In September 2016, the Ministry of Public Health of the Dominican Republic unveiled a contraceptive counseling protocol with a focus on adolescent care, making its implementation mandatory for health care providers across the country.

The government decree, the first to consider contraceptive counseling for adolescents, comes as the country works to bring down one of the highest rates of adolescent pregnancy in Latin America—part of an effort to fulfill its commitment to the United Nations Sustainable Development Goals, and specifically Goal 3: “Ensure healthy lives and promote well-being for all at all ages.”

As in many low and middle-income countries, adolescents in the Dominican Republic face numerous barriers to obtaining and correctly using contraception. Among them is a lack of accurate information about modern methods and widely held misconceptions about their immediate and long-term effects. With the contraceptive counseling protocol, the Ministry of Public Health (MPH) aims to ensure that health care providers in public and private facilities across the country deliver quality and confidential sexual and reproductive health services to adolescents and young people.

Profamilia Dominican Republic, an Ampliando el Acceso local partner,* played a crucial role in developing the protocol, and its advocacy efforts were instrumental in its eventual approval as a policy directive. A pioneer in sexual and reproductive health services in the Dominican Republic, Profamilia provided stakeholders with a blueprint to guide the protocol’s design; created instruments for its monitoring and evaluation, which were later validated by ministry officials; and conducted a budget analysis to determine whether a specific account had been set aside for the prevention of adolescent pregnancy.

**How Can Contraceptive Counseling Strengthen Family Planning?**

Research has shown that counseling tailored to adolescents can increase uptake of highly effective methods and lead to improved adherence over the long term. Contraceptive counseling is urgently needed in the Dominican Republic, where one in every five women between ages 15 and 19 has given birth or become pregnant and fewer than a quarter of adolescents report using a contraceptive method at their last sexual encounter.1 Though likely driven by a number of factors, these figures are directly linked to poverty and a lack of education, including the comprehensive sexual education that is generally absent

*Ampliando el Acceso, or “Expanding Access” is a one-year, independently funded project launched by Advance Family Planning and the International Planned Parenthood Federation/Western Hemisphere Region. The project seeks to expand access to contraception information and services for youth in Colombia, the Dominican Republic, and Mexico by strengthening advocacy efforts.
from school curricula in the country. Further obstructing access to contraception in the Dominican Republic is the pervasive stigma surrounding its use and discrimination by providers who believe adolescents’ parents should be involved in obtaining it.

In 2012, the government approved the National Plan to Prevent Adolescent Pregnancy, a major step forward for reproductive health in the Dominican Republic. The plan supports comprehensive interventions in education, health, and social protection, including the provision of high-quality, youth-friendly health services at public health facilities across the country. Among those services is contraceptive counseling for adolescents.

Though the government has supported efforts to expand access in the past, none of those programs or campaigns has had a discernible impact, and the rate of adolescent pregnancy in the country remains among the highest in the region.

This spurred Profamilia to first collaborate with the government to develop a mandatory contraceptive counseling protocol then mobilize advocacy efforts for its approval, and finally, to monitor and evaluate its implementation.

Building a Coalition with a United Goal

Using the Advance Family Planning SMART approach, Profamilia identified its advocacy objectives and outlined a series of steps for achieving them. The first was to complete a mapping of key stakeholders and decision-makers, allowing Profamilia to anticipate and plan for future advocacy opportunities.

While Profamilia’s ultimate objective was the MPH’s approval of the national protocol, an intermediate step required reaching out to officials with control over the budget. Through budget analysis, Profamilia had discovered that funding was earmarked for maternal and child health and that those funds were protected from being spent any other way. However, as those protections do not extend to funds set aside for preventing adolescent pregnancy, Profamilia approached officials in the Ministry of Economy, Planning, and Development (MEPyD) to advocate for the protection of that funding in particular.

At the same time, Profamilia focused on securing a role in the process developing and validating the contraceptive counseling protocol. That process was to be overseen by the Maternal and Child Health Directorate (DIMIA) of the MPH, and in February, Profamilia met with the director of DIMIA to request permission to participate. Permission was granted, and over the course of several meetings in February and March 2016, Profamilia presented MPH officials and technical staff with reference documents to serve as a blueprint for the national protocol.

