



## Monitoring The Maputo Plan of Action

An assessment of  
Sexual & Reproductive Health & Rights  
Responses & Reporting  
in Africa

# MPOA Scorecard

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## BRIEF

**Element 4: Youth-friendly SRHR services  
positioned as key strategy for youth  
empowerment, development and well being**

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*Holding leaders accountable*



# Introduction

The MPOA Scorecard provides data and an analysis of statistics provided by African governments to the African Union Commission in the Maputo Plan of Action (MPOA) reporting. This report first briefly introduces the various concepts that inform sexual and reproductive health and rights on the continent, how the Maputo Plan of Action commitment evolved as a government solution, and how accountability and data can be used to improve Sexual and Reproductive Health and Rights (SRHR). In the second section of the report the data is presented and analysed in an easy-to-read manner and a way forward provides recommendations in the final closing section. [Read the full report here](#)

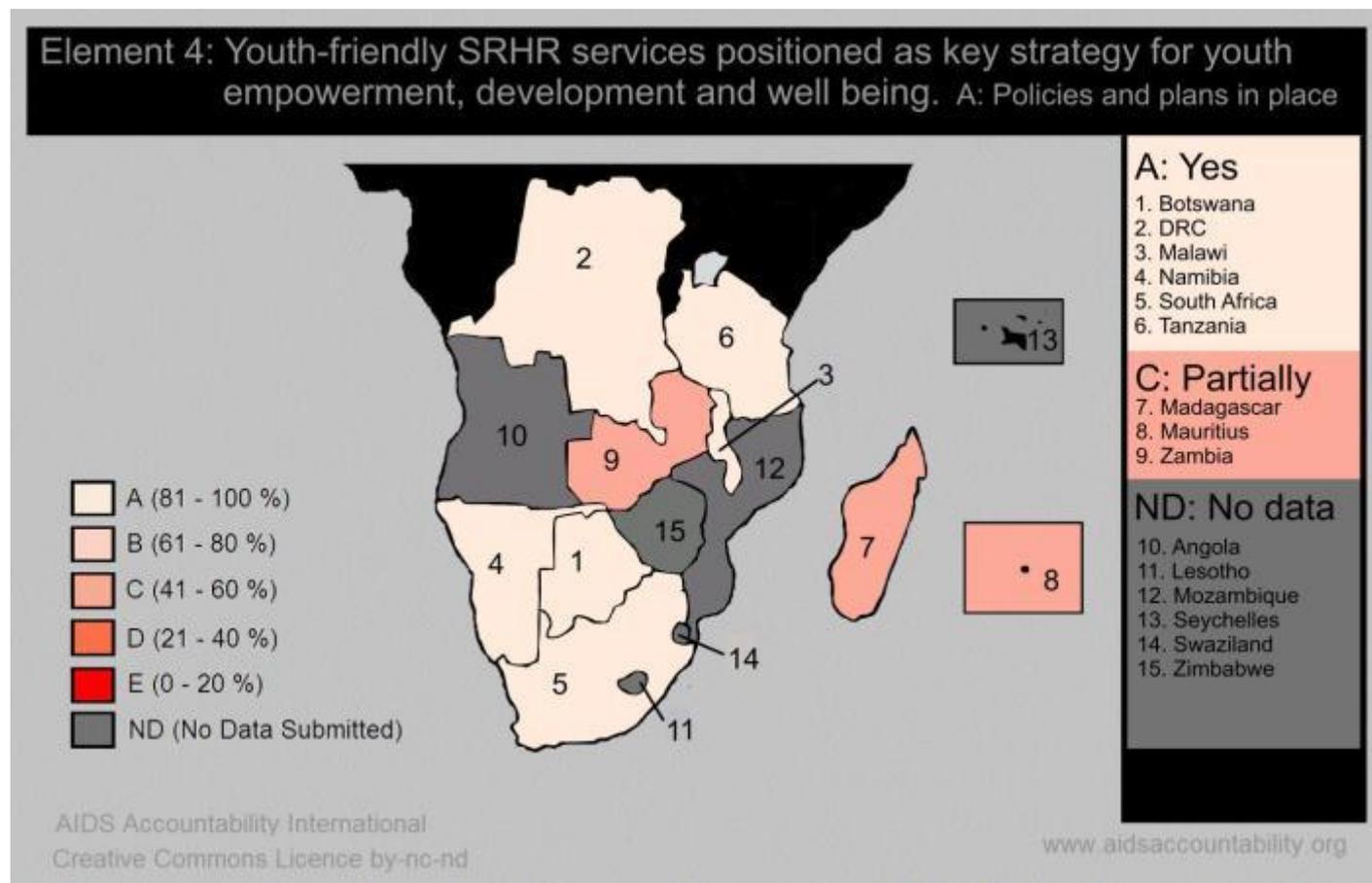


## Element 4: Youth-friendly SRHR services positioned as key strategy for youth empowerment, development and well being

Youth are quite obviously a key population for SRHR services and thus this indicator is an excellent measure of what the future will hold for adults in the region with regard to SRHR. The youth bulge, which sees a proportionately large percentage of the population in the youth bracket is a phenomenon around which there has been significant debate.

