

EXECUTIVE SUMMARY

THE ENIA PLAN 2017-2023

Life Opportunities for Adolescents in Argentina

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With this publication, we wish to express our gratitude and pay tribute to the commitment of the Plan ENIA teams.

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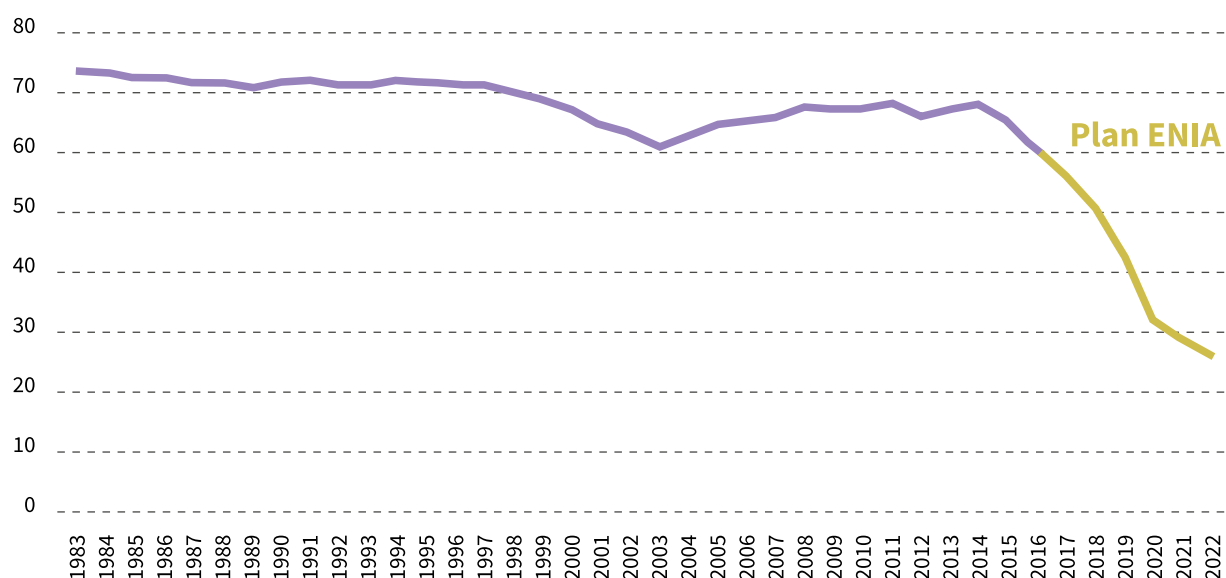
This executive summary synthesizes the full report “Plan ENIA 2017-2023 Oportunidades de vida para adolescentes en la Argentina”. Available at: <https://repositorio.cedes.org/handle/123456789/4801>
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The Plan for the Prevention of Unintended Adolescent Pregnancy (called the ENIA Plan in Spanish) was a milestone in the field of public policies addressing sexual and reproductive health and rights in Argentina and Latin America. Firstly, because of its outcomes: the ENIA Plan contributed to reversing the trend of stagnation in Argentina's adolescent-specific fertility rate (TEFA, in Spanish) since the return of democracy (in 1983), bringing it down to less than half of the rate recorded when the policy was first implemented. Secondly, because of its evidence-based design.

Argentina. TEFA evolution 1983-2022



Source: United Nations Population Division, 2024.

