescent friendly health services can be significantly improved.

Among its top priorities and recommendations, the strategy includes:

Create strong linkages with community groups, community-based organizations [CBOs] and faith-based organizations [FBOs] to promote positive socio-cultural norms.

The “National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn, and Child Deaths in Tanzania, 2016-2020 (One Plan II)” includes several activities to build community support for adolescent and youth sexual and reproductive health (SRH), including:

Activity 5.5: Support utilization of existing community structures (religious leaders, parents, community and government leaders) to reach young people with age-appropriate sexual and reproductive health information and link them to services.

The “National Adolescent Health and Development Strategy, 2018-2022” also notes the importance of gender norms:

TANZANIA

Gender norms have an influence on the health of adolescents, which manifests through discrimination of both male and female adolescents, leading to marginalization... Contradictory gender norms from family and society can shape sexual expectations with implications on engagement in unsafe sexual behaviors.

Gender norms are briefly referenced within the strategy's strategic recommendations, which include a call to raise the minimum age at marriage for women to age 18:

CBOs and FBOs should also address gender norms, roles and relationships that may be harmful... Cash transfer interventions can particularly help adolescent girls take fewer risks in their sexual relationships.

The "National Road Map" outlines several activities related to gender norms, although most focus on strengthening policy language and resource mobilization and target gender-based violence rather than access to contraceptive services.

Tanzania is placed in the green category for this indicator since its strategies not only acknowledges the importance of engaging the community in the provision of family planning (FP) services to youth, but also identifies interventions to build community support for youth-friendly FP services and address gender norms.

TOGO



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

POLICY DOCUMENTS REVIEWED

- Politique Nationale de Jeunesse, 2007.
- Loi n° 2007-017 Portant Code de l'Enfant, 2007.
- Loi n° 2007-005 sur la Santé de la Reproduction, 2007.
- Plan Stratégique pour la Santé des Adolescents et Jeunes au Togo 2008-2012.
- Loi Portant Code de la Santé Publique de la République Togolaise, 2009.
- Protocoles de Santé de la Reproduction; Santé de la Mère, Santé de l'Enfant, Santé des Jeunes et Adolescents(es), Santé des Hommes. TOME I. 2ème Édition, 2009.
- Protocoles de Santé de la Reproduction du Togo; Composantes Communes, Composantes d'Appui. TOME II. 2ème Édition, 2009.
- Politique et Normes en Santé de la Reproduction, Planification Familiale et Infections Sexuellement Transmissibles de Togo, 2009.
- Standards de Services de Santé Adaptés aux Adolescents et Jeunes de Togo, 2009.
- Politique Nationale de Santé; Loi d'Orientation Décennale, 2010-2015.
- Politique Nationale pour l'Equité et l'Égalité de Genre du Togo, 2011.
- Référentiel des Services de Santé de la Reproduction Adaptés aux Adolescents et aux Jeunes en Milieux Scolaires, Universitaires et Extrascolaires, 2014.
- Programme National de Lutte Contre les Grossesses et Mariages chez les Adolescents en Milieu Scolaire et Extrascolaire au Togo, 2015-2019.
- Plan National de Développement Sanitaire, 2017-2022.
- Plan d'Action National Budgétisé de Planification Familiale du Togo, 2017-2022..

POLICY DOCUMENTS IN DRAFT, NOT REVIEWED:

- Politique Nationale de la Jeunesse, 2019.

POLICY DOCUMENTS THAT COULD NOT BE LOCATED:

- Plan d'Action pour le Passage à Grande Echelle de la Distribution à Base Communautaire des Produits Contraceptifs y Compris les Injectables, 2017-2018.

Parental and Spousal Consent



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

Togo's policy environment does not explicitly prohibit parental or spousal consent. Togo is placed in the gray category for this indicator.

Provider Authorization



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

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

Comment les adolescents et jeunes aimeraient être traités?

- *Les acceptez tels qu’ils sont, ne pas leur faire de la morale et ne pas les démoraliser...*
- *Ne pas les juger.*

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

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

Age Restrictions



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

The “Loi n° 2007-005 Sur la Santé de la Reproduction, 2007” states that RH services should be available to all individuals regardless of age or marital status and further guarantees adolescents’ right to RH without discrimination:

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

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

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

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

Togo is placed in the green category for this indicator.

