CHAMPIONS OF GLOBAL REPRODUCTIVE RIGHTS
pai.org

REPORT

NOVEMBER 3, 2015

The Road Ahead for Young People and Contraception in West Africa

Youth Access in West Africa

By Lou Compernolle

Around the world, 16 million young girls between 15 and 19 give birth every year. Ninety-five percent of these births occur in low- and middle-income countries. In West Africa, the reproductive health indicators are alarming. The region leads with the lowest contraceptive prevalence rate at 13%, the highest unmet need at 28%, the highest total fertility rate at 5.5 children per woman, and the highest neonatal and infant mortality rates.[1,2] West Africa also has the highest proportion of adolescents on the planet and it is young girls who face a particularly high morbidity and mortality burden.

Young people need to have access to information, supplies and services that will allow them to take full control of their sexual lives. This includes being knowledgeable about which contraceptive method is right for them, demanding and being able to access the high quality product of their choice at a suitable venue. Even today, the sexual and reproductive health and family planning needs of adolescents have not been adequately addressed in West Africa, at a huge cost to young people and future generations.[3]

This analysis focuses on the activities and strategies specific to young people's access to contraception outlined in country costed implementation plans (CIPs). It examines how CIPS have or have not allocated funds to ensure access to contraceptives for young people, and if the costed activities are the most effective to achieve national family planning goals. The analysis is a first step and is limited in the sense that it only examines the content of the publically available CIPs neither exploring the level of implementation nor other youth related national plans

Defining Young People

UNFPA, UNICEF, and WHO recognize young people as those between 10 and 24 years old, adolescents between 10 and 19 years old, and youth between 15 and 24 years old. For the Commonwealth, young people are those between the ages of 15 and 29 years old. The African Union and Economic Community of West African States (ECOWAS) define young people as those between the ages of 15 and 35. Our analysis has shown that countries in West Africa use a variety of definitions for young people, adolescents and youth and use the terms interchangeably. As a result, it is not always clear in the country plans which age group is being referred to. Unless otherwise stated, most of the indicators presented here are for adolescents and/or youth, which cumulatively captures the entire range of young people aged 10 to 24.

and policies. The necessary funding will have to be made available to do a more in-depth analysis of other country plans and implementation efforts to support vital advocacy efforts for youth.

The first report of this series examine the CIPs of five countries: Kenya, Tanzania, Uganda, Zambia, and Nigeria.[4] This report examined the CIPS of four West African countries: Burkina Faso, Niger, Togo and Senegal. These four countries were selected because their family planning plans are either nearing their end date, or are going through a mid-term review. This analysis aims to provide entry points for targeted advocacy to help ensure that youth and their needs are adequately addressed in the plans. It concludes with a list of recommendations on integrating youth and adolescents in national plans.

CIPs in West Africa

As countries assess family planning needs and develop strategies to address the challenges that stand in the way of increasing access to and use of family planning, young people's sexual and reproductive health needs have to be taken into account. One potential mechanism to ensure funding for adolescent and youth-specific activities is a country's costed implementation plan (CIP).

Most CIPs were developed in response to FP2020 and Ouagadougou partnership commitments to family planning.[5] CIPs are country-owned and country driven and each country develops their CIP differently. The plans give countries a clear path for addressing their family planning goals; making progress on commitments; and improving contraceptive knowledge and access. CIPs act as a time-bound roadmap that takes broad commitments to family planning and costs them out by program and activity.[6] CIPs provide insight into which areas of family planning a government prioritizes and where resource as well as intervention gaps are present.

CIPs can provide insight into which areas of family planning a government is prioritizing and where resource gaps are present.

How countries prioritize young people in their CIPs is an important marker for what adolescent and youth family planning services will look like over the next several years. If a country has a large adolescent and youth population that lacks access to contraceptive services, but has not outlined goals for increasing young people's access in their CIP, advocates can use this data to push governments to ensure all citizens have equal rights and access.

Compounding Factors in West Africa

Youth in West Africa face a unique combination of compounding challenges including stigma, female genital mutilation (FGM), fistula, gender-based violence (GBV) and low status of women among others. Two-thirds of adolescent girls do not attend school in West Africa. These challenges have long-term implications for them as individuals, their families and communities.

In addition, child marriage is common in many countries in West Africa. In Niger for example, over one-third of girls are married by the time they are 15 and more than half of all girls in Burkina Faso are wed before their 18th birthday.[7] Young girls in West Africa have the highest fertility rate on the planet with 130 child births per 1000. This average hides major differences between countries. Niger leads with 192 and Togo closes with 53 child births per 1000.

