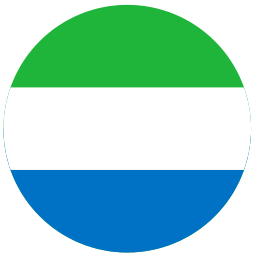

Sierra Leone

Collaborative Advocacy Action Plan (CAAP)

Delivering on country commitments for women's, children's and adolescents' health and well-being

February 2025

PMNCH for

Hosted by the World Health Organization

CLINTON HEALTH ACCESS INITIATIVE

Abbreviations and Acronyms

AWB	Adolescent Health and Wellbeing
CAAP	Collaborative Advocacy Action Plan
CHAI	Clinton Health Access Initiative
CHC	Community Health Centre
CHW	Community Health Worker
CMO	Chief Medical Officer
CS	Child Survival
CSA	Child Survival Action
CSAP	Child Survival Action Plan
CDs	Communicable Diseases
DHIS-2	District Health Information System-2
DHMTs	District Health Management Teams
DHS	Demographic and Health Survey
DMOs	District Medical Officers
DPPI	Directorate of Policy Planning and Information
ENAP	Every Newborn Action Plan
EPI	Expanded Programme on Immunization
EPMM	Ending Preventable Maternal Mortality
GFF	Global Financing Facility
HCW	Health Care Worker
HWs	Health Workers
HMIS	Health Management Information Systems
JDs	Job Descriptions
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MMR	Maternal Mortality Ratio
MNCH	Maternal Newborn and Child Health
MoH	Ministry of Health
MoU	Memorandum of Understanding
MSP	Multi Stakeholder Platform
MTNDP	Medium-Term National Development Plan
NCDs	Non-Communicable Diseases
NHSP	National Health and Sanitation Policy
NMCP	National Malaria Control Programme
NMSA	National Medical Supplies Agency
PHC	Primary Health Care
PHUs	Peripheral Health Units
PMNCH	Partnership for Maternal, Newborn and Child Health
QMP	Quality Management Programme
QoC	Quality of Care
RMNCAH	Reproductive Maternal Newborn Child and Adolescent Health
RMNCAH&N	Reproductive Maternal Newborn Child and Adolescent Health and Nutrition
SBCC	Social and Behaviour Change Communication
SDG	Sustainable Development Goal
SLeSHI	Sierra Leone Social Health Insurance
SOPs	Standard Operating Procedures
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
ToR	Terms of Reference
TWG	Technical Working Group
U5MR	Under-Five Mortality Rate
UHC	Universal Health Coverage
UN	United Nations
WCAH	Women's, Children's and Adolescents' Health
WHA	World Health Assembly
WHO	World Health Organization

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Sierra Leone Collaborative Advocacy Action Plan (CAAP)

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Section 1 |CAAP overview

The CAAP initiative in Sierra Leone

The aim of the Collaborative Advocacy Action Plan (CAAP) initiative is to improve accountability for women's, children's and adolescents' health (WCAH) through the collaborative efforts of partners. This initiative is aligned with global frameworks to improve accountability and drive progress toward achieving universal health coverage (UHC) and the Sustainable Development Goals (SDGs) related to health.

The Clinton Health Access Initiative (CHAI) with support from PMNCH coordinated the process in Sierra Leone, and in doing so recognized the leadership of the Ministry of Health (MOH). The process involved an initial inclusive, partner-led, scoping and assessment of WCAH commitments. CHAI played a pivotal role in guiding the scoping, assessment, and strategic alignment of WCAH commitments, particularly in coordination with the MoH. The involvement of the MoH has been crucial in ensuring that health strategies and accountability mechanisms (identified in the CAAP) are effectively implemented.

CHAI, with inputs from partners, coordinated a comprehensive scoping and assessment of national WCAH commitments and examined their alignment with national priorities and capability to address critical gaps in maternal, newborn, child, and adolescent health. The WCAH Commitments Scoping and Assessment Report provides an overview of the key commitments identified, prioritized for implementation and evaluated.

Based on this evidence, partners identified a set of advocacy actions to be undertaken collaboratively by WCAH stakeholders to improve the quality and implementation of existing WCAH commitments, while responding to the need for new commitments where critical gaps exist. This process has contributed value to Sierra Leone's health sector in the following ways, by:

- Improving evidence on existing commitments and policy gaps at the country level.
- Facilitating more meaningful engagement of underrepresented constituencies in national policy processes, through multi stakeholder convenings, strengthened alignment, and coordination among PMNCH partners and other WCAH actors.
- Enhancing visibility of national WCAH commitments in an effort to increase accountability for WCAH commitments.

The CAAP process in Sierra Leone utilized the RMNCAH+N multistakeholder platform to foster collaboration among key actors, including government officials, international partners, civil society organizations, and community representatives. This platform provided a space for stakeholders to discuss the progress, challenges, and necessary steps for achieving WCAH commitments, with a focus on ensuring accountability and transparency. The discussions held on the MSP were captured in a detailed summary report that highlights key points, stakeholder contributions, and the agreed-upon actions moving forward. This report serves as a critical document for tracking progress and maintaining accountability among all involved parties.

By leveraging the MSP and focusing on key commitments through the CAAP process, Sierra Leone continues to strengthen its efforts to improve health outcomes for women, children, and adolescents.

This CAAP plan was developed in February 2025 and reflects priorities and activities identified at that time with present partners. It is a living document and will be updated regularly. Its implementation depends on partners, and we invite you to join efforts to achieve advocacy goals by collaborating on the listed and additional activities.

For further exchanges on CAAP implementation, MSP membership and PMNCH country partners, partners are invited to join the **Sierra Leone Country Digital Advocacy Hub** and contact PMNCH (pmnch@who.int).

Section 2 | Background

Overview of women's, children's and adolescents' health in Sierra Leone

Sierra Leone has one of the highest rates of maternal, newborn, and child mortality globally. Hemorrhage, sepsis, eclampsia, and unsafe abortions are the leading causes of maternal deaths. Birth asphyxia, neonatal sepsis, and complications of preterm birth are the main drivers of newborn mortality. Malaria, pneumonia, diarrhea, and malnutrition are the top contributors to child mortality. Teenage pregnancies, unsafe abortions, sexually transmitted infections (STIs), and gender-based violence are significant health risks for adolescents.[1]

Critical issues include limited access to quality antenatal, intrapartum, and postnatal care. Many women face challenges in accessing skilled birth attendants, leading to high rates of maternal mortality, largely from preventable causes such as hemorrhage, infections, and complications from unsafe abortions.

