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RE: Management Response to Midterm Evaluation

A360 Management Response Findings from the Midterm Evaluation

Purpose of this Management Response

As A360 begins its next transition from optimization to scale-up, the project has reached a significant milestone in our search for cost-effectiveness. With our cost per adopter ranging from \$15 to \$70, we are confident that we have attained the “minimum viable solution” that was the goal of this optimization phase. Having demonstrated that we can deliver results quickly in a cost-effective way, we intend to intensify our focus on quality and sustainable impact. A360 is entering its next phase equipped with scale-up strategies in Ethiopia and Tanzania and a strategy for continued investment in Nigeria that focus not only on scale and continued cost-effectiveness, but also give thought to how the project can better ensure quality service delivery and a supportive environment for continuation.

Given this excitement for the future scale-up of these interventions and commitment to further investment in quality and sustainability, we appreciate the chance to reflect on findings coming out of previous project phases. Many of the findings detailed in the MTE come as a welcome confirmation of the body of evidence that we as a project have collected up until this point through implementation and management of A360 interventions. We look forward to using these findings as a sound evidence-base and rationale for the strategic investments we have planned for 2019-2020. This management response has been crafted to “connect the dots” between the MTE findings and these planned strategic investments.

Key Highlighted Findings from the MTE

Although there is not space in this response to touch on all the rich findings detailed in the MTE, we have described below some of the key elements which we consider to be critical to A360’s focus from 2019 onward.

Speed and Scale at the Cost of Sustainability

The findings of the MTE recognize that although A360 interventions may work to increase uptake of contraception in the short term “this may be at the cost of actively addressing harmful community myths, misconceptions and stigma around contraception for adolescent girls.”(p.3) A rigorous focus on speed and scale can create incentives to disregard sustainability and sustained use.

Resourcing Quality Programming

The MTE findings acknowledge that ambitious targets put pressure on implementing country teams to meet adopter projection goals, resulting in a decision to reduce or eliminate intervention components that cannot be immediately seen to contribute to adoption and conversation rates. In

achievement of the minimal viable solution, our management has similarly observed movement away from such activities, which include those designed to address adverse gender and social norms, and support girls' continuation after initial method adoption. The MTE confirms A360's understanding that this may prioritize "short term results over efforts to establish a more supportive enabling environment for girls to access contraception in the long term." (p.3) A key finding of the MTE points to the need to ensure that a focus on meeting targets "does not detract from building enabling environments and resourcing quality programming." (p.4) Finally, the MTE recommends that designing for shared delivery and national ownership from the beginning may alleviate the pressure to eliminate these gender and social norm change activities in the pursuit of rapid results.

Flowing from these findings, A360 sees two significant areas of alignment with our strategic investments for 2019-2020, which are detailed below.

From "Minimum" to "Recommended" Viable Solutions

First, as mentioned above, moving forward into 2019, A360 proposes to deepen our understanding of "what it takes" to ensure sustained, quality service delivery for girls. Having established clarity on the "minimum viable solution" for each of the A360 country interventions, we will now explore re-introduction of select intervention components, previously excluded in pursuit of low cost, that were designed to support continuation and address barriers to access. In A360's analysis of our alignment with continuation best practices (through a comprehensive literature review completed in the first half of 2018), we previously identified opportunities for greater alignment to support girls' continuation. These opportunities included capacity development and coaching to providers to support girls as they navigate side effects and/or switch methods. The MTE findings, coupled with our own knowledge base, clearly articulate the need to renew investments in these areas moving forward.

We appreciate that the MTE findings express some concern that programs which are designed to "fly under the radar," an approach which A360 has previously labeled a "quiet movement," leave open the potential for backlash. We previously saw this approach as the most expedient method to reach girls, however as we have continued to implement we have come to understand that there is in fact a strong degree of support in many of the communities where we work for the concepts which A360 has found to be relevant – linkages between contraception and girls achieving their future dreams and aspirations, and stability. As part of our strategic approach to building the "recommended viable solution" in 2019-2020, we believe that this "quiet movement" might not be necessary in all cases and that A360 programs could benefit from broader engagement with girls' key influencers and community. We look forward to bolstering opportunities for this broader engagement, intensifying our existing focus on community education and mobilization, and re-emphasizing parental engagement, for example, in the next project phase.