Rapid population growth aggravates poor health outcomes, as the population in these countries is expected to grow almost three-fold by 2050.[8]

Child marriage is common in many countries in West Africa. In Niger for example, over one third of girls is married by the time they are 15 and more than half of all girls in Burkina Faso are wed before their 18th birthday.

Burkina Faso

In Burkina Faso, the total fertility rate is high at six children per woman and the contraceptive prevalence rate is low at 16% (2010).[10] A UNFPA survey found that 60% of women between 20 and 24 had no education and 42% with primary education were married or in union by 18. The teenage pregnancy rate of girls between the ages of 15 and 18 is 110 per 1000.[11] The population is expected to increase from 17 million in 2014 to 55 million in 2050 if it remains unchecked.[12]

Burkina Faso has played a leadership role in West Africa in promoting family planning. The country hosted the first Ouagadougou Partnership Conference in February 2011, which led to nine Francophone West African leaders prioritizing family planning within their own countries and in the region. Burkina Faso also made firm commitments at the international family planning conference in Dakar in 2011 and at the London Summit on Family Planning in 2012.[13]

In the past decade, Burkina Faso has drafted a number of relevant plans and policies, including a reproductive health law in 2005, a commodity security and reproductive health plan for 2009-2015 and a national health development plan (PNDS) which repositions family planning as a priority for 2011-2020. The "National Plan to Relaunch Family Planning 2013-2015," which serves as Burkina Faso's CIP, was developed to support the commitment to reach a contraceptive prevalence rate among women in union of 25% by 2015. According to the plan, both demographic and health imperatives underscore the need to strengthen family planning.

The national plan underscores the increasing demand for family planning from youth and adolescents in one of the eight highlighted challenges. The plan focuses on four areas: demand creation, availability, access and monitoring and evaluation. Youth are mostly addressed under demand creation, in the section focusing on awareness building for family planning. The plan was costed at 27.5 million dollars.[14] The budget for youth and adolescents amounts to 1.19 million dollars or about 5% of the total budget.

Mass media campaigns have been chosen to build awareness among youth in Burkina Faso's plan. In general, the effectiveness of interventions involving mass media are difficult to measure due to the challenge of differentiating those who have been exposed to the various messages and in what intensity.[15] Systematic reviews conclude that while mass media can clearly influence adolescents' knowledge and attitudes, there is less evidence that these programs consistently and directly influence sexual behavior.[16] They would therefore need to be coupled with other interventions to be effective.

Burkina Faso's plan also calls for the reinvigoration of "education centering on population matters" in the formal and informal education system. According to a source, the content varies widely and tends to include some sexuality education although it is not clear what exactly.[17] A second strategy focuses on the training of nurses employed in the education system to inform and guide youth, but again specifics on the content of this education are lacking. Unfortunately, with only one-quarter of young people finishing secondary school, a very limited percentage of youth will benefit from the above actions.[18]

The last area of focus is strengthening youth centers. Staff will be trained in a "youth sensitive approach" and equipment in the centers will be improved to ensure youth in and out of school are reached. It is unclear, however, what this equipment entails. A review of 18 youth center programs from around the world found that youth centers are ineffective when it comes to changing the sexual and reproductive health behavior of adolescents.[19] The interventions focused on increasing availability and improving service delivery fail to mention youth.

16% low contraceptive prevalence rate (2010)

42% of woman with primary education were married or in union by age 18

60% of married woman aged 20-24 had no education

50% of the population is under the age of 15

In the monitoring and evaluation section, three youth-related process indicators are given that intend to measure the progress of the few activity areas that mention youth in the national family planning plan.

Although youth and adolescents are mentioned in the plan and even highlighted as a priority challenge they hardly receive any attention in the elaboration of the plan. Altogether, Burkina Faso's national plan to relaunch family planning insufficiently addresses youth given the severity of the issues they face.

