

# A360's Learning and Growth since the 2018 Mid-Term Evaluation

## Summary

September 2020



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Adolescents 360 (A360) is a four-and-a-half year adolescent contraceptive service delivery project operating in Ethiopia, Tanzania, and Nigeria. A360 is funded by the Bill and Melinda Gates and Children's Investment Fund Foundations and powered by Population Services International (PSI).

### Reflecting on Learnings

As A360 nears the end of its current phase of funding, we see an opportune time to reflect. As a learning project, A360 has used its external *2018 mid-term evaluation (MTE)* to support corrections and adaptive management over the course of its two-and-a-half-years of implementation, from late 2018 to present-day 2020.

These course corrections can largely be summarized as an intentional shift in priorities — away from a streamlined 'minimum viable product' (MVP) focused on cost-efficiency, to a 'recommended viable product' (RVP) that balanced cost objectives with deeper investments in program quality, client experience and sustainable impact.

**This technical brief reflects on this learning,<sup>1</sup> offering considerations for future implementation.**

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1. This publication is intended to reflect specifically on the project's cross-country learning since the external mid-term evaluation in 2018. For detail on the country-specific A360 interventions and their implementation, *see here* (<http://bit.ly/A360MTE>).

# 1. Design Phase Disciplines

## MTE Findings

HCD dominated A360's multi-disciplinary design phase.<sup>i</sup>

## A360's Response

Human centered design (HCD) was the dominant discipline in A360's design phase, structuring the process throughout this period. However, it was not the only discipline informing A360's work. HCD brought together *disciplinary experts* spanning youth-engagement, adolescent developmental science, cultural anthropology, public health and social marketing. Tensions between the disciplines were evident, albeit constructive. This multi-disciplinary process enriched emerging insights, providing the depth and breadth necessary to design interventions capable of reaching and resonating with adolescent girls.

The dynamics of the design process highlighted a central management lesson that PSI carries forward in its design-based programs today: investment in the capacities of the implementing organization (human, time, and financial resources) to effectively manage a multi-disciplinary design process must be intentional and pro-active.

In short, to manage teams effectively, projects need to explicitly focus on managing for rigor and balanced decision-making during design.

As A360 moved into implementation in 2018, it embraced *adaptive implementation* as a way to continue its human-centered focus in implementation, while continuing to refine the interventions post-design phase. The project found that *adaptive implementation uniquely aligns with principles of HCD*. While different in their methodological approaches, they share a few key traits. Both are guided by girls' voice, perspectives and experiences; conducted in partnership with girls, government and other partners; and informed by the global evidence base and a variety of disciplinary lenses. Both cultivate a culture of curiosity and inquiry to inform improvement through iteration. Both orient teams to the use of data and field-based research.

As a systematic approach, adaptive implementation generated considerable value. It:

- **Ensured other disciplines informed continuous program quality improvement.**
- **Generated new insights, deeper and more rigorous understanding of design-based insights, and refinements to ensure the interventions 'worked' in the context of real-world implementation.**
- **Enabled A360 to monitor implementation fidelity to its unique adolescent client-experience as originally designed, generating and collaboratively making sense of new evidence, and adapting in response.**

- **Built the capacity of local partners to understand how to deliver adolescent-centered contraceptive services.**

**A360 has used adaptive implementation to bolster its ability to remain sensitive and responsive to adolescents' client experience.** While this was a focus in 2018, in 2019 our ability to do this was significantly boosted. A360 worked with its external evaluator, Itad, to develop *user journeys reflecting the unique client experience that the project was designed to deliver*.

Across Tanzania, Nigeria and Ethiopia, these "user journeys" reflect the A360 aspirational program model as it is meant to be experienced by girls. Through participatory action research, we gained detailed analysis of girls' actual experience of A360 compared against the intended user journey. In this way, A360 teams were able to monitor their fidelity to the disciplinary foundations of the project. In the process, we expanded our focus on quality to include girls' client experience — from their first contact with A360, through support for contraceptive continuation.