In Sierra Leone, access to sexual and reproductive health services remains limited, particularly for rural populations and adolescents. Teenage pregnancy is a major issue, with nearly 30% of girls aged 15-19 having given birth or being pregnant.[2] This often leads to school dropouts and contributes to a cycle of poverty and poor health outcomes. Additionally, limited access to family planning and contraceptive services results in high rates of unintended pregnancies and unsafe abortions, further increasing maternal morbidity and mortality.[3]

Adolescents in Sierra Leone face significant health challenges, particularly concerning sexual and reproductive health, mental health, and exposure to gender-based violence. Early marriage and pregnancy are prevalent, contributing to adverse health outcomes for both mothers and their children. Adolescents also face further barriers in accessing health services due to stigma, lack of youth-friendly services, and insufficient health education. Mental health issues, exacerbated by poverty, violence, and trauma from the civil war, also contribute to poor adolescent well-being.[4,5]

Sierra Leone's health outcomes for WCA are significantly shaped by the country's socio-economic and political context. Over 50% of the population lives below the poverty line, consequently limiting access to essential health services and nutritious foods exacerbating malnutrition and weakening health outcomes for WCA.[1] The health system is critically underfunded with an average allocation of 7% health expenditure in 2024 which remains below the stipulated 15% of the Abuja Declaration.[2,3] Additionally, there is a shortage of trained personnel. For example, the density of physicians per 10,000 population was 0.42 in 2022 as well as lack of equipment and medicines especially in rural areas where lack of access to quality care is especially limited.[3] Social and cultural norms in Sierra Leone often marginalize girls and women restricting their access to education, health care and economic opportunities. Early marriage and teenage pregnancy remain widespread, further entrenching a cycle of poor health outcomes and limited opportunities for the forthcoming generation. Historically, the 2014-2016 Ebola outbreak significantly strained the already fragile health system leading to a loss of healthcare workers and a declined trust in health services. These socio- economic and political challenges carry sustained consequences for the health and wellbeing of women, children and adolescents therefore underscoring the need for exerted efforts in the implementation of commitments in these areas.

Overview of commitments for women's, children's and adolescent's health and well-being

The quality of Sierra Leone's existing commitments related to Maternal, Newborn, and Child Health (MNCH), Sexual and Reproductive Health and Rights (SRHR), and Adolescent Health and Well-Being (AWB) varies across subdomains (Annex 2). A quality commitment, as outlined in Annex 1, is defined by its clarity, alignment with national health priorities, measurable outcomes, feasibility, and linkages to existing accountability mechanisms.

Quality of Existing Commitments

Commitments to MNCH demonstrate moderate quality with a focus on improving access to skilled birth attendants and strengthening emergency obstetric care. Most of the commitments have measurable targets of reduction in areas of maternal, neonatal and stillbirth deaths and are time bound. However, a number of commitments under this domain lack specificity in actionable strategies toward their implementation and lack clear linkages to accountability mechanisms which limit their overall effectiveness. Under the SRHR domain, commitments under the subdomain of family planning services, prevention of teenage pregnancy and eliminating gender-based violence (GBV) are moderately strong and have been matched with successful implementation of new policies. However, the commitments face gaps in addressing comprehensive sexual health education and facilitating access to a full spectrum of reproductive rights, particularly access to safe abortion which is currently restricted by the legal environment in Sierra Leone. The quality of commitments related to AWB are significantly lagging behind from

from a policy and technical perspective with a limited focus on youth friendly mental health services, sexual education and the increased coverage of free adolescent healthcare. Adolescent health commitments are less developed in comparison to MNCH and SRHR, and existing commitments lack specificity and indicators to measure progress, reducing their quality overall.

Implementation Status of Commitments

Progress in maternal health is evident from the significant decline in Sierra Leone's maternal mortality rate in 2022, reflecting alignment with commitments under the Every Woman Every Newborn Everywhere Initiative (previously called Every Newborn Action Plan/Ending Preventable Maternal Mortality (EPMM) initiative) and improvements in antenatal care services. Additionally, immunization efforts such as the routine vaccination for cervical cancer elimination by 2030 are progressively advancing with concentrated efforts on prevention, early detection and treatment in coordination with international partners like GAVI and WHO. However, these successes are undermined by infrastructural limitations, health worker shortages and disparities in rural areas that affect equitable coverage. While family planning services have expanded and there is a focus on increasing the mCPR, access remains limited, particularly in rural and underserved areas. Initiatives to reduce teenage pregnancies and expand access to contraceptive options are in progress but continue to face significant cultural and logistical barriers, which hinder their full implementation. Conversely, commitments to prevent sexual and GBV have seen notable advancements in their implementation status, exemplified by the enactment of the *Prohibition of Child Marriage Act(2024) and the Sexual Offences Act (2019)*. These legislations criminalized all forms of child marriage and introduced stricter legal penalties and support systems for addressing rape and sexual penetration of children. Adolescent health commitments particularly with mental health services and school-based programs are in early stages with limited operational reach.

Overall, gaps remain in the implementation of national commitments addressing critical aspects of WCAH, which include comprehensive sexual health education, adolescent mental health, school-based health services, and the reduction of financial barriers to increase access across all domains. These omissions perpetuate inequities, leaving marginalized groups particularly adolescents, young girls and women vulnerable to poor health outcomes. The absence of robust commitments aligned with strategic implementation in these areas risks exacerbating existing disparities.

Emerging priorities have been identified from the scoping and assessment report as follows:

- Strengthen policy frameworks for WCAH
- Increase resource allocation for implementation across all domains
- Enhance stakeholder engagement and strengthen accountability mechanisms
- Improve data collection and monitoring systems
- Prioritise AWB

Section 3 | Advocacy Goals

Summary of Advocacy Goals in Sierra Leone.