CIP2015.11

PAI
pai.org

1300 19th Street NW, Suite 200
Washington, DC 20036-1624 USA
PHONE: (202) 557-3400
EMAIL: info@pai.org

Niger

With half the population under 15, and more than one-third of girls wed before their 15th birthday, adolescent fertility rates in Niger are among the highest in the world at 206 per 1000. Additionally, with only two percent of married youth using contraception, and low demand for family planning among married women between 15 and 24, the need to address youth and family planning is acute.[20]

After years of inertia, Niger has placed increasing emphasis on family planning. Apart from making a commitment at the Ouagadougou conference, Niger also made family planning commitments under the Every Woman Every Child Initiative and FP2020. DHS data show that as a result, the national CPR has risen from 5% in 1998 to 18% today.[21,22] Rapid population growth, leading to a doubling of population every 15 years is the main motivation behind Niger's engagement.

The national health development plan (PDS) is the reference document for the national family planning action plan (2012-2020), which serves as Niger's CIP.[23] The PDS singles out reproductive health services and services for adolescents and young people as priority areas, but its elaboration focuses mostly on behavior change.[24] The national family planning action plan, which is up for a midterm review in 2015, aims to reach 50% contraceptive prevalence by 2020 by focusing on three areas: strengthening service provision, demand creation and promoting an enabling environment for family planning. The plan's principal actions mention youth in all three areas but inadequately.[25]

The service provision section states that family planning will be integrated in patient care plans of mothers and children. As girls marry and give birth at such an early age in Niger, interventions focused on addressing mothers and children will also affect them. It is important to note however that young people access health services less than any other age group and need targeted interventions to be reached.[26]

In the demand creation section, communication activities focus on partnering with youth groups but additional information on the aims and expected results of this partnership is missing. The use of modern communication technologies is also mentioned as a means to reach youth and educate them about contraceptives. It must be noted however that energy access in Niger remains challenging, especially in rural areas, with 91% of the population without electricity access.[27] Therefore, communication technology strategies relying on mobile technology for example will most probably not be effective as a sole methodology to inform hard-to-reach populations.[28]

Lastly, the demand creation section describes the yearly promotion of youth family planning education by peer educators in 100 schools. Not only is the number of schools targeted relatively small given Niger's size, secondary school attendance for girls lingers at 10%. Worse, recent studies on effective interventions in adolescent reproductive health have shown peer education to be relatively ineffective.[29] Five meta-analyses of peer education programs implemented in widely different contexts over many years have concluded that while these programs result in information sharing, on their own, they have very limited effects in promoting healthy behaviors and improving health outcomes among target groups.[30]

Under the "promoting an enabling environment for family planning" heading, the national family planning action plan mentions examining the contribution of youth-friendly centers to the availability of family planning to adolescents. Although this exercise was to be undertaken in 2013, the research findings are not accessible. In addition, youth centers have been shown to be ineffective for changing adolescent sexual and reproductive health behaviors.[31]

It is unfortunate but unsurprising that with youth being so weakly addressed in the national family planning plan they do not feature in the expected results. The total budget of the plan amounts to roughly 59 million US dollars, of which less than 1% can be traced back to activities supporting youth, not including general communication campaigns.

50% of the population is under the age of 15

+1/3 of girls are wed before their 15th birthday

10% of girls attend secondary school

50% contraceptive prevalence goal by 2020

Senegal

Senegal's population faces a multitude of sexual and reproductive health challenges. The contraceptive prevalence rate among women is low at 13% and worse for young women in union at 5%.[32] One-third of girls between 15 and 19 are married, and while Senegal has a high adolescent fertility rate of 88 per 1000, only 2% of young women between 15 and 19 have been visited by a field agent to discuss family planning.

Almost half of all clients who use public sector family planning services indicate that they are not treated well by the service providers and for young women the stigma is worse. The population depends heavily on the public sector to access contraceptive supplies as pharmacists cannot deliver or prescribe methods and private clinics are not allowed to stock contraceptives.

Senegal's awareness of and response to the multitude of challenges has continued to improve over time. While the Senegalese multi-sectoral roadmap (2006- 2015) (focused on reducing maternal, neonatal and child mortality) gave some attention to family planning, it completely ignored youth.[33] A few years later, both family planning and youth featured in the national health and social development plan (PNDS 2008-2015).[34] In 2012, the government doubled its budget for contraceptives and announced a national family planning action plan (PANPF 2012-2015) with the ambitious aim of boosting the country's contraceptive prevalence rate from 12 to 27 percent by the end of 2015.[35] This document serves as Senegal's CIP.

The plan, with an objective to ensure "equal access to family planning services to all women of Senegal," stems from an analysis of national challenges. The plan is divided into six strategic domains: communication, advocacy, product availability, community-based services, strengthening the private sector, and enhancing public services. Only two of the six domains explicitly mention youth, namely communication and enhancing public services. The former focuses on the implementation of a major communications plan targeting the specific populations, especially men and youth. The latter looks at improving availability, and singles out youth among other targets.

