

European Barometer on women's access to modern contraceptive choice

Welcome to the online Questionnaire for the Barometer on women's access to ...

Welcome to the Barometer on women's access to modern contraceptive choice! Before completing this online survey, we would like to ask you to carefully read the Barometer Guidance Documents attached to the email enclosing the link to this survey.

Please, submit the completed online Questionnaire by 30 September 2012.

This Questionnaire has been disseminated in 10 EU member states and has been sent to IPPF member associations and other experts in the field.

In order to complete the Questionnaire, we would recommend you to:

- Gather the information needed to reply through desk research and your own personal and professional expert knowledge
- Consult your organisation and friend experts where needed to verify replies
- Pick the answer from the multiple choice list that is closest to the reality in your country
- Include references to your sources in the comment boxes where possible
- Save your answers before closing the online survey. You can go back to previous pages in the survey and update existing responses until the survey is finished or until you have exited the survey. After the survey is finished, you will not be able to re-enter the survey

Should you have any questions regarding the Questionnaire or the online survey format, please contact Mariëka Vandewiele, Senior Programme Advisor at IPPF European Network (Tel: +32 (0)2 250 0950; Email: mvandewiele@ippfen.org).

Thank you very much in advance for your support and completing the Questionnaire.

We are looking forward to receiving your input.

Kind regards,

Vicky Claeys, Regional Director, International Planned Parenthood Federation European Network (IPPF EN)
Gunnar Schroefel, Global Advocacy, Bayer HealthCare Pharmaceuticals

Your contact details

*** Thank you for inserting your contact details below:**

First Name

Last Name

If applicable, which organisation are you submitting a response on behalf of?

What is your job title and/or if you are replying on behalf of an organisation what is your position within this organisation?

Email address

Telephone number

Policy Benchmark 1 – Policy making and strategy

Policy has a crucial role in ensuring people's access to the necessary information and services to make informed choices about their fertility and prevent unintended pregnancies. In order to be effective, target the right objectives, and shape the best strategies, policies related to sexual and reproductive health and rights (SRHR) and family planning (FP) / fertility control must be developed by governments in close cooperation and with the active engagement of relevant stakeholders, including broader society, healthcare professionals, young adults, women, education authorities etc.). Monitoring systems are vital in order to evaluate the impact and effectiveness of the policies and initiatives in place, and inform any eventual needed review.

***1. Is there a national strategy or policy framework on SRHR with a particular focus on access to family planning/fertility control and modern contraception implemented and financially supported by the government?**

- Yes, a national strategy/policy framework on SRHR with particular focus on access to FP/fertility control and modern contraceptive choice is in place, implemented and financially supported by the competent government authorities (Thank you for providing the appropriate reference(s) in the comment box)
- Yes, it exists but it is not fully implemented and/or lacks adequate financial support (Thank you for providing the appropriate reference(s) and more details in the comment box)
- No, it does not exist but there are plans to develop it with adequate financial support in the near future (1-2 years)
- No, it does not exist and is not expected in the near future

Thank you for inserting any references and comments you have below:

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***1.1 Does the national strategy/policy framework on SRHR cover family planning, fertility control and the importance of modern contraceptive choice sufficiently, including the need to ensure access to the full range of modern contraceptive choice and information?**

- Yes (Thank you for providing details on the issues covered in the comment box)
- Yes, to a certain extent. The national strategy/policy framework on SRHR addresses FP/fertility control and modern contraceptive choice only partially, focus on a limited number of contraceptives only
- Not applicable, the plans are not yet implemented and these content details are not defined yet

Thank you for inserting any references and comments you have below:

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You have answered: "Yes, to a certain extent. The national strategy/policy framework on SRHR addresses FP/fertility control and modern contraceptive choice only partially, focus on a limited number of contraceptives only"

If appropriate, please tick the contraceptive methods covered/promoted by the strategy/policy framework (you can tick more than one option) and provide more details in the comment box:

- Male condoms
- Female condoms, diaphragms
- Emergency contraception
- Oral contraceptives
- Vaginal contraceptive ring, contraceptive patch, depot injection
- Long-acting reversible contraception (LARC), e.g. intrauterine system (IUS), intrauterine device (IUD), sub dermal implant (SDI)

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***1.2 Which areas related to FP and access to modern contraceptive choice does the strategy/policy framework address? Please tick at least one option**

- Awareness raising of sexual health and modern contraceptive choice
- Education on sexual health and modern contraceptive choice specially targeted to young people and young adults
- Education and training of healthcare professionals and service providers
- Provision of individualised counselling and quality services
- Existence of reimbursement schemes to facilitate access to the full range of contraceptives
- Prevention of discrimination
- Empowering women through better fertility control/family planning policies
- Involvement and roles/responsibilities of relevant stakeholders in policy making and implementation
- Monitoring, evaluation and policy review
- Not applicable, the plans are not yet implemented and these content details are not defined yet

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*** 1.3 If there is no national strategy or policy framework on SRHR with a particular focus on access to family planning/fertility control and modern contraception supported by the government, is the topic incorporated in other government policies/strategies or non-governmental initiatives?**

- Yes (Thank you for providing details on the issues covered in the comment box)
- Yes, to a certain extent. The strategies/policies or initiatives on SRHR address FP/fertility control and modern contraceptive choice only partially, focus on a limited number of contraceptives only
- No

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You have answered: "Yes, to a certain extent. The strategies/policies or initiatives on SRHR address FP/fertility control and modern contraceptive choice only partially, focus on a limited number of contraceptives only"

If appropriate, please tick the contraceptive methods covered/promoted by the strategy/policy framework (you can tick more than one option) and provide more details in the comment box:

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***2. Are stakeholders involved in the development of national policies/strategies related to sexual and reproductive health and access to modern contraceptive choice?**

- Yes, all relevant stakeholders (NGOs, industry, private sector, public sector, professional associations, etc.) are systematically involved in the development of policies/strategies related to SRHR and access to modern contraceptive choice, and their views are properly taken into consideration (Please provide details in the comment box, e.g. which stakeholders are involved, how are they consulted, how are their views taken into account etc.)
- Yes, to a certain extent; stakeholders are somehow involved, but not systematically or their views are not always taken into consideration (Please provide details in the comment box)
- No, stakeholders are not involved

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***2.1 Are there any structured mechanisms to guarantee dialogue/participation of stakeholders in policy/strategy development regarding sexual and reproductive health and modern contraceptive choice?**

- Yes, such mechanisms are in place and considered effective (Thank you for providing the appropriate reference(s) in the comment box and examples where possible, e.g. type of stakeholders, type of dialogue such as public consultations, roundtables, focus groups, face to face meetings etc.)
- Yes, such mechanisms are in place but not properly enforced (Please provide details in the comment box, e.g. not implemented on a regular basis)
- No, such mechanisms do not exist but there are plans for developing them in the near future (1-2 years)
- No, such mechanisms do not exist and are not expected in the near future

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***3. Are stakeholders involved in the implementation of national policies related to sexual and reproductive health and access to modern contraceptive choice?**

- Yes, all stakeholders are involved to ensure proper implementation
- Yes, to a certain extent (Please provide details in the comment box)
- No, stakeholders are not involved in the implementation of policies

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***4. Does the government coordinate or engage with activities organised by stakeholders in the field of sexual and reproductive health and modern contraceptive choice to ensure a consistent approach?**

- Yes, generally
- Yes, to a certain extent only (Please provide details in the comment box)
- No

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***5. Are policies regularly reviewed?**

- Yes
- Yes, but not systematically or not in timely response to emerging needs
- No

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***6. Are there monitoring and evaluation systems in place in order to inform the review of policies/strategies related to sexual and reproductive health and access to modern contraceptive choice?**

- Yes, they are run by the competent government authorities (Thank you for providing the appropriate reference(s) in the comment box)
- Yes, but they are not really taken into consideration for the development of new policies/strategies or update of existing policies/strategies related to sexual and reproductive health and access to modern contraceptive choice
- No, such monitoring and evaluation systems do not exist but there are plans for developing them in the near future (1-2 years)
- No, no monitoring and evaluation systems are in place nor expected in the near future

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***6.1 Are stakeholders involved in the evaluation and review of national policies related to sexual and reproductive health and access to modern contraceptive choice?**

- Yes, all stakeholders affected by the implemented policy are involved in policy/strategy evaluation and review
- Yes, to a certain extent only (Please provide details in the comment box)
- No, stakeholders are not involved in the evaluation and review process
- Not applicable, the systems are still under development and these details are not yet covered in the plans

Thank you for inserting any references and comments you have below:

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***6.2 What are the evaluation criteria? (Please tick all that apply)**

- Change in the number of unintended pregnancies
- Shift of population attitudes
- Women's access to education and integration into the labour market
- Other (Please provide details in the comment box)
- Not applicable, the systems are still under development and these details are not yet covered in the plans

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Please add here any additional references and comments regarding the previous questions that you believe:

- **Might help to clarify your answers**
- **Help us understand the local context and organisation of the healthcare system in your country**
- **Support the analysis of your answers and rating**

Policy Benchmark 2 – General awareness of SRHR and modern contraceptive cho...

Access to comprehensive information on the benefits of sexual and reproductive health services and the full choice of contraceptive methods is crucial to prevent unintended pregnancies and promote informed choices on fertility control, health management and lifestyle. Targeted communication tools such as flyers, posters, brochures, and communication channels such as targeted conferences, events, informative websites, media coverage (e.g. TV and radio programmes, online and paper news articles), social media etc. are all valuable and necessary to reach the target audience and provide comprehensive information on fertility control and modern contraceptives. The involvement of society more broadly when developing information campaigns is important to ensure that everyone's needs are properly covered and effective campaigns are put in place.