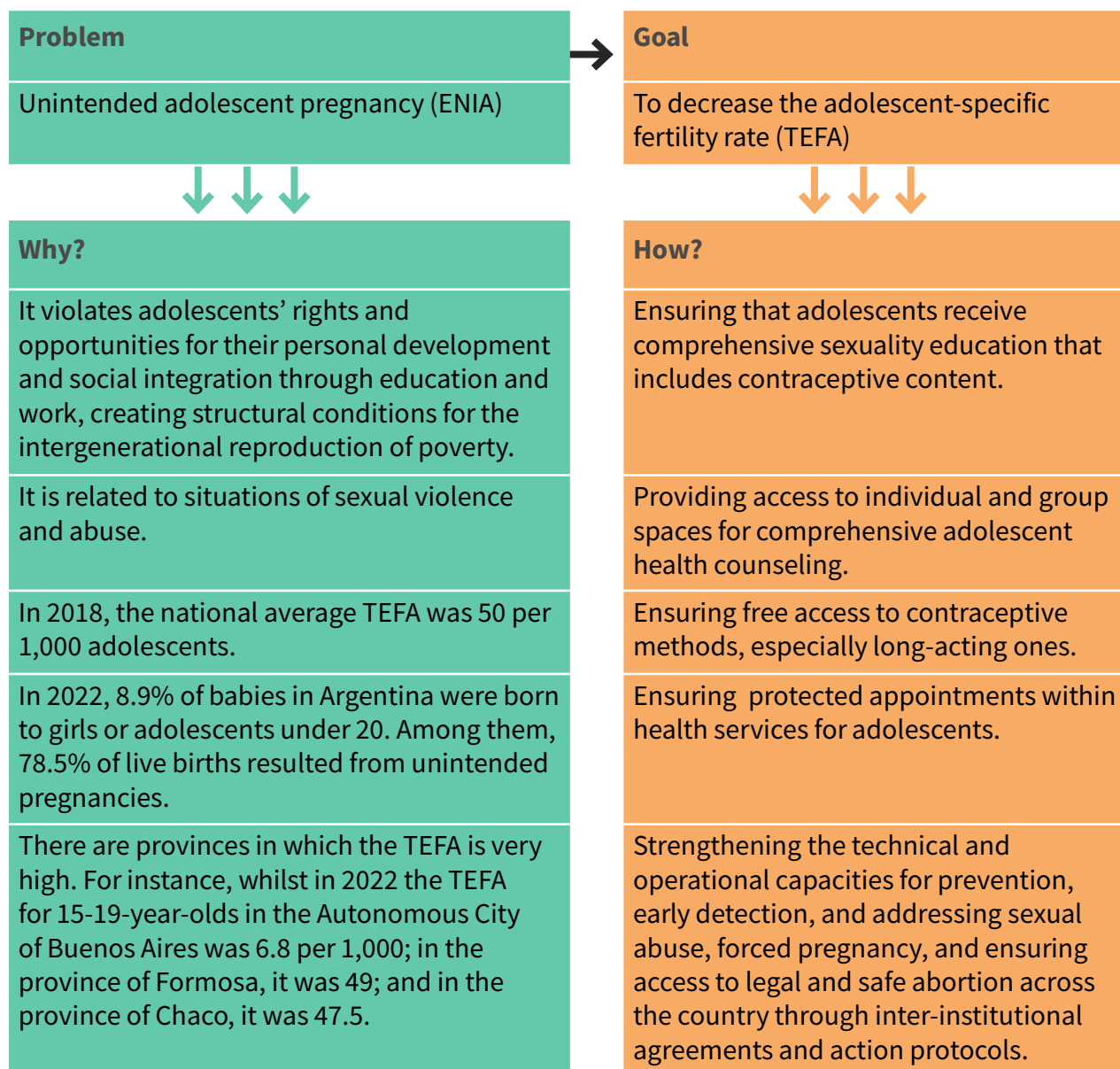
This publication seeks to account for the main elements of the ENIA Plan's design, implementation, and evaluation as a public policy experience, bearing witness to its results, the collective spirit underlying the Plan, and its contribution to forging new opportunities for personal development, ensuring the sexual and reproductive rights of girls and adolescents in Argentina.

Problem to be Solved

The ENIA Plan was the first policy to address the issue of unintended adolescent pregnancy with a rights-based, gender, and social equity approach, based on a given design and a management system that retrieved available scientific evidence. At the same time, it provided new evidence and tools, contributing to the development of new and better public policies to prevent unintended adolescent pregnancy.

In Latin America, adolescent pregnancy was placed on the public policy agenda in the 21st century. A systematic review by UNFPA states that, to gain momentum, policies need to demonstrate cost-effective interventions. During the past twenty-five years, policies for preventing adolescent pregnancy were implemented in Argentina, Brazil, Colombia, Costa Rica, Chile, the Dominican Republic, Ecuador, El Salvador, Guatemala,

Honduras, Mexico, Panama, Paraguay, and Uruguay. However, there are significant differences in their design, scope, implementation levels, and outcomes. The main differences between the ongoing policies are related to their operationalization level and the extent to which they incorporate evidence in their design and implementation.