Within the communications section, a variety of activities are proposed including behavioral research to better understand the target groups and the causes behind non-adoption and discontinuation. A mass campaign, using innovative approaches, is the second area with a focus on youth coupled with "interpersonal communication" activities to increase their effectiveness and address stigmatization. Youth centers are to be strengthened and booklets disseminated in secondary schools and universities. A mobile text campaign will be launched and social networks will be put to use.

Whether this combination of interventions is effective can be called into question for several reasons. First, youth centers have been shown to be ineffective for adolescents in changing their sexual and reproductive health behavior.[36] More than half of Senegal's population, and much more in rural areas do not have reliable access to electricity and therefore use of multi-media and text messages will only reach a limited proportion of young people.[37] Lastly, more than two-thirds of girls are not enrolled in secondary school, and only 6% of young women are enrolled in tertiary education.[38] It is worth noting that in the advocacy segment of the communication section, youth are not mentioned once, other than with reference to the necessity of working with the ministry of youth.

Within the enhanced public services section, the quality of services and counseling is emphasized, while also ensuring the availability of supplies and consumables. Special attention is given to ensuring youth access to family planning services, ensuring privacy, confidentiality and tailored services. While this is laudable, nothing is mentioned about the timeframe or the expected cost in any part of the plan, casting doubts on the likelihood of these interventions being implemented.

The PANPF also scopes out the intended activities in the 14 districts. Within this group, the Kolda district, which has the highest youth marriage rate, is the only one that mentions youth once.

Although youth are highlighted as a priority in the plan, they do not figure adequately in the elaboration or costing. The plan focuses mostly on communication, but unless product availability and service-related issues are addressed, it is unlikely that these actions will lead to the intended results and effect the anticipated change. It is noteworthy that under the monitoring and evaluation section of the plan, youth do not feature and youth indicators are lacking.

The total budget of Senegal's plan amounts to roughly 28 million US dollars. In the budget youth are not prioritized and are only ascribed a specific budget within the communications section. In this section youth only receive 200,000 US dollars. This is meager compared to the one million US dollars earmarked for the campaign aimed at men for example. It also represents a mere 5% of the total communications budget. Youth do not feature in the remainder of PANPF budget.

CIP2015.11

PAI
pai.org

1300 19th Street NW, Suite 200
Washington, DC 20036-1624 USA
PHONE: (202) 557-3400
EMAIL: info@pai.org

Togo

Togo has the best indicators in West Africa for adolescent and youth reproductive health. With 6% of girls married by the age of 15, child marriage is the lowest in the region. On average, one out of four girls is married before her 18th birthday. 44% of women aged 20-24 have no education and 29% with primary education were married or in union at the age of 18.[39] Half of all young women have their first child before they are 19. The teenage pregnancy rate is high at 92 per 1000 births.

Several documents and policies support Togo's repositioning family planning action plan (2013-2017) which acts as the country's CIP. A reproductive health law has existed since 2007. A strategic plan supporting reproductive health commodity security was developed for the period between 2008 and 2012 and the national health development plan considers family planning a priority (PNDS 2012-2015).

6% of girls are married by the age of 15

50% of all young women have their child before the age of 19

In addition, Togo committed to family planning at both the Ouagadougou conference on family planning and the London Summit on Family Planning.

Togo has one of the few plans that relies firmly on an established evidence base, as well as the identification and diagnosis of national challenges. The budget dedicated to youth is around 1.2 million US dollars. This is roughly equal to eight percent of the total budget of approximately 15 million US dollars over a three-year period.

Weak involvement of adolescents and youth is highlighted as one of ten key challenges. The diagnosis of youth and adolescent-related challenges focuses mostly on issues related to the acceptability of their use of family planning services and the lack of influence youth have over decisions that concern their lives. The service provision section underlines that in addition to access challenges for the population as a whole, family planning services are especially not tailored to the needs of adolescents and youth.

The first objective of the national plan is to reduce maternal and neonatal mortality by strengthening family planning. The second objective emphasizes that family planning will contribute to a slowing of population growth which will allow the country to develop.[40] Togo's plan focuses on four principal areas: increasing demand, improving access and service availability, creating an enabling environment and improving the coordination of the family planning program.