***1. Are there any ongoing government funded and/or led information campaigns on sexual and reproductive health and rights (SRHR) in your country?**

- Yes, there are ongoing government funded and/or led information campaign(s) on SRHR in my country at the moment and/or they are run regularly
- No, not now but there were good campaigns in the past 5 years providing full information on SRHR but limited information on the range and use of modern contraceptives
- No, not now but there were campaigns in the past 5 years providing partial information on SRHR and fertility control, they were not effective
- No, not now but there are concrete plans to have campaigns on SRHR and fertility control in the near future
- No, not now but there are vague plans to have campaigns on SRHR and fertility control in the future
- No, there are no ongoing or regular government funded and/or led information campaigns on SRHR in my country

European Barometer on women's access to modern contraceptive choice

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*1.1 What information does/do the campaign(s) provide?

- The campaign(s) provide information on SRHR and fertility control, including comprehensive information on the full range and use of modern contraceptives and information on how access to contraceptive choice could contribute to healthy, planned pregnancies and avoid unintended pregnancies (Thank you for providing details on the issues covered in the comment box - e.g. effectiveness, correct use, how contraceptives work, side-effects/health risks, benefits, return to fertility after discontinuing, advice on protection against sexually transmitted infections)
- The campaign(s) provide information on SRHR but only limited information on modern contraceptives
- The campaign(s) provides information on SRHR but no reference is made to the range and use of modern contraceptives

Thank you for inserting any references and comments you have below:

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You have answered: "The campaign(s) provide information on SRHR and fertility control, including comprehensive information on the full range and use of modern contraceptives and information on how access to contraceptive choice could contribute to healthy, planned pregnancies and avoid unintended pregnancies"

If appropriate, please tick the contraceptive methods covered under the campaign (you can tick more than one option):

- Male condoms
- Female condoms, diaphragms
- Emergency contraception
- Oral contraceptives
- Vaginal contraceptive ring, contraceptive patch, depot injection
- Long-acting reversible contraception (LARC), e.g. intrauterine system (IUS), intrauterine device (IUD), sub dermal implant (SDI)

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You have answered: "The campaign(s) provide information on SRHR but only limited information on modern contraceptives"

If appropriate, please tick the contraceptive methods covered under the campaign (you can tick more than one option):

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*** 1.2 Are the campaigns diversified and targeted depending on women's age-range and socio-economic background?**

- Yes, they are diversified
- No, they are not

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***1.2.1 Are there campaigns targeted specifically at young people and young adults?**

- Yes, there are campaigns targeted specifically at young people and young adults
- No, there are no campaigns targeted specifically at young people and young adults

***1.2.2 Are there campaigns targeted at vulnerable people at risk of economic and social exclusion?**

- Yes, there are campaigns with a special focus on vulnerable people at risk of economic and social exclusion
- No, there are no campaigns targeted at vulnerable people

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***1.3 Are the government funded and/or led campaigns developed in consultation with stakeholders?**

- Yes, the campaigns are developed in collaboration with a wide range of stakeholders, including healthcare professionals, SRHR and family planning organisations, industry representatives as well as representatives from the target audience (Thank you for providing details in the comment box)
- Yes, the campaigns are developed in collaboration with some but not all relevant stakeholders (Thank you for providing details in the comment box)
- No, the campaigns are developed by the government only, without consultation of relevant stakeholders and the target audience

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***1.4 Are these campaigns run effectively across all regions in your country?**

- Yes
- No, these campaigns run only in particular geographical areas of the country

***1.5 Are these campaigns well funded and receiving the necessary support for proper implementation?**

- Yes, they are well funded by the government and they receive the necessary support for proper implementation
- Yes, to a certain extent
- No

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***2. Are there any regular or ongoing government funded information campaigns on equal opportunities for women in your country?**

- Yes, there are
- No, there are not

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***2.1 Do these particular campaigns include information on fertility control and the range of modern contraceptive choice?**

- Yes, they do
- Yes, they do, but information is not complete or could be improved
- No, the two topics of equal opportunities and fertility control are completely unrelated in my country

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***3. Does the government monitor and evaluate the impact of these campaigns where they exist?**

- Yes, there are monitoring systems in place run by the government
- Yes, monitoring systems are foreseen in theory but are not properly run
- No, there are no monitoring systems in place
- The answers above are not applicable (Thank you for providing details in the comment box)

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***3.1 Are evaluation results taken into consideration when developing future campaigns?**

- Yes, evaluation results are taken into consideration
- Yes, to a certain extent only
- No, they are not
- The answers above are not applicable (Thank you for providing details in the comment box)

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***4. Would you consider that the past and/or current government funded campaigns reach the target audience effectively?**

- Yes, they are considered to reach the target audience effectively
- No, they are not reaching the target audience effectively
- No information on evaluation results of campaigns is publicly accessible

Policy Benchmark 2 – General awareness of SRHR and modern contraceptive cho...

Access to comprehensive information on the benefits of sexual and reproductive health services and the full choice of contraceptive methods is crucial to prevent unintended pregnancies and promote informed choices on fertility control, health management and lifestyle. Targeted communication tools such as flyers, posters, brochures, and communication channels such as targeted conferences, events, informative websites, media coverage (e.g. TV and radio programmes, online and paper news articles), social media etc. are all valuable and necessary to reach the target audience and provide comprehensive information on fertility control and modern contraceptives. The involvement of society more broadly when developing information campaigns is important to ensure that everyone's needs are properly covered and effective campaigns are put in place.

Please add here any additional references and comments regarding the previous questions that you believe:

- **Might help to clarify your answers**
- **Help us understand the local context and organisation of the healthcare system in your country**
- **Support the analysis of your answers and rating**

Policy Benchmark 3 – Education on sexual and reproductive health and modern...

Education on sexual and reproductive health and rights (SRHR), including on the range of available modern contraceptives, throughout adolescence is crucial to prevent unintended pregnancies as well as to empower young adult people to make informed choices about their sexual development and health, and help them realise their social and professional aspirations. Sexuality education may target both young boys and girls. Sexuality education for adolescents is mainly brought forward in schools.

***1. Is there currently any sexuality education provided in the schools in your country?**

- Yes, there is ongoing sexuality education in schools in my country, providing complete information on sexual and reproductive health and on the range and use of contraceptives
- Yes, there is ongoing sexuality education in schools in my country, providing partial information on sexual and reproductive health and on the range and use of contraceptives
- No, but there are concrete Ministerial plans to have sexuality education in schools in the near future, providing information on sexual and reproductive health and on the range and use of contraceptives
- No, but there are vague plans to have sexuality education in schools in the near future
- No, there is no ongoing sexuality education in schools in my country and there are no plans for the future

Policy Benchmark 3 – Education on sexual and reproductive health and modern...

Education on sexual and reproductive health and rights (SRHR), including on the range of available modern contraceptives, throughout adolescence is crucial to prevent unintended pregnancies as well as to empower young adult people to make informed choices about their sexual development and health, and help them realise their social and professional aspirations. Sexuality education may target both young boys and girls. Sexuality education for adolescents is mainly brought forward in schools.

***You have answered: "Yes, there is ongoing sexuality education in schools in my country, providing complete information on sexual and reproductive health and on the range and use of contraceptives"**

Please tick the contraceptive methods covered under these education programmes in schools (you can tick more than one option):

- Male condoms
- Female condoms, diaphragms
- Emergency contraception
- Oral contraceptives
- Vaginal contraceptive ring, contraceptive patch, depot injection
- Long-acting reversible contraception (LARC), e.g. intrauterine system (IUS), intrauterine device (IUD), sub dermal implant (SDI)
- The differences between LARC methods

Policy Benchmark 3 – Education on sexual and reproductive health and modern...

Education on sexual and reproductive health and rights (SRHR), including on the range of available modern contraceptives, throughout adolescence is crucial to prevent unintended pregnancies as well as to empower young adult people to make informed choices about their sexual development and health, and help them realise their social and professional aspirations. Sexuality education may target both young boys and girls. Sexuality education for adolescents is mainly brought forward in schools.

***You have answered: "Yes, there is ongoing sexuality education in schools in my country, providing partial information on sexual and reproductive health and on the range and use of contraceptives"**

Please tick the contraceptive methods covered under these education programmes in schools (you can tick more than one option):

- Male condoms
- Female condoms, diaphragms
- Emergency contraception
- Oral contraceptives
- Vaginal contraceptive ring, contraceptive patch, depot injection
- Long-acting reversible contraception (LARC), e.g. intrauterine system (IUS), intrauterine device (IUD), sub dermal implant (SDI)
- The differences between LARC methods

Policy Benchmark 3 – Education on sexual and reproductive health and modern...

Education on sexual and reproductive health and rights (SRHR), including on the range of available modern contraceptives, throughout adolescence is crucial to prevent unintended pregnancies as well as to empower young adult people to make informed choices about their sexual development and health, and help them realise their social and professional aspirations. Sexuality education may target both young boys and girls. Sexuality education for adolescents is mainly brought forward in schools.