Marital Status Restrictions



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

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

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

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

Résultat d'effet 3.1

Un plus grand nombre d'adolescentes utilisent de services contraceptifs.

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

Togo is placed in the green category for this indicator because its policy environment protects youth access to family planning regardless of marital status.

Access to a Full Range of FP Methods



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

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

Appliquer la conduite à tenir: « convient à ou ne convient pas à » en tenant compte des caractéristiques de l'adolescent et de son choix

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

The “Plan d’Action National Budgétisé de Planification Familiale, 2017-2022” includes as one of its main objectives offering a varied and complete range of contraceptive methods, with a focus on youth:

Objectif 2: Garantir l’offre et l’accès à des services de PF de qualité en renforçant la capacité des prestataires publics, privés et communautaires et en ciblant les jeunes dans les zones rurales et les

zones enclavées par le biais de l'élargissement de la gamme des méthodes, y compris la mise à l'échelle des MLDA, la PFPP et l'amélioration des services destinés aux jeunes.

While some Togolese policies support youth access to a full range of methods, the existence of the 2009 “Protocoles de Santé de la Réproduction” restricting the provision of LARCs to youth places Togo in the red category. Future protocols for provider provision of LARCs for adolescents should be updated based on the most recent WHO medical eligibility criteria for contraceptive use.

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

Comprehensive Sexuality Education



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

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

1. *Le droit de tout enfant d'avoir des informations sur la santé de la reproduction.*

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

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

The “Plan National de Développement Sanitaire du Togo, 2017-2022” lists CSE and information, advice, and services for SRH, including commodities, as priority interventions for adolescent health and development.

Orientation stratégiques : Promotion de la santé et le développement de l'adolescent

Renforcement du cadre de concertation intersectoriel en matière de promotion de la santé des adolescents ; ...

- *Éducation sexuelle complète ;*
- *Informations, conseil et services pour une santé sexuelle et génésique complète, contraception incluse ;*

The “Plan d’Action Budgétisé de la Planification Familiale au Togo, 2017-2022” includes activities to reach youth in formal and informal settings, which is one of the essential components of CSE:

CD2-A4. Harmonisation des curricula d'enseignement sur l'éducation sexuelle complète dans les systèmes éducatifs (formel et informel)

Actualiser les connaissances sur la SRAJ dans les écoles grâce aux nouveaux modules d'éducation sexuelle complète dans les curricula de formation. Des enseignants expérimentés seront formés pour être des formateurs. Ils animeront ensuite des sessions de formation des formateurs chaque année. Ces derniers assureront l'éducation sexuelle complète des adolescents et jeunes.

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

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

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

Résultats d'effet 2.2 : La qualité et la couverture de l'éducation sexuelle complète sont renforcées dans les établissements scolaires, dans les centres de formations professionnelles et pour les portefaix, les domestiques et les serveuses dans les bars

As part of its gender approach, the “Politique et Normes en Santé de la Reproduction, Planification Familiale et Infections Sexuellement Transmissibles de Togo, 2009” includes a plan to incorporate gender into population education for youth, another of the essential components of CSE:

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

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

Youth-Friendly FP Service Provision



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

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

The “Protocoles de Santé de la Reproduction; Santé de la Mère, Santé de l’Enfant, Santé des Jeunes et Adolescents(es), Santé des Hommes. TOME I. 2ème Édition, 2009” describe the necessary characteristics of provider interactions with adolescents, such as respecting their moral principles, establishing a climate of trust, and ensuring confidentiality:

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

The “Plan d’Action Budgétisé de la Planification Familiale au Togo, 2017-2022” includes plans to train providers in youth-friendly FP service provision and specifically targets removing the obstacle of negative provider attitudes:

OA1-A12. Mise en place des services de SR/PF adaptés aux jeunes et les adolescents, indépendamment de leur statut et lieu de résidence

Sur la base du diagnostic de la PF au niveau des jeunes, il s’agit de mieux intégrer les spécificités des adolescents (es) et jeunes à travers des interventions mieux adaptées à leurs besoins en matière de contraception, qu'il s'agisse des jeunes scolarisés ou non scolarisés, du milieu rural ou urbain. Ceci nécessite le renforcement de la capacité des prestataires, le renforcement des lignes vertes intégrant le volet PF et accessibles aux adolescents (es) et jeunes ainsi que la promotion d’activités intégrées de PF, de lutte contre le VIH et le sida voire de prise en charge des IST chez les jeunes...