Advocacy Goal	Description
Advocacy Goal 1: Strengthen MNCH services to reduce maternal and neonatal mortality by improving oversight, accountability, and transparency in service delivery within the next twenty-four months while advocating for a 20% increase in MNCH budget allocation. This will result in better resource allocation, strengthened accountability frameworks, and ultimately, reduced maternal and neonatal mortality rates.	High maternal and neonatal mortality rates in the country are driven by limited access to skilled birth attendants, emergency obstetric care, and essential postnatal services. Findings from the scoping review highlight critical gaps in resource allocation, accountability, and equitable healthcare delivery, necessitating targeted advocacy to address these systemic challenges. The activities to achieve this goal will be focused on establishing improved oversight, accountability, and transparency in MNCH service delivery, leading to better resource allocation, stronger accountability frameworks, and a reduction in maternal and neonatal mortality rates. As a result of these advocacy efforts, it is envisaged that MNCH-specific budget line items will be included in the annual national health budget together with quarterly expenditure tracking reports published and reviewed for a fully operational budget tracking system as indicators to measure targets on budget allocation and spending.
Advocacy Goal 2: Improve access to and quality of Sexual and Reproductive Health Services by ensuring sustainable and equitable access to family planning and other SRH services over the next twenty-four months by advocating for a 15% increase in SRH budget allocation and integrating SRH services into at least 80% of primary healthcare facilities.	Limited access to SRHR services, particularly in rural areas, and cultural barriers contribute to high rates of unintended pregnancies, unsafe abortions, and maternal morbidity. The scoping review identified gaps in family planning and SRHR service delivery, emphasizing the need for policy reforms, capacity building, and public awareness campaigns to overcome these challenges. Advocacy efforts will focus on policy reforms, increased financing, and public awareness. This will be achieved by lobbying for legislative action to pass the safe motherhood and reproductive health, expanding health insurance coverage for SRHR, training healthcare providers, and conducting media campaigns to reduce stigma and misinformation.

Advocacy Goal	Description
Advocacy Goal 3: Enhance adolescent health services to ensure comprehensive coverage through the expansion of the Free Health Care Initiative (FHCI), integration of mental health services in schools, and sexual and reproductive health (SRH) education over the next thirty-six months thereby reducing adolescent fertility rate by at least 15% and supporting adolescent mental well-being.	Adolescents in Sierra Leone face significant health challenges, including high rates of teenage pregnancy, limited mental health services, and inadequate access to youth-friendly healthcare. The scoping review revealed the need to prioritize adolescent-specific interventions, such as mental health integration in schools and expanding the FHCI to include adolescent-focused services. Advocacy efforts will focus on integrating mental health support, strengthening SRHR education, and promoting youth-friendly healthcare services. This will be achieved by lobbying for policy reforms, expanding school-based mental health programs, training healthcare providers, and engaging community stakeholders in reducing stigma and improving service access
Advocacy Goal 4: It is envisioned to combat gender-based violence (GBV) and eliminate harmful practices by strengthening and enforcing legal frameworks to reduce GBV over the next thirty-six months reaching at least 60% of communities and ensuring that at least 70% of healthcare and social service facilities provide survivor-centered support.	Gender-based violence and harmful practices remain widespread in Sierra Leone, exacerbated by cultural norms and weak enforcement of existing laws. The scoping review highlighted the urgent need for advocacy to strengthen legal frameworks, increase public awareness, and provide survivor-centered services to protect women and girls from violence and exploitation. Strengthened and enforced legal frameworks can reduce the prevalence of GBV and harmful practices, by ensuring improved accountability, policy implementation, and accessible services for survivors. Advocacy efforts will focus on strengthening legal enforcement, increasing public awareness, and mobilizing key stakeholders. This will be achieved by engaging policymakers, training judiciary and law enforcement personnel, conducting sensitization campaigns, and leveraging media to promote cultural shifts.
Advocacy Goal 5: Increase sustainable health financing for WCAH services over the next thirty-six months by securing a 20% increase in domestic health budget allocations and establishing at least three strategic donor partnerships to ensure long-term, predictable funding, by ensuring long-term, predictable funding through improved domestic health budget allocations and strategic donor partnerships.	The health system in Sierra Leone is critically underfunded, with health expenditures falling below the Abuja Declaration target with an average allocation of 7% health expenditure in 2024. The scoping review identified the need for innovative financing mechanisms, such as public-private partnerships and sin taxes, to bridge funding gaps and ensure sustainable investment in WCAH services. Sustainable health financing for maternal, adolescent, and child health services can be established by securing predictable, long-term funding through enhanced domestic health budget allocations and fostering strategic partnerships with donors. This will ensure consistent access to quality healthcare and improved health outcomes for these populations.

Sierra Leone Collaborative Advocacy Action Plan

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Non-financial Resources	Timeline/ Milestones [Implementation till December 2027]	Linked accountability mechanisms, as applicable
Advocacy Goal 1: Strengthen MNCH services to reduce maternal and neonatal mortality by improving oversight, accountability, and transparency in service delivery within the next twenty-four months while advocating for a 20% increase in MNCH budget allocation. This will result in better resource allocation, strengthened accountability frameworks, and ultimately, reduced maternal and neonatal mortality rates.							
Collaborate with the Ministry of Health (MoH) through policy dialogues, budget advocacy meetings, and technical support to secure an increase in funding for MNCH services in the national budget, aiming to cover at least 60% of the resource requirements for maternal and newborn care.	Ministry of Health, Parliamentarians, Ministry of Finance	CSOs, Media, Health Advocacy Groups	Clinton Health Access Initiative (CHAI), CSOS	District Health Management Teams, Development Partners	Coordination support from CHAI and CSOs	Quarterly budget reviews; Annual MNCH budget presentation	Budget utilization reports; MNCH progress reports
Collaborate with the Ministry of Health (MoH) and civil society organizations to develop and implement a tracking system that monitors budget allocation and expenditures for MNCH services.	MoH, Ministry of Finance	CSOs, Advocacy Groups	CHAI, CSOs	District Management Teams (DHMT), Advocacy Groups (CSOs)	Technical expertise for system design	Launch of tracking system within 6 months; Quarterly reviews that will be implemented	Budget tracking reports
Conduct quarterly social accountability meetings with district stakeholders ensuring transparency and accountability in the use of allocated resources.	District Health Officials, MoH	Media, CSOs	CHAI, CSOs	CSOs, Media Organizations	Stakeholder engagement and technical support	Quarterly reviews; Annual summary report	Stakeholder meeting minutes; Budget reports

