

'Daring girls to dream'

Lessons from the Adolescents 360 evaluation

April 2020



Overview

- Introduction, design and methods

- How are girls in experiencing their journeys through A360?

- In Nigeria

- In Ethiopia

- What factors support contraceptive continuation and discontinuation in Nigeria and Ethiopia?

- Conclusions and Q&A

A360 Process Evaluation 2019

Background

What is Adolescents 360?

Aims to increase girls' access to and demand for modern contraception, through country-specific interventions developed using human-centered design alongside other disciplines



Locations: Ethiopia, Nigeria and Tanzania



Scale: \$31 million investment from Gates and CIFF



Timing: 4 years (2016-2020)



Implementation: Implemented by a PSI-led consortium



“Human-centered design is a creative approach to problem solving...it starts with the people you’re designing for and ends with new solutions that are tailor made to suit their needs”



The A360 evaluation

Aims:

1.

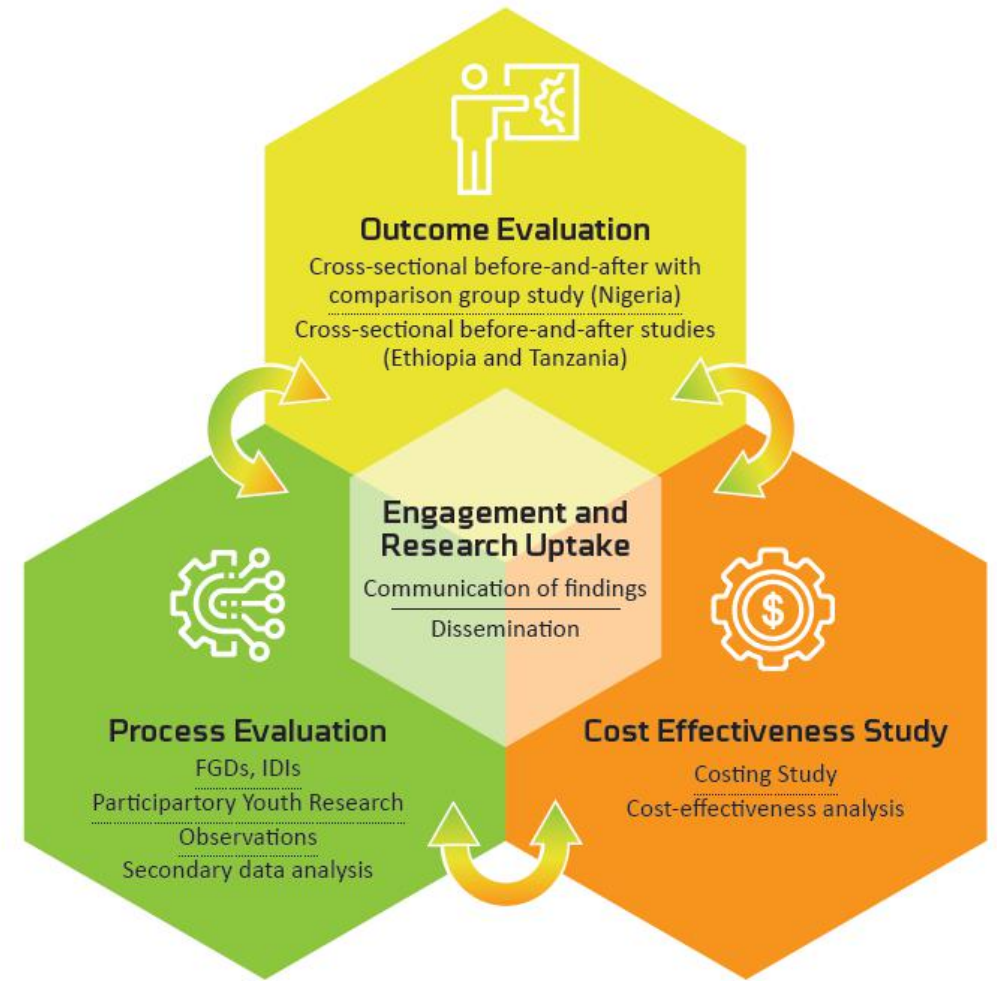
Provide timely data to **course correct** the program during implementation, and to maximize the effectiveness and impact of efforts.

2.

Assess the impact of the program in reducing the number of unintended pregnancies among adolescent girls.

3.

Provide a robust evidence base on **what does and does not work** to reach adolescent girls at scale, cost-effectively and to what extent the program is replicable.

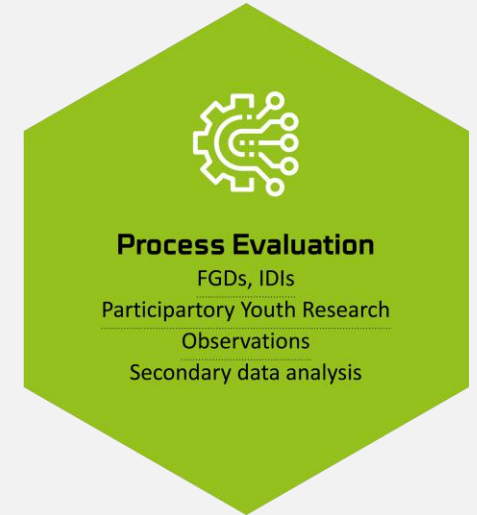


LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Process Evaluation

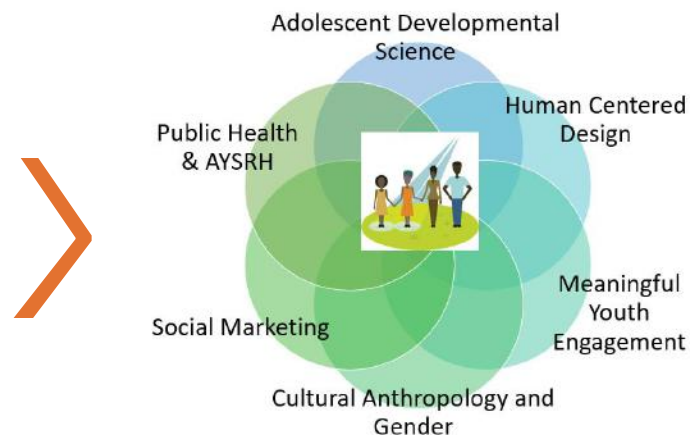
- **Theory-based approach**, guided by the A360 Theory of Change and evolving theory about how and why the interventions work
- Evaluating how A360 has played out in implementation, and provides analysis and learning to support adaptation and course correction
- Investigating A360 on **two levels**



1.

