

	TOTAL	Czech Republic	Sweden	Lithuania	Poland	Bulgaria	The Netherlands	Germany	Spain	Italy	France
Policy Benchmark 1 - Policy making and strategy											
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? <ul style="list-style-type: none"> • 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 (10 points) • Yes, it exists but it is not fully implemented and/or lacks adequate financial support (5 points) • No, it does not exist but there are plans to develop it with adequate financial support in the near future (1-2 years) (5 points) • No, it does not exist and is not expected in the near future (0 points) 	10	0	5	0	5	5	10	10	5	0	10
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? a) Yes (10 points) b) 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 (5 points) c) Not applicable, the plans are not yet implemented and these content details are not defined yet (0 points)	10		0		5		10	10	5	0	5
1.2 Which areas related to FP and access to modern contraceptive choice does the strategy/policy framework address? You can tick more than one option a) Awareness raising of sexual health and modern contraceptive choice (2 points) b) Education on sexual health and modern contraceptive choice specially targeted to young people and young adults (2 points) c) Education and training of healthcare professionals and service providers (2 points) d) Provision of individualised counselling and quality services (2 points) e) Existence of reimbursement schemes to facilitate access to the full range of contraceptives (2 points) f) Prevention of discrimination (2 points) g) Empowering women through better fertility control/family planning policies (2 points) h) Involvement and roles/responsibilities of relevant stakeholders in policy making and implementation (2 points) i) Monitoring, evaluation and policy review (2 points) j) Not applicable, the plans are not yet implemented and these content details are not defined yet (0 points)	18		0		0	0	10	16	16	0	8
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? a) Yes (5 points) b) 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 (3 points) c) No (0 points)	5	5	5	0		3				3	
2. Are stakeholders involved in the development of national policies/strategies related to sexual and reproductive health and access to modern contraceptive choice? <ul style="list-style-type: none"> • 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 (10 points) • Yes, to a certain extent; stakeholders are somehow involved, but not systematically OR their views are not always taken into consideration (5 points) • No, stakeholders are not involved (0 points) 	10	0	10	0	5	5	5	10	5	0	5
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? <ul style="list-style-type: none"> • Yes, such mechanisms are in place and considered effective (10 points) • Yes, such mechanisms are in place but not properly enforced (5 points) • No, such mechanisms do not exist but there are plans for developing them in the near future (1-2 years) (3 points) • No, such mechanisms do not exist and are not expected in the near future (0 points) 	10		10		5	3	0	10	0		5
3. Are stakeholders involved in the implementation of national policies related to sexual and reproductive health and access to modern contraceptive choice? <ul style="list-style-type: none"> • Yes, all stakeholders are involved to ensure proper implementation (10 points) • Yes, to a certain extent (5 point) • No, stakeholders are not involved in the implementation of policies (0 points) 	10	0	10	0	5	0	5	5	5	0	5
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? <ul style="list-style-type: none"> • Yes, generally (5 points) • Yes, to a certain extent only (3 point) • No (0 points) 	5	0	0	0	3	5	3	5	3	0	5
5. Are policies regularly reviewed? <ul style="list-style-type: none"> • Yes (5 points) • Yes, but not systematically or not in timely response to emerging needs (3 point) • No (0 points) 	5	0	0	0	3	0	3	5	3	0	3

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 (5 points) • 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 (2 points) • No, such monitoring and evaluation systems do not exist but there are plans for developing them in the near future (1-2 years) (2 points) • No, no monitoring and evaluation systems are in place nor expected in the near future (0 points)	5	0	0	0	2	2	5	5	2	2	5
6.1. Are the stakeholders involved in the evaluation and review of national policies related to sexual and reproductive health and access to modern contraceptive choice? a) Yes, all stakeholders affected by the implemented policy are involved in policy/strategy evaluation and review (5 points) b) Yes, to a certain extent only (3 point) c) No, stakeholders are not involved in the evaluation and review process (0 points) d) Not applicable, the systems are still under development and these details are not yet covered in the plans (0 points)	5				3	0	3	5	3		0
6.2. What are the evaluation criteria: (you can tick more than one option) a) Change in the number of unintended pregnancies (2 points) b) Shift of population attitudes (2 points) c) Women's access to education and integration into the labour market (2 points) d) Other (Please provide details in the comment box) (2 points) e) Not applicable, the systems are still under development and these details are not yet covered in the plans (0 points)	8				0	0	8	8	0		4