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Non-financial Resources	Timeline/ Milestones [Implementation till December 2027]	Linked accountability mechanisms, as applicable
Organize targeted policy dialogues with parliamentarians to advocate for legislative support of maternal health and emergency obstetric services, particularly in underserved regions.	Parliamentarians, Ministry of Health Leadership, Legislative Health Committees	CSOs, Media, Community Health Advocates, Women's Rights Groups	Ministry of Health	CSOs, CHAI, Health Advocacy Groups	Legislative expertise, advocacy campaign support, technical assistance in policy development	Within 3 months: Initial stakeholder engagement meetings Within 6 months: Drafting and presentation of policy briefs to Parliament Within 9 months: Formal policy dialogue sessions with legislative committees Annually: Follow-up evaluations on policy adoption and implementation progress	Regular monitoring of parliamentary discussions, policy proposals, and progress on maternal health legislation. Periodic government reports tracking the implementation and impact of maternal health policies.
Utilize the annual budget review process to highlight the need for increased investment in MNCH services.	Ministry of Finance, Parliament Budget Committees, National Health Budget Office	Media, Advocacy Groups, Technical Experts, Development Partners	Ministry of Health	CSOs, CHAI, Health Budget Advocacy Groups, Development Partners	Budget analysis support, stakeholder coordination, economic modeling expertise	Within 3 months: Conduct budget analysis and identify funding gaps for MNCH services Within 6 months: Develop and submit evidence-based budget briefs to the Ministry of Finance and Parliament Within 9 months: Organize policy roundtables and high-level meetings to advocate for increased MNCH budget allocations Annually: Track budget allocations and expenditures, and present findings in public forums	Annual and mid-year reports tracking budget allocations and expenditures for MNCH services. Documentation of discussions, recommendations, and decisions made during budget review sessions. Government and donor assessments evaluating how increased investments impact MNCH service delivery and outcomes.

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Non-financial Resources	Timeline/ Milestones [Implementation till December 2027]	Linked accountability mechanisms, as applicable
Advocacy Goal 2: Improve access to and quality of Sexual and Reproductive Health Services and Rights by ensuring sustainable and equitable access to family planning and other SRH services over the next twenty-four months by advocating for a 15% increase in SRH budget allocation and integrating SRH services into at least 80% of primary healthcare facilities.							
Conduct targeted advocacy efforts for the enactment and full implementation of the Safe Motherhood and Reproductive Health Bill by engaging parliamentarians through policy briefs and high-level meetings, mobilizing civil society organizations (CSOs) for joint advocacy campaigns, and leveraging media advocacy through press briefings, radio discussions, and op-eds to raise public awareness and political will for increased reproductive health financing	Parliamentarians, Health Workers	Religious Leaders, Community Leaders, Women's Advocacy Groups CSOs	Ministry of Health	UNFPA, Youth Ambassadors, CSOs, CHAI.	Media partnerships for campaigns, Legislative expertise, community mobilization	Passage of the Safe Motherhood Bill; Quarterly updates on SRHR services	Implementation progress of the Safe Motherhood Bill; SRHR service usage reports Training feedback; GBV case handling reports
Advocate for the expansion of the Sierra Leone Social Health Insurance Scheme (SLeSHI) to cover SRHR services particularly contraceptives, safe abortion, and maternal health services by conducting policy dialogues with government stakeholders, presenting evidence-based briefs on the financial and public health benefits of SRHR coverage, mobilizing civil society organizations for joint advocacy efforts, and engaging the media through radio discussions and policy roundtables to build public support and reduce out-of-pocket expenses for vulnerable women and adolescents.	Ministry of Finance, National Health Insurance Authority, Parliament Budget and Health Committees	Civil Society Organizations , Media, Women's Rights Groups, Health Advocacy Networks	Ministry of Health	UNFPA, CHAI, CSOs, Women's Rights Groups, Health Budget Advocacy Groups	Health financing policy expertise, economic modeling for SRHR cost-benefit analysis, advocacy campaign materials, media partnerships	Within 3 months: Conduct stakeholder mapping and policy analysis on current SLeSHI coverage gaps Within 6 months: Develop and disseminate evidence-based policy briefs on the financial and public health benefits of SRHR inclusion Within 9 months: Organize policy dialogues and technical roundtables with government officials, CSOs, and development partners Annually: Monitor and report on budget allocations and policy implementation for SRHR services under SLeSHI	Health Financing Reports, Parliamentary Health Committee Reports, SLeSHI Coverage Monitoring Framework

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Non-financial Resources	Timeline/ Milestones [Implementation till December 2027]	Linked accountability mechanisms, as applicable
Engage health professionals and community health workers in capacity-building sessions on SRHR policies, using key guidance documents such as the National RMNCAH Policy, the Safe Motherhood and Reproductive Health Bill (once enacted), the National Family Planning Guidelines, and the integrated obstetric care guidelines to ensure proper guidance and high-quality service delivery.	Health Workers, MoH	College of Medicine and Allied Health Sciences (COMAHS) Professional Health Associations (Sierra Leone Dental and Medical Association S.L.M.D.A)	Ministry of Health	Training Institutes (Midwifery schools)	Volunteer trainers, facility partnerships	Workshops within 6 months; post-training evaluations	Participant feedback; Training reports
Conduct media and public campaigns to raise awareness of the benefits of family planning and safe abortion care services, dispelling cultural myths, and involving religious and community leaders.	Ministry of Health, Ministry of Information and Civic Education	Media, Religious and Community Leaders	Ministry of Health	Media Organizations, Youth Ambassadors	Media partnerships, volunteer campaign ambassadors	Campaign launch in 3 months; Biannual progress assessments	Community feedback, Campaign reach metrics
Support the Ministry of Health, in collaboration with youth-led organizations and civil society partners, to develop and implement youth ambassador programs aimed at increasing awareness and uptake of SRHR services among adolescents and young people. These programs will be designed in coordination with the Adolescent and Youth Mechanism (AY), a national platform that facilitates youth engagement in health policy and program implementation. The initiative will focus on peer education, community outreach, and advocacy to empower young people as champions of sexual and reproductive health rights.	Ministry of Health, Adolescent and Youth Mechanism (AY), Youth-Focused Government Agencies.	Peer Educators, Community Leaders, Media, Social Media Influencers, Teachers, Healthcare Providers	Ministry of Health	Adolescent and Youth Mechanism (AY), UNFPA, CSOs, Youth Ambassadors, Community-Based Organizations (CBOs)	Peer education materials, training sessions, mentorship support, social media and community engagement platforms	Within 3 months: Identify and train youth ambassadors through workshops and peer education sessions Within 6 months: Launch community outreach and advocacy initiatives in schools, health centers, and community spaces Within 9 months: Implement a social media campaign and local radio discussions on SRHR awareness Annually: Conduct evaluations on program impact, reach, and effectiveness through surveys and focus group discussions	Health facility records tracking the increase in adolescent uptake of contraceptives, safe abortion care, and other SRHR services. Tracking government and donor commitments toward youth-friendly SRHR initiatives.