Within the demand creation section, adolescents and youth are addressed in the "innovative communication strategies for youth in and out of school". This strategy focuses on using novel information and communication technologies to build awareness among youth in schools, extending comprehensive sexuality education in primary and secondary schools. It also prioritizes basic teacher training schools, developing radio and televisions spots targeting in- and out-of-school youth and creating synergies with vocational associations on questions relating to reproductive health targeting youth from the informal sector and rural areas.

Togo is the only country where communication activities target the wide spectrum of youth and adolescents, at all ages as well as young people in and out of schools. While it is positive that the wide spectrum of youth is targeted, the methodology chosen nevertheless risks being ineffective. 80% of Togo's population still does not have access to electricity.[41] Awareness and demand creation will also remain insufficient as long as stigma and accessibility are not addressed.

Within the improving access and service provision for family planning section, interventions focus on improving the quality of family planning services for youth and adolescents. This will be achieved by strengthening the capacity of 25% of service providers to offer family planning services that meet the needs of adolescents and young people. The interventions focus on telephone support lines to respond to the questions and concerns of young people about sexual and reproductive health. Lastly, the plan extends the integrated family planning package activities in five districts per year. In the monitoring and evaluation section there is one youth related indicator: the number of structures (NGOs/ youth clubs, colleges) that are involved as partners in the programming and the implementation of awareness building activities related to reproductive health and HIV/AIDS.

Although Togo's family plan builds on solid evidence and addresses youth in the demand creation and service delivery sections of its plan, not enough detail is included to determine whether what is proposed will be effective or merely piecemeal.

Overall Conclusion

Given the sexual and reproductive health indicators on child marriage, teen pregnancy, contraceptive prevalence, unmet need and girls' education, any national plan on family planning should focus firmly on youth. The analysis of the costed family planning implementation plans of Burkina Faso, Niger, Senegal and Togo however, show that youth are not adequately addressed given the acuteness of the challenges these countries are facing. Maternal and neonatal health and demographic concerns form the basis of key objectives in all plans, but unless youth are adequately addressed, these objectives will not be achieved.

Rapidly growing populations characteristically have a large proportion of pre-reproductive and reproductive people. Youth in 2013 already made up one third of the total population and in the decades to come will continue to increase.[42] This will not only increase stresses on existing scarce resources but also increase the demand for family planning information, services and supplies tailored to youth.

In the analyzed CIPs , youth are mostly mentioned under demand creation and communication-related activities. Unless a holistic approach—which is costed and implemented to address this complex issue—is developed, these interventions run the risk of being piecemeal and ineffective. A holistic approach needs to address increasing awareness, demand creation, service provision and access. It also needs to tackle cultural barriers and social norms that perpetuate stigma. Youth need to be mainstreamed throughout these documents if they are to receive appropriate attention.

Multimedia campaigns are popular in all four plans but a reality check is required. Access to energy is a major issue for the population in the four countries analyzed. Access to reliable energy ranges from 58% Senegal to 80% in Togo and from 90% in Burkina Faso to 91% in Niger, and the percentages are worse in rural areas.[43] The analyzed plans focus mostly on in-school, and urban youth and not on the majority who live in rural areas and who remain hard to reach. There is also a gender gap in mobile phone use in developing countries, with the male population being most connected, which makes these strategies inadequate for women and girls in particular.[44]

With a limited amount of resources available, youth-related interventions should be chosen for their effectiveness and be based on strong evidence. Most of the suggested interventions however—including youth centers, peer education and mass communication campaigns—have proven ineffective in changing adolescent sexual and reproductive health behavior.[45] Approaches that are effective when well implemented such as comprehensive sexuality education and youth-friendly services, and other complementary approaches are either not addressed or inadequately addressed with only certain components expanded upon.

Studies have shown that delaying adolescent births could significantly improve the health of adolescents in addition to lowering population growth rates—potentially generating broad economic and social benefits. [46] When considering delaying adolescent births, indirect programmatic approaches should also be taken into consideration. As the analysis has shown, education is heavily associated with lowering the prevalence of child marriage and teenage pregnancy rates. Keeping girls in school and increasing the age of marriage have positive effects on youth sexual and reproductive health.