A360 continues to see opportunities to improve its adaptive implementation practice in the future. As a project, investments will include further strengthening of local teams' capacity for this systematic approach to evidence-based adaptation, inclusion and capacity development of local health system managers to participate in adaptive implementation, and more rigorous knowledge management to document and share adaptations and results over time.

## A360's user journey preserves its disciplines

What is A360's user journey? From girls' perspectives, the journey should include:

- **Stage 1 Mobilization "I'm intrigued"**  
Girls feel intrigued after hearing about A360 programming through community-based, youth-friendly mobilizers. Outreach leads with girls' life goals. Girls find the content interesting and relevant, and believe their influencers will support them to attend an A360 program.
- **Stage 2 Aspirational Engagement "I feel inspired"**  
Girls feel inspired. Through A360 programming, girls identify their dreams and map out a plan to actualize their goals. Girls receive information and tools they can use to support them in pursuing their goals, including contraceptives if they choose.
- **Stage 3 Contraceptive Counseling "I feel respected and safe"**  
Girls feel respected and safe to freely and confidentially talk to their provider and consider contraceptives to help them stay on track to achieve their goals — including motherhood, when they feel the time is right. If they desire, girls can access their method of choice for free, on-site (or in some circumstances, via referral).
- **Stage 4 Follow-Up "I feel supported to continue my contraceptive of choice after I leave the clinic"**  
Girls feel supported to continue contraceptive use after leaving the clinic. Moreover, they continue to see contraception as relevant to their self-defined goals.

In 2019, A360’s process evaluation team conducted participatory action research (PAR) in Ethiopia and Nigeria to understand fidelity to the user journeys and the design insights behind them, as documented in the following pages.<sup>2</sup>

## User journey - PAR Findings

### Mobilization

“I’m intrigued”

#### BARRIER

High adolescent fertility rates, and low adolescent contraceptive prevalence rates. Girls are not being reached by contraceptive services.

#### DESIGN INSIGHT

Girls are focused on how to secure a stable future. Underlying this is a deep anxiety about their uncertain and, at times, unpredictable futures.

#### A360 SOLUTION

By integrating income generating and/or financial planning into contraceptive programming, A360 invites girls to feel a sense of excitement and interest in programming — understanding that its aim is to support their ability to work toward their goals for their lives, and a stable future.



### PAR findings: Nigeria

#### 9JA GIRLS’ PERFORMANCE

A360’s aspirational messages are effective. Girls feel curious and interested to engage with programming and services after their first contact with key messages. The youth-friendly mobilizers<sup>3</sup> who conduct outreach and deliver these messages are critical to bringing girls into programming and services. Interesting to note, of girls who do attend 9ja Girls, half name the skills offering as the primary appeal; while half were drawn by the availability of free, youth-friendly SRH services. Findings indicate that 9ja Girls’ parallel channels (walk-in and class-based) appeal<sup>ii</sup> to girls with different needs and priorities.



### PAR findings: Ethiopia

#### SMART START’S PERFORMANCE

Smart Start’s messages are similarly effective at peaking girls’ interest and comfort to engage with SRH programming. This success lies in the approach to supporting Health Extension Workers (HEWs) to begin conversations with married girls and couples based on financial and life planning to meet their shared goals. Key to this is the engagement of HEWs and other existing and trusted local structures, including volunteers from the Women’s Development Army (WDA), to deliver these initial messages. WDA members routinely express their own desire to support girls to avoid the challenges they, themselves, have faced. Moreover, Smart Start’s adaptations — including distilling Smart Start’s visual brochure to a more streamlined version — equip WDA members with low-literacy skills to mobilize girls effectively.

2. Itad completed PARs in Southern Nigeria and Ethiopia; Itad intended to pursue a PAR for Tanzania, however, as of May 2020, has temporarily paused efforts due to COVID-19.

3. While the program tested onboarding mothers as mobilizers, research indicates that mothers are not an effective referral channel. Their support remains key to many girls’ ability to attend, and so the project is continuing to explore ways to engage and collaborate with them.



- Stage 1
- Stage 2
- Stage 3
- Stage 4

## Aspirational Engagement

### “I feel inspired”

**BARRIER** ----->

Low modern contraceptive prevalence rates among adolescents and relatively high adolescent fertility.