Policy Benchmark 2 - General awareness of sexual and reproductive health and rights (SRHR)											
1. Are there any regular or ongoing government funded information campaigns on sexual and reproductive health and rights (SRHR) in your country? • YES, there are ongoing government funded information campaign(s) on SRHR in my country at this moment OR they are run regularly (10 points) • 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 (6 points) • No, not now BUT there are concrete plans to have campaigns on SRHR and fertility control in the near future (6 points) • No, not now BUT there were campaigns in the past 5 years providing partial information on SRHR and fertility control, they were not effective (3 points) • No, not now BUT there are vague plans to have campaigns on SRHR and fertility control in the future (2 points) • NO, there are no ongoing or regular government funded information campaigns on SRHR in my country (0 points)	10	0	10	0	10	10	10	10	3	0	10
1.1 What information does/do the campaign(s) provide? a) 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. (10 points) b) The campaign(s) provide information on SRHR but only limited information on fertility control and modern contraceptives (5 points) c) The campaign(s) provides information on SRHR but no reference is made to the range and use of modern contraceptives (0 points)	10		5		0	0	10	10	5		10
1.2 Are the campaigns diversified and targeted depending on women's age-range and socio-economic background? a) Yes, they are diversified (5 points) b) No, they are not (0 points)	5		5		0	5	5	5	0		5
1.2.1 Are there any campaigns targeted specifically at young people and young adults? a) Yes, there are campaigns targeted specifically at young people and young adults (6 points) b) No, there are no campaigns targeted specifically at young people and young adults (0 points)	6		6			6	6	6	6		6
1.2.2. Are there any campaigns targeted at vulnerable people at risk of economic and social exclusion? a) Yes, there are campaigns with a special focus on vulnerable people at risk of economic and social exclusion (3 points) b) No, there are no campaigns targeted at vulnerable people (0 points)	3		0		3		3	0	0		0
1.3 Are the government funded campaigns developed following consultation with stakeholders? a) 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 (5 points) b) Yes, the campaigns are developed in collaboration with some but not all relevant stakeholders (2 points) c) No, the campaigns are developed by the government only, without consultation of relevant stakeholders and the target audience (0 points)	5		2		2	2	5	2	2		5
1.4 Are these campaigns run effectively across all regions in the country? a) Yes (5 points) b) No, these campaigns run only in particular geographical areas of the country (2 points)	5		5		5	2	5	5	5		5

1.5 Are these campaigns well funded and receiving the necessary support for proper implementation? a) Yes, they are well funded by the government and they receive the necessary support for proper implementation (5 points) b) Yes, to a certain extent (2 points) c) No (0 points)	5	2	2	2	2	2	2	0	2
2. Are there any regular or ongoing government funded information campaigns on equal opportunities for women in your country? • Yes, there are (10 points) • No, there are not (0 points)	10	0	10	10	0	0	10	0	10
2.1. Do these particular campaigns include information on fertility control and the range of modern contraceptive choice? a) Yes, they do (10 points) b) Yes, they do, but information is not complete or could be improved (5 point) c) No, the two topics of equal opportunities and fertility control are completely unrelated in my country (0 points)	10	0	0	0	0	0	5	0	0
3. Does the government monitor and evaluate the impact of these current and past campaigns where they exist? • Yes, there are monitoring systems in place run by the government (5 points) • Yes, monitoring systems are foreseen in theory but are not properly run (1 point) • No, there are no monitoring systems in place (0 points) • The answers above are not applicable (0 points)	5	0	5	1	0	0	5	0	0
3.1. Are the evaluation results taken into consideration when developing future campaigns? a) Yes, evaluation results are taken into consideration (5 points) b) Yes, to a certain extent only (2 points) c) No, they are not (0 points) d) The answers above are not applicable (0 points)	5	5	2	0	5	0	5	0	5
4. Would you consider that the past and/or current government funded campaigns reach the right target audience effectively? • Yes, they are considered to reach the target audience effectively (5 points) • No, they are not reaching the target audience effectively (0 points) • No information on evaluation results of campaigns is publicly accessible (0 points)	5	0	5	0	0	0	5	5	0
Policy Benchmark 3 - Education on sexual and reproductive health and modern contraceptive choice to young people and young adults									