Approach and Design

How has the A360 approach lead to innovative solutions that can be adopted and replicated?



2.

Solutions

How are the A360 interventions playing out in Nigeria, Tanzania and Ethiopia?



Process Evaluation methods



Review of A360 documents (strategy, reporting, manuals and solution materials)



Focus groups with girls and community members



Analysis of A360 monitoring data



Observations of program activities (counselling sessions) with exit interviews



Interviews with girls, community members, staff, service providers, government, external AYRSH stakeholders



Participatory youth research, and user journey and sounding workshops with country teams

Mid-term review

Synthesized insights from the A360 design phase (up to September 2018)

ADOLESCENTS 360

A360 Evaluation
Mid-Term Review Summary

itad.com

itad
Avenir Health
LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE

A360 aims to increase adolescent girls' access to and demand for modern contraception in developing countries, beginning with Nigeria, Ethiopia and Tanzania

Implemented in five phases

- 1 Inception**
Jan–Aug 2016
- 2 Inspiration**
Sep–Dec 2016
- 3 Ideation**
Jan–July 2017
- 4 Pilot**
Aug–Dec 2017
Six weeks per country
- 5 Optimization and scale**
Jan 2018–mid 2020

4.5 years: 2016–2020

\$30m Investment
Jointly funded by the Bill & Melinda Gates Foundation and the Children's Investment Fund Foundation (CIFF)
Implemented by a Population Services International (PSI)-led consortium

Learn more about A360 at www.a360learninghub.org

<https://itad.com/reports/midterm-review-of-the-adolescents-360-program/>

Mid-term review: findings

1.

An HCD-led design succeeded in ‘putting the girl at the center,’ leading to interventions that were connecting contraception to aspirations

2.

These were creating a powerful ‘hook’ and helping girls bypass stigma

3.

But a focus on adoption and cost effectiveness reduced incentives to engage communities and consider sustainability and continuation



Recommended that A360 should *“ensure targets do not distract attention from addressing enabling environments, quality programming, and promoting sustained use.”*

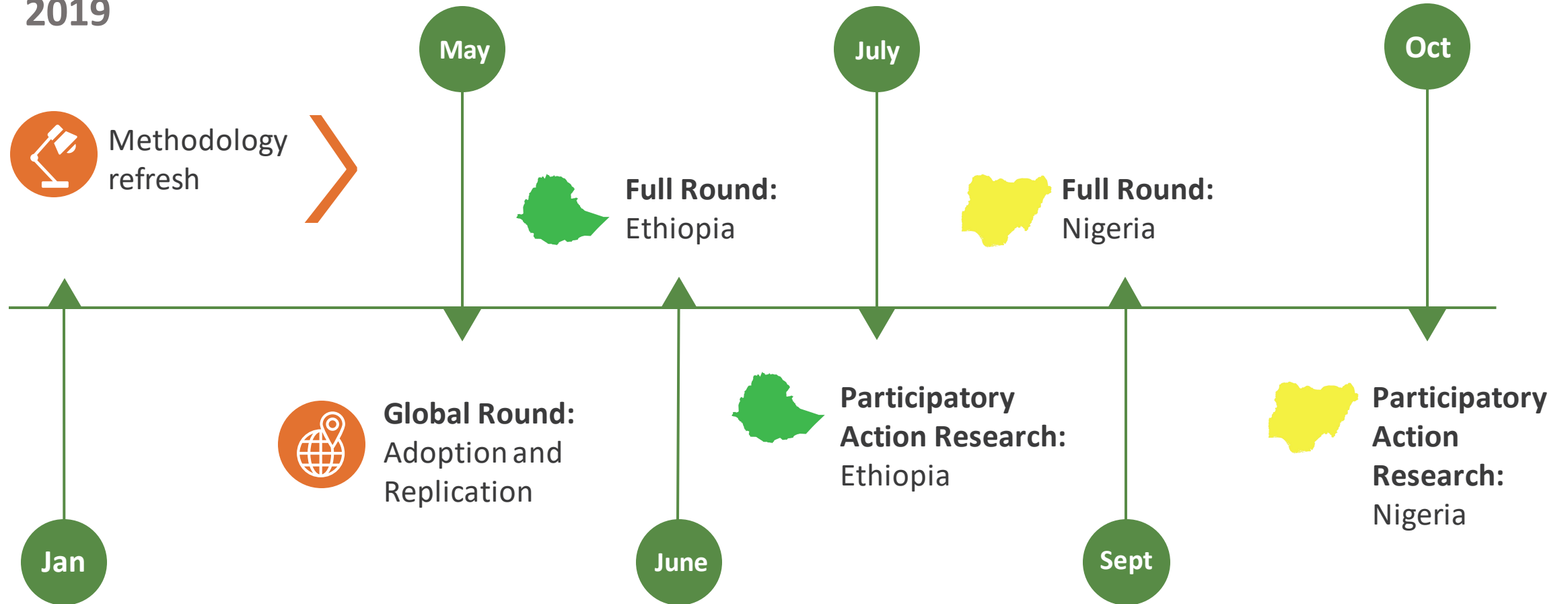
A360 used findings to galvanize a greater focus on sustainability, enabling environments and continuation in the second half of the program.