Specific Intervention

The ENIA Plan was an intersectoral policy designed in accordance with an explicit evidence-based theory of change, grounded on a situational diagnosis and a set of coordinated mechanisms aimed at addressing proximal determinants of the problem to prevent unintended pregnancies and, consequently, reduce adolescent fertility.

The intervention was carried out in 36 departments across 12 provinces that had TEFA's (adolescent fertility rates) above the national average, and high levels of unintended pregnancies.

The following four territorial mechanisms were used:

Comprehensive health advisory services at schools and health services

- Answered spontaneous requests from adolescents in safe spaces and during protected hours within schools and communities.
- Organized group activities in classrooms and neighborhoods.
- Connected schools and community settings with health services, thus facilitating the referral of adolescents through protected appointments for counseling and the supply of contraceptive methods.

Sexual and Reproductive Health Services

- Ensured availability of and free access to modern contraceptive methods, with a focus on long-acting ones, at primary healthcare centers and hospitals.
- Provided sexual and reproductive health counseling.
- Trained health teams.
- Provided technical assistance for the voluntary and legal termination of pregnancy and post-obstetric event contraception.
- Participated in territory-based health operations.

Comprehensive Sexuality Education (CSE) at schools

- Provided in-person training on sexual and reproductive health to teachers and students.
- Provided institutional support within schools to facilitate the implementation of CSE.

Community-Based Mechanisms

- Organized group activities within those community spaces that adolescents went to every day.
- Provided information and counseling on sexual and reproductive health.
- Brought health services closer to adolescents who did not attend school.

Distinctive Features

The following distinctive features were identified in the design and implementation of the ENIA Plan:

- ➔ **Accurate Diagnosis.** Diagnosing the problem and the government's capacities in the 12 provinces and 36 departments selected was essential for establishing the Plan's feasibility. Sociodemographic and health information was analyzed to understand the characteristics and extent of unintended pregnancy, along with the records kept at schools, the primary healthcare network, and the mechanisms of the social protection system for cases of sexual abuse. This diagnosis allowed the Plan to focus on and validate the prioritization of the territories and, moreover, design the implementation strategy based on the institutional resources available in each location.
- ➔ **Relying on and Supporting Pre-existing Policies.** The pre-existence of sectoral programmes and institutions in each of the provinces allowed for territorial "know-how". Three national programmes that addressed issues related to the adolescent population and had a rights-based approach and gender perspective were identified: the National Sexual Health and Responsible Parenthood Programme (Law 25.673/2002), the National Programme on Comprehensive Sexuality Education (Law 26.150/2006), and the National Programme on Comprehensive Adolescent Health (Ministerial Resolution 619/2007). The Argentine Secretariat for Children, Adolescents, and the Family (known by the Spanish acronym SENAF), in charge of enforcing the Law on Integral Protection of the Rights of Girls, Boys, and Adolescents (Ley de Protección Integral de los Derechos de las Niñas, Niños y Adolescentes), was given the political-institutional mandate to protect children's and adolescents' rights. The work carried out in coordination with these state programmes and mechanisms, which were already in place, allowed the Plan to address the challenge of the intersectoral and comprehensive approach necessary to meet its goals.
- ➔ **Evidence-Based Design.** The selection of a limited number of evidence-based mechanisms was essential to ensure the overall management of the Plan, maintain its focus, and ensure the appropriate implementation of its mechanisms at territorial level. Based on a review of the literature and on experiences in other countries, interventions in the field of health, education, and social support were prioritized to address the immediate determinants of unintended pregnancy.
- ➔ **Results-Based Management.** The results-oriented approach provided guidelines for the annual operating plans (AOPs), defining coverage and process-related goals at the national, provincial, and local levels. Emphasizing evidence and monitoring was a key pillar to organize the work of the national and provincial coordination committees created by the Plan. Continuous monitoring not only served to track the Plan's performance and ensure accountability, but it also contributed to its governance, by organizing agendas and guiding decision-making, identifying

bottlenecks and related responsibilities, and building synergies to ensure optimal collective outcomes.