***1.1. Is the school-based sexuality education in your country led or supported by the government?**

- Yes, sexuality education in schools is compulsory and foreseen by the Ministry for Education or other relevant Ministry/Ministerial body. Concrete guidelines on content are carefully designed by the Ministry, any other relevant educational body or the school
- Yes, sexuality education in schools is compulsory and foreseen by the Ministry. There is no guideline on the content, which is decided on by the teachers individually
- Sexuality education in schools is suggested by the Ministry but not compulsory
- The above answers are not applicable (Thank you for providing further details in the comment box, e.g. it is not yet implemented in the country and plans don't provide details yet)

Thank you for inserting any references and comments you have below:

Policy Benchmark 3 – Education on sexual and reproductive health and modern...

Education on sexual and reproductive health and rights (SRHR), including on the range of available modern contraceptives, throughout adolescence is crucial to prevent unintended pregnancies as well as to empower young adult people to make informed choices about their sexual development and health, and help them realise their social and professional aspirations. Sexuality education may target both young boys and girls. Sexuality education for adolescents is mainly brought forward in schools.

***1.2. Do schools receive the necessary government funding and support to provide sexuality education and ensure sufficient time can be allocated to proper implementation?**

- Yes, every school can allocate a specific budget and time to sexuality education and ensure implementation
- Only in some schools a specific budget and time can be foreseen for sexuality education but not across the entire country
- No budget nor time is specifically allocated to this, therefore this area is often under resourced
- The above answers are not applicable (Thank you for providing further details in the comment box, e.g. it is not yet implemented in the country and plans don't provide details yet)

Thank you for inserting any references and comments you have below:

Policy Benchmark 3 – Education on sexual and reproductive health and modern...

Education on sexual and reproductive health and rights (SRHR), including on the range of available modern contraceptives, throughout adolescence is crucial to prevent unintended pregnancies as well as to empower young adult people to make informed choices about their sexual development and health, and help them realise their social and professional aspirations. Sexuality education may target both young boys and girls. Sexuality education for adolescents is mainly brought forward in schools.

*** 1.3. At which school level is sexuality education implemented? (Please tick all that apply)**

- Primary school (generally between age 6-11)
- Middle school (generally between age 12-15)
- High School (generally between age 15-18)
- The above answers are not applicable (Thank you for providing further details in the comment box, e.g. it is not yet implemented in the country and plans don't provide details yet)

Thank you for inserting any references and comments you have below:

Policy Benchmark 3 – Education on sexual and reproductive health and modern...

Education on sexual and reproductive health and rights (SRHR), including on the range of available modern contraceptives, throughout adolescence is crucial to prevent unintended pregnancies as well as to empower young adult people to make informed choices about their sexual development and health, and help them realise their social and professional aspirations. Sexuality education may target both young boys and girls. Sexuality education for adolescents is mainly brought forward in schools.

***1.4. Is there a specific curriculum on sexuality education that teachers need to follow?**

- Weekly lessons (as of 1 h per week)
- Regular lessons (between 1-3hrs per month)
- Regular lessons (less than 1h per month)
- Limited or ad hoc programmes are organised, e.g. only quarterly lessons, limited reference during other courses such as biology
- The above answers are not applicable (Thank you for providing further details in the comment box, e.g. it is not yet implemented in the country and plans don't provide details yet on the specific scheme)

Thank you for inserting any references and comments you have below:

Policy Benchmark 3 – Education on sexual and reproductive health and modern...

Education on sexual and reproductive health and rights (SRHR), including on the range of available modern contraceptives, throughout adolescence is crucial to prevent unintended pregnancies as well as to empower young adult people to make informed choices about their sexual development and health, and help them realise their social and professional aspirations. Sexuality education may target both young boys and girls. Sexuality education for adolescents is mainly brought forward in schools.

*** 1.5. What information does sexuality education at schools include with regards to modern contraceptive choice and healthy, planned pregnancies?**

- Sexuality education includes clear and comprehensive information on the full range and use of contraceptives (effectiveness, correct use, how contraceptives work, side-effects/health risks, benefits, return to fertility after discontinuing, advice on protection against sexually transmitted infections) and information on how access to contraceptive choice could contribute to healthy, planned pregnancies and avoid unintended pregnancies (Thank you for providing details on the issues covered in the comment box)
- Sexuality education provides only limited information on the range and use of contraceptives (Please list the missing information in the comment box)
- Sexuality education only focuses on raising awareness of unplanned pregnancies but does not offer information on the range and use of contraceptives
- There is no information on the content of sexuality education at schools (e.g. because it is independently decided by the individual teachers)

Thank you for inserting any references and comments you have below:

Policy Benchmark 3 – Education on sexual and reproductive health and modern...

Education on sexual and reproductive health and rights (SRHR), including on the range of available modern contraceptives, throughout adolescence is crucial to prevent unintended pregnancies as well as to empower young adult people to make informed choices about their sexual development and health, and help them realise their social and professional aspirations. Sexuality education may target both young boys and girls. Sexuality education for adolescents is mainly brought forward in schools.

***You have answered: "Sexuality education includes clear and comprehensive information on the full range and use of contraceptives (effectiveness, correct use, how contraceptives work, side-effects/health risks, benefits, return to fertility after discontinuing, advice on protection against sexually transmitted infections) and information on how access to contraceptive choice could contribute to healthy, planned pregnancies and avoid unintended pregnancies"**

Please tick the contraceptive methods covered (you can tick more than one option):

- Male condoms
- Female condoms, diaphragms
- Emergency contraception
- Oral contraceptives
- Vaginal contraceptive ring, contraceptive patch, depot injection
- Long-acting reversible contraception (LARC), e.g. intrauterine system (IUS), intrauterine device (IUD), sub dermal implant (SDI)
- The differences between LARC methods

Policy Benchmark 3 – Education on sexual and reproductive health and modern...

Education on sexual and reproductive health and rights (SRHR), including on the range of available modern contraceptives, throughout adolescence is crucial to prevent unintended pregnancies as well as to empower young adult people to make informed choices about their sexual development and health, and help them realise their social and professional aspirations. Sexuality education may target both young boys and girls. Sexuality education for adolescents is mainly brought forward in schools.

***You have answered: "Sexuality education provides only limited information on the range and use of contraceptives"**

Please tick the contraceptive methods covered (you can tick more than one option):

- Male condoms
- Female condoms, diaphragms
- Emergency contraception
- Oral contraceptives
- Vaginal contraceptive ring, contraceptive patch, depot injection
- Long-acting reversible contraception (LARC), e.g. intrauterine system (IUS), intrauterine device (IUD), sub dermal implant (SDI)
- The differences between LARC methods

Policy Benchmark 3 – Education on sexual and reproductive health and modern...

Education on sexual and reproductive health and rights (SRHR), including on the range of available modern contraceptives, throughout adolescence is crucial to prevent unintended pregnancies as well as to empower young adult people to make informed choices about their sexual development and health, and help them realise their social and professional aspirations. Sexuality education may target both young boys and girls. Sexuality education for adolescents is mainly brought forward in schools.

*** 1.6. Does sexuality education in schools provide credible, evidence-based information on modern methods of contraception?**

- Yes, it provides credible, evidence-based information
- The information is credible but lacking the latest evidence-based information (e.g. new contraceptive methods, new family planning policies)
- No, the sexuality education does not provide credible, evidence-based information
- There is no information on the content of sexuality education (e.g. because it is independently decided by the individual teachers)

Policy Benchmark 3 – Education on sexual and reproductive health and modern...

Education on sexual and reproductive health and rights (SRHR), including on the range of available modern contraceptives, throughout adolescence is crucial to prevent unintended pregnancies as well as to empower young adult people to make informed choices about their sexual development and health, and help them realise their social and professional aspirations. Sexuality education may target both young boys and girls. Sexuality education for adolescents is mainly brought forward in schools.

***1.7. Does sexuality education at schools include information on local sexual and reproductive health service providers?**

- Yes, it provides information on the existing service providers in the area, entitlement and how to access them
- Yes, but information is incomplete (Thank you for providing details in the comment box)
- No, it does not provide such information (Thank you for providing details in the comment box)
- There is no information on the content of sexuality education (e.g. because it is independently decided by the individual teachers)

Thank you for inserting any references and comments you have below:

Policy Benchmark 3 – Education on sexual and reproductive health and modern...

Education on sexual and reproductive health and rights (SRHR), including on the range of available modern contraceptives, throughout adolescence is crucial to prevent unintended pregnancies as well as to empower young adult people to make informed choices about their sexual development and health, and help them realise their social and professional aspirations. Sexuality education may target both young boys and girls. Sexuality education for adolescents is mainly brought forward in schools.

***1.8. In your view, do teachers generally have the required skills and knowledge to teach sexuality education at school?**

- Yes
- Yes, to a certain extent only
- No
- The above answers are not applicable (Thank you for providing further details in the comment box, e.g. sexuality education is not yet implemented in the country and plans don't provide details yet)

Thank you for inserting any references and comments you have below:

Policy Benchmark 3 – Education on sexual and reproductive health and modern...

Education on sexual and reproductive health and rights (SRHR), including on the range of available modern contraceptives, throughout adolescence is crucial to prevent unintended pregnancies as well as to empower young adult people to make informed choices about their sexual development and health, and help them realise their social and professional aspirations. Sexuality education may target both young boys and girls. Sexuality education for adolescents is mainly brought forward in schools.

*** 1.9. Are there government recommendations/guidelines for teachers on how to provide sexuality education?**

- Yes, there are government recommendations/guidelines provided by the Ministry for Education/educational authorities for teachers. They are widely taken into consideration by teachers
- Yes, there are recommendations/guidelines provided by the Ministry for Education/educational authorities for teachers but they are not implemented
- No, such recommendations/guidelines do not exist

Policy Benchmark 3 – Education on sexual and reproductive health and modern...