1. Is there currently any sexual education in the schools in your country? • YES, there is ongoing sexual education in the schools in my country, providing complete information on sexual and reproductive health and on the range and use of contraceptives (10 points) • YES, there is ongoing sexual education in the schools in my country, providing partial information on sexual and reproductive health and on the range and use of contraceptives (6 points) • NO, BUT there are concrete plans to have sexual education in schools in the near future, providing information on sexual and reproductive health and on the range and use of contraceptives (6 points) • NO, BUT there are vague plans to have sexual education in schools in the near future (3 points) • NO, there is no ongoing sexual education in the schools in my country and no plans for the future (0 points)	10	6	6	3	6	6	10	6	6
a) Yes, sexual 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 (5 points) b) Yes, sexual 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 (3 points) c) Sexual education in schools is suggested by the Ministry but not compulsory (1 point) d) The above answers are not applicable (0 points)	5	3	3	1	0	3	3	1	0
1.2. Do schools receive the necessary government funding and support to provide sexual education and ensure sufficient time can be allocated to proper implementation? a) Yes, every school can allocate a specific budget and time to sexual education and ensure implementation (5 points) b) Only in some schools a specific budget and time can be foreseen for sexual education but not across the entire country (2 points) c) No budget nor time is specifically allocated to this, therefore this area is often under resourced (0 points) d) The above answers are not applicable (0 points)	5	0	5	0	5	2	5	5	2
1.3. At which school level is sexual education implemented? Respondents will be able to tick more than one of the answers below. a) Primary school (generally between age 6-11) (2 points) b) Middle school (generally between age 12-15) (2 points) c) High School (generally between age 15-18) (2 points) d) The above answers are not applicable (0 points)	6	3	6	0	4	4	4	6	4
1.4. Is there a specific curriculum on sexual education that teachers need to follow? a) Weekly lessons (as of 1 h per week) (5 points) b) Regular lessons (between 1-3hrs per month) (3 points) c) Regular lessons (less than 1h per month) (2 points) d) Limited or ad hoc programmes are organised, e.g. only quarterly lessons, limited reference during other courses such as biology (1 point) e) The above answers are not applicable (0 points)	5	0	0	1	3	1	0	0	0

<p>1.5. What information does sexual education at schools include with regards to modern contraceptive choice and healthy, planned pregnancies?</p> <p>a) Sexual 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. (10 points)</p> <p>b) Sexual education provides only limited information on the range and use of contraceptives (6 points)</p> <p>c) Sexual education only focuses on raising awareness of unplanned pregnancies but does not offer information on the range and use of contraceptives (3 point)</p> <p>d) There is no information on the content of sexual education at schools (e.g. because it is independently decided by the individual teachers) (0 points)</p>	10	0	3	3	6	6	0	0	6	6	10
<p>1.6. Does sexual education in schools provide credible, evidence-based information on modern methods of contraception?</p> <p>a) Yes, it provides credible, evidence-based information (10 points)</p> <p>b) The information is credible but lacking the latest evidence-based information (e.g. new contraceptive methods, new family planning policies) (5 points)</p> <p>c) No, the sexual education does not provide credible, evidence-based information (0 points)</p> <p>d) There is no information on the content of sexual education (e.g. because it is independently decided by the individual teachers) (0 points)</p>	10	0	0	0	0	0	10	10	0	10	10
<p>1.7. Does sexual education at schools include information on local sexual and reproductive health service providers?</p> <p>a) Yes, it provides information on the existing service providers in the area, entitlement and how to access them (5 points)</p> <p>b) Yes, but information is incomplete (2 point)</p> <p>c) No, it does not provide such information (0 points)</p> <p>d) There is no information on the content of sexual education (e.g. because it is independently decided by the individual teachers) (0 points)</p>	5	0	5	0	0	2	5	5	0	5	5
<p>1.8. In your view, do teachers generally have the required skills and knowledge to teach sexual education at school?</p> <p>a) Yes (5 points)</p> <p>b) Yes, to a certain extent only (2 point)</p> <p>c) No (0 points)</p> <p>d) The above answers are not applicable (Thank you for providing further details in the comment box, e.g. sexual education is not yet implemented in the country and plans don't provide details yet) (0 points)</p>	5	2	2	0	0	0	2	2	0	2	0