Our ultimate aim is greater clarity on the range of program component options that support quality and continuation within the A360 portfolio, and the costs associated with those options. We seek to better understand how additional components of the intervention, especially those that address the socio-ecological model, can lead to continued use and population-level change. We recognize that, as is echoed in recommendations from the MTE, the addition of these components may increase cost per user and may not demonstrate immediate results in the short term. We are also aware that the effect from the addition of these components may not be detectable, however we are proactively investing in evidence-based programmatic components that support continuation and quality, as these are key factors in attaining sustained impact.

Capacity Development and Vertical Integration

Second, A360's experience over the first half of the project lifecycle, validated in findings from the MTE, supports additional investment in capacity building to strengthen the supportive environment for service providers and the health system more broadly. These investments work to build the foundation for public ownership of A360 interventions. To this end, scale-up plans for Ethiopia and Tanzania were designed to place equal emphasis on capacity development for service providers and integration of A360 interventions into the health system processes, resources, and curricula.

In Ethiopia, we anticipate that the project's advocacy with the government of Ethiopia will lead to the integration of Smart Start within the national Health Extension Program, resulting in large-scale coverage and sustained health system ownership of Smart Start for the foreseeable future. In Tanzania, our vision for the remainder of the project includes dual focuses on geographic expansion and saturation of Kuwa Mjanja and capacity building in the public sector health system to lay the groundwork for sustained Kuwa Mjanja implementation after the project ends in 2020.


The addition of these investments in quality and capacity building help to ensure that A360 does not operate in parallel, but instead is an integrated part of the health systems that will eventually sustain them. As the MTE recommends for future projects to design with health providers and health systems in mind, A360 will consider as we scale not just how intervention components may be reoriented towards safeguarding quality and continuation, but also how investment in capacity building and supportive supervision can be integral to future health system ownership — and impact — of these interventions. A key focus of 2019 will be on investments in QA and YFHS, integration of intervention components into existing health systems guidance, instructional materials, budgeting, and planning, and capacity development of the local "owners" of these interventions to ensure continued connections for girls to trusted, quality health services.

Further Reflections

Although many of the findings detailed in the MTE provide evidence to support strategic investments which A360 has planned for 2019-2020, we acknowledge that there are also findings which warrant further reflection as the project moves forward into its scale-up phase.

Though findings in the MTE which contradict A360's internal understanding are minimal, there are some conclusions drawn in the MTE that are counter to our own implementation evidence-base. The MTE concludes that A360 and its solutions were not designed in a transdisciplinary way. However, insights documented in A360's [peer reviewed journal](#) highlight the ways in which the project's intervention designs drew on a transdisciplinary approach. A360 recognizes that at different points in the HCD process certain disciplines may necessarily be at the forefront but would assert that a transdisciplinary approach was clearly evident in the design process.

In reflecting on the MTE's comments regarding the deficiencies of A360's M&E systems, the project considers this a lesson learned regarding the necessity of building in time for proper design and set-up of program M&E within the HCD process. The MTE points out that a combination of the brevity of the pilot phase (the report indicates that this was 3 months long, however the official pilot phase was only 6 weeks) and the delay of setup of M&E systems contributed to the pilot phase not living up to its potential impact. We would assert that this is primarily due to a lack of appropriate time between the design and pilot phases to strategize and set up these M&E systems. This includes not just systems to measure what we need to know to demonstrate results, such as performance against KPIs, but also the full breadth of evidence that the project would need to comprehend our wider



intended impact on girls' health and lives. We believe that proper time to put metrics in place to track this full breadth of evidence would also have enabled the project to more quickly and identify areas where further investment in transformation of social and gender norms was necessary, as is also pointed out in the MTE.

Conclusion

To conclude, the MTE findings align with the implementation and management evidence A360 has generated over the course of the project to chart our path forward. We are appreciative of the opportunity afforded by this external evaluation to confirm and validate these points, particularly as we draw on them to set technical strategy and management priorities for 2019-2020.