Education on sexual and reproductive health and rights (SRHR), including on the range of available modern contraceptives, throughout adolescence is crucial to prevent unintended pregnancies as well as to empower young adult people to make informed choices about their sexual development and health, and help them realise their social and professional aspirations. Sexuality education may target both young boys and girls. Sexuality education for adolescents is mainly brought forward in schools.

***1.10. Are there training courses for teachers on how to provide appropriate sexuality education?**

- Yes, trainings are organised or funded by the government/educational authorities
- No, such trainings are not organised
- The above answers are not applicable (Thank you for providing further details in the comment box)

Thank you for inserting any references and comments you have below:

Policy Benchmark 3 - Education on sexual and reproductive health and modern...

Education on sexual and reproductive health and rights (SRHR), including on the range of available modern contraceptives, throughout adolescence is crucial to prevent unintended pregnancies as well as to empower young adult people to make informed choices about their sexual development and health, and help them realise their social and professional aspirations. Sexuality education may target both young boys and girls. Sexuality education for adolescents is mainly brought forward in schools.

***1.11 Are teachers provided with useful educational materials issued or funded by the government to support the courses?**

- Yes
- Yes, to a certain extent only
- No

Policy Benchmark 3 – Education on sexual and reproductive health and modern...

Education on sexual and reproductive health and rights (SRHR), including on the range of available modern contraceptives, throughout adolescence is crucial to prevent unintended pregnancies as well as to empower young adult people to make informed choices about their sexual development and health, and help them realise their social and professional aspirations. Sexuality education may target both young boys and girls. Sexuality education for adolescents is mainly brought forward in schools.

***2. Are there governmental monitoring and evaluation systems in place to regularly revise the impact and outcomes of sexuality education at schools?**

- Yes, the Ministry for Education/educational authorities regularly revise the impact and outcome of sexuality education at schools through monitoring and evaluation systems and take the results into account when developing follow up programmes
- Yes, the Ministry for Education/educational authorities regularly revise the impact and outcome of sexuality education through monitoring and evaluation systems but the results are taken into account only to a limited extent when developing follow up programmes
- Yes, there are government led monitoring and evaluation systems in place, but the results are not used to update/improve future educational programmes
- No, there are no monitoring and evaluation systems in place

Policy Benchmark 3 – Education on sexual and reproductive health and modern...

Education on sexual and reproductive health and rights (SRHR), including on the range of available modern contraceptives, throughout adolescence is crucial to prevent unintended pregnancies as well as to empower young adult people to make informed choices about their sexual development and health, and help them realise their social and professional aspirations. Sexuality education may target both young boys and girls. Sexuality education for adolescents is mainly brought forward in schools.

***3. Does the government fund targeted education on sexuality and modern contraceptive choice for people at risk of social and economic exclusion?**

- Yes, there is targeted government funded sexuality education for people at risk of social and economic exclusion and it includes information on the range and use of modern contraceptives
- Yes but the targeted sexuality education only includes limited information on the range and use of modern contraceptives
- No, there is no targeted sexuality education funded by the government

Policy Benchmark 3 – Education on sexual and reproductive health and modern...

Education on sexual and reproductive health and rights (SRHR), including on the range of available modern contraceptives, throughout adolescence is crucial to prevent unintended pregnancies as well as to empower young adult people to make informed choices about their sexual development and health, and help them realise their social and professional aspirations. Sexuality education may target both young boys and girls. Sexuality education for adolescents is mainly brought forward in schools.

Please add here any additional references and comments regarding the previous questions that you believe:

- **Might help to clarify your answers**
- **Help us understand the local context and organisation of the healthcare system in your country**
- **Support the analysis of your answers and rating**

Policy Benchmark 4 – Education and training of healthcare professionals and...

Healthcare professionals and service providers need relevant information, skills and appropriate attitudes to provide effective counsel and advice on fertility control and contraceptive use. Training and skills development, including communication skills, are crucial in order to guarantee quality, trusted, friendly service to women and couples. This is particularly important when it comes to young people and young adults who are shaping and seeking advice to orient their sexual life. In addition to medical institutions and pharmacies, other service providers need to be involved such as family planning staff, peer educators, school nurses, social workers and midwives.

***1. Are there family planning (FP) recommendations/guidelines/protocols on modern contraceptive service delivery and counselling available in your country? Note that for countries with a regional structure, but FP recommendations/guidelines/protocols that are consistent throughout the country, we refer to 'nation-wide' in the context of this Barometer**

- Yes, national/nation-wide FP recommendations/guidelines/protocols on modern contraceptive service delivery and counselling exist, they are comprehensively developed by professional organisations/NGOs or the competent government authorities after consultation with relevant stakeholders (including healthcare professionals and civil society representatives) (Thank you for providing the appropriate reference(s) in the comment box)
- Yes, national/nation-wide FP recommendations/guidelines/protocols on modern contraceptive service delivery and counselling exist, but they tend to be scattered and inconsistent (e.g. developed by the government authorities alone or by different professional organisations/NGOs without proper coordination and a common approach) (Thank you for providing the appropriate reference(s) in the comment box)
- No, national/nation-wide FP recommendations/guidelines/protocols do not currently exist but there are concrete plans for developing them in the near future (1-2 years)
- No, such recommendations/guidelines/protocols do not exist in my country

Thank you for inserting any references and comments you have below:

Policy Benchmark 4 – Education and training of healthcare professionals and...

Healthcare professionals and service providers need relevant information, skills and appropriate attitudes to provide effective counsel and advice on fertility control and contraceptive use. Training and skills development, including communication skills, are crucial in order to guarantee quality, trusted, friendly service to women and couples. This is particularly important when it comes to young people and young adults who are shaping and seeking advice to orient their sexual life. In addition to medical institutions and pharmacies, other service providers need to be involved such as family planning staff, peer educators, school nurses, social workers and midwives.

***1.1 Are these national/nation-wide FP recommendations/guidelines/protocols credible and evidence-based?**

- Yes, they are credible and evidence-based, developed with the support or advice of healthcare professionals and/or based on international standards (e.g. WHO) (Thank you for providing references and any details in the comment box)
- They are partly credible and evidence-based, but not entirely (Thank you for providing any details in the comment box)
- No, they are not credible, nor evidence-based (Thank you for providing any details in the comment box)

Thank you for inserting any references and comments you have below:

Policy Benchmark 4 – Education and training of healthcare professionals and...

Healthcare professionals and service providers need relevant information, skills and appropriate attitudes to provide effective counsel and advice on fertility control and contraceptive use. Training and skills development, including communication skills, are crucial in order to guarantee quality, trusted, friendly service to women and couples. This is particularly important when it comes to young people and young adults who are shaping and seeking advice to orient their sexual life. In addition to medical institutions and pharmacies, other service providers need to be involved such as family planning staff, peer educators, school nurses, social workers and midwives.

***1.2 Do national/nation-wide FP recommendations/guidelines/protocols include information on the range of modern contraceptive methods and their usage?**

- Yes, they provide complete information on modern contraceptive service delivery and counselling. They address the need to provide information and counselling on the full range and use of modern contraceptives (effectiveness, correct use, how modern contraceptives work, side-effects/health risks, benefits, return to fertility after discontinuing, advice on protection against sexually communicable diseases) as means to ensure women/couple's informed decisions (Thank you for providing details on the issues covered in the comment box)
- Yes, they address the need to provide information and counselling on contraceptive methods but they do not aim to guarantee information on the full range of contraceptive choice, or they favour one or more contraceptive methods
- No, they do not address the issue of information and counselling on women's/couple's contraceptive choice

Thank you for inserting any references and comments you have below:

Policy Benchmark 4 – Education and training of healthcare professionals and...

Healthcare professionals and service providers need relevant information, skills and appropriate attitudes to provide effective counsel and advice on fertility control and contraceptive use. Training and skills development, including communication skills, are crucial in order to guarantee quality, trusted, friendly service to women and couples. This is particularly important when it comes to young people and young adults who are shaping and seeking advice to orient their sexual life. In addition to medical institutions and pharmacies, other service providers need to be involved such as family planning staff, peer educators, school nurses, social workers and midwives.

You have answered: "Yes, they provide complete information on modern contraceptive service delivery and counselling. They address the need to provide information and counselling on the full range and use of modern contraceptives (effectiveness, correct use, how modern contraceptives work, side-effects/health risks, benefits, return to fertility after discontinuing, advice on protection against sexually communicable diseases) as means to ensure women/couple's informed decisions"

If appropriate, please tick the contraceptive methods covered (you can tick more than one option):

- Male condoms
- Female condoms, diaphragms
- Emergency contraception
- Oral contraceptives
- Vaginal contraceptive ring, contraceptive patch, depot injection
- Long-acting reversible contraception (LARC), e.g. intrauterine system (IUS), intrauterine device (IUD), sub dermal implant (SDI)
- The differences between LARC methods

Policy Benchmark 4 – Education and training of healthcare professionals and...

Healthcare professionals and service providers need relevant information, skills and appropriate attitudes to provide effective counsel and advice on fertility control and contraceptive use. Training and skills development, including communication skills, are crucial in order to guarantee quality, trusted, friendly service to women and couples. This is particularly important when it comes to young people and young adults who are shaping and seeking advice to orient their sexual life. In addition to medical institutions and pharmacies, other service providers need to be involved such as family planning staff, peer educators, school nurses, social workers and midwives.

