PATHFINDER

La Stratégie Avancée in Schools

Universal Access to Modern Contraception in Côte d'Ivoire (UAmC-CI)

CASE STUDY | JUNE 2026

JSPF-led educational talk held at ALICSON Middle School in Bodo, in the Tiassalé Health District. March 2026.

Background

Côte d'Ivoire has positioned family planning (FP) as a high-impact intervention for improving maternal and child health and socioeconomic indicators. To promote universal access to FP, the Ivorian government has made modern contraception free of charge in public health facilities (HFs) and for all populations. Despite this promising development, the health system has not yet succeeded in reaching adolescents and young people with facility-based FP services.

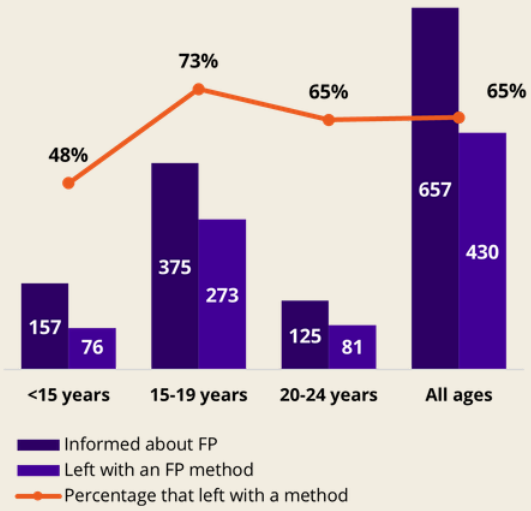
The project UAmC-CI, funded by the Gates Foundation, works to ensure provision of free, quality FP services in the public sector. Led by Pathfinder International, the project organizes outreach activities in the form of *Journées Spéciales de la Planification Familiale* (JSPF), or Special Family Planning Days, to reach marginalized populations with high need for contraception, including adolescents and young people. JSPFs are organized by the Health District (HD) and take place over three days at a single location, often far from the nearest public HF. Over the three days, providers raise awareness about the benefits of FP, provide FP counseling, and offer free contraceptive methods, including implant and IUD insertions and removals.

However, project data from four initial JSPF activities that took place between November 2025 and February 2026 suggest that few adolescent girls attend these events for FP services. During these first four months of JSPF implementation, the age distribution among new FP users (n=1,298) was as follows: **1.4%** were under age 15, **24.2%** were between 15–19, **24.3%** were 19–24, and **50%** were over the age of 25. To address this challenge, Pathfinder began experimenting with an outreach approach that engages adolescents and young people directly: the *Stratégie Avancée à l'École,* or advanced strategy in schools.

The *Stratégie Avancée à l'École*

The *Stratégie Avancée à l'École* for FP is initiated by the nearest public HF, with technical support from Pathfinder. Providers visit nearby middle and high schools to provide information on sexual and reproductive health and offer free FP services (counseling and method provision) over the course of a single day. Pathfinder supported the first *Stratégies Avancées à l'École* in March 2026 at the College Moderne, the College Liboh, and the Lycée Municipal in the town of Buyo. Buyo HD is located in Nawa, a region which records the highest number of pregnancies in school each year. *Stratégie Avancée à l'École* could provide an effective means of reaching young people discreetly and in a safe environment. This case study presents promising results from three days of Stratégie Avancée in Buyo HD.

Figure 1. Number of students informed about FP and the percentage who left with a contraceptive method across three schools in Buyo HD, by age group.



Results

Across the three schools, we reached 657 students, of whom 46% (n=301) were girls and 54% (n=356) were boys. Students fell into the following age groups: very young adolescents (VYAs) under 15 years of age (24%), adolescents aged 15–19 (57%), and youth aged 20–24 (19%). There were no students aged 25 or older.