We will 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

A360 Management Response

Data collected since the mid-term review

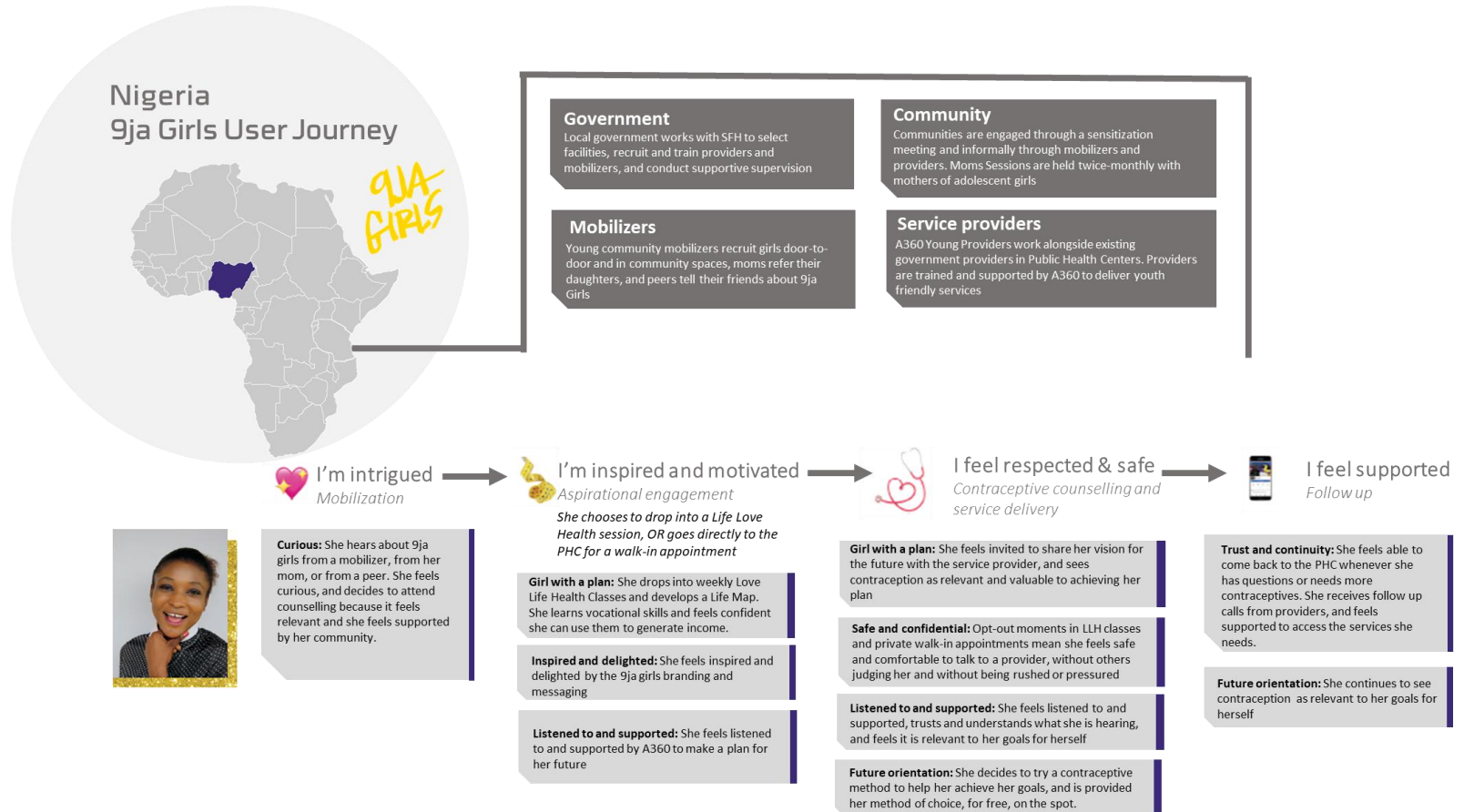
2019



User Journeys

A 'user journey' is a visual depiction of an A360 solution, from the perspective of a girl experiencing the intervention

- Developed in collaboration with PSI in 2019
- Provides a detailed description of each solution, and key touchpoints with girls
- Includes girls' cognitive drivers, incorporating insights from formative research and lenses
- Used to explore fidelity and adaptations, investigate the mechanisms of impact that explain how and why solutions work, and drill into how contextual factors affect specific aspects of solutions





Process Evaluation Findings 2019

How are girls experiencing their journey through A360?

Findings from Nigeria



Methodology

- Data collection took place between September and November 2019, visiting one facility in Nasarawa (MMA) and two facilities in Ogun (9ja Girls).
- Program monitoring data was analyzed and triangulated with primary data.

Method	Stakeholders	National level	Nasarawa (MMA)	Ogun (9ja Girls)	
Focus group discussions	Adolescent Girls; Husbands; Mothers; Community and Religious Leaders		5	4	→ 11
In-depth interviews	Adolescent girls; SFH national / regional staff; facility level staff; community and religious leaders, MoH / other government staff; other implementing organizations / stakeholders working on AYSRH	9	12	65	→ 86
Sensemaking workshops	Adolescent girls, SFH	1	1	1	→ 3
Observations and client exit interviews	Adolescent girls		1	4	→ 5



Nigeria

9ja Girls User Journey



Government

Local government works with SFH to select facilities, recruit and train providers and mobilizers, and conduct supportive supervision

Community

Communities are engaged through a sensitization meeting and informally through mobilizers and providers. Moms Sessions are held twice-monthly with mothers of adolescent girls

Mobilizers

Young community mobilizers recruit girls door-to-door and in community spaces, moms refer their daughters, and peers tell their friends about 9ja Girls

Service providers

A360 Young Providers work alongside existing government providers in Public Health Centers. Providers are trained and supported by A360 to deliver youth friendly services

Unmarried girls
in
Southern Nigeria



I'm intrigued
Mobilization



I'm inspired and motivated
Aspirational engagement



I feel respected & safe
Contraceptive counselling and service delivery



I feel supported
Follow up

Curious: She hears about 9ja girls from a mobilizer, from her mom, or from a peer. She feels curious, and decides to attend counselling because it feels relevant and she feels supported by her community.

She chooses to drop into a Life Love Health session, OR goes directly to the PHC for a walk-in appointment

Girl with a plan: She drops into weekly Love Life Health Classes and develops a Life Map. She learns vocational skills and feels confident she can use them to generate income.