<p>1.9. Are there government recommendations/guidelines for teachers on how to provide sexual education?</p> <p>a) Yes, there are government recommendations/guidelines provided by the Ministry for Education/educational authorities for teachers. They are widely taken into consideration by teachers (5 points)</p> <p>b) Yes, there are recommendations/guidelines provided by the Ministry for Education/educational authorities for teachers but they are not implemented (2 point)</p> <p>c) No, such recommendations/guidelines do not exist (0 points)</p>	5	0	0	2	2	0	0	5	0	0	5
<p>1.10. Are there training courses for teachers on how to provide appropriate sexual education?</p> <p>a) Yes, trainings are organised or funded by the government/educational authorities (5 points)</p> <p>b) No, such trainings are not organised (0 points)</p> <p>c) The above answers are not applicable (Thank you for providing further details in the comment box) (0 points)</p>	5	0	5	0	5	0	0	5	0	0	5
<p>1.11. Are teachers provided with user educational materials issued or funded by the government to support the courses?</p> <p>a) Yes (5 points)</p> <p>b) Yes, to a certain extent only (2 point)</p> <p>c) No (0 points)</p>	5	0	5	0	2	0	5	5	0	0	0
<p>outcomes of sexual education at schools?</p> <ul style="list-style-type: none"> • Yes, the Ministry for Education/educational authorities regularly revise the impact and outcome of sexual education at schools through monitoring and evaluation systems and take the results into account when developing follow up programmes (5 points) • Yes, the Ministry for Education/educational authorities regularly revise the impact and outcome of sexual education through monitoring and evaluation systems but the results are taken into account only to a limited extent when developing follow up programmes (3 points) • Yes, there are government led monitoring and evaluation systems in place, but the results are not used to update/improve future educational programmes (1 point) • No, there are no monitoring and evaluation systems in place (0 points) 	5	0	0	0	0	0	5	5	0	0	0
<p>3. Does the government fund targeted education on sexual and modern contraceptive choice for people at risk of social and economic exclusion?</p> <ul style="list-style-type: none"> • Yes, there is targeted government funded sexual education for people at risk of social and economic exclusion and it includes information on the range and use of modern contraceptives (5 points) • Yes but the targeted sexual education only includes limited information on the range and use of modern contraceptives (3 points) • No, there is no targeted sexual education funded by the government (0 points) 	5	0	0	0	0	0	5	5	3	0	0
Policy Benchmark 4 - Education and training of healthcare professionals and service providers											

<p>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</p> <ul style="list-style-type: none"> • 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 the relevant stakeholders (including healthcare professionals and civil society representatives) (10 points) • 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. (5 points) • 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) (5 points) • NO, such recommendations/guidelines/protocols do not exist in my country (0 points) 	10	0	10	0	5	5	10	10	5	5	10
<p>1.1 Are these national/nation-wide FP recommendations/guidelines/protocols credible and evidence-based?</p> <p>a) 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) (10 points)</p> <p>b) They are partly credible and evidence-based, not entirely (5 points)</p> <p>c) No, they are not credible, evidence-based (0 points)</p>	10		10		10	10	10	10	10	10	10
<p>1.2 Do national/nation-wide FP recommendations/guidelines/protocols include information on the range of modern contraceptive methods and their usage?</p> <p>a) 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. (10 points)</p> <p>b) 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 (5 points)</p> <p>c) No, they do not address the issue of information and counselling on women's/couple's contraceptive choice (0 points)</p>	10		10		5	5	10	10	5	5	10
<p>1.3 Do these national/nation-wide FP recommendations/guidelines/protocols provide minimum quality standards and objectives on service delivery and counselling?</p> <p>a) Yes (10 points)</p> <p>b) Yes, to a certain extent only (5 points)</p> <p>c) No, but general healthcare service quality standards and objectives apply (5 points)</p> <p>d) No, there are no quality standards and objectives for sexual and reproductive health and rights (SRHR) services (0 points)</p>	10		10		0	5	10	10	5	0	10
<p>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).</p> <p>a) Yes (10 points)</p> <p>b) Yes, to a certain extent only (5 points)</p> <p>c) No (0 points)</p>	10		10		5	0	5	10	5	0	10
<p>1.5 In your view, are the FP recommendations/guidelines/protocols implemented by healthcare professionals and service providers throughout the entire country?</p> <p>a) Yes, they are implemented evenly across the country (5 points)</p> <p>b) Yes, to a certain extent only. They are implemented unevenly across the country (3 points)</p> <p>c) No, they are not implemented by the healthcare professionals and service providers (0 points)</p>	5		3		5	3	5	5	3	0	5
<p>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?</p> <p>a) Yes (5 points)</p> <p>b) No advice (0 points)</p>	5		0		0	0	0	0	0	0	5