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Non-financial Resources	Timeline/ Milestones [Implementation till December 2027]	Linked accountability mechanisms, as applicable
Advocacy Goal 3: Enhance adolescent health services to ensure comprehensive coverage through the expansion of the Free Health Care Initiative (FHCI), integration of mental health services in schools, and sexual and reproductive health (SRH) education over the next thirty-six months thereby reducing adolescent fertility rate by at least 15% and supporting adolescent mental well-being.							
Advocate for the expansion of the Sierra Leone Social Health Insurance Scheme (SLeSHI) to cover SRHR services particularly contraceptives, safe abortion, and maternal health services by conducting policy dialogues with government stakeholders, presenting evidence-based briefs on the financial and public health benefits of SRHR coverage, mobilizing civil society organizations for joint advocacy efforts, and engaging the media through radio discussions and policy roundtables to build public support and reduce out-of-pocket expenses for vulnerable women and adolescents.	Ministry of Finance, National Health Insurance Authority, Parliament Budget and Health Committees	Civil Society Organizations, Media, Women's Rights Groups, Health Advocacy Networks, Economic Policy Experts	Ministry of Health	UNFPA, CHAI, CSOs, Women's Rights Groups, Health Budget Advocacy Groups, Development Partners	Health financing policy expertise, cost-benefit analysis of SRHR integration, stakeholder engagement support, media partnerships	Within 3 months: Conduct an assessment of current SLeSHI coverage gaps and financial feasibility of SRHR service inclusion Within 6 months: Develop and disseminate evidence-based policy briefs demonstrating the economic and public health benefits of SRHR coverage Within 9 months: Organize multi-stakeholder policy dialogues and roundtable discussions with government officials, CSOs, and development partners Annually: Track budget allocations and expenditure reports to monitor the implementation of SRHR services within SLeSHI	Documentation of policy amendments reflecting the inclusion of SRHR services within the national health insurance scheme. Reports from parliamentary sessions, policy discussions, and government committees on SRHR integration into health insurance. Monitoring the number of women and adolescents accessing SRHR services under SLeSHI before and after policy adoption.
Support the Ministry of Health, in collaboration with youth-led organizations and civil society partners, to develop and implement youth ambassador programs aimed at increasing awareness and uptake of SRHR services among adolescents and young people. These programs will be designed in coordination with the Adolescent and Youth Mechanism (AY), a national platform that facilitates youth engagement in health policy and program implementation. The initiative will focus on peer education, community outreach, and advocacy to empower young people as champions of sexual and reproductive health rights.	Ministry of Health, Adolescent and Youth Mechanism (AY), National Youth Commission, Local Government Health Authorities	Peer Educators, Community Leaders, Media, Social Media Influencers, Teachers, Healthcare Providers	Ministry of Health	Adolescent and Youth Mechanism (AY), UNFPA, CSOs, Youth-Led Organizations, Community-Based Organizations (CBOs), Media Partners	Training materials, mentorship programs, digital platforms for awareness campaigns, community engagement tools	Within 3 months: Identify and train youth ambassadors through capacity-building workshops Within 6 months: Launch community outreach programs in schools, health centers, and community spaces Within 9 months: Implement social media campaigns and radio discussions on SRHR awareness Annually: Conduct evaluations on program impact, reach, and effectiveness through surveys and focus group discussions.	Documentation of workshops, school outreach sessions, and community dialogues led by youth ambassadors. Evaluations of youth engagement in health policy and program implementation, highlighting participation and impact.

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Non-financial Resources	Timeline/ Milestones [Implementation till December 2027]	Linked accountability mechanisms, as applicable
CSOs and development partners will collaborate with the Ministry of Basic and Senior Secondary Education and the Ministry of Health to integrate mental health interventions and counseling services into secondary schools. The Ministry of Basic and Senior Secondary Education, in coordination with the Ministry of Health, will lead the integration of these interventions into school programming by developing mental health curricula, training teachers and school counselors, and establishing referral systems for students needing specialized care.	Ministry of Health, Ministry of Education	Adolescent Advocacy Groups, International Donors, Parents, Adolescents, Traditional Leaders	Ministry of Health	UNICEF, WHO, CSOs	School partnerships for mental health integration, digital platforms for campaigns	National review of FHCI; Launch of school-based mental health programs in 6 months; Annual campaign assessments	FHCI evaluation reports; Adolescent health service coverage metrics
Work with the Ministry of Health, development partners, and key stakeholders to explore diversified funding strategies—such as public-private partnerships —to ensure the long-term sustainability of SRHR services, aligning with the upcoming national review of the FHCI. This will include conducting feasibility studies, engaging private sector actors, and organizing stakeholder consultations to identify viable financing mechanisms.	Ministry of Education, School Administrators	Parents, Teachers, Mental Health Advocates	Ministry of Education	Mental Health Organizations, CSOs	Volunteer psychologists, school partnerships	Pilot programs launch in 9 months Biannual assessments	School health program evaluations
Launch community-wide advocacy campaigns through various media platforms to raise awareness about adolescent mental health and SRH services, aligning efforts with international campaigns like Youth Mental Health Day, World Mental Health Day, and World Contraception Day.	Adolescents, Parents	Media, Community Leaders, Religious Leaders	Ministry of Health	CSOs, Media Organizations	Media collaborations, community volunteer mobilization	Campaign launch Annual campaign evaluation	Campaign reach metrics; Feedback surveys

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Non-financial Resources	Timeline/ Milestones [Implementation till December 2027]	Linked accountability mechanisms, as applicable
Engage health workers in capacity-building sessions on youth-friendly service delivery, ensuring adherence to quality standards, cultural sensitivity, and best practices in SRH and mental health care for adolescents.	Ministry of Health, Medical Training Institutions, Hospital and Clinic Administrators	Professional Health Associations, Medical and Nursing Educators, Youth Advocacy Groups, Community Leaders	Ministry of Health	Training Institutes, UNFPA, WHO, CSOs, Medical and Nursing Schools, Mental Health Advocacy Groups	Volunteer trainers, training modules, mentorship support, digital learning tools	Within 3 months: Develop and update training curricula on youth-friendly SRH and mental health service delivery Within 6 months: Conduct initial training workshops for healthcare providers across targeted regions Within 9 months: Establish mentorship programs for continuous learning and peer support among health workers Annually: Evaluate training effectiveness through assessments, feedback surveys, and service quality audits	Periodic reviews of health facilities to measure adherence to youth-friendly SRH and mental health service standards. Documentation of the number of healthcare providers trained, session content, and participant evaluations. Collecting feedback from trained health workers to assess knowledge retention, skill application, and areas for improvement. Tracking the number of adolescents accessing SRH and mental health services before and after training sessions
Advocate for the enforcement of laws against harmful practices, including the recently enacted prohibition of child marriage, by engaging parliamentarians and policymakers through evidence-based policy briefs and high-level meetings, organizing multi-stakeholder forums to track implementation progress, conducting community sensitization campaigns in collaboration with traditional and religious leaders, and leveraging media advocacy through radio discussions, social media campaigns, and press briefings to increase public awareness and accountability	Parliamentarians, Ministry of Gender and Children's Affairs, Judiciary, Law Enforcement Agencies	Religious Leaders, Traditional Leaders, Women's Rights Activists, Media, Social Advocacy Groups	Ministry of Gender and Children's Affairs	CSOs, Women's Rights Groups, UNICEF, UNFPA, Media Organizations, Community-Based Organizations (CBOs)	Legal expertise, advocacy campaign materials, media partnerships, volunteer support for community outreach	Within 3 months: Develop and disseminate evidence-based policy briefs on the enforcement of child marriage prohibition laws Within 6 months: Organize multi-stakeholder forums to track implementation progress and identify enforcement gaps Within 9 months: Conduct community sensitization campaigns in collaboration with traditional and religious leaders Annually: Evaluate the impact of advocacy efforts through law enforcement reports, media coverage, and community feedback surveys	Outcome documents from meetings with parliamentarians, government agencies, CSOs, and traditional leaders outlining commitments and progress. Monitoring government funding and resources dedicated to enforcing laws against harmful practices and supporting affected individuals.