Inspired and delighted: She feels inspired and delighted by the 9ja girls branding and messaging

Listened to and supported: She feels listened to and supported by A360 to make a plan for her future

Girl with a plan: She feels invited to share her vision for the future with the service provider, and sees contraception as relevant and valuable to achieving her plan

Safe and confidential: Opt-out moments in LLH classes and private walk-in appointments mean she feels safe and comfortable to talk to a provider, without others judging her and without being rushed or pressured

Listened to and supported: She feels listened to and supported, trusts and understands what she is hearing, and feels it is relevant to her goals for herself

Future orientation: She decides to try a contraceptive method to help her achieve her goals, and is provided her method of choice, for free, on the spot.

Trust and continuity: She feels able to come back to the PHC whenever she has questions or needs more contraceptives. She receives follow up calls from providers, and feels supported to access the services she needs.

Future orientation: She continues to see contraception as relevant to her goals for herself



Performance data: 9ja Girls (2019)



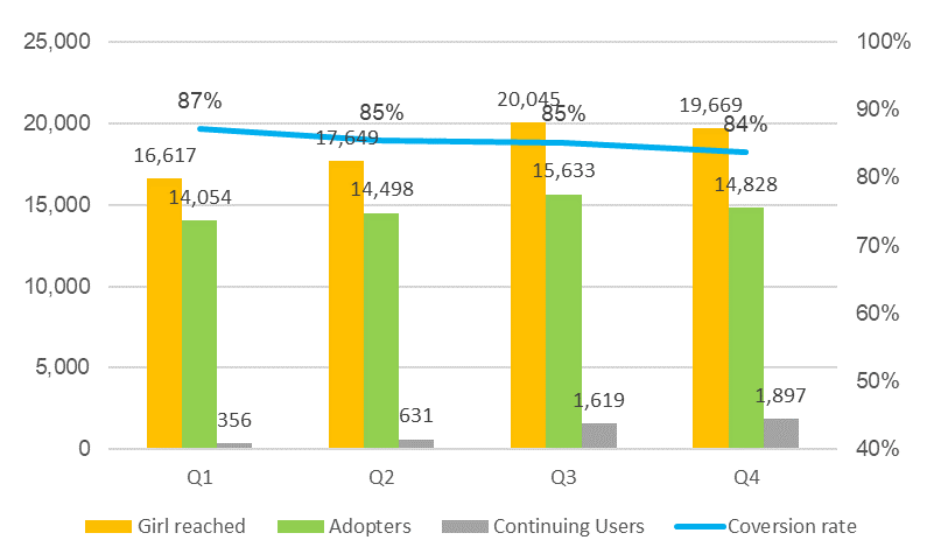
Cumulative (to end 2019)

123,435
girls reached

84,082
adopters

72%
conversion*

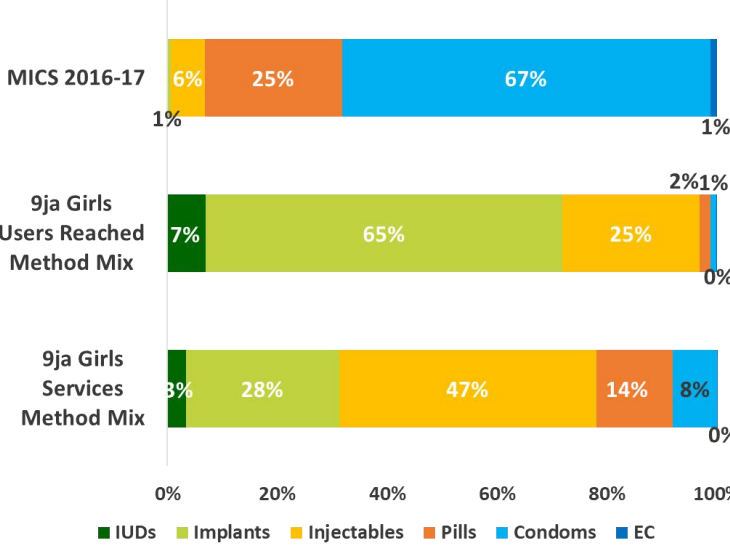
2019 Quarterly



LARC services (2019)

31%
Implants and IUDs

Method mix vs. national average (2019)



Other figures of note

Marital status (2019)

91% unmarried

Parity (2019)

89% no children

Age (2019)

86% 18-19 yrs

Active sites (2020)

70

* adopters / eligible girls reached

Nigeria MMA User Journey



Married girls in Northern Nigeria

Government
Local government works with SFH to select facilities, recruit and train providers and mobilizers, and conduct supportive supervision

Community
Communities are engaged through a sensitization meeting when MMA moves to a new area and informally through mentors, mobilizers and providers

Mobilizers
Female mentors recruit girls to MMA sessions and male mobilizers reach husbands, encouraging them to refer their wives to attend counselling

Service Providers
A360 Young Providers work alongside existing government providers in Public Health Centers. Providers are trained and supported by A360 to deliver youth friendly services

I'm intrigued
Mobilization

I'm inspired and motivated
Aspirational engagement

I feel respected & safe
Contraceptive counselling and service delivery

I feel supported
Follow up



Curious: She hears about MMA from a female mentor, or from her husband. She **feels curious** and agrees to attend a LFH course (with a mentor) or counselling session (following a referral from her husband) because it feels relevant to her and she feels supported by her husband to attend

Girl with a plan: She attends four Life Family Health (LFH) sessions with her mentor. She learns about nutrition, gains life skills and vocational skills, and feels confident she can use them to generate income

Inspired and delighted: She feels inspired and delighted by the LFH course

Listened to and supported: She feels listened to and supported by A360 to make a plan for her future

She attends Life Family Health sessions OR goes directly to the PHC for a walk-in appointment

Girl with a plan: She feels invited to share her vision for the future with the service provider, and sees contraception as relevant and valuable to achieving her plan

Safe and confidential: Opt-out moments in LFH classes and private walk-in appointments mean she feels safe and comfortable to talk to a provider, without others judging her and without being rushed or pressured

Listened to and supported: She feels listened to and supported, trusts and understands what she is hearing, and feels it is relevant to her goals for herself

Future orientation: She decides to try a contraceptive method to help her achieve her goals, and is provided her method of choice, for free, on the spot

Trust and continuity: She feels able to come back to the PHC whenever she has questions or needs more contraceptives. She receives follow up calls from providers, and feels supported to access the services she needs.