Continuous advocacy and a need for collective input led to a multi-stakeholder meeting in December; the ministries, the National Health Service, Profamilia, and other non-governmental organizations discussed each institution’s interest in prioritizing the prevention of adolescent pregnancy. An effort that had begun only weeks before had grown into a full-fledged coalition in support of the protocol.

Navigating the Challenges of External Events

Despite a promising start, development of the protocol was slowed in March and April by external events, most notably the country’s presidential election. With the election outcome very much in question, uncertainty prevailed, causing a government slowdown that stalled the approval of pending policies, including the protocol. Key stakeholders within the MPH worried they might be reassigned to another post, as had happened to the former director of DIMIA, a Profamilia ally. When DIMIA appointed a new director, Dr. Juan Carlos de Jesús in September 2016, Profamilia was ready with targeted messages regarding the approval of the protocol. De Jesús not only agreed; he recognized that having a specific budget for the protocol was fundamental to its success.

With the appointment of a new DIMIA director, Dr. Juan Carlos de Jesús, in September 2016, Profamilia had to start anew with efforts to win the institution’s support. They directed their advocacy toward other decision-makers, including the MEPyD and the National Health System. These efforts too were successful. Dr. de Jesus recognized the need for a budget devoted to the development and implementation of the contraceptive counseling protocol, among other activities aimed at reducing adolescent pregnancy.

Another impediment to development of the protocol was the arrival of Zika virus in the Dominican Republic. All health sector officials were forced to focus fully on its control and prevention, delaying the protocol’s approval. Nevertheless, Profamilia continued its outreach to key stakeholders, including at DIMIA and the National Program of Comprehensive Care for the Health of Adolescents (PRONAISA), reiterating the need for instruments to conduct monitoring and evaluation of the protocol.
On September 30, 2016, close to seven months after Profamilia first approached the MPH, the ministry presented the finalized Contraceptive Counseling Protocol in an announcement to the National Health Service, the media, and civil society.

**Integrating Social Monitoring & Evaluation**

Capiatilizing on the political will earned with their new advocacy win, Profamilia launched a youth-led social auditing mechanism that gave adolescents an oversight role, which empowered them to hold providers accountable to the national plan. The results of the audit were eventually presented to government authorities.

To ensure effective implementation of the protocol, Profamilia again turned to the use of social audits, and organized roundtables to develop two questionnaires: one for health care personnel and the other for adolescent clients utilizing youth-focused comprehensive health care. The input of health care providers, technicians, and youth volunteers was incorporated into the questionnaire’s design.

Once completed, the questionnaires were reviewed by an interdisciplinary team of experts and a group of community youth leaders for content and structure. Preliminary drafts of the questionnaires were then sent to Dr. Juan Carlos de Jesús at DIMIA, and to the coordinator of PRONAISA, Dr. Monika Carrión. The drafts were returned to Profamilia for further refinement, and in March 2017, Profamilia submitted to the MSP the final, validated questionnaires.

**Lessons Learned**

- **Youth participation is essential.** The active participation of affected young people lent legitimacy to advocacy efforts on their behalf.
- **Build in monitoring and evaluation early on.** This increases the likelihood of successful protocol implementation and client uptake.
- **Engaging and building consensus among a diverse set of stakeholders** can help win over key decision-makers.

**Next Steps**

Profamilia will continue to advocate for the implementation of the Contraceptive Counseling Protocol and to assist the MPH in monitoring its roll out. The MPH is currently training National Health Service health care personnel regarding the use and implementation of the contraceptive counseling protocol for adolescents. Profamilia will also provide technical assistance to the government through a working group.

Once the protocol is in place, Profamilia will ensure that there is an adequate budget for training of staff and service delivery, and will measure quality of services for youth. Follow-up social audits will be performed to ensure that the protocol is being fully implemented.

**References**

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