Among those reached, **65% (n=430) left with a contraceptive method** (all age groups and genders combined). Nearly three-quarters **(73%) of adolescents** (15–19 years), **65% of youth** (20–24 years), and **48% of VYAs** (<15 years) adopted a method. Of the total 430 users, 188 boys and young men (44%) received male condoms (see Figure 1).

Recognizing that adolescent girls bear the heaviest social burden of an unwanted pregnancy, we also examined contraceptive adoption among the 301 female students. In doing so, we noted that **80% of female students who received FP information adopted a woman-controlled method,** specifically the implant, injectables, the pill, or IUDs (see Figure 2). Among these 242 adopters of woman-controlled methods, 99% (n=240) were first-time modern contraceptive users.

By age category, **100% of young women aged 20–24 left with a method. Among adolescent girls, 92% adopted a method compared to 25% of female VYAs.**

Looking at method mix among those using a woman-controlled method for the first time (n=240), we see that **79% chose implants** (Jadelle and Implanon). After implants, the pill (Microgynon) and intramuscular injection (IM, Depo-Provera) were the two most commonly used methods (16% and 15%, respectively; see Figure 3). While these rates of use could be considered high among other populations of adolescent and young women, this level of FP uptake makes sense in the context of high rates of adolescent pregnancy in Buyo HD and Nawa health region more broadly.

Next Steps

1. Integrate a greater number of *Stratégies Avancées à l'École* into UAmC-CI project activities.
2. Expand *Stratégie Avancée à l'École* activities to all UAmC-CI health districts.
3. Establish a mechanism for documenting results of *Stratégie Avancée à l'École* to guide future decision-making by the Ivorian government.

Figure 2. Number of female students informed about FP and percentage who left with a woman-controlled method, by age group.

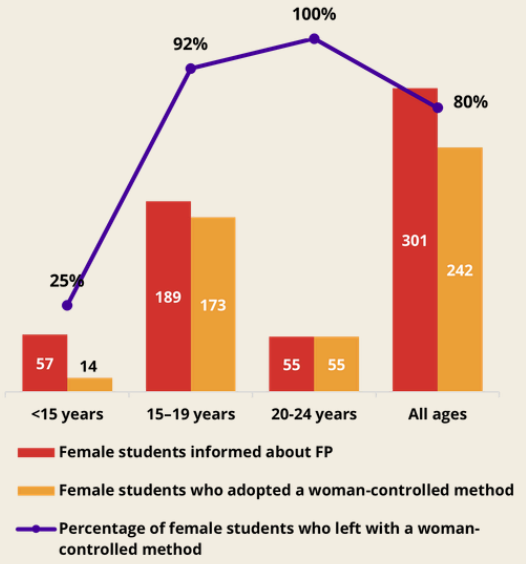
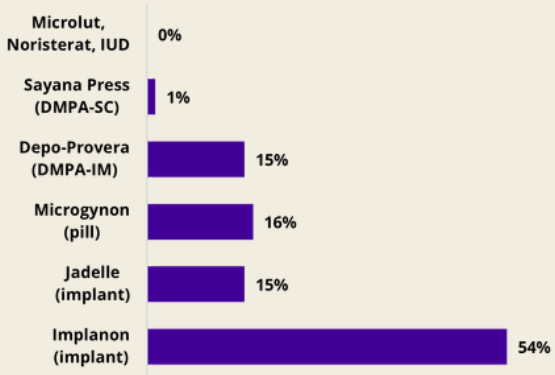


Figure 3. Distribution of woman-controlled contraceptive methods among new female users.



Conclusion & Recommendations

This case study of the *Stratégie Avancée à l'École* approach in Buyo HD involving 657 students showed that 65% of young people left the event with a contraceptive method, including male condoms. Among female students who received information on FP, 80% adopted a woman-controlled method, 99% of whom were first-time users. Implants were the most commonly used method (79%).

These initial results suggest that outreach interventions in a discreet setting can reach disadvantaged populations, such as adolescent girls and even VYAs. Building on this experience, we propose three next steps outlined in the text box.

With funding from

Gates Foundation