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Non-financial Resources	Timeline/ Milestones [Implementation till December 2027]	Linked accountability mechanisms, as applicable
Collaborate with traditional leaders, community leaders, and parents to disseminate information and foster a culture of acceptance, reducing stigma surrounding adolescent health services.	Ministry of Health, Traditional and Religious Leaders, Community Elders, Local Government Officials	Parents, Teachers, Youth Ambassadors, Women's Rights Activists, Media, Social and Cultural Advocacy Groups	Ministry of Health	CSOs, Women's Rights Groups, Youth Advocacy Groups, Community-Based Organizations (CBOs), Religious Institutions, UNICEF, UNFPA	Community engagement materials, volunteer mobilization, media partnerships, cultural sensitization training	Within 3 months: Identify and train key community and traditional leaders as advocates for adolescent health services Within 6 months: Develop culturally appropriate informational materials and conduct initial community sensitization sessions Within 9 months: Organize dialogue forums between adolescents, parents, and community leaders to address concerns and misconceptions Annually: Conduct community-wide assessments to track changes in attitudes and acceptance levels toward adolescent health	Records from sensitization workshops, meetings, and forums with traditional leaders, parents, and youth Regular assessments to track changes in attitudes, awareness, and acceptance of adolescent health services. Documented declarations and action plans from leaders promoting adolescent health rights and service access.

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Non-financial Resources	Timeline/ Milestones [Implementation till December 2027]	Linked accountability mechanisms, as applicable
Advocacy Goal 4: Combat gender-based violence (GBV) and eliminate harmful practices by strengthening and enforcing legal frameworks to reduce GBV over the next thirty-six months reaching at least 60% of communities and ensuring that at least 70% of healthcare and social service facilities provide survivor-centered support.							
Advocate for enforcement of child marriage prohibition laws.	Judiciary, Policymakers	Religious Leaders, Traditional Leaders, Media	Ministry of Gender and Children's Affairs	CSOs, Media Organizations	judiciary partnerships for training, media outlets for campaign dissemination	Annual GBV awareness campaigns; Quarterly judiciary training sessions	GBV case tracking and reporting systems; Community feedback mechanisms
Conduct GBV sensitivity training for judiciary and law enforcement.	Sierra Leone Police (SLP), Attorney General and Minister of Justice, Parliamentary Committee on Gender and Social Welfare	Women's Rights Groups, Media	Ministry of Gender and Children's Affairs	Judiciary Training Institutes, CSOs	Volunteer trainers, partnerships with legal institutions	Training sessions in 6 months; post-training evaluations	Training feedback; GBV case handling reports
Collaborate with media to run awareness campaigns on GBV and harmful practices like FGM.	Women and Girls in Affected Communities	Media, Religious Leaders, Community Leaders	Ministry of Gender and Children's Affairs	Media Organizations, Women's Rights Groups	Media airtime contributions, volunteer campaign ambassadors	Campaign launch in 3 months; Biannual campaign assessments	Campaign reach metrics; Feedback surveys

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Non-financial Resources	Timeline/ Milestones [Implementation till December 2027]	Linked accountability mechanisms, as applicable
Align advocacy efforts with global GBV campaign periods, such as the 16 Days of Activism	Ministry of Gender and Children's Affairs, Parliamentarians, Law Enforcement Agencies, Judiciary	Women's Rights Activists, Traditional and Religious Leaders, Media, Social Advocacy Groups, Youth Organizations	Ministry of Gender and Children's Affairs	UN Women, UNICEF, UNFPA, Local and International CSOs, Media Organizations, Community-Based Organizations (CBOs)	Media partnerships, volunteer campaign ambassadors, advocacy toolkits, community engagement materials	Within 3 months: Develop a strategic plan to integrate national advocacy efforts with international GBV campaigns Within 6 months: Train CSOs, media, and community leaders on campaign messaging and public engagement strategies During campaign period (e.g., 16 Days of Activism): Conduct nationwide awareness campaigns, media outreach, and policy dialogues Annually: Evaluate campaign reach and impact through surveys, feedback reports, and GBV case monitoring.	Tracking the number of events, stakeholders, and community members engaged during the 16 Days of Activism and other global GBV campaigns. Monitoring social media reach, TV and radio discussions, press articles, and public discourse generated by advocacy efforts. Documenting pledges from government agencies, CSOs, traditional leaders, and community groups to support GBV prevention and response.
Conduct awareness campaigns with civil society organizations to educate the public on the harmful effects of FGM and child marriage.	Ministry of Gender and Children's Affairs, Parliamentarians, Local Government Officials, Law Enforcement Agencies	Traditional and Religious Leaders, Media, Women's Rights Activists, Youth Advocacy Groups, Healthcare Providers	Ministry of Gender and Children's Affairs	CSOs, UNFPA, UNICEF, Women's Rights Organizations, Community-Based Organizations (CBOs), Media Outlets	Media partnerships, volunteer campaign ambassadors, advocacy toolkits, culturally appropriate educational materials	Within 3 months: Develop campaign materials, including print, digital, and audio-visual content tailored for different communities Within 6 months: Train CSOs, local leaders, and educators on effective advocacy strategies and messaging Within 9 months: Implement community dialogues, radio discussions, school outreach programs, and social media campaigns Annually: Evaluate impact through surveys, community feedback, and tracking changes in public perceptions of FGM and child marriage	Monitoring the number of reported cases before and after awareness campaigns to assess impact. Documented public declarations, action plans, and community-led initiatives to end FGM and child marriage. Monitoring financial commitments and policy adjustments related to FGM and child marriage prevention programs.