**DESIGN INSIGHT** ----->

Girls do not see contraception as relevant nor valuable to their lives. That is in part because they don't identify as sexually active, often even when they are having sex. At the same time, girls see contraception as a threat to their primary achievable dream of motherhood.

**A360 SOLUTION**

A360's aspirational program model supports health systems to initiate contraceptive outreach and counselling messages based on girls' identities and goals for their lives, rather than on their sexual activity status. Programming presents contraception as a tool in support of girls' ability to achieve their goals, including becoming a mother — whenever girls feel ready. In this way, local health systems can better connect and resonate with the girls they aim to reach and serve.



### PAR findings: Nigeria

#### 9JA GIRLS' PERFORMANCE

Girls exposed to life, love and health (LLH) classes, and girls who entered 9ja Girls through direct-walk ins reported that they felt program messages affirmed their confidence and sense of pride in planning for their future.

### PAR findings: Ethiopia

#### SMART START'S PERFORMANCE

Smart Start's visual aid supports girls to understand the connection between financial and family planning. The PAR, however, raises concerns around fidelity as the intervention transitions to government integration. For example, during initial implementation, PSI Navigators supported Health Extension Workers (HEWs) to launch and deliver Smart Start among project sites. But as Smart Start streamlined for health system ownership, the project phased out Navigators — shifting Navigator responsibilities to HEWs, albeit this time, without Navigator support. HEWs' alone, however, did not always have the capacity nor ability to engage girls in financial counseling. In sites in which A360 removed Navigators, girls expressed confusion about and less excitement for the financial goals identified during a Smart Start session. And unlike girls in other sites in which Navigators remained to support HEWs, none of the girls counseled mentioned working toward their financial plans alongside their husbands. As the project drives toward scale, maintaining the Navigator role would support intervention quality and sustainability — for girls and health systems alike.



In Southern Nigeria, A360 leads with what girls told the project matters most: life, love and their health.

Curious how?  
Watch the video [here](#)

- Stage 1
- Stage 2
- Stage 3
- Stage 4

## Contraceptive Counseling

### “I feel respected and safe”

**BARRIER** → Relatively high adolescent fertility, a skew toward short-acting methods among adolescent contraceptive adopters, and heightened risk of discontinuation while still in need of protection from unintended pregnancy.

**DESIGN INSIGHT** → Girls view contraception as a threat to their immediate and achievable dreams, including motherhood.

**A360 SOLUTION**  
Wherever possible, A360’s youth friendly counselling supports providers to lead with respect for girls’ self-defined goals for their lives, including and beyond fertility. Using Counselling for Choice — PSI’s counselling approach — providers engage in a dialogue with girls to understand their unique needs and preferences when it comes to their contraceptive choice. Providers’ messages then present contraceptive methods in order of girls’ interest and emphasize key benefits such as return to fertility and how methods affect bleeding patterns, rather than attributes such as ‘short’ versus ‘long-acting.’ A360 then supports providers to help girls see contraceptives as a tool to support her in achieving her life goals, including becoming a mother if and when she chooses.



#### PAR findings: Nigeria

##### 9JA GIRLS’ PERFORMANCE

According to stakeholder reports, clinical service delivery aligns strongly with youth friendly health services — creating space for girls to feel safe to ask questions and enjoy engaging with providers. But barriers exist in the larger enabling environment. For example, girls who consult influencers prior to adopting a method often experience resistance (especially among parents). Some girls additionally report fear of being “caught” using contraception. What goes on outside of the clinic influences girls’ choices once within. Addressing both is key.



#### PAR findings: Ethiopia

##### SMART START’S PERFORMANCE

Most girls said they felt comfortable during counseling and trusted what they had heard. Still, some girls voiced concerns that contraceptive use could lead to infertility or cancer — or that contraceptives “were not acceptable in rural contexts.” Pervading misconceptions and stigma continue to pose barriers to girls’ contraceptive access.