OA2-A5. Renforcement des capacités des prestataires des FS en offre de services conviviaux et adaptés de SRAJ y compris la contraception

Renforcer les capacités des prestataires de 10% des FS publiques (soit 77 FS sur 768 FS offrant la PF) par an dans le domaine de l’offre des services de PF adaptés aux adolescents et jeunes. Ceci permettra de lever l’obstacle lié à l’attitude inappropriée des prestataires face aux adolescents et jeunes qui se présentent dans les centres de santé pour adopter les méthodes de PF. Elle sera réalisée à travers la formation, l’aménagement des structures de soins, la supervision et le suivi des prestations.

The "Plan d’Action" aims to offer free FP services during national family planning weeks and youth days at health facilities. The “Standards de Services de Santé Adaptés aux Adolescents et Jeunes de Togo, 2009” aim to improve the financial accessibility of YF services, and the “Programme National de Lutte Contre les Grossesses et Mariages chez les Adolescents en Milieux Scolaire et Extrascolaire au Togo, 2015-2019” includes an activity to pilot a contraceptive subsidy program for adolescents. The most recent “Plan National de Développement Sanitaire du Togo, 2017-2022” includes the development of FP services specific to young people and adolescents as a priority intervention.

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

Enabling Social Environment



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

- Address gender norms.
- Build community support.

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

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

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

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

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

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

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

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

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

UGANDA



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

POLICY DOCUMENTS REVIEWED

- National Policy Guidelines and Service Standards for Reproductive Health Services, 2001.
- National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights, 2006.
- Health Sector Strategic Plan III, 2010/11-2014/15.
- National Adolescent Health Strategy, 2011-2015.
- Adolescent Health Policy Guidelines and Service Standards, 2012.
- National Condom Programming Strategy, 2013-2015.
- National Strategy for Girls' Education in Uganda, 2015-2019.
- Health Sector Development Plan, 2015-2020.
- Uganda Family Planning Costed Implementation Plan, 2015-2020.
- Uganda Clinical Guidelines 2016: National Guidelines for Management of Common Conditions.
- National Sexuality Education Framework, 2018.
- Uganda National Multi-Sectoral Coordination Framework for Adolescent Girls, 2018-2022.

POLICY DOCUMENTS IN DRAFT, NOT REVIEWED

:

- National Sexual and Reproductive Health Policy.
- National Adolescent Health Policy.

Parental and Spousal Consent



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

Uganda's policy environment supports youth access to family planning (FP) services without authorization by a third party. The "National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights, 2006" explicitly affirm the right of all people, including youth, to access FP services without parental or spousal consent:

No verbal or written consent is required from parent, guardian or spouse before a client can be given family planning service except in cases of incapacitation (intellectual disability). Clients should give written consent to long-term and permanent family planning methods.

Uganda is placed in the green category for this indicator.

Provider Authorization



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

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

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

The medical eligibility criteria for contraception in Uganda specify that youth are eligible for short-term methods and long-acting and reversible contraceptives. This provides a promising policy environment for provider authorization of youth FP services, but it would be strengthened with explicit guidance to providers to withhold personal judgment when offering these services. Uganda is placed in the yellow category for this indicator.

Age Restrictions



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

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

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

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

Marital Status Restrictions



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

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

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

While inclusive of all people, the policy does not explicitly recognize marital status as a criterion for provision or refusal of FP services. Providers and clients may differentially interpret this statement, potentially creating a barrier for youth desiring access to contraception. To strengthen the eligibility criteria, the guidelines eligibility statement should specifically recognize segmented parts of the population, such as married and unmarried youth. Because no policy exists addressing marital status in access to FP services, Uganda is placed in the gray category.