- ➔ **Coordinated Governance.** The federal nature of the country and the intersectoral approach of the policy posed specific challenges in building governance processes since a network of stakeholders and territories had to be coordinated. Thus, the Plan coordinated with national and provincial political levels through programme managers and the technical teams from the ministries of health, education, and social development. At the territorial level, coordination was achieved through intersectoral coordination committees, on-the-ground implementation spaces (health centers, schools, and community centers), and the individuals acting as the Plan's agents. This scheme helped to overcome a vertical approach, generating spaces for joint construction between the federal and provincial levels.
- ➔ **Strategic Partnerships for Legitimacy and Sustainability purposes.** The Plan set up strategic partnerships to provide visibility to and broaden its technical and political foundation. These partnerships were set up with stakeholders from the United Nations system, National Congress, and civil society through an Advisory Council that received technical assistance from United Nations agencies, especially UNFPA and UNICEF, which also helped to ensure support from society and political leaders.
- ➔ **Participatory Local Programming.** AOPs were outlined by the provinces and the federal government, thus providing the political and technical support necessary to make intersectoral and interjurisdictional programming feasible and sustainable, and allowing for implementation of the different mechanisms in the field. AOPs were used for planning and monitoring, and also to agree on the annual commitments of the technical and institutional teams at all levels of implementation. Each AOP included objectives and lines of action, identified those responsible for each activity, set process and coverage-related targets for the period, and agreed on the timeline for actions.
- ➔ **Assurance of Supplies.** Availability of a specific budget for the purchase of supplies by the Argentine Ministry of Health and the decision to allocate those resources exclusively to the Plan's target population were essential for maintaining its response capacity. Contraceptive supplies were made available, prioritizing long-acting methods—especially subdermal implants—due to their high acceptability among adolescents and their cost-effectiveness.
- ➔ **Commitment to Impact Targets.** Developing metrics to estimate and measure the Plan's impact targets was crucial for ensuring accountability regarding the allocated investment and for guiding the annual objectives. The Plan's specific impact targets—the number of adolescents effectively protected, and pregnancies prevented each year—served as a guide to align decisions and actions. Reporting the expected and achieved targets represented an annual evaluation of the Plan's effectiveness and contributed to maintaining its legitimacy and accountability.

- ➔ **Knowledge Generation for Advocacy Purposes.** Studies on the socioeconomic impact of adolescent pregnancy and on the organizational culture of the Plan provided information and arguments for advocacy—especially during changes in administration and for upholding the commitment of the subnational authorities. These studies also helped to nurture the Plan with mid-term insights on the functioning of its mechanisms and the viewpoints of its agents.
- ➔ **Specific Budget.** Having a dedicated budget was a key factor, since it enabled an accurate estimate of the necessary investment, ensuring predictability in the Plan's scope, and accountability for spent resources. The Plan had a specific allocation within the budget of the Argentine Ministry of Health, in a separate budget line. Budgetary resources were allocated to hiring human resources for direct services, for intersectoral territory-based and central operational management, and in support of the monitoring and accountability system. Funds were also allocated to the purchase of contraceptive supplies. The provinces did not allocate funds directly to the Plan but instead provided the teams responsible for operating school facilities, health centers, hospitals, and community centers, as well as the teams for the provincial programmes on sexual health, adolescent health, and CSE.
- ➔ **Dedicated Teams for the Plan.** The availability of specific human resources was essential for carrying out actions within each mechanism, maintaining the priority and quality of activities, and ensuring cross-sectoral coordination and a comprehensive approach. The above also contributed to creating a community of practice and a unique institutional culture that combined and energized actions in the field. The hired staff provided direct services in comprehensive sexuality education, overall health counseling, and sexual and reproductive health counseling, and also supplied contraceptive methods, hand-in-hand with social protection measures to address cases of sexual abuse and forced pregnancy. The Plan also included intersectoral management teams in each of the selected provinces, in national programmes, and in general coordination areas.
- ➔ **Institutional Culture as a Unifying Force.** A key feature of governance was the construction of a shared vision based on the division of labor. The challenge was to provide certainty regarding what was expected from each technical role through a clear definition of duties and an explicit decision-making framework. A central component of the institutional culture was the empowerment of territory-based focal teams, which enabled an effective implementation of the Plan in the provinces. These teams served as the link between the territories and the central government, and ensured intersectoral coordination at the operational level. Their strategic and operational planning capabilities were strengthened through ongoing training and technical assistance.
- ➔ **Internal and External Communication for Technical and Political Support purposes.** The internal and external communication strategies helped to raise awareness on the issue of unintended adolescent pregnancy and its prevention strategies, as well as to create a community committed to achieving the Plan's

