ADOLESCENT-FRIENDLY CONTRACEPTIVE SERVICES (AFCS) SCORECARD:[1]

HIP FAMILY PLANNING HIGH IMPACT PRACTICES
FP2030

Many countries have developed policies to support the provision of information and services that improve the health and wellbeing of adolescents, including their sexual and reproductive health. Evidenced-informed policies are essential to the implementation of effective programs. Use this scorecard and the color-coded legend to assess both the status of policies and how well they are being implemented. How does your country score in its use of evidenced-informed policies to support the sexual and reproductive health of adolescents and youth? You can use your score to identify priorities for stronger advocacy efforts.

LEGEND
GREEN: Strong policy or implementation environment.
YELLOW: Promising policy environment or implementation but room for improvement.
RED: Policy environment or implementation impedes youth from accessing and using contraception.
BLUE: Policy or implementation addressing the indicator does not exist.

POLICY AND IMPLEMENTATION SCORING	Strong Policy or Implementation Environment	Promising policy environment or implementation but room for improvement	Policy environment or implementation impedes youth from obtaining and using contraception	Policy/ Implementation addressing the indicator does not exist

IMPROVING ADOLESCENT ACCESS TO AND USE OF CONTRACEPTION

Service Delivery	Barriers	High Impact and Evidenced-based Practices	Policy Score	Implementation Score
	Provider attitudes	Providers are trained and supported to offer quality, nonjudgmental services to adolescents.[2]		
	Lack of confidentiality	Confidentiality is enforced, and both audio and visual privacy ensured.[3]		
	Limited method choice	The full method mix of contraceptives, including LARCs, are made available.[4]		
	Cost of obtaining services	Contraception and other SRHR services are provided free or subsidized (e.g. vouchers, reduced fees).[5]		
	Adolescent-Friendly Contraceptive Services (AFCS) are integrated into regular contraceptive services	This approach is now considered a best practice.[6]		

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Service Delivery	Barriers	High Impact and Evidenced-based Practices	Policy Score	Implementation Score
	Stand-alone adolescent clinics	These practices are not recommended as they are difficult to scale up due to program complexity and not usually sustainable, due to their high resource requirements and cost.[7]		
	AFCS offered in a separate room or "adolescent corner"			
	Youth centers	This practice is not recommended as it is very costly, has limited reach, and does not result in in any meaningful SRH behavior change or use of SRH services.[8]		
	Peer education	The evidence around effectiveness of peer education programs leading to contraceptive uptake is mixed. Some research has documented success in facilitating contraceptive uptake. Most research suggests that while information sharing by peer educators can be effective, program reach is often limited. Peer educators play an important role in informing young people about and referring them to SRHR services. A well-documented outcome is that peer educators are the main beneficiaries of these programs through exposure to training and supervision.[9]		
Legal rights, policies, and guidelines	AFCS offered as part of other health services	Policy or guidelines specifically direct the provision of AFCS as part of: • Postabortion care[10] • Immediate Postpartum FP[11] • Immunization Services[12]		
	Parental and Spousal Consent	Law or policy exists that supports youth to obtain contraception without third party consent.[13]		

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	Barriers	High Impact and Evidenced-based Practices	Policy Score	Implementation Score
Legal rights, policies, and guidelines	Provider Authorization	Law or policy exists that requires providers to provide contraceptive services to youth without personal bias or discrimination.[14]		
	Restrictions Based on Age	Law or policy exists that supports youth access to contraceptive services regardless of age.[15]		
	Restrictions Based on Marital Status	Law or policy exists that supports youth access to contraceptive services regardless of marital status.[16]		
	Access to a Full Range of FP Methods	Law or policy exists that supports youth access to all contraceptives, including LARCs.[17]		
Comprehensive Sexuality Education (CSE)	Limited client knowledge of SRH and contraceptive services	Policy exists supports the provision of comprehensive sexuality education. Policy must address all nine of UNFPA's essential components of CSE. As a prerequisite: Nearly universal participation in formal education for girls, especially upper primary and secondary school levels.[18]		
Enabling Social Environment	Lack of support among communities and parents for adolescents to access contraceptive information and services	Policy details strategy(ies) (e.g., mass media, communication campaigns, outreach campaigns, community advocacy, interpersonal communication, digital applications) to build community support for AFCS.[19]		

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Other Service Delivery	Barriers	High Impact and Evidenced-based Practices	Policy Score	Implementation Score
	Where women's mobility is limited	Law or policy exists that trains Community Health Workers in AFCS.[20]		
	Limited access to high-quality contraceptive services within and beyond clinics	Law or policy exists for Mobile Outreach AFCS.[21]		
		Law or policy exists for Drug shops and pharmacies to offer AFCS including LARCs and EC.[22]		
		Law or policy exists that supports task-shifting for LARCs to lower level and/or community-based providers LARCs.		

Footnotes:

1. Harris, S., M. Pierce, and E. Leahy Madsen with K. Gilles. Youth Family Planning Policy Scorecard. Washington, DC: Population Reference Bureau: 2018.
2. High Impact Practices in Family Planning (HIPs). Adolescent-friendly contraceptive services: mainstreaming adolescent-friendly elements into existing contraceptive services. Washington, DC: USAID, 2015a.
3-5. Ibid.
6. Simon, C. R. Benevides, G Hainsworth, G Morgan, and K. Chau. Thinking outside the separate space: A decision-making tool for designing youth-friendly services. Washington, DC: Evidence to Action Project/Pathfinder International, March 2015; HIPs, 2015a.
7. Simon et al. 2015.
8. Chandra-Mouli, V., C. Lane, S. Wong. "What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted a s Best Practices." Global Health: Science and Practice 2015 Vol 3 No 3; Simon et al., 2015; HIPs, 2015a; HIPs. Adolescents: Improving Sexual and Reproductive Health of Young People: A Strategic Planning Guide. Washington, DC: USAID, 2015b; Chandra-Mouli V.et al. "A never-before opportunity to strengthen investment and action on adolescent contraception, and what we must do to make full use of it." Reproductive Health, 2017, 14:85.
9. Chandra-Mouli et al., 2015; HIPs 2015a, b.
10. HIPs. Postabortion family planning: a critical component of postabortion care. Washington, DC: USAID, 2019.
11. HIPs Immediate postpartum family planning: A key component of childbirth care. Washington, DC: USAID, 2017.
12. HIPs. Family Planning and Immunization Integration: Reaching postpartum women with family planning services. Washington, DC: USAID; 2013a.
13. Harris et al., 2018.
14. Ibid; HIPs, 2015a.
15. Harris et al., 2018.
16-18. Ibid.
19. Harris, et al., 2018; HIPs, 2015b; Glinski, A. M., M. Sexton, and S. Petroni. Adolescents and Family Planning: What the Evidence shows - Review of literature. Washington, DC: International Center for Research on Women (ICRW). 2014a; Glinski, A. M., M. Sexton, and S. Petroni. Understanding the Adolescent Family Planning Evidence Base-Review of literature. Washington, DC: International Center for Research on Women (ICRW). 2014b.
20. HIPs, 2015b; HIPs. Community health workers: bringing family planning services to where people live and work. Washington, DC: USAID, 2015c; Glinski, et al., 2014a, b.
21. HIPs, 2015b; HIPs. Mobile outreach services: expanding access to a full range of modern contraceptives. Washington, DC: USAID, 2014.
22. HIPs, 2015b; HIPs. Drug Shops and Pharmacies: Sources for family planning commodities and information. Washington, DC: USAID; 2013b; Chandra-Mouli et al., 2017.