Notably, Niger, Togo and Senegal focus on men in their plans, but young men are not mentioned specifically. Men's sexual choices and behaviors can affect their reproductive health as well as that of their partners. The successful experiences of programs in a number of countries demonstrate that men are willing to take action to protect reproductive health when given access to information and services.[47]

Despite youth comprising at least 30% of the population, across all plans, a maximum of eight percent of the family planning budget is budgeted towards youth (Togo). Unless sufficient funding is set aside, it will be impossible to achieve the ambitious goals countries have committed to. The same can be said for monitoring and evaluating progress. As long as strong adolescent and youth indicators are absent, it will be impossible to measure any real progress.

Unfortunately, important supporting documents including national health development plans and national youth plans fall short when it comes to family planning and youth, and further research is needed to pinpoint gaps. The weak presence of youth issues in existing national plans and policies calls for a strong youth advocacy strategy with the aim of strengthening the overall supportive framework for youth.

Strong monitoring of plans and commitments are also key to ensuring engagements are followed through. Assessing the performance of adolescent and youth programs is complex and strong youth indicators by gender that measure impact are a crucial step.[48]

PAI
pai.org

1300 19th Street NW, Suite 200
Washington, DC 20036-1624 USA
PHONE: (202) 557-3400
EMAIL: info@pai.org

Recommendations

1. Include youth in the drafting and follow-up of CIPs.

Youth should be empowered to be involved in the creation, coordination and implementation and revision of relevant national plans.

2. Mainstream youth.

The CIPs need to incorporate targeted youth interventions in capacity building, financial support and advocacy sections to address youth issues in an integrated manner at all levels.

3. Build a strong evidence-base.

A strong evidence base should be the foundation for any youth-related intervention. Where the evidence base does not exist, efforts should be made to create it. Mechanisms for learning should be put in place to ensure best practices and results are shared regionally.

4. Use interventions that have proven to be effective.

Research has shown that for youth interventions to be effective, they need to be comprehensive. Therefore, holistic national youth sexual and reproductive health strategies are needed. Comprehensive strategies need to look at issues of demand, access, staff, service provision, education, and communication. Communication on its own will not lead to the awaited results.

5. Focus on the most vulnerable and hard-to-reach youth.

Vulnerable youth, for example those living in hard-to-reach rural areas, and those not in school, should not be left behind. Girls' vulnerability is also more acute because of their low status in society, lack of access to media, and stigma. To really address stigma, the entire community needs to be involved.

6. Take a holistic approach including the broader policy and regulatory environment.

CIPs do not exist in a vacuum. Mutually supportive plans (including national youth, education and development plans) also need to have a strong youth component. The supportive policy and regulatory environment is equally important and legal and regulatory barriers to youth access should be removed.

7. Engage religious leaders to address cultural and social barriers.

Socio-cultural barriers and stigma play a significant role in hindering a girl's ability to access family planning. Work with religious leaders is necessary to overcome cultural barriers. It is also necessary to ensure plans are accepted and religious objections do not become road blocks along the way.

8. Ensure youth activities are adequately costed.

Without adequate resources set aside in the CIPS, which are proportionate to youth needs, few advances will be made and advances that are made are unlikely to be sustained.

9. Ensure plans are implemented.

Accountability mechanisms should be put in place to track progress and youth should be involved in the monitoring and follow-up of the CIPS. In addition strong youth related indicators (based on strong youth interventions), by gender that also assess impact are in place to track progress.

10. Engage men.

Men's sexual choices and behaviors can affect their reproductive health as well as that of their partners. The successful experiences of programs in a number of countries demonstrate that men are willing to take action to protect reproductive health when given access to information and services.

CIP2015.11

PAI
pai.org

1300 19th Street NW, Suite 200
Washington, DC 20036-1624 USA
PHONE: (202) 557-3400
EMAIL: info@pai.org

Sources

1 Population Reference Bureau. Family Planning in West Africa. http://www.prb.org/Publications/Articles/2008/westafricafamily-planning.aspx

2 Macquarrie 2014. Unmet need among married and unmarried women http://www.dhsprogram.com/pubs/pdf/CR34/CR34.pdf Accessed: 26 October

3 E2A. Rapport Final. Conférence Régionale Ouest Africaine sur la Santé Sexuelle et Reproductive des Adolescents et des Jeunes(Dakar). http://www.e2aproject.org/publications-tools/pdfs/rapport-final-confrence-ssraj.pdf Accessed: 21 October 2015

4 PAI. The Road Ahead for Young People and Family Planning, 2015. http://pai.org/wp-content/uploads/2015/08/CIP-report-FINAL.2.pdf Accessed: 12 November 2015

5 Chen, A; Zlatunich, N; Maiga, M; Dickerson, D. 2013. Strategic Budgeting Process for ScaleUp of Family Planning. Costed Implementation Plans (CIPs) for Family Planning. Health Policy Project.