## Follow-Up

“I feel supported to continue my contraceptive of choice after I leave the clinic”

### BARRIER

Adolescents are at higher risk of discontinuation while still in need of protection from unintended pregnancy, contributing to low adolescent modern contraceptive prevalence rates.

### DESIGN INSIGHT

Girls feel isolated and lack trusted sources of support.

### A360 SOLUTION

A360 helps health systems to stay connected to girls after they adopt a method through supporting trust-based relationships between providers and girls. In addition, through collaboration with A360, health systems begin to offer pro-social contraceptive programming — offering positive, helpful experiences intended to promote supportive peer networks for girls, and normalize SRH care seeking behavior. Activities — including dialogue sessions emphasizing girls’ self-worth, and group games to support girls in understanding contraceptive side effects — cultivate girls’ positive beliefs about their future as they promote social connections.



### PAR findings: Nigeria

#### 9JA GIRLS’ PERFORMANCE

Girls report feeling comfortable in pro-actively returning to providers with questions. In fact, project data suggests that girls who do not adopt initially might adopt later due to the comfort and trust they have to self-initiate conversations with 9ja Girls providers. But 9ja Girls makes sure this dialogue is a two-way street: in the 12 months after a girl adopts a contraceptive, providers also pro-actively follow up with girls who consent to be contacted, inviting and responding to girls’ questions or concerns, and supporting girls to actively manage side effects or, if needed, switch methods. In doing so, providers speak to girls’ desire for trusted sources to ask health and life questions, all while offering the support needed to continue while still in need of contraceptive coverage. An important point of learning, however, has been the critical role of girls’ immediate home environment in their continuation. While girls report overwhelmingly positive descriptions of their experience with providers during and following counseling, the social consequences many experience as they attempt to manage side effects — i.e. parents noticing girls’ experiencing side effects and reprimanding them for using contraception — still remain girls’ primary reasons for discontinuation.



### PAR findings: Ethiopia

#### SMART START’S PERFORMANCE

The Smart Start Goal Cards, provided to girls at the end of a counseling session, have supported girls to continue conversations with their partners after a Smart Start session about their goals, together. Additionally, while girls said they felt comfortable reaching out to HEWs and/or returning to a health post with any questions or concerns, the PAR did find that WDA members and HEWs needed more support to follow-up with adopters after counseling — especially as PSI Navigators stepped back from on-site management as Smart Start has scaled up nationwide.

## 2. Cost-effectiveness vs. cost-efficiency

### MTE Findings

Cost considerations and contraceptive adoption rates drove decisions throughout A360's design and early implementation phases. Going forward, A360 should additionally focus on meeting the training needs of service providers and engaging communities in support of sustainability — potentially revisiting design aspects that the team dropped due to its focus on cost-effectiveness and scale at speed.<sup>i</sup>

### A360's Response

A360 agrees, the pursuit of scale and cost-effectiveness had some perverse effects and it was important that A360 re-evaluated its pursuit of an MVP. The project has continuously made course corrections toward this end.

At the heart of this challenge was a basic misunderstanding: cost-efficiency (calculated as cost per contraceptive adopter) was being conflated with cost-effectiveness. Cost per adopter, as a measure of cost-efficiency, cannot account for effectiveness. When cost per adopter was used as a major driver of decision, the focus on cost-efficiency meant that teams valued intervention components that had an immediate impact on girls' contraceptive adoption, over components that had longer term impact but a less detectable effect on girls' initial adoption. In this scenario, for example, components that foster an enabling environment, support social norm change, or build the capacity of health actors to adequately support adolescents' contraceptive continuation over time are de-valued as they do not have an obvious connection to girls' immediate contraceptive adoption. Yet, as we know, these intervention components are critical to impact.

A360 used these findings to advocate with its donors for a shift away from a focus on finding an MVP, as had been the focus during its initial intensive focus on cost-efficiency. Together, A360 and its funders pivoted attention towards building interventions' "Recommended Viable Product" (RVP), through integrating (and re-integrating) intervention components to support long-term impact. As part of this, from 2019-2020 A360 invested more in capacity development for quality, and strengthening the enabling environment, with the goal of better supporting contraceptive continuation and positive youth development.