objectives. Thus, an institutional culture was developed based on communication strategies aimed at different audiences - public policy decision-makers, technical teams, the population at large and, especially, adolescents.

➔ **A Monitoring and Evaluation System to ensure Accountability and Continuous Feedback.** The Information and Monitoring System (IMS) played a central role in the plan's design, implementation, and monitoring, and was an essential tool to guide each of its phases. During the design phase, the IMS provided critical data to help identify needs and prioritize territories, allowing for the planning of interventions tailored to local specificities. Throughout the implementation phase, the IMS continuously tracked activities and partial outcomes, enabling adjustments to actions based on the established goals, and ensuring a timely and informed response to emerging challenges.

Outcomes

Within just five years of implementation, the ENIA Plan accomplished significant milestones. The reduction of the TEFA by half (from 50 per 1,000 adolescents in 2018 to 25 per 1,000 adolescents in 2023), including that of girls under the age of 15, and an increase in reporting of sexual abuse by girls are perhaps the most noteworthy achievements. While the reduction of the TEFA can be attributed to a combination of factors, such as changes in preferences and social behaviours, access to new preventive methods, and progress in the implementation of public policies focused on comprehensive sexuality education and reproductive and (non) reproductive sexual rights, the ENIA Plan has undoubtedly played a crucial role in the provinces in which it was implemented. Furthermore, in these jurisdictions, the TEFA downward rate accelerated, thus narrowing the gaps between the provinces with and without the Plan's interventions. This reduction of inequalities in the opportunities for preventing adolescent pregnancy is also a remarkable achievement of the ENIA Plan.

Key Achievements of the ENIA Plan

Argentina's adolescent-specific pregnancy rate was brought down by 50% (from 50 per 1,000 adolescents in 2018 to 25 per 1,000 adolescents in 2023).

249,911 girls, adolescents, and young women received long-acting contraceptive methods (121,941 in the 20 to 25 age group, 109,614 in the 15 to 19 age group, and 18,356 among under-15-year-olds).

The gap between those provinces that had been showing a significant decrease in adolescent pregnancies and those with no decrease or even an increase (provinces prioritized by the ENIA Plan) has narrowed. From the beginning of the Plan, and until 2022, the gap between the two groups had narrowed by 52%, from 23.87 points to 11.36 points.

23,345 healthcare professionals were trained in contraception based on long-acting methods and adolescent care.

93,676 unintended adolescent pregnancies were prevented (91,124 in adolescents aged 15 to 19, and 2,552 in girls under the age of 15).

212,295 comprehensive health consultations were provided at schools, health services, and community spaces, besides 50,663 on-line comprehensive health consultations.

20,143 teachers were trained in comprehensive sexuality education content related to contraception.

This brought about an estimated social benefit for the country of US\$ 165,452,723, accounting for a return of US\$ 4.3 for each dollar invested in the ENIA Plan.

Plan ENIA implemented its interventions in 36 departments of 12 provinces.

A public policy is a systematic effort to change a reality. In this regard, the policy works to the extent that it succeeds in accounting for the problem on which it spelled out its intervention assumptions. A public policy that works solves the problem it is meant to address.

Since its inception, the ENIA Plan has addressed the problem of unintended adolescent pregnancy and the violation of rights, as well as the negative consequences thereof. It attracted public attention and resources, while reducing the size of this problem.



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