You have answered: "Yes, they address the need to provide information and counselling on contraceptive methods but they do not aim to guarantee information on the full range of contraceptive choice, or they favour one or more contraceptive methods"

If appropriate, please tick the contraceptive methods covered (you can tick more than one option):

- Male condoms
- Female condoms, diaphragms
- Emergency contraception
- Oral contraceptives
- Vaginal contraceptive ring, contraceptive patch, depot injection
- Long-acting reversible contraception (LARC), e.g. intrauterine system (IUS), intrauterine device (IUD), sub dermal implant (SDI)
- The differences between LARC methods

Policy Benchmark 4 – Education and training of healthcare professionals and...

Healthcare professionals and service providers need relevant information, skills and appropriate attitudes to provide effective counsel and advice on fertility control and contraceptive use. Training and skills development, including communication skills, are crucial in order to guarantee quality, trusted, friendly service to women and couples. This is particularly important when it comes to young people and young adults who are shaping and seeking advice to orient their sexual life. In addition to medical institutions and pharmacies, other service providers need to be involved such as family planning staff, peer educators, school nurses, social workers and midwives.

***1.3 Do these national/nation-wide FP recommendations/guidelines/protocols provide minimum quality standards and objectives on service delivery and counselling?**

- Yes (Thank you for providing details in the comment box)
- Yes, to a certain extent only (Thank you for providing details in the comment box)
- No, but general healthcare service quality standards and objectives apply
- No, there are no quality standards and objectives for sexual and reproductive health and rights (SRHR) services

Thank you for inserting any references and comments you have below:

Policy Benchmark 4 – Education and training of healthcare professionals and...

Healthcare professionals and service providers need relevant information, skills and appropriate attitudes to provide effective counsel and advice on fertility control and contraceptive use. Training and skills development, including communication skills, are crucial in order to guarantee quality, trusted, friendly service to women and couples. This is particularly important when it comes to young people and young adults who are shaping and seeking advice to orient their sexual life. In addition to medical institutions and pharmacies, other service providers need to be involved such as family planning staff, peer educators, school nurses, social workers and midwives.

***1.4 Do these national/nation-wide FP recommendations/guidelines/protocols address the provision of individualised counselling, tailored to the particular situation and needs of women/couples (i.e. this includes at least age, social context, physical/health conditions including previous pregnancies, professional career/personal development plans, etc.)**

- Yes
- Yes, to a certain extent only (Thank you for providing details in the comment box)
- No

Thank you for inserting any references and comments you have below:

Policy Benchmark 4 – Education and training of healthcare professionals and...

Healthcare professionals and service providers need relevant information, skills and appropriate attitudes to provide effective counsel and advice on fertility control and contraceptive use. Training and skills development, including communication skills, are crucial in order to guarantee quality, trusted, friendly service to women and couples. This is particularly important when it comes to young people and young adults who are shaping and seeking advice to orient their sexual life. In addition to medical institutions and pharmacies, other service providers need to be involved such as family planning staff, peer educators, school nurses, social workers and midwives.

***1.5 In your view, are the FP recommendations/guidelines/protocols implemented by healthcare professionals and service providers throughout the entire country?**

- Yes, they are implemented evenly across the country
- Yes, to a certain extent only. They are implemented unevenly across the country (Thank you for providing details in the comment box, i.e. which regions are covered? which regions are more difficult to cover? do cultural/religious sensitivities play a role?)
- No, they are not implemented by the healthcare professionals and service providers (Thank you for providing details in the comment box)

Thank you for inserting any references and comments you have below:

Policy Benchmark 4 – Education and training of healthcare professionals and...

Healthcare professionals and service providers need relevant information, skills and appropriate attitudes to provide effective counsel and advice on fertility control and contraceptive use. Training and skills development, including communication skills, are crucial in order to guarantee quality, trusted, friendly service to women and couples. This is particularly important when it comes to young people and young adults who are shaping and seeking advice to orient their sexual life. In addition to medical institutions and pharmacies, other service providers need to be involved such as family planning staff, peer educators, school nurses, social workers and midwives.

***1.6 Do these national/nation-wide FP recommendations/guidelines/protocols address specific needs in providing information and counselling on contraceptive choice for vulnerable people or people at risk of social exclusion?**

- Yes
- No advice

Policy Benchmark 4 – Education and training of healthcare professionals and...

Healthcare professionals and service providers need relevant information, skills and appropriate attitudes to provide effective counsel and advice on fertility control and contraceptive use. Training and skills development, including communication skills, are crucial in order to guarantee quality, trusted, friendly service to women and couples. This is particularly important when it comes to young people and young adults who are shaping and seeking advice to orient their sexual life. In addition to medical institutions and pharmacies, other service providers need to be involved such as family planning staff, peer educators, school nurses, social workers and midwives.

***1.7 Are the national/nation-wide FP recommendations/guidelines/protocols reviewed/updated on a regular basis according to scientific developments and evidence?**

- Yes, they are reviewed/updated on a regular basis (e.g. every 2 years)
- Yes, they are reviewed/updated only when there is an obvious need or with new scientific developments (Thank you for providing details in the comment box)
- No, they are not reviewed systematically or when they are reviewed, the latest scientific developments/innovative contraceptive methods are not always properly taken into account

Thank you for inserting any references and comments you have below:

Policy Benchmark 4 – Education and training of healthcare professionals and...

Healthcare professionals and service providers need relevant information, skills and appropriate attitudes to provide effective counsel and advice on fertility control and contraceptive use. Training and skills development, including communication skills, are crucial in order to guarantee quality, trusted, friendly service to women and couples. This is particularly important when it comes to young people and young adults who are shaping and seeking advice to orient their sexual life. In addition to medical institutions and pharmacies, other service providers need to be involved such as family planning staff, peer educators, school nurses, social workers and midwives.

***2. Are there national/regional/local education programmes on fertility control/family planning and modern contraceptive choice for healthcare professionals and other service providers?**

- Yes, national/regional/local education programmes on fertility control/family planning and modern contraceptive choice exist. They are organised by the competent government authorities or by professional organisations/NGOs and endorsed by the government (Thank you for providing further details in the comment box)
- Yes, national/nation-wide education programmes on fertility control/family planning and modern contraceptive choice exist, they are informal/non recognised education programmes (Thank you for providing further details in the comment box)
- No, such education programmes do not exist but there are concrete plans for developing them in the near future (i.e. in the next 1-2 years)
- No, such education programmes do not exist

Thank you for inserting any references and comments you have below:

Policy Benchmark 4 – Education and training of healthcare professionals and...

Healthcare professionals and service providers need relevant information, skills and appropriate attitudes to provide effective counsel and advice on fertility control and contraceptive use. Training and skills development, including communication skills, are crucial in order to guarantee quality, trusted, friendly service to women and couples. This is particularly important when it comes to young people and young adults who are shaping and seeking advice to orient their sexual life. In addition to medical institutions and pharmacies, other service providers need to be involved such as family planning staff, peer educators, school nurses, social workers and midwives.

***2.1 Are national education programmes on fertility control/family planning and modern contraceptive choice part of the medical curriculum and practicum?**

- Yes, they are part of the medical curriculum and practicum and compulsory in all medical schools and trainings
- Yes, they are part of the medical curriculum and practicum in all medical schools and trainings but not compulsory
- They are part of the medical curriculum and practicum only for some students/residents (e.g. those specialising in reproductive health, obstetrics, gynaecology and related issues)

Policy Benchmark 4 – Education and training of healthcare professionals and...

Healthcare professionals and service providers need relevant information, skills and appropriate attitudes to provide effective counsel and advice on fertility control and contraceptive use. Training and skills development, including communication skills, are crucial in order to guarantee quality, trusted, friendly service to women and couples. This is particularly important when it comes to young people and young adults who are shaping and seeking advice to orient their sexual life. In addition to medical institutions and pharmacies, other service providers need to be involved such as family planning staff, peer educators, school nurses, social workers and midwives.

***2.2 Are education programmes regularly updated to ensure new developments are taken into account (e.g. new SRHR or FP policies, development of innovative contraceptive methods)?**

- Yes, the curricula are updated regularly
- No, the curricula are not regularly updated

Policy Benchmark 4 – Education and training of healthcare professionals and...

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***3. Are there post-graduate training programmes made available on fertility control/family planning and modern contraceptive choice for healthcare professionals and other service providers?**

- Yes, post-graduate training programmes on fertility control/family planning and modern contraceptive choice are foreseen/recognised by the competent government/educational authorities
- No, such training programmes are not foreseen nor organised by the competent government/educational authorities. Healthcare professionals can only rely on updated information/education provided by relevant publications, professional organisations or other means

Policy Benchmark 4 – Education and training of healthcare professionals and...

Healthcare professionals and service providers need relevant information, skills and appropriate attitudes to provide effective counsel and advice on fertility control and contraceptive use. Training and skills development, including communication skills, are crucial in order to guarantee quality, trusted, friendly service to women and couples. This is particularly important when it comes to young people and young adults who are shaping and seeking advice to orient their sexual life. In addition to medical institutions and pharmacies, other service providers need to be involved such as family planning staff, peer educators, school nurses, social workers and midwives.