<p>1.7 Are the national/nation-wide FP recommendations/guidelines/protocols reviewed/updated on a regular basis according to scientific developments and evidence?</p> <p>a) Yes, they are reviewed/updated on a regular basis (e.g. every 2 years) (5 points)</p> <p>b) Yes, they are reviewed/updated only when there is an obvious need OR with new scientific developments (3 points)</p> <p>c) 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 (0 points)</p>	5		3		0	3	5	3	3	0	3
<p>2. Are there national/regional/local education programmes on fertility control/family planning and modern contraceptive choice for healthcare professionals and other service providers?</p> <ul style="list-style-type: none"> • 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 (10 points) • YES, national/nation-wide education programmes on fertility control/family planning and modern contraceptive choice exist, they are informal/non recognised education programmes (5 points) • 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) (5 points) • NO, such education programmes do not exist (0 points) 	10	0	5	5	10	5	10	10	5	5	5

part of the medical curriculum and practicum? a) Yes, it is part of the medical curriculum and practicum and compulsory in all medical schools and trainings (5 points) b) Yes, it is part of the medical curriculum and practicum in all medical schools and trainings but not compulsory (3 points) c) It is part of the medical curriculum and practicum only for some students/residents (e.g. those specialising in reproductive health, obstetrics, gynaecology and related issues) (1 point)	5	5	1	5	5	5	5	1	1	1
2.2 Are the medical curricula regularly updated to ensure new developments are taken into account (e.g. new SRHR or FP policies, development of innovative contraceptive methods)? a) Yes, the curricula are updated regularly (5 points) b) No, the curricula are not regularly updated (0 points)	5	5	0	0	5	5	5	5	0	5
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 (5 points) • No, such training programmes are not foreseen and 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 (0 points)	5	5	5	0	5	5	5	0	5	0
3.1 Are these post-graduate training programmes regularly organised? a) Yes, post-graduate training programmes are organised every year (5 points) b) Yes, post-graduate training programmes are organised every few years (two or three) (3 points) c) Not regularly, only once every five years or even less (0 points)	5	5	5	0	3	3	0	3	0	0
Policy Benchmark 5 - Provision of individualised counselling and quality services										
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 (10 points) • 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 (5 points) • NO, individualised counselling is not required nor recommended under the current policy framework (0 points)	10	0	10	0	0	0	10	10	5	0
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? a) Yes (10 points) b) Yes, but only to a certain extent (e.g. they only address a certain number of contraceptive methods (5 point)	10	10				0	10	5	5	10
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.? a) 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, lifestyle choice (10 points) b) Yes, to a certain extent (5 points) c) No, they don't (0 points)	10	10				0	5	10	5	10
1.3 Do the guidelines/recommendations/framework on individualised counselling provide information on how contraceptive choice could contribute to better prevent unintended pregnancies? a) Yes, they do (5 points) b) No, they don't provide sufficient information on how access to contraceptive choice could contribute to healthy, planned pregnancies and prevent unintended pregnancies (0 points)	5	5				0	5	5	5	5
1.4 In your view, are the guidelines/recommendations/framework on individualised counselling properly implemented by healthcare professionals and service providers across the country? a) Yes, they are properly implemented across the country (5 points) b) Yes, to a certain extent (3 points) c) No, implementation could be improved (0 points)	5	3				0	0	3	3	3
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 (10 points) • Yes, minimum quality standards exist but they are not fully applied (5 points) • No, minimum quality standards are not provided (0 points)	10	0	0	0	0	0	5	5	0	0
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 (5 points) • 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 (1 point) • No, such monitoring and evaluation systems are not in place (0 points)	5	0	0	0	0	0	1	1	0	0
4. Is there timely referral to specialist services when necessary? • Yes, women are always referred to specialist services when appropriate (5 points) • No, women are not referred to specialist services in due time (0 points)	5	5	5	0	5	0	5	5	5	0

<p>5. Are counselling services provided in easily accessible locations, with flexible opening hours and an appropriate structure to ensure privacy?</p> <ul style="list-style-type: none"> • Yes, counselling services are provided in easily accessible locations, with flexible opening hours and an appropriate structure to ensure privacy (10 points) • Yes to a certain extent only (e.g. the location, opening hours and appropriateness of the structure varies throughout the country) (5 points) • No, counselling services are not provided in locations that facilitate private, individualised counselling (0 points) 	10	0	5	0	5	5	10	5	5	5	5