Access to a Full Range of FP Methods



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

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

All sexually active males and females in need of contraception are eligible for family planning services provided that:

They have been educated and counseled on all available family-planning methods and choices;

Attention has been paid to their current medical, obstetric contra-indications and personal preferences.

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

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

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

Comprehensive Sexuality Education



Policy promotes abstinence-only education or discourages sexuality education.

The “National Sexuality Education Framework, 2018” aims to streamline the delivery of sexuality instruction in formal education settings by providing young people with “age-appropriate values and skills-based information about their sexuality in accordance with Uganda’s national, religious, and cultural values.”

The framework promotes sexual abstinence outside of marriage and restricts sexual and reproductive health (SRH) information to students, in part due to religious opposition. The document also avoids any discussion of contraceptive use or family planning methods as a way to prevent unwanted pregnancies.

Strategic Priority Policy Goals and Outcomes for NSEF: 3) To promote health behaviors such as sexual abstinence and health-seeking behaviors.

Since the current framework does not include the exact messaging that will be provided in schools, an opportunity exists for the National Curriculum Development Center to elaborate on important SRH information as the associated curriculum, textbooks, and messages are developed. However, the exclusion of critical sexuality education material and promotion of abstinence-only practices in this Framework suggests that the policy environment creates a barrier to youth accessing care. Thus, Uganda is placed in the red category for this indicator.

Youth-Friendly FP Service Provision



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

Youth-friendly (YF) family planning (FP) service provision features prominently across Uganda's policy documents. While none of the policies detail clear action steps aligned with all three service-delivery core elements of adolescent-friendly contraceptive services, each recognizes the need to tailor services to youth.

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

Strengthen adolescent sexual and reproductive health services:

- *Integrate and implement adolescent sexual and reproductive health in school health programmes; and*
- *Increase the number of facilities providing adolescent friendly sexual and reproductive health services.*
- *Strengthen the legal and policy environment to promote delivery of SRH services.*
- *Review SRH and related policies and address institutional barriers to quality SRH services.*
- *Review SRH policies, standards, guidelines and strategies as need arises.*

The "Uganda Family Planning Costed Implementation Plan, 2015-2020" includes a FP service delivery activity targeting youth:

SD9. Youth-friendly services are provided in clinics. To increase the availability of youth-friendly services, youth-friendly corners will be established, and health workers will be trained on youth-friendly services. In addition, FP service delivery hours will be increased to include outside school hours to accommodate youth.

The "Uganda National Multi-Sectoral Coordination Framework for Adolescent Girls, 2018-2022" outlines key interventions to train service providers to offer adolescent-friendly information:

Build capacity of service providers (health workers, teachers, community development officers, welfare officers) and institutions to offer adolescent responsive services including providing age appropriate information to adolescents, parents, caregivers and communities on nutrition, immunization, personal hygiene, general health seeking behavior and relevant pathways for referral.

Both activities mention providing training to providers on YF services but do not reference training providers to withhold personal beliefs, bias, or judgment when offering contraception to youth.

Altogether, the strategies generally address providing youth-friendly FP services to youth but do not sufficiently incorporate all three service-delivery core elements of adolescent-friendly contraceptive services, placing Uganda in a yellow category for this indicator. To bolster the policy environment supporting youth-friendly FP service provision, future guidelines should consider including the remaining service-delivery elements of adolescent-friendly contraceptive provision.

Enabling Social Environment



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

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

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

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

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

The inclusion of a detailed strategic initiative to build community support among youth and adults for youth FP services indicates a promising policy environment, placing Uganda in the yellow category for this indicator. Outlining additional activities to address gender norms would strengthen existing policies in favor of youth access to FP.



© 2020 Population Reference Bureau.
All rights reserved.

POPULATION REFERENCE BUREAU

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

www.prb.org

POPULATION REFERENCE BUREAU

1875 Connecticut Ave., NW
Suite 520
Washington, DC 20009 USA

202 483 1100 [PHONE](#)
202 328 3937 [FAX](#)
popref@prb.org [E-MAIL](#)