6 Chen, A; Zlatunich, N; Maiga, M; Dickerson, D. 2013. Strategic Budgeting Process for ScaleUp of Family Planning. Costed Implementation Plans (CIPs) for Family Planning. Health Policy Project.

7 Population Reference Bureau. Les Jeunes du Monde. Fiche de Données 2013. http://www.prb.org/pdf13/youth-datasheet-2013_fr.pdf Accessed: 22 October

8 Intrahealth. Family Planning: An Investment in Francophone Africa's Future. http://www.intrahealth.org/files/media/the-urban-reproductive-health-initiative-in-senegal/ISSU_Overview_English.pdf Accessed: 21 October 2015

9 United Nations. Definition of Youth. http://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf United Nations Youth. Accessed: 21 October 2015

10 UNData http://data.un.org/Data.aspx?d=SOWC&f=inID%3A34 Accessed: 26 October 2015

11 UNFPA. Adolescent Pregnancy a Review of the Evidence 2013. https://www.unfpa.org/sites/default/files/pub-pdf/ADOLESCENT%20PREGNANCY_UNFPA.pdf Accessed: 22 October

12 Burkina Faso. Population Pyramid. http://populationpyramid.net/burkina-faso/2050/ Accessed: 26 October

13 Reproductive Health Supplies Coalition. http://supplypromises.org/ Accessed: 26 October

14 Burkina Faso. Plan national de relance de la planification familiale 2013 – 2015 http://partenariatouaga.org/wp-content/uploads/2015/09/Plan-de-relance-PF_2013-2015_final-faso.pdf

15 Mwaikambo, L., Speizer, I., Schurmann, A., Morgan, G., & Fikree F. (2011). What works in family planning interventions: A systematic review. Studies In Family Planning, 42(2), 67–82.

16 James-Traore, T., Magnani, R., Murray, N., Senderowitz, J., Speizer, I., & Stewart, L. (2009). Intervention strategies that work for youth: summary of FOCUS on young adults end of program report. Arlington, VA: Family Health International.

17 Isidore Sinkondo personal communication

18 Population Reference Bureau. Les Jeunes du Monde. Fiche de Données 2013. http://www.prb.org/pdf13/youth-datasheet-2013_fr.pdf Accessed: 22 October

19 Chandra-Mouli V, Lane C, Wong S. What does not work in adolescent sexual and reproductive health: a review of evidence on interventions commonly accepted as best practices. Glob Health Sci Pract. 2015; 3(3):333-340.

20 Population Reference Bureau. Les Jeunes du Monde. Fiche de Données 2013. http://www.prb.org/pdf13/youth-datasheet-2013_fr.pdf Accessed: 22 October

21 http://data.worldbank.org/indicator/SP.DYN.CONU.ZS Accessed: 22 October 2015

22 UNData http://data.un.org/Data.aspx?d=SOWC&f=inID%3A34 Accessed: 26 October 2015

23 Niger. PLAN DE DEVELOPPEMENT SANITAIRE (PDS) 2011 – 2015 http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Country_Pages/Niger/PlanDeveloppementSanitaire_2011%20-2015.pdf Accessed: 22 October 2015

24 Niger. PLAN DE DEVELOPPEMENT SANITAIRE (PDS) 2011 – 2015 http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Country_Pages/Niger/PlanDeveloppementSanitaire_2011%20-2015.pdf Accessed: 22 October 2015

25 Niger. Planification Familiale Au Niger : Plan D'action 2012 – 2020 http://www.healthpolicyproject.com/ns/docs/CIP_Niger.pdf Accessed: 23 October 2015

26 United Nations. UN World Youth Report, 2007. http://www.un.org/esa/socdev/unyin/documents/wyr07_complete.pdf Accessed: 26 October 2015

27 WHO/UNDP The Energy Access Situation in Developing Countries http://www.undp.org/content/dam/undp/library/Environment%20and%20Energy/Sustainable%20Energy/energy-access-situation-in-developing-countries.pdf Accessed: 26 October

28 WHO/UNDP The Energy Access Situation in Developing Countries http://www.undp.org/content/dam/undp/library/Environment%20and%20Energy/Sustainable%20Energy/energy-access-situation-in-developing-countries.pdf Accessed: 26 October

29 Population Reference Bureau. Les Jeunes du Monde. Fiche de Données 2013. http://www.prb.org/pdf13/youth-datasheet-2013_fr.pdf Accessed: 22 October

30 James-Traore, T., Magnani, R., Murray, N., Senderowitz, J., Speizer, I., & Stewart, L. (2009). Intervention strategies that work for youth: summary of FOCUS on young adults end of program report. Arlington, VA: Family Health International.