Future orientation: She continues to see contraception as relevant to her goals for herself

Performance data: MMA



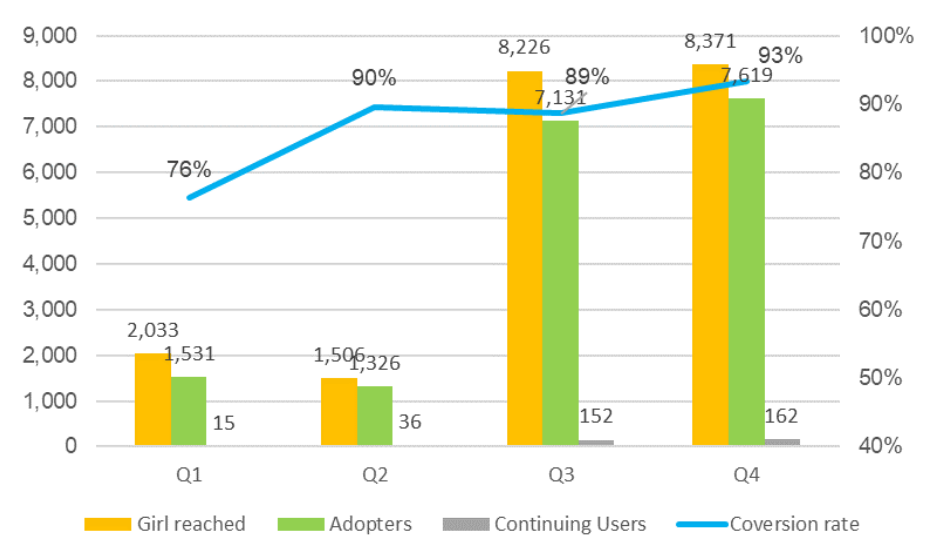
Cumulative (to end 2019)

25,260
girls reached

20,398
adopters

82%
conversion*

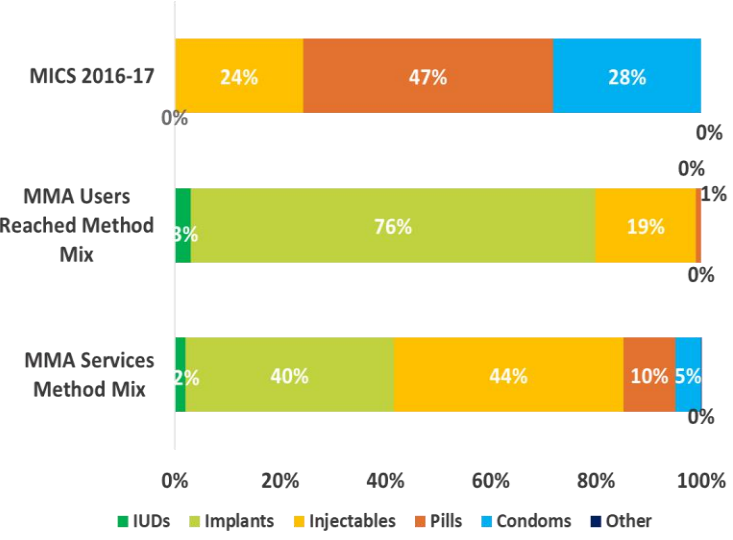
2019 Quarterly



LARC services (2019)

42%
Implants and IUDs (2019)

Method mix vs. national average (2019)



Other figures of note

100% married

17% no children

77% 18-19 yrs

44 Active sites (2020)

* adopters / eligible girls reached

Key findings

1

The 9ja Girls and MMA paid mobilization models are succeeding in reaching girls where they are – but there are some challenges with saturation and sustainability.

“I’m intrigued”

“The mentor came to our compound to invite us, she told us that we will be learning about how to take care of our family, about nutrition, family planning. But what got me interested was that she said at the end we will learn a skill.”

- Girl, Nasarawa (MMA)

Monitoring data:

94% of girls in Southern Nigeria first hear about 9ja Girls from paid mobilizers. Under 3% hear about it from their mothers

39% of girls in Northern Nigeria first hear about MMA from a mentor, and 41% from their husband

9JA
GIRLS

MATASA MATAN
AREWA

Key findings

2

Girls love the life and vocational skills training. It is building their knowledge, confidence and self esteem, and creating longer term relationships with service providers – as well as helping increase community acceptance of the program.

“I’m inspired and motivated”

My life is mine to make.

My heart may break, but I won't fake.

“She explained contraception to me but I was not interested that day. I came back to her later because I was having issues with my boyfriend and I can't discuss that with my sister or my mum... I later made up my mind that I wanted to adopt a contraceptive.”

- Girl, Ogun (9ja Girls)

My body is mine, no one can take.

I'm a 9ja Girl.
I'm awake.



Key findings

“I’m inspired and motivated”

2

Girls love the life and vocational skills training. It is building their knowledge, confidence and self esteem, and creating longer term relationships with service providers – as well as helping increase community acceptance of the program.

But lack of variety and follow up support can cause dissatisfaction with skills classes, and it is important to ensure life skills content does not reinforce harmful gender norms.

“If women practice all that they have learnt from MMA – cook good food, clean the house –the husband can readily attribute the changes to the program. This then spreads the positive news about the program in the community”

- Girl, Nasarawa (MMA)



Key findings

3

Girls feel safe, comfortable and supported during contraceptive counselling, and counselling has improved over time thanks to concerted efforts with training and supervision. But girls are less likely to adopt through classes, and opt-out moments don't always work.

“I feel safe and respected”

Monitoring data:

The odds of girls adopting a contraceptive method in both MMA and 9ja Girls increased gradually over time, and this trend was statistically significant



How many girls adopt a method through skills classes?

- 23% of girls in the South
- And 35% of girls in the North

(As of March 2019)



Key findings

4

A360 is very proactive in following up with girls after they adopt a method – but it is challenging both to reach girls and to monitor continuation.

“I feel supported”

“We were encouraged not to be afraid, that we are safe and that we can come back at any time. Even if the provider has been transferred, I will discuss with whoever is here.”

- Girl, Ogun (9ja Girls)

“When a provider is trying to do a follow up, she discovers that either a number is not going through, or the number belongs to either her husband or someone else. You know they give wrong numbers and that has been a challenge for us.”