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Non-financial Resources	Timeline/ Milestones [Implementation till December 2027]	Linked accountability mechanisms, as applicable
Collaborate with traditional and religious leaders to address social norms that uphold harmful practices by organizing community dialogues, sensitization workshops, and capacity-building sessions. Facilitate the development of community-driven declarations against harmful practices, support leaders in advocating for positive social change through sermons and cultural forums and integrate gender-sensitive messaging into religious and traditional teachings. Additionally, engage youth and women's groups in these efforts to ensure inclusive community participation	Traditional and Religious Leaders, Local Government Officials, Ministry of Gender and Children's Affairs, Parliamentarians	Women's Rights Advocates, Youth Ambassadors, Media, Community-Based Organizations, Healthcare Providers	Ministry of Gender and Children's Affairs	CSOs, UNFPA, UNICEF, Community-Based Organizations (CBOs), Women's Rights Organizations, Media Partners	Advocacy training materials, cultural sensitization guides, volunteer facilitators, media engagement support	Within 3 months: Identify and engage key traditional and religious leaders in high-prevalence areas Within 6 months: Develop culturally appropriate sensitization materials and training toolkits Within 9 months: Conduct community dialogues, sensitization workshops, and training sessions in targeted regions Annually: Evaluate changes in community attitudes and track commitments from leaders against harmful practices	Documentation of discussions, attendance records, and outcomes from sensitization sessions. Monitoring official endorsements, legal frameworks, and budget allocations supporting efforts to eliminate harmful practices. Official statements from traditional and religious leaders denouncing harmful practices and pledging support for gender equality.
Collaborate with local authorities and the judiciary to provide specialized training on handling GBV cases, focusing on sensitivity, confidentiality, and survivor-centered approaches.	Judiciary, Police Commissioners, Ministry of Justice, Ministry of Gender and Children's Affairs, Prosecutor's Office	Human Rights Organizations, Women's Rights Advocates, Social Workers, Legal Aid Networks, Media	Ministry of Gender and Children's Affairs	Training Institutes Police Training Academies UN Women, UNFPA, UNICEF, Legal Aid Organizations and Human Rights Groups, CSOs, Bar Associations, and Legal Reform Committees	Expert facilitators, training manuals, survivor support toolkits, technical assistance for monitoring compliance	Within 3 months: Develop training curricula and select training facilitators. Within 6 months: Conduct the first round of training sessions for judicial officers and law enforcement personnel. Within 9 months: Establish mentorship and peer-learning programs to reinforce survivor-centered approaches. Annually: Conduct refresher training, monitor case handling trends, and assess improvements in GBV case outcomes.	Tracking the number of trained personnel and their ability to implement survivor-centered approaches. Monitoring the number of cases reported, prosecuted, and resolved fairly. Survivor Feedback and Satisfaction Survey Law Enforcement and Judicial Compliance Reports

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Non-financial Resources	Timeline/ Milestones [Implementation till December 2027]	Linked accountability mechanisms, as applicable
Lobby for innovative financing mechanisms such as public-private partnerships and sin taxes to increase health spending on WCAH.	Parliamentarians, Ministry of Finance, Ministry of Health	Donors, Financial Institutions, CSOs	Ministry of Finance, Ministry of Planning and Economic Development	Financial Institutions, Donor Agencies	Technical support for financing models, stakeholder coordination	Budget review cycles; Establishment of partnerships; Annual health financing	Budget tracking reports; Partnership agreements
Advocacy Goal 5: Increase sustainable health financing for WCAH services over the next thirty-six months by securing a 20% increase in domestic health budget allocations. Establish long-term, predictable funding for WCAH services by improving domestic health budget allocations and fostering strategic partnerships with donors, ensuring consistent access to quality healthcare for women, children, and adolescents.							
Use budget review windows and health financing forums to advocate for innovative financing and increased budget allocations	Ministry of Health, Local Government Officials	International Donors, Development partners, CSOs	Ministry of Finance	Development Partners, CSOs	Venue support, stakeholder mobilization	Forum launch in 9 months to identify avenues that can contribute to increase sustainable health financing Annual forum summaries	Stakeholder feedback; Forum report
Collaborate with international partners and financial institutions to secure funding commitments aligned with national health goals.	Ministry of Finance, Ministry of Health, Development Partners, Multilateral Financial Institutions	Global Health Advocacy Groups, Economic Policy Experts, Media, Parliament Budget Committees	Ministry of Finance	World Bank, IMF, UN Agencies (WHO, UNFPA, UNICEF), CSOs, Private Sector Investors, Global Health Funding Initiatives	Technical support for financing models, stakeholder coordination, policy advisory expertise	Within 3 months: Identify key international partners and initiate discussions on funding priorities Within 6 months: Develop investment proposals and conduct high-level meetings with financial institutions and donors Within 9 months: Secure preliminary funding commitments and establish partnership agreements Annually: Monitor and report on fund disbursement, utilization, and impact on national health priorities	National Health Budget and Expenditure Reports Documentation of formal commitments from international donors, development banks, and financial institutions. Health Sector Performance and Outcome Evaluations Stakeholder Engagement and Consultation Records

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Non-financial Resources	Timeline/ Milestones [Implementation till December 2027]	Linked accountability mechanisms, as applicable
Conduct consultations with regional and local health officials to build consensus on increased health funding, leveraging decentralization and local government budget planning.	Regional and Local Health Authorities, Ministry of Health, Ministry of Finance, Local Government Budget Committees	Community Leaders, CSOs, Health Advocacy Groups, Media, Development Partners	Ministry of Health	Local Government Associations, CSOs, Development Partners, Health Budget Advocacy Groups, WHO, UNFPA	Technical support for budget planning, policy advisory expertise, stakeholder coordination materials	Within 3 months: Identify key regional and local health officials and conduct initial stakeholder mapping Within 6 months: Organize regional consultation meetings to discuss funding priorities and decentralization frameworks Within 9 months: Develop a joint position paper outlining regional health financing needs and strategies for budget advocacy Annually: Monitor and report on local government health expenditures and the effectiveness of decentralized funding allocation	Stakeholder Consultation Meeting Reports Community Feedback and Public Engagement Reports
Promote the development of local advocacy groups trained in public finance and budget tracking	Ministry of Finance, Parliament Budget and Oversight Committees, Local Government Finance Units	Media, Anti-Corruption Agencies, Transparency and Accountability Organizations, Community Leaders	Ministry of Finance	Budget Advocacy Groups, Transparency International, UNDP, National Audit Office, Development Partners	Training materials, technical support, mentorship programs, stakeholder coordination platforms	Within 3 months: Identify and engage local advocacy groups interested in public finance and budget tracking Within 6 months: Develop and implement training programs on budget analysis, expenditure tracking, and accountability mechanisms Within 9 months: Facilitate networking opportunities between trained advocacy groups and policymakers for sustained engagement Annually: Monitor and evaluate the effectiveness of advocacy efforts through reports, stakeholder feedback, and policy impact assessments	Training Completion and Capacity-Building Reports. Public Finance and Budget Tracking Reports