31 Chandra-Mouli V, Lane C, Wong S. What does not work in adolescent sexual and reproductive health: a

review of evidence on interventions commonly accepted as best practices. Glob Health Sci Pract. 2015; 3(3):333-340.

32 UNData http://data.un.org/Data.aspx?d=SOWC&f=inID%3A34 Accessed: 26 October 2015

33 Feuille De Route Multisectorielle Pour Accelerer La Reduction De La Mortalité Et De La Morbidité Maternelles Et Néonatales Au Sénégal http://www.who.int/pmnch/events/2008/feuillederoute_senegal.pdf Accessed: 23 October 2015

34 Plan National De Développement Sanitaire PNDS 2009-2018 http://www.who.int/pmnch/media/events/2014/sen_pnds.pdf Accessed: 23 October 2015

35 Population Reference Bureau. Family Planning in West Africa. http://www.prb.org/Publications/Articles/2008/westafricafamily-planning.aspx
Population Reference Bureau. Les Jeunes du Monde. Fiche de Données 2013.

36 Chandra-Mouli V, Lane C, Wong S. What does not work in adolescent sexual and reproductive health: a review of evidence on interventions commonly accepted as best practices. Glob Health Sci Pract. 2015; 3(3):333-340.

37 WHO/UNDP The Energy Access Situation in Developing Countries http://www.undp.org/content/dam/undp/library/Environment%20and%20Energy/Sustainable%20Energy/energy-access-situation-in-developing-countries.pdf Accessed: 26 October

38 Population Reference Bureau. Les Jeunes du Monde. Fiche de Données 2013. http://www.prb.org/pdf13/youth-datasheet-2013_fr.pdf Accessed: 27 October

39 Population Reference Bureau. Les Jeunes du Monde. Fiche de Données 2013. http://www.prb.org/pdf13/youth-datasheet-2013_fr.pdf Accessed: 22 October

40 Togo. Plan d'action pour le repositionnement de la planification familiale au Togo 2013 – 2017 http://partenariatouaga.org/wp-content/uploads/2015/09/Plan-National-de-Repositionnement-de-la-PF-TOGO.pdf Accessed: 23 October 2015

41 WHO/UNDP The Energy Access Situation in Developing Countries http://www.undp.org/content/dam/undp/library/Environment%20and%20Energy/Sustainable%20Energy/energy-access-situation-in-developing-countries.pdf Accessed: 26 October

42 Population Reference Bureau. Les Jeunes du Monde. Fiche de Données 2013. http://www.prb.org/pdf13/youth-datasheet-2013_fr.pdf Accessed: 22 October

43 WHO/UNDP The Energy Access Situation in Developing Countries http://www.undp.org/content/dam/undp/library/Environment%20and%20Energy/Sustainable%20Energy/energy-access-situation-in-developing-countries.pdf Accessed: 26 October

44 Women & Mobile: A Global Opportunity A study on the mobile phone gender gap in low and middle-income countries http://www.gsma.com/mobilefordevelopment/wp-content/uploads/2013/01/GSMA_Women_and_Mobile-A_Global_Opportunity.pdf Accessed: 27 October

45 Chandra-Mouli V, Lane C, Wong S. What does not work in adolescent sexual and reproductive health: a review of evidence on interventions commonly accepted as best practices. Glob Health Sci Pract. 2015; 3(3):333-340.

46 World Health Organisation. Maternal, newborn, child and adolescent health: Adolescent Pregnancy. http://www.who.int/maternal_child_adolescent/topics/maternal/adolescent_pregnancy/en/ Accessed: 26 October

47 Millennium Project. Involving Men in Reproductive Health: Contributions to Development http://www.unmillenniumproject.org/documents/Greene_et_al-final.pdf Accessed: 29 October

48 Measure Evaluation. Adolescent and Youth Sexual and Reproductive Health Programs http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/arh Accessed: 29 October

ACKNOWLEDGEMENTS

Many thanks to AFP, Intrahealth, the Ouagadougou Partnership, and our country partners for their review and input.