- A360 staff member, Nasarawa (MMA)





Process Evaluation Findings 2019

How are girls experiencing their
journey through A360?

Findings from Ethiopia

**JALQABBII
GAARII**
SMART START

Methodology

- Data collection took place between June and July 2019, visiting three kebeles in Oromia and one kebele in Amhara.
- Program monitoring data was also analyzed and triangulated with primary data.

Method	Stakeholders included	National level	Amhara	Oromia	
Focus group discussions	Adolescent Girls; Husbands; Mothers-in-law; Community and Religious Leaders			11	→ 11
In-depth interviews	Adolescent girls; A360 national / regional staff; facility level staff; community and religious leaders, MoH / other government staff; other implementing organizations / stakeholders working on AYSRH	17	19	41	→ 77
					→ 3
Participatory workshops	Adolescent girls and PSI staff	1		2	→ 4
Observations (with client exit interviews)	Adolescent girls			4	

**JALQABBII
GAARII**
SMART START

Ethiopia

Smart Start User Journey



Government

Government engaged at national, regional and woreda level to support site selection, recruitment, training and supervision. PSI Adolescent Health Officers sit in the local health office.

Community

Community kick off meeting held to generate buy-in. Community engaged informally through A360 staff, Women's Development Army and Health Extension Workers

Mobilizers

Women's Development Army volunteers and youth champions support Health Extension Workers to mobilize girls and couples to participate in Smart Start

Service providers

Health Extension Workers trained and supported to deliver Smart Start by A360 staff. Government support HEWs to continue implementing Smart Start after A360 staff transition out of the community

Married girls in rural Ethiopia



I'm intrigued
Mobilization

I'm inspired and motivated
Aspirational engagement



I feel respected & safe
Contraceptive counselling and service delivery



I feel supported
Follow up

She attends 1-1 or group counselling, at her home or at the health post, by herself or with her husband



Curious: She and her spouse hear about Smart Start from the Woman's Development Army, Health Extension Worker, A360 staff, community leaders or Youth Champions. She feels **curious** and agrees to attend a counselling session, because it feels relevant to her and she feels supported by her husband (and mother-in-law)

Girl with a plan: She and her husband are invited to identify and share their vision for the future and develop a financial plan

Inspired and delighted: She and her husband feel inspired and delighted by the Smart Start tools and branding, and the financial planning messages

Listened to and supported: She feels listened to and supported by A360 to make a plan for her future

Girl with a plan: She sees contraception as relevant and valuable to achieving her plan

Safe and confidential: She feels safe and comfortable to talk to the Health Extension Worker through 1-1 or couples contraceptive counselling, without others judging her and without being rushed or pressured

Listened to and supported: She feels listened to and supported, trusts and understands what she is hearing, and feels it is relevant to her goals for herself.

Future orientation: She and her husband feel focused on achieving their plan. They decide to try a contraceptive method to help achieve their goals. She is provided her method of choice for free, on-the-spot, or a short time later at the health post

Trust and continuity: She feels able to come back to the health post whenever she has questions or needs more contraceptives. She receives follow up calls and visits from Health Extension Workers and Women's Development Army volunteers, and feels supported to access the services she needs

Future orientation: She continues to see contraception as relevant to achieving her financial plan

Performance data: Smart Start

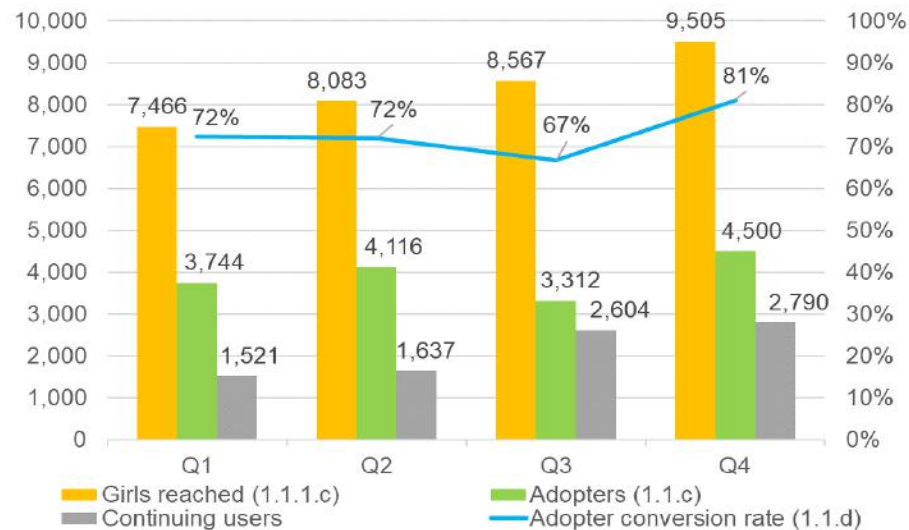
**Cumulative
(to end 2019)**

**63,123
girls reached**

**30,603
adopters**

**75%
conversion***

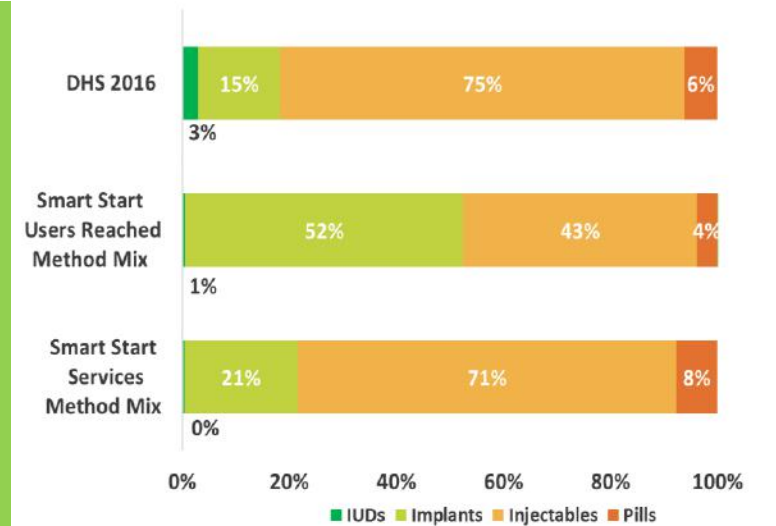
2019 Quarterly



**LARC services
(2019)**

**21%
Implants
and IUDs**

**Method mix vs. national average
(2019)**



**Other figures of
note**

Marital status (2019)