The youth bulge is a common phenomenon in many developing countries, and in particular, in the least developed countries. It is often due to a stage of development where a country achieves success in reducing infant mortality but mothers still have a high fertility rate. The result is that a large share of the population is comprised of children and young adults, and today's children are tomorrow's young adults.<sup>xi</sup> This analysis suggests that as governments begin to achieve the MDGs and reduce infant mortality an additional (some say unforeseen) circumstance was the large youth proportion of a country's population. Although this may create exaggerated needs on an under developed health system, some suggest that this is a "window

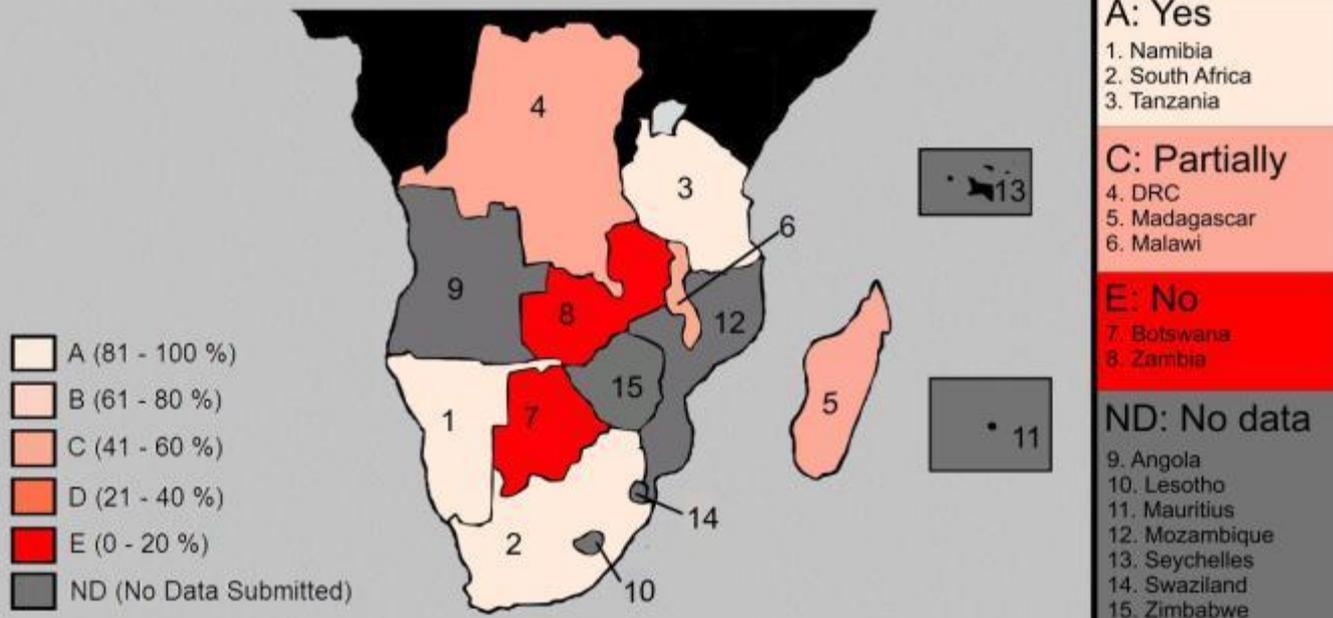
of opportunity” in which countries can respond by working with youth as part of the solution rather than a source of the problem.



The MPOA data shows that countries once again have policies and plans in place but that yet again it has yet to reach the community level. Various countries recognise that cultural and religious beliefs act as barriers to both youth uptake as well as health care workers sensitively and in some cases legally allowing youth access to their SRH rights. Common recommendations from country reports are more budget allocation to training of health care workers, as well as national alignment in programming with regional and national commitments to offering these services to youth. Another common problem is in accessing out of school youth to not only educate them on safe sex, but access to family planning, abortion, post abortion care and other services. In an era of social media and in areas where private enterprises are able to reach these youth, public private partnerships offer possible opportunities to improving the situation. What is also obvious is that health care for youth is necessary not only from a human rights or epidemiological perspective but from a socio-economic development as well as security perspective and needs to be urgently addressed.

## Element 4: Youth-friendly SRHR services positioned as key strategy

B: Youth-friendly SRHR services integrated in the training curriculum



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## Feedback

Every attempt has been made to ensure the accuracy of this report but the author and AAI welcome any feedback, comments, and/or corrections on the content.

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