<p>6. Are service providers publicising their activities to the local community in order to raise awareness and facilitate access to the local population?</p> <ul style="list-style-type: none"> • Yes, they publicise their activities to the local community in a variety of ways and are very well known (5 points) • Yes, to a certain extent only (3 point) • No they don't publicise their activities and are therefore not very well known (0 points) 	5	3	5	0	3	3	3	5	3	3	0
<p>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)?</p> <ul style="list-style-type: none"> • Yes, facilities are properly equipped throughout the country (10 points) • Yes, to a certain extent (e.g. not throughout the country, a majority of facilities but not all) (5 points) • No, facilities are never not properly equipped (0 points) 	10	0	5	5	5	10	10	5	10	5	10
<p>8. Do healthcare professionals and service providers receive appropriate training on individualised counselling as part of the medical curriculum and practicum?</p> <ul style="list-style-type: none"> • Yes, they do (5 points) • No, they don't (0 points) 	5	0	5	0	0	0	5	5	0	0	0
<p>9. Are there post-graduate training programmes made available for healthcare professionals and service providers on individualised counselling?</p> <ul style="list-style-type: none"> • Yes, there are (5 points) • No, there aren't (0 points) 	5	5	5	0	0	5	5	5	5	0	0
<p>10. Do healthcare professionals and service providers receive incentives and/or remuneration for individualised counselling?</p> <ul style="list-style-type: none"> • Yes, they do (10 points) • Yes, to a certain extent only (5 points) • No, they don't (0 points) 	10	5	0	0	0	0	5	10	0	0	5
<p>11. Is confidentiality in counselling supported through a legal framework?</p> <ul style="list-style-type: none"> • Yes, confidentiality is supported through a legal framework and respected by healthcare professionals and service providers (10 points) • Yes, confidentiality is supported through a legal framework but not always respected by healthcare professionals and service providers (5 point) • No, confidentiality is not supported through a legal framework (0 points) 	10	10	10	5	10	10	10	10	10	10	10
Policy Benchmark 6 - Reimbursement schemes											
<p>1. Are all modern contraceptive methods available across the country?</p> <ul style="list-style-type: none"> • Yes, they are all equally available across the entire country (10 points) • Yes to a certain extent (5 points) 	10	5	10	5	5	5	10	10	10	10	10
<p>2. Are modern contraceptives reimbursed in your country?</p> <ul style="list-style-type: none"> • Yes, contraceptives and related health services (e.g. consultations, LARC placement etc.) are fully reimbursed (10 points) • Yes, there is partial reimbursement with small to moderate co-payment by women (5 points) • 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 (0 points) 	10	0	5	0	0	0	5	5	5	0	5
<p>3. Do reimbursement schemes take into account young people and young adults (up to 30 years) economic situation by offering tailored reimbursement facilities?</p> <p>a) Yes, contraceptives and related health services are fully reimbursed/require very small co-payment and there are is no financial access barrier (10 points)</p> <p>b) Yes, some contraceptives and related health services are reimbursed, but financial barrier to obtain contraception may exist (5 points)</p> <p>c) No, there is no/insufficient reimbursement, so that financial barrier to access contraceptives and related health services exists and limits utilization (0 points)</p>	10	0	5			0	5	5	5		5
<p>4. Do reimbursement schemes respond to upcoming needs of women/couples as well as the introduction of innovative contraceptives?</p> <p>a) Yes, they ensure regular review (every 1-2 years) and results are taken into account for eventual updates of the reimbursement schemes (5 points)</p> <p>b) Yes, they ensure review but not on a regular basis (3 points)</p> <p>c) Yes, they ensure review but the results are not taken into account for eventual updates of the reimbursement schemes (1 points)</p> <p>d) No, but there are concrete plans to develop them in the near future (1-2 years) (3 points)</p> <p>e) No, there are none and there are no plans to develop them (0 points)</p>	5		0			0	5	0	0		1
Policy Benchmark 7 - Prevention of discrimination											

<p>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?</p> <ul style="list-style-type: none"> • 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 (5 points) • 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 (3 points) • No, such monitoring and evaluation systems do not exist but are expected in the near future (1-2 years) (3 points) • No, such monitoring and evaluation systems do not exist and are not expected (0 points) 	5	0	3	0	3	3	0	3	3	0	0
Country Specific Total (CST)	621	75	387	65	206	202	429	454	262	138	414