### Shifting from cost-efficiency to cost-effectiveness

A360 embedded a culture of continuous improvement to create project efficiencies over the course of its implementation period.<sup>4</sup> This commitment to an adaptive footing remained as A360 entered into this period of expanding project scope to focus more on long term impact. As the program's scope expanded and economies of scale were reached, A360 continued to increase both effectiveness and efficiencies, decreasing cost per adopter across the four A360 interventions. Overall, A360's cost-per-adopter in Q3 2018, during its pursuit of an MVP, ranged from USD47 to USD66 in Tanzania and Nigeria, and USD198 in Ethiopia.<sup>5</sup>

Comparatively, in Q3 2019 during pursuit of increased effectiveness in addition to efficiencies, A360 cost-per-adopter decreased to USD20-29 in Tanzania and Nigeria, and reached USD179 in Ethiopia. Examples of key adaptations during this period are highlighted below.

#### In Nigeria:

- **Adapting for effectiveness**

In partnership with young designers and providers, SFH-Nigeria strengthened its intervention design to support contraceptive continuation. SFH brought providers and girls together to adapt, creating new provider-initiated follow-up mechanisms for 9ja Girls and MMA. Girls now opt-in to a follow up program with providers, consenting to follow up via phone call or text message as per their preference. Then, providers follow up at three intervals to check in with girls, assess their need for ongoing support, and tailor follow calls as needed based on results of these follow up chats.

- **Adapting for efficiency**

SFH-Nigeria adapted their program model to reach more girls, more efficiently. To streamline service delivery, SFH-Nigeria began employing a hub-and-spoke model, such that sites were clustered with a central "hub" facility delivering the comprehensive aspirational program model, where "spoke" facilities provided a lighter touch model more frequently, thereby enabling broader and more frequent coverage of program services for girls. In addition, "reach out" community events were added to extend the reach of services beyond formal health care sites.

#### In Tanzania:

- **Adapting for effectiveness**

PSI-Tanzania expanded the Kuwa Mjanja program scope to further support continuation, building multiple adaptations to support girls' continuous access to trusted sources of information and support. To ensure girls and health workers both had ways to self-initiate communication, Kuwa Mjanja adapted in two key ways. Kuwa Mjana used Unstructured Supplementary Service Data (USSD) as an easy way for girls to confidentially send SMS messages to a trusted automated source of information. Girls can now send messages from any phone and receive answers to SRH questions in a platform that leaves no trace on

4. Examples include shifting service delivery structures and mobilization approaches to reach more clients, streamlining or removing branding, and further partnering with local government actors to increase local ownership and capacity.  
5. Costs in Ethiopia are higher than A360's other programs given the unique cost of reaching geographically and socially isolated rural married girls in Ethiopia who have limited access to service delivery points.



that phone, thereby supporting her confidentiality. In addition, A360 collaborated with Marie Stopes International to establish call centers in Tanzania. In this way, adolescents gained another trusted source for accurate information and referrals and, additionally, Kuwa Mjanja gained a mechanism to proactively reach girls who had consented to be contacted for reminders and follow up support.

- **Adapting for efficiency**

During this time, the program also re-launched mobilization through schools, exponentially increasing the program's reach at a time when girls' enrollment rose as secondary became free. Though this successfully increased Kuwa Mjanja's coverage of the adolescent population with information and services, it has also been noted that this appears to have resulted in a shift in the method mix toward short acting methods.

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**In Ethiopia:**

- **Adapting for effectiveness**

The team focused on intensive advocacy and planning to support integration of Smart Start into the national Health Extension Program (HEP), a move toward implementation at national scale. As part of this, team composition changed to include a full time Quality Focal Point position to lead on quality, capacity development, and quality assurance planning in partnership with the Federal Ministry of Health and the HEP. In addition, Smart Start strengthened its Design, Learning, and Adaptation team structure for ongoing and focused inquiry to identify remaining implementation challenges, and innovate to address them. This team spent much of 2018 focused on learning, with time spent to better understand the barriers to girls' contraceptive continuation, and the sustainability of Smart Start implementation at the district level. As an example, the team secured supplemental funds to design a husband engagement model that could fit into the core Smart Start programming and improve the enabling environment for girls seeking contraception services.