***3.1 Are these post-graduate training programmes regularly organised?**

- Yes, post-graduate training programmes are organised every year
- Yes, post-graduate training programmes are organised every few years (two or three)
- Not regularly, only once every five years or even less

Policy Benchmark 4 – Education and training of healthcare professionals and...

Healthcare professionals and service providers need relevant information, skills and appropriate attitudes to provide effective counsel and advice on fertility control and contraceptive use. Training and skills development, including communication skills, are crucial in order to guarantee quality, trusted, friendly service to women and couples. This is particularly important when it comes to young people and young adults who are shaping and seeking advice to orient their sexual life. In addition to medical institutions and pharmacies, other service providers need to be involved such as family planning staff, peer educators, school nurses, social workers and midwives.

Please add here any additional references and comments regarding the previous questions that you believe:

- **Might help to clarify your answers**
- **Help us understand the local context and organisation of the healthcare system in your country**
- **Support the analysis of your answers and rating**

Policy Benchmark 5 – Provision of individualised counselling and quality se...

Personalised, targeted advice and counselling is a crucial component of quality services. Healthcare professionals and service providers need to provide women and couples with individualised advice, based on their personal situation, needs and lifestyle choices. This includes youth-friendly services with adequate facilities that guarantee easy access to counselling and privacy. This also includes promoting information and discussion about the available range of contraceptive methods in order to help people make informed choices and promote proper use of fertility control methods.

***1. In general, is individualised counselling an objective of your national healthcare system?**

- Yes, individualised counselling is a clear objective under the current policy framework (Thank you for providing any relevant reference(s) in the comment box)
- Yes, to a certain extent. There are recommendations/guidelines to promote individualised counselling where possible, but it is left up to individual professionals/service providers to decide or it is not recommended for all healthcare services (Thank you for providing any relevant reference in the comment box)
- No, individualised counselling is not required nor recommended under the current policy framework

Thank you for inserting any references and comments you have below:

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***1.1 Do the existing recommendations/guidelines/policy framework on individualised counselling support the consideration of the full range contraceptive methods and use of modern contraceptives?**

- Yes
- Yes, but only to a certain extent (e.g. they only address a certain number of contraceptive methods) (Please provide more information in the comment box)

***Please tick the contraceptive methods covered under the existing framework/recommendations/guidelines (you can tick more than one option):**

- Male condoms
- Female condoms, diaphragms
- Emergency contraception
- Oral contraceptives
- Vaginal contraceptive ring, contraceptive patch, depot injection
- Long-acting reversible contraception (LARC), e.g. intrauterine system (IUS), intrauterine device (IUD), sub dermal implant (SDI)

Thank you for inserting any references and comments you have below:

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***1.2 Do the existing recommendations/guidelines/framework on individualised counselling include guidance and advice on how to counsel women and couples based on their health conditions, professional career, personal needs and development plans, lifestyle choice etc.?**

- Yes, they include indications on how to counsel women and couples on the most appropriate contraceptive methods taking into account not only their effectiveness and usage but also people's health conditions, professional career, personal needs and development plans, and lifestyle choice
- Yes, to a certain extent (Please provide more information in the comment box, e.g. they don't cover all contraceptive methods, they don't take into account certain cultural/religious sensitivities, they don't take into account the needs of young adult women etc.)
- No, they don't

Thank you for inserting any references and comments you have below:

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*** 1.3 Do the guidelines/recommendations/framework on individualised counselling provide information on how contraceptive choice could contribute to better prevent unintended pregnancies?**

- Yes, they do
- No, they don't provide sufficient information on how access to contraceptive choice could contribute to healthy, planned pregnancies and prevent unintended pregnancies

Policy Benchmark 5 – Provision of individualised counselling and quality se...

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*** 1.4 In your view, are the guidelines/recommendations/framework on individualised counselling properly implemented by healthcare professionals and service providers across the country?**

- Yes, they are properly implemented across the country
- Yes, to a certain extent (Thank you for providing details in the comment box, e.g. there are some gaps in the implementation, not all regions are covered, the level of implementation varies across the country or amongst individual professionals etc.)
- No, implementation could be improved

Thank you for inserting any references and comments you have below:

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***2. Are there nationally recognised minimum quality standards on individualised counselling in your country to facilitate quality control and quality provision of individualised counselling across the country?**

- Yes, minimum quality standards are provided and respected (Please add the necessary reference(s) in the comment box)
- Yes, minimum quality standards exist but they are not fully applied (Please add the necessary reference(s) in the comment box)
- No, minimum quality standards are not provided

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***3. Are there monitoring and evaluation systems in place to ensure proper implementation of guidelines/recommendations and quality standards on individualised counselling?**

- Yes, there are monitoring and evaluation systems in place which evaluate on a regular basis the quality and effectiveness of individualised counselling
- Yes, there are monitoring and evaluation systems in place but they are not properly implemented across the country and evaluation results are not taken into account (Thank you for providing details in the comment box)
- No, such monitoring and evaluation systems are not in place

Thank you for inserting any references and comments you have below:

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***4. Is there timely referral to specialist services when necessary?**

- Yes, women are always referred to specialist services when appropriate
- No, women are not referred to specialist services in due time

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***5. Are counselling services provided in easily accessible locations, with flexible opening hours and an appropriate structure to ensure privacy?**

- Yes, counselling services are provided in easily accessible locations, with flexible opening hours and an appropriate structure to ensure privacy
- Yes to a certain extent only (e.g. the location, opening hours and appropriateness of the structure varies throughout the country)
(Thank you for providing details in the comment box)
- No, counselling services are not provided in locations that facilitate private, individualised counselling

Thank you for inserting any references and comments you have below:

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***6. Are service providers publicising their activities to the local community in order to raise awareness and facilitate access to the local population?**

- Yes, they publicise their activities to the local community in a variety of ways and are very well known (Thank you for providing details in the comment box)
- Yes, to a certain extent only (Thank you for providing details in the comment box)
- No they don't publicise their activities and are therefore not very well known

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***7. Are there adequately equipped facilities to ensure that all modern contraceptive methods can be provided, including those that require insertion, fitting and/or removal (implants, IUCs, diaphragms, cervical caps)?**

- Yes, facilities are properly equipped throughout the country
- Yes, to a certain extent (e.g. not throughout the country, a majority of facilities but not all) (Thank you for providing details in the comment box)
- No, facilities are not properly equipped

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***8. Do healthcare professionals and service providers receive training on individualised counselling as part of the medical curriculum and practicum?**

- Yes, individualised counselling is incorporated in their curriculum and practicum (Thank you for providing details in the comment box)
- No, they don't

Thank you for inserting any references and comments you have below:

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***9. Are there post-graduate training programmes on individualised counselling made available for healthcare professionals and service providers?**

- Yes, there are (Thank you for providing details in the comment box)
- No, there aren't

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***10. Do healthcare professionals and service providers receive incentives and/or remuneration for individualised counselling?**

- Yes, they do (Thank you for providing details in the comment box)
- Yes, to a certain extent only (Thank you for providing details in the comment box)
- No, they don't

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***11. Is confidentiality in counselling supported through a legal framework?**

- Yes, confidentiality is supported through a legal framework and respected by healthcare professionals and service providers
- Yes, confidentiality is supported through a legal framework but not always respected by healthcare professionals and service providers
- No, confidentiality is not supported through a legal framework

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Please add here any additional references and comments regarding the previous questions that you believe:

- **Might help to clarify your answers**
- **Help us understand the local context and organisation of the healthcare system in your country**
- **Support the analysis of your answers and rating**

Policy Benchmark 6 – Existence of reimbursement schemes

The costs related to medical services and contraceptive methods may pose a barrier to women/couples when it comes to making a choice of contraceptive method. This may undermine prevention against unintended pregnancies, due to a choice of method based on short-term cost burden, but which does not necessarily fit the personal needs and lifestyle of women/couples. It also undermines the women's and couples' right to make a free choice of how to plan their sexual life, personal, social and professional development.

***1. Are all modern contraceptive methods available across the country?**

- Yes, they are all equally available across the entire country
- Yes to a certain extent (Please provide details in the comment box, e.g. not in all geographical areas, or not all modern contraceptive methods in practice etc.)

If appropriate, please tick the contraceptives that are available in your country:

- Male condoms
- Female condoms, diaphragms
- Emergency contraception
- Oral contraceptives
- Vaginal contraceptive ring, contraceptive patch, depot injection
- Long-acting reversible contraception (LARC), e.g. intrauterine system (IUS), intrauterine device (IUD), sub dermal implant (SDI)

Thank you for inserting any references and comments you have below:

Policy Benchmark 6 – Existence of reimbursement schemes

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***2. Are modern contraceptives reimbursed in your country?**

- Yes, contraceptives and related health services (e.g. consultations, LARC placement etc.) are fully reimbursed
- Yes, there is partial reimbursement with small to moderate co-payment by women (Please provide details in the comment box, e.g. no nation-wide reimbursement schemes, regional disparities in reimbursement policies, not all contraceptive options covered and reasons why etc.)
- No, there is no reimbursement or only a small portion of costs is covered and the major part is paid out-of-pocket by women

Thank you for inserting any references and comments you have below:

Policy Benchmark 6 – Existence of reimbursement schemes

The costs related to medical services and contraceptive methods may pose a barrier to women/couples when it comes to making a choice of contraceptive method. This may undermine prevention against unintended pregnancies, due to a choice of method based on short-term cost burden, but which does not necessarily fit the personal needs and lifestyle of women/couples. It also undermines the women's and couples' right to make a free choice of how to plan their sexual life, personal, social and professional development.