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Non-financial Resources	Timeline/ Milestones [Implementation till December 2027]	Linked accountability mechanisms, as applicable
Conduct advocacy meeting with Local council and Budget oversight committee members on Domestic Resource mobilization for investment in MNCH.	Local Council Representatives, Budget Oversight Committees, Ministry of Finance, Ministry of Health	CSOs, Community Leaders, Media, Development Partners, Public Health Advocates	Ministry of Health	CSOs, Development Partners, Health Budget Advocacy Groups, Local Council Associations, UNFPA, WHO	Policy advisory expertise, advocacy materials, stakeholder coordination support	Within 3 months: Identify key stakeholders and prepare advocacy materials on MNCH financing needs Within 6 months: Organize and conduct advocacy meetings with Local Council and Budget Oversight Committee members Within 9 months: Develop joint action plans to enhance domestic resource mobilization for MNCH services Annually: Track progress and assess the impact of resource mobilization efforts through financial reports and service coverage assessments	Budget Tracking and Public Expenditure Reviews. Independent Audits conducted by the Auditor General or other relevant bodies to ensure proper utilization of funds.

ANNEX 1: WHAT IS A QUALITY COMMITMENT?

Commitments should be of the highest quality, including as many as possible of the following attributes:

Scope

- Government-led financial, policy and/or service delivery pledge to advance WCAH through MNCH, SRHR and/or AHWB. Commitments may be supported by Official Development Assistance (ODA);
- Commitments are made in support of national campaign targets as well as global or regional financing, policy, programmatic, or accountability processes and platforms generated by Member State-led institutions or initiatives in support of these processes;
- A specific focus on WCAH, and a subsequent link to the national social development plans, policies, and budgets.

Context and format

- Context-specific, highlighting concrete and measurable results that can be monitored through established institutionalized accountability mechanisms;
- SMART – Specific, Measurable, Achievable, Relevant, Time-bound;
- 'New' or 'Additional' commitments, where possible;

An example of a quality commitment is:

F*inancing commitment made by Secretariat of State for Planning and Regional Integration, Guinea Bissau towards ICPD25:*

Mobilize at least $1,000,000 through domestic and foreign funding mechanisms for implementation of the ICPD Programme of Action in Guinea-Bissau, especially ICPD interventions related to young people, by 2024.

ANNEX 2: MNCH, SRHR, and AHWB Sub Domains

MNCH	SRHR	AHWB
High-quality MNCH services for mothers, newborns and children, including stillbirths: essential antenatal, childbirth and postnatal packages of care, including emergency obstetric and newborn care, and the prevention of stillbirths. Maternal: • Preconception care • Antenatal care • Skilled birth attendants • Postnatal care • Emergency obstetric care Newborn • Small and vulnerable newborn care • Prevention of stillbirths Child: • Child health services including • Breastfeeding and child nutrition • Immunization services **MNCH interventions embedded in UHC schemes, including financial protection and MNCH financing.** • UHC Schemes • Country health expenditure per capita on MNCH financed from domestic sources and ODA for MNCH • Out-of-pocket expenditure for MNCH services (% of current health expenditure) **Health systems strengthening including MNCH data and accountability, human resources for health – especially midwifery and nursing – and essential medicines and commodities** • MNCH information systems and accountability mechanisms including birth registration and disaggregation of data (sex, age)	**Access and choice to effective contraception methods (family planning).** • Family planning needs satisfied • Strengthened autonomy and access to contraceptive services • Comprehensive sexual health education **Access to safe and legal abortion services.** • Legalized abortion and access to safe abortion services **Prevention and treatment/referrals for Sexual and Gender-Based Violence.** • Legal mechanisms for addressing GBV • Training and support for health workers on GBV • Violence against women and girls including intimate partner violence **Prevention, detection and management of reproductive cancers, especially cervical cancer.** • Cervical cancer screening programs • HPV vaccine programs **Inclusion of essential packages of SRHR interventions within UHC and PHC schemes, including financial protection and SRHR financing.** • Coverage of all essential SRH interventions • Country health expenditure per capita on SRHR financed from domestic sources and ODA for SRHR • Out-of-pocket expenditure for SRHR services (% of current health expenditure	**Policy: National policy and programs for adolescent well-being (10-19 years) offering information and services in the public sector (e.g., health, education including CSE, nutrition, financial protection, and vocational training)** • Health education for children and adolescents – including mental health • Provision of quality education and training opportunities to ensure their future employability • Nutrition programs and physical activity for children and adolescents • Pregnant adolescent support • Financial protection for adolescent health **National standards for delivery of AHWB information and services to adolescents, including on user fee exemption** • Health services for adolescents – user fee exemptions for health services (contraceptives, immunizations) **Legal systems to protect the rights of adolescents (both female and male) with a specific focus on minimum age of consent (e.g. for marriage, sexual activity, and medical treatment without parental consent)** • Legal provisions against child marriage • Interventions to eliminate female genital mutilation • protection from violence (including physical, sexual, gender-based and electronic violence) and injury.

• Training and support for health workers for service delivery • Essential medicines, vaccines, commodities, technologies and innovations • Health information systems • Health system financing • Leadership and governance **Intersectoral approaches for MNCH across the life-course, including nutrition, WASH, environment, and gender equality** • Nutrition schemes and food security across the life course: pregnancy nutrition, breastfeeding support, child nutrition, adolescent nutrition • Financing for WCAH • Education • Shelter • WASH facilities and services • Protection from pollutants and toxicants and excessive heat • Social protection • Child Protection • Women in the workforce and leadership positions		**AHWB is embedded in national policies and plans with dedicated financing for AHWB programs** • Country health expenditure per capita AHWB financed from domestic sources and ODA for AHWB • Out-of-pocket expenditure for AHWB services (% of current health expenditure)

ANNEX 3: REFERENCES

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