- **Adapting for efficiency**

Though the MTE findings discussing the effects of a focus on cost efficiency were not made available to the project until Q3 2018, in fact A360 had already noted this issue. In July 2018, A360 undertook design-based adaptations to streamline the counseling protocol and support HEWs' increased ease of implementation. A key adaptation was streamlining of counseling sessions by reducing the counselling guide to include only the most essential messages. The result was a more appealing for girls as well as their providers, who had complained that the original session was too long. In turn, the adaptation led to cost-savings, as the counselling guides were less expensive to print. This change was rolled out program wide in Q1 2019.

### 3. Aspirational Programming: Vocational and Life Skills Training Components

#### MTE Findings

Linking contraception to aspirations has been key to A360 reaching its adopter goals. In all contexts, A360 programming positions contraception as relevant and

valuable through aspirational messaging about achieving one's dreams, autonomy, the value of self-worth, financial planning and caring for a family... The solutions have been successful... through connecting aspirations to the uptake of contraception.<sup>i</sup>

#### A360's Response

Implementation experience in the years since the MTE has validated this finding, and also shown where we can do even more. Loosely defined, aspirational programming is a program technical strategy that focuses on adolescents' goals and positive beliefs in their future, and supports them with resources and skills to advance toward their goals, aligning with Positive Youth Development concepts.<sup>iii, iv</sup> While measurements are needed to help programs better demonstrate the value of aspirational programming, the project has demonstrated that combining SRH services and life- and income generating-skills supports health systems to:

- 1) Offer more targeted support to public health providers to help girls see contraception as relevant to their priorities and goals for their lives;
- 2) Support providers to initiate contact in a way that shows respect for girls: their choices, their goals, and their experiences. This is critically important, given that adolescence is a developmental period when being regarded as worthy of respect and status is particularly valued.<sup>v</sup>
- 3) Help girls form their own understanding of the link between use of contraception and their ability to achieve their goals for their lives. Girls are supported to see the decision to contracept as their own, rather than a decision made to comply with a providers' guidance.
- 4) Overcome environmental barriers to girls' access to information and services, including influencer support. Not only girls, but also their key influencers, respond positively to A360's aspirational program model, and the promise of more than strictly SRH services.

**The takeaway:**

Cross-sectoral collaboration plays an important role in ensuring comprehensive programming for adolescents that responds to their interconnected problems with integrated solutions. Challenges remain to such partnerships — including an uncondusive competitive landscape, reluctance to test ideas which are not yet evidence-based, mismatched geographic footprint and funding restrictions.

In this way, creating a conducive ecosystem for this multi-sectoral programming has implications for all levels of development — donor, implementer, government, and civil society

**More?**

Explore A360 Ethiopia's [technical publication](#).

But according to findings of an Itad PAR released *in 2020* (<http://bit.ly/A360PAR>), the same support girls and influencers express initially for the program can diminish over time, when the livelihood skills training insufficiently varies or does not progress in depth and scope. This insight offers important guidance — particularly for engagement of girls who require more prolonged exposure to SRH messages and content before deciding to adopt. If girls and their influencers become dissatisfied with skills training over time, this can lessen the support girls experience in their home environments to stay engaged. As a result, these girls may drop out before they receive sufficient support to prevent unintended pregnancies — at a time when their need is high. To avoid these pitfalls, projects must ensure diversity in the skills and curriculum offered, while also making sure not to over-promise what the program will deliver.

### A360's Course Corrections

The strategic implications for the future are clear. Cross-sectoral partnerships — particularly those between livelihoods programs and SRH programs — can offer unique value. In such partnerships, contraceptive service delivery interventions can bolster how they deliver on their health mandates, by more authentically seeing — and supporting — the ‘whole girl’ — including and beyond her SRH needs. Health interventions that are based on respect, trust, and authentic desire to help girls advance toward their goals for improved outcomes work. And they reach and resonate with more girls