You have answered: "Yes, there is partial reimbursement with small to moderate co-payment by women (Please provide details in the comment box, e.g. no nation-wide reimbursement schemes, regional disparities in reimbursement policies, not all contraceptive options covered and reasons why etc.)"

If appropriate, please tick the contraceptives (partially or entirely) covered by existing reimbursement schemes:

- Male condoms
- Female condoms, diaphragms
- Emergency contraception
- Oral contraceptives
- Vaginal contraceptive ring, contraceptive patch, depot injection
- Long-acting reversible contraception (LARC), e.g. intrauterine system (IUS), intrauterine device (IUD), sub dermal implant (SDI)

Thank you for inserting any references and comments you have below:

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***2.1 Do reimbursement schemes take into account young people and young adults' (up to 30 years) economic situation by offering tailored reimbursement facilities?**

- Yes, contraceptives and related health services are fully reimbursed/require very small co-payment and there are no financial access barrier
- Yes, some contraceptives and related health services are reimbursed, but financial barrier to obtain contraception may exist (Please provide details in the comment box, e.g. not for all contraceptive methods, not for the entire age group)
- No, there is no/insufficient reimbursement, so that financial barrier to access contraceptives and related health services exists and limits utilisation

Thank you for inserting any references and comments you have below:

Policy Benchmark 6 – Existence of reimbursement schemes

The costs related to medical services and contraceptive methods may pose a barrier to women/couples when it comes to making a choice of contraceptive method. This may undermine prevention against unintended pregnancies, due to a choice of method based on short-term cost burden, but which does not necessarily fit the personal needs and lifestyle of women/couples. It also undermines the women's and couples' right to make a free choice of how to plan their sexual life, personal, social and professional development.

You have answered: "Yes, some contraceptives and related health services are reimbursed, but financial barrier to obtain contraception may exist"

If appropriate, please tick the contraceptives (partially or entirely) covered by existing reimbursement schemes for young people or young adults:

- Male condoms
- Female condoms, diaphragms
- Emergency contraception
- Oral contraceptives
- Vaginal contraceptive ring, contraceptive patch, depot injection
- Long-acting reversible contraception (LARC), e.g. intrauterine system (IUS), intrauterine device (IUD), sub dermal implant (SDI)

Thank you for inserting any references and comments you have below:

Policy Benchmark 6 – Existence of reimbursement schemes

The costs related to medical services and contraceptive methods may pose a barrier to women/couples when it comes to making a choice of contraceptive method. This may undermine prevention against unintended pregnancies, due to a choice of method based on short-term cost burden, but which does not necessarily fit the personal needs and lifestyle of women/couples. It also undermines the women's and couples' right to make a free choice of how to plan their sexual life, personal, social and professional development.

***2.2 Are there monitoring and evaluation systems by the competent government authorities to regularly revise the reimbursement schemes to respond to upcoming needs of women/couples as well as the introduction of innovative contraceptives?**

- Yes, they ensure regular review (every 1-2 years) and results are taken into account for eventual updates of the reimbursement schemes
- Yes, they ensure review but not on a regular basis (Please provide details in the comment box)
- Yes, they ensure review but the results are not taken into account for eventual updates of the reimbursement schemes (Please provide details in the comment box)
- No, but there are concrete plans to develop them in the near future (1-2 years)
- No, there are none and there are no plans to develop them

Thank you for inserting any references and comments you have below:

Policy Benchmark 6 – Existence of reimbursement schemes

The costs related to medical services and contraceptive methods may pose a barrier to women/couples when it comes to making a choice of contraceptive method. This may undermine prevention against unintended pregnancies, due to a choice of method based on short-term cost burden, but which does not necessarily fit the personal needs and lifestyle of women/couples. It also undermines the women's and couples' right to make a free choice of how to plan their sexual life, personal, social and professional development.

Please add here any additional references and comments regarding the previous questions that you believe:

- **Might help to clarify your answers**
- **Help us understand the local context and organisation of the healthcare system in your country**
- **Support the analysis of your answers and rating**

Policy Benchmark 7 – Prevention of discrimination

When looking at access to appropriate fertility control and contraceptive choice, health and social inequalities are notably present amongst vulnerable population groups such as ethnic and cultural minorities, people with disabilities, and people with disadvantaged socio-economic backgrounds. This is a key factor to keep in mind when it comes to promoting the prevention of unintended pregnancies but also effectively overcoming socio-economic disadvantages and promoting full integration into society and the employment world. This needs to be taken into consideration by governments and service providers when shaping and delivering counselling and reproductive health services. Another crucial aspect to prevent discrimination relates to the attitude of both the women/couples and the service providers, which might represent a barrier to access comprehensive information on fertility control methods and/or choice between the available options.

***1. Is access to public sexual and reproductive health and rights (SRHR) services for vulnerable groups covered by any targeted strategy or policy framework, implemented and financially supported by the government?**

- Yes, it is covered by a national strategy/policy framework or included as an important component in various relevant related policy frameworks to ensure access to SRHR services for vulnerable groups is in place, implemented and financially supported by the competent government authorities (Thank you for providing the appropriate reference(s) in the comment box)
- Yes, but it is not fully implemented and/or lacks adequate financial support (Thank you for providing the appropriate reference(s) and more details in the comment box)
- No, it does not exist but there are plans to develop it in the near future (1-2 years)
- No, it does not exist and is not expected in the near future

Thank you for inserting any references and comments you have below:

Policy Benchmark 7 – Prevention of discrimination

When looking at access to appropriate fertility control and contraceptive choice, health and social inequalities are notably present amongst vulnerable population groups such as ethnic and cultural minorities, people with disabilities, and people with disadvantaged socio-economic backgrounds. This is a key factor to keep in mind when it comes to promoting the prevention of unintended pregnancies but also effectively overcoming socio-economic disadvantages and promoting full integration into society and the employment world. This needs to be taken into consideration by governments and service providers when shaping and delivering counselling and reproductive health services. Another crucial aspect to prevent discrimination relates to the attitude of both the women/couples and the service providers, which might represent a barrier to access comprehensive information on fertility control methods and/or choice between the available options.

***2. Are there protocols/recommendations/guidelines for healthcare professionals and service providers in the public sector on how to reach out to and deliver quality SRHR services to vulnerable groups?**

- Yes, they exist and are comprehensive, allowing for effectively reaching out to and delivering quality services to vulnerable people. They are developed by the competent government authorities with input from relevant stakeholders or developed by the relevant stakeholders (e.g. healthcare professionals) with government support/endorsement (Thank you for providing the appropriate reference(s) in the comment box)
- Yes, they exist to a certain extent (Thank you for providing the appropriate reference(s) and details in the comment box, e.g. developed by the government authorities without consultation of relevant stakeholders, no coordinated approach, no comprehensive guidelines etc.)
- No, they don't exist but there are concrete plans for developing them in the near future (1-2 years)
- No, they don't exist

Thank you for inserting any references and comments you have below:

Policy Benchmark 7 – Prevention of discrimination

When looking at access to appropriate fertility control and contraceptive choice, health and social inequalities are notably present amongst vulnerable population groups such as ethnic and cultural minorities, people with disabilities, and people with disadvantaged socio-economic backgrounds. This is a key factor to keep in mind when it comes to promoting the prevention of unintended pregnancies but also effectively overcoming socio-economic disadvantages and promoting full integration into society and the employment world. This needs to be taken into consideration by governments and service providers when shaping and delivering counselling and reproductive health services. Another crucial aspect to prevent discrimination relates to the attitude of both the women/couples and the service providers, which might represent a barrier to access comprehensive information on fertility control methods and/or choice between the available options.

***3. Is the prevention of discrimination taken into account by healthcare professionals and service providers when delivering SRHR and counselling services in the public sector?**

- Yes, it is standard practice
- Yes, to a certain extent
- No, it is not taken into consideration

Policy Benchmark 7 – Prevention of discrimination

When looking at access to appropriate fertility control and contraceptive choice, health and social inequalities are notably present amongst vulnerable population groups such as ethnic and cultural minorities, people with disabilities, and people with disadvantaged socio-economic backgrounds. This is a key factor to keep in mind when it comes to promoting the prevention of unintended pregnancies but also effectively overcoming socio-economic disadvantages and promoting full integration into society and the employment world. This needs to be taken into consideration by governments and service providers when shaping and delivering counselling and reproductive health services. Another crucial aspect to prevent discrimination relates to the attitude of both the women/couples and the service providers, which might represent a barrier to access comprehensive information on fertility control methods and/or choice between the available options.

***4. Are the public SRHR services designed to meet the needs of both females and males?**

- Yes, services are designed to meet the needs of both females and males
- Yes, to a certain extent (Please provide details in the comment box)
- No, they are not (Please provide details in the comment box)

Thank you for inserting any references and comments you have below:

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When looking at access to appropriate fertility control and contraceptive choice, health and social inequalities are notably present amongst vulnerable population groups such as ethnic and cultural minorities, people with disabilities, and people with disadvantaged socio-economic backgrounds. This is a key factor to keep in mind when it comes to promoting the prevention of unintended pregnancies but also effectively overcoming socio-economic disadvantages and promoting full integration into society and the employment world. This needs to be taken into consideration by governments and service providers when shaping and delivering counselling and reproductive health services. Another crucial aspect to prevent discrimination relates to the attitude of both the women/couples and the service providers, which might represent a barrier to access comprehensive information on fertility control methods and/or choice between the available options.