100% married

Parity (2019)

**49%
no children**

Age (2019)

**66%
18-19 years**

Active sites (2020)

42

* adopters / eligible girls reached

Key findings

1

Smart Start is successfully using existing, trusted local structures to reach remote rural girls door-to-door - although this can be logistically challenging and the Women's Development Army is patchy in places

"I'm intrigued"

"I personally was happy [to hear about Smart Start]. Because no one else at this time teaches moving house to house. She is there for our benefit. And since it is about planning for a family, we [my husband and I] both were happy"

- Girl, Oromia

Monitoring data:

WDAs have mobilized 33% of all girls counselled through Smart Start

**JALQABBII
GAARII**
SMART START

Key findings

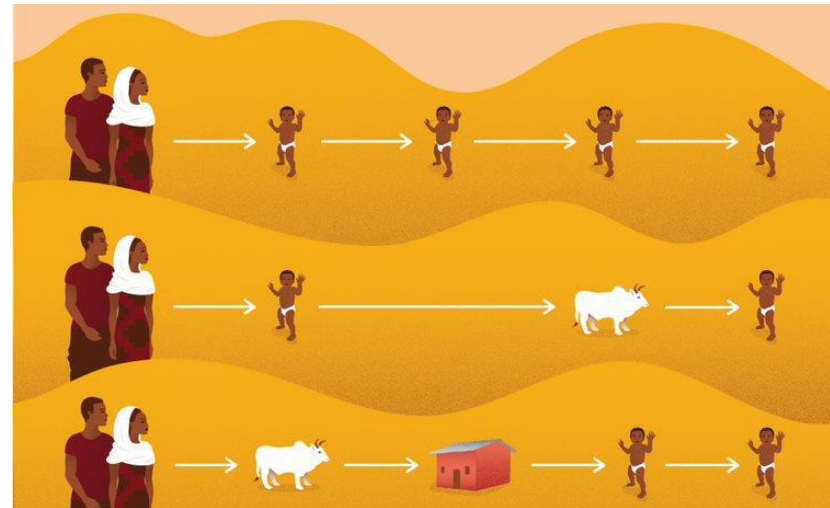
2

Financial planning counselling resonates with girls' and community concerns, shifts attitudes towards contraception, and helps girls and their husbands plan for the future.

“I’m inspired and motivated”



‘What is life like for a girl after adopting a method through Smart Start?’ Picture drawn by girls, Ethiopia



**JALQABBII
GAARII**
SMART START

Key findings

“I’m inspired and motivated”

3

When husbands take part in counselling, girls are much more likely to adopt a contraceptive method.

But it's hard to reach them, and there are some risks that their participation will limit time and space for girls to ask questions.



“Previously Health Extension Workers taught us about the importance of family planning...but there was doubt in me. I considered that these methods lead to different health problems. But Smart Start came and our trained friends taught us about the importance of family planning, I and my wife were finally convinced and started using it”

- Husband, Ethiopia

Monitoring data:

Multivariate analysis indicated that girls whose husbands took part in counselling were over twice as likely to adopt, even after adjusting for other factors

But husbands joined only 16% of sessions in Amhara, and 43% of sessions in Oromia

**JALQABBII
GAARII**
SMART START

Key findings

“I feel safe and respected”

4

Girls feel safe and comfortable during contraceptive counselling, and Smart Start has helped Health Extension workers see girls as potential clients.

However, there are ongoing quality challenges - girls aren't always accurately informed about side effects and HEWs sometimes recommend or discourage certain methods.

“Before, we were giving family planning advice to those who give birth one over the other without spacing...But we have never given advice for younger girls...We never thought about this [before]”

HEW, Oromia

“She told us about the injectable contraceptive. But she also added that, its chemical will not be easily removed from our body. She advised most of us to use the implant”

Girl, Oromia

**JALQABBII
GAARII**
SMART START

Key findings

5

The continued presence of Health Extension Workers and Women's Development Army volunteers in the community helps support follow up. However, busy HEWs need more support after A360 staff transition out of communities.

“I feel supported”

“September to June are when HEWs are so busy, we have no time for anything among the campaigns and things as we have so many”

- HEW, Amhara

“The Health Extension Worker, she met me in the market and asked me how I was doing. Then I told her I am building a house for the hens. I told her that and she was very happy”

- Girl, Oromia

Health Extension Workers are responsible for delivering 18 service packages in communities

(As of June 2019)

**JALQABBII
GAARII
SMART START**



Process Evaluation Findings 2019

What factors support contraceptive continuation and discontinuation?

Findings from Ethiopia and Nigeria

QIA
GIRLS

**JALQABBII
GAARII**
SMART START

Participatory Action Research case studies

In 2018, new methods were introduced to help A360 staff engage with process evaluation findings for adaptation and course correction

Participatory Action Research Case Studies

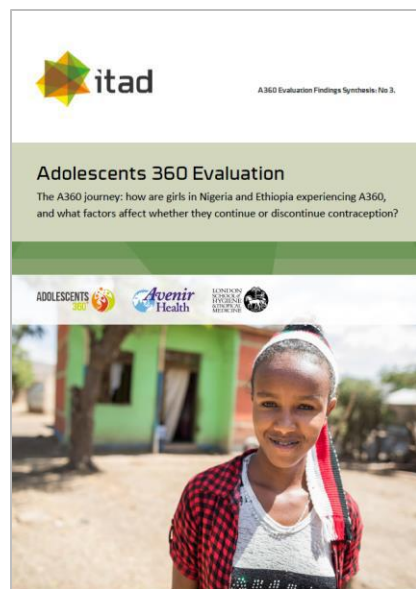
Research questions and tools codesigned with PSI to answer implementers 'burning questions' about the interventions



2019 case studies:

We visited sites where Smart Start and 9ja Girls had begun implementation between 6 and 12 months previously, to investigate girls' experiences of the interventions, and factors affecting continuation and discontinuation of contraception

We interviewed
38 discontinuers
23 continuers



9JA
GIRLS

**JALQABBII
GAARII**
SMART START

Reasons for discontinuation

Side effects

- In Nigeria and Oromia, side effects were the main reason for girls discontinuing
- Most girls *had* spoken to a health worker – but this wasn't enough
- Many girls were concerned about minor and normal changes to menstruation
- Other factors intersected with fear of side effects – particularly discouragement from influencers, and fears about alternative methods

A discontinuation story from Nigeria

- ✓ **She was curious** about learning vocational and life-skills and regularly attended classes
- ✓ At first she didn't take up a method but when she got a boyfriend, **she decided** to have a contraceptive injection, but she kept it secret from her mother.
- ! She experienced heavy menstruation and was **scared**.
- ✓ She went back to the service provider and **decided to change** to pills.
- ! When she was on pills, her period stopped which also **scared her**.
- ! Because pills are more visible, she was **unable to hide** the fact that she was taking contraception and was **forced to stop** by her mother and aunt.

QJA
GIRLS

JALQABBII
GAARII
SMART START

Reasons for discontinuation

Family pressure or discouragement

- In Amhara, all the girls who discontinued linked this to pressure from husbands and family to have a baby
- A very different context to Oromia: more rural, earlier marriage. Husbands are less engaged in the programme
- In Nigeria, mothers are the key gatekeepers, and often discourage or actively stop girls from using contraception due to fears about future fertility and concerns about promiscuity

Monitoring data:

Only 16% of girls in Amhara were counselled with their husbands (compared to 30% overall)

A discontinuation story from Amhara

- ✓ **She learned** about financial planning from the HEW and went to counselling at the health post
- ! **Her husband didn't come** with her to the counselling
- ✓ **She was really interested** in what she heard. *"I did not want to have a baby, getting headaches because of house rent and without having any assets."*
- ✓ **She decided** to use the implant after convincing her husband
- ! But, *"now my husband made me stop"*, because he and her mother-in-law want her to have a baby

QJA
GIRLS

JALQABBII
GAARII
SMART START

Reasons for discontinuation

Fears, myths and misconceptions

“My menses came for nine days, I was scared. And I came to complain, she said it is part of the side effect, later on, my period ceased, I didn’t see it again, that was when I stopped the injection”

- Discontinuer, Ogun

“[My husband] said ‘you were a normal person before you were using this method’ so he advised me to stop it.”

- Discontinuer, Oromia



After experiencing side effects on the injection, the HEW encouraged her to try the implant. But: *“I feared it may be painful to me, and also I heard that there were women who became pregnant after they inserted that method”*

- Discontinuer, Oromia



**JALQABBII
GAARII**
SMART START

Reasons for continuation

Support (or lack of opposition) from influencers

- Influencers play a crucial role in both countries.
- Sometimes this is not active support, but rather absence of active opposition

Support and reassurance from health workers

- Health workers had reassured girls during follow up visits, or reminded them of follow up appointments
- Some girls' side effects had been resolved; others were more trusting of the answers than the discontinuers.

Desire to achieve goals

- Financial and life skills training created a motive for some girls to continue and / or helped bolster support of key influencers
- BUT this is not enough on its own – many discontinuers also mentioned the aspirational components of A360 and continued to feel it was relevant and useful.

“The method I am using now makes my menstruation irregular, my husband told me to ask the question if this problem may have effect on my health later...[The HEW] told us that it has no problem...I was worried before but relieved after she gave me the answer.”

- Continuer, Oromia



**JALQABBII
GAARII**
SMART START

**JALQABBII
GAARII**
SMART START

QJA
GIRLS



Process Evaluation Findings 2019

Conclusions

What's next for A360 in Nigeria and Ethiopia?



- Varying levels of interest in adopting solutions across different states
- In Nasarawa and Ogun, government supportive and feel ownership. Elements are being incorporated into government operational plans / training
- Funding from UNFPA in Kaduna to scale up MMA to new areas



- High levels of government ownership at national level
- Follow-on initiative RISE, funded by CIFF
- Smart Start being integrated into national Health Extension program and rolled out nationwide

?

Will it be possible to retain core components of A360, especially the aspirational elements, in government-led programming?

**JALQABBII
GAARII**
SMART START

QJA
GIRLS



Conclusions and implications

- 1** Both interventions are performing well (in terms of adopters and LARC uptake) and are broadly faithful to their intended 'user journeys.' However, follow-up is proving challenging in both contexts, and remains a key focus in the final year of the program.
- 2** Across both countries there is strong government buy-in and growing ownership, helped by close partnership from design to scale-up, integration of A360 into health systems, sharing results, the 'unique' elements of A360, and increasing focus on adolescents in national policy environments.
- 3** Smart Start and 9ja Girls' aspirational content is a powerful draw for girls, husbands and service providers, and helps retain the support of communities. A key consideration for the future is: how can these components be maintained in meaningful ways, when interventions are taken over by government?
- 4** A360 should continue building on its work to engage husbands, mothers and other key community influencers, given their crucial role in supporting girls to access contraception, and their importance to continuation.
- 5** Service providers may require more support with contraceptive counselling, to ensure they are providing accurate information about methods and their side effects, and to help them prepare girls better for normal changes to menstruation.
- 6** Harnessing community level structures is key to sustainability.

A360's perspectives



Itad has been a key partner in A360's commitment to remaining "human-centered" through implementation

- User journey monitoring should be regarded as a best in class practice for HCD projects.
- Reinforced strategic considerations easily lost in day-to-day implementation, e.g. fidelity to the unique contraceptive service delivery experience being offered to girls.

Itad's responsiveness to A360's emerging questions served to complement and boost country team capacity for evidence-based adaptive management

- Flexible SoW allowed us to use the PE to drill down into emerging challenges, e.g. continuation.
- Mixed methods approach has been particularly useful.
- Have helped us validate and substantiate the case for course corrections.
- The PE approaches have helped shape our vision for MERL under a follow-on project, e.g. approach to quantitative analysis, the PAR methodology, user journey monitoring approach.

Q&A