***5. Are economic and social barriers addressed in order to ensure women's/couples' choice and ultimately equal access of all to the full range of contraceptives, including modern contraceptive methods?**

- Yes, economic and social barriers are taken into consideration (Please provide details in the comment box, e.g. no up-front payment prior to reimbursement, accessibility of all modern contraceptives etc.)
- Yes, to a certain extent (Please provide details in the comment box)
- No, they are not taken into account

Thank you for inserting any references and comments you have below:

Policy Benchmark 7 – Prevention of discrimination

When looking at access to appropriate fertility control and contraceptive choice, health and social inequalities are notably present amongst vulnerable population groups such as ethnic and cultural minorities, people with disabilities, and people with disadvantaged socio-economic backgrounds. This is a key factor to keep in mind when it comes to promoting the prevention of unintended pregnancies but also effectively overcoming socio-economic disadvantages and promoting full integration into society and the employment world. This needs to be taken into consideration by governments and service providers when shaping and delivering counselling and reproductive health services. Another crucial aspect to prevent discrimination relates to the attitude of both the women/couples and the service providers, which might represent a barrier to access comprehensive information on fertility control methods and/or choice between the available options.

***6. Do the competent government authorities provide healthcare professionals and service providers with ongoing support and supervision in their daily activities to ensure professional, competent, respectful behaviour towards young people and young adults regarding their SRHR?**

- Yes
- Yes, to a certain extent (Please provide details in the comment box)
- No, they do not receive the necessary support and supervision

Thank you for inserting any references and comments you have below:

Policy Benchmark 7 – Prevention of discrimination

When looking at access to appropriate fertility control and contraceptive choice, health and social inequalities are notably present amongst vulnerable population groups such as ethnic and cultural minorities, people with disabilities, and people with disadvantaged socio-economic backgrounds. This is a key factor to keep in mind when it comes to promoting the prevention of unintended pregnancies but also effectively overcoming socio-economic disadvantages and promoting full integration into society and the employment world. This needs to be taken into consideration by governments and service providers when shaping and delivering counselling and reproductive health services. Another crucial aspect to prevent discrimination relates to the attitude of both the women/couples and the service providers, which might represent a barrier to access comprehensive information on fertility control methods and/or choice between the available options.

Please add here any additional references and comments regarding the previous questions that you believe:

- **Might help to clarify your answers**
- **Help us understand the local context and organisation of the healthcare system in your country**
- **Support the analysis of your answers and rating**

Policy Benchmark 8 – Empowering women through access to modern contraceptiv...

Sexual and reproductive health and rights (SRHR) education and information are key components to achieve gender equality and women empowerment in the personal, social and professional arenas. Information on and access to contraceptive choice will support women in their personal development by allowing them to plan, realise their aspirations in their personal, social and professional lives, and help them to avoid missed opportunities. Policy developments in the areas of gender equality, education and employment integration need to take into account the important role of SRHR education and information in supporting equal opportunities and women's empowerment objectives.

***1. Are there national policies supporting gender equality and women empowerment?**

- Yes, there are national policies supporting gender equality and women empowerment. They are implemented and financially supported by the competent government authorities (Thank you for providing the appropriate reference(s) in the comment box)
- Yes, there are such national policies but they are not fully implemented and/or lack adequate financial support (Thank you for providing the appropriate reference(s) and more details in the comment box)
- No, they do not exist but there are concrete plans for developing them in the near future (1-2 years)
- No, such policies do not exist and are not expected in the near future

Thank you for inserting any references and comments you have below:

Policy Benchmark 8 – Empowering women through access to modern contraceptiv...

Sexual and reproductive health and rights (SRHR) education and information are key components to achieve gender equality and women empowerment in the personal, social and professional arenas. Information on and access to contraceptive choice will support women in their personal development by allowing them to plan, realise their aspirations in their personal, social and professional lives, and help them to avoid missed opportunities. Policy developments in the areas of gender equality, education and employment integration need to take into account the important role of SRHR education and information in supporting equal opportunities and women's empowerment objectives.

***1.1 Are the policies implemented throughout the entire country?**

- Yes, they are implemented across the country
- Yes, to a certain extent only (Thank you for providing details in the comment box, i.e. which areas are covered? which areas are more difficult to cover? are there any social/financial/cultural/religious barriers that play a role?)
- No, they are not implemented (Thank you for providing details in the comment box)

Thank you for inserting any references and comments you have below:

Policy Benchmark 8 – Empowering women through access to modern contraceptiv...

Sexual and reproductive health and rights (SRHR) education and information are key components to achieve gender equality and women empowerment in the personal, social and professional arenas. Information on and access to contraceptive choice will support women in their personal development by allowing them to plan, realise their aspirations in their personal, social and professional lives, and help them to avoid missed opportunities. Policy developments in the areas of gender equality, education and employment integration need to take into account the important role of SRHR education and information in supporting equal opportunities and women's empowerment objectives.

*** 1.2 Do these gender equality policies include a component of SRHR?**

- Yes (Thank you for providing details in the comment box)
- Yes, to a certain extent only (Thank you for providing details in the comment box)
- No

Thank you for inserting any references and comments you have below:

Policy Benchmark 8 – Empowering women through access to modern contraceptiv...

Sexual and reproductive health and rights (SRHR) education and information are key components to achieve gender equality and women empowerment in the personal, social and professional arenas. Information on and access to contraceptive choice will support women in their personal development by allowing them to plan, realise their aspirations in their personal, social and professional lives, and help them to avoid missed opportunities. Policy developments in the areas of gender equality, education and employment integration need to take into account the important role of SRHR education and information in supporting equal opportunities and women's empowerment objectives.

***1.3 Do the gender equality policies include a reference to fertility control and access to modern contraceptive choice to help women realise their personal/social/professional aspirations?**

- Yes (Please provide more details on the areas covered in the comment box)
- Yes to a certain extent only (e.g. only in the employment sphere, no reference to personal aspirations and wellbeing, importance of healthy pregnancies) (Please provide more details in the comment box)
- No
- Not applicable as the plans are still under development and the content is not clear yet

Thank you for inserting any references and comments you have below:

Policy Benchmark 8 – Empowering women through access to modern contraceptiv...

Sexual and reproductive health and rights (SRHR) education and information are key components to achieve gender equality and women empowerment in the personal, social and professional arenas. Information on and access to contraceptive choice will support women in their personal development by allowing them to plan, realise their aspirations in their personal, social and professional lives, and help them to avoid missed opportunities. Policy developments in the areas of gender equality, education and employment integration need to take into account the important role of SRHR education and information in supporting equal opportunities and women's empowerment objectives.

***1.4 Do the policies address the need to ensure information and access to the full range of modern contraceptives and their usage (e.g. effectiveness, correct use, how modern contraceptives work, side-effects/health risks, benefits, return to fertility after discontinuing, advice on protection against sexually communicable diseases)?**

- Yes (Thank you for providing details on the issues covered in the comment box)
- Yes to a certain extent only (Please provide details in the comment box)
- No
- Not applicable as the plans are still under development and the content is not clear yet

Thank you for inserting any references and comments you have below:

Policy Benchmark 8 – Empowering women through access to modern contraceptiv...

Sexual and reproductive health and rights (SRHR) education and information are key components to achieve gender equality and women empowerment in the personal, social and professional arenas. Information on and access to contraceptive choice will support women in their personal development by allowing them to plan, realise their aspirations in their personal, social and professional lives, and help them to avoid missed opportunities. Policy developments in the areas of gender equality, education and employment integration need to take into account the important role of SRHR education and information in supporting equal opportunities and women's empowerment objectives.

***2. Are there monitoring and evaluation systems developed by competent government authorities to assess the effectiveness of the policies and their impact on women's wellbeing and personal development?**

- Yes, policy impact is regularly monitored and evaluated by the competent government authorities and the results are taken into account for eventual updates of policies (Thank you for providing the appropriate reference(s) in the comment box)
- Yes, monitoring and evaluation systems are in place but they are not properly implemented or the results are not taken into account for future policy review
- No, such monitoring and evaluation systems do not exist but are expected in the near future (1-2 years)
- No, such monitoring and evaluation systems do not exist and are not expected

Thank you for inserting any references and comments you have below:

Policy Benchmark 8 – Empowering women through access to modern contraceptiv...

Sexual and reproductive health and rights (SRHR) education and information are key components to achieve gender equality and women empowerment in the personal, social and professional arenas. Information on and access to contraceptive choice will support women in their personal development by allowing them to plan, realise their aspirations in their personal, social and professional lives, and help them to avoid missed opportunities. Policy developments in the areas of gender equality, education and employment integration need to take into account the important role of SRHR education and information in supporting equal opportunities and women's empowerment objectives.

Please add here any additional references and comments regarding the previous questions that you believe:

- **Might help to clarify your answers**
- **Help us understand the local context and organisation of the healthcare system in your country**
- **Support the analysis of your answers and rating**

End of Barometer Questionnaire

Thank you very much for having completed the online Barometer Questionnaire.

We thank you for your time and engagement. Your input will be very valuable for the development of the Barometer!

Should we have any questions regarding your input, we will get back to you in the next few weeks.

We will share the results of the survey and Barometer report with you when finalised and we will of course invite you to the Brussels launch event of the Barometer in 2013.

Should you have any questions in the meantime, please don't hesitate to contact Marieka Vandewiele at mvandewiele@ippfen.org or via phone at +32 (0)2 250 0950.

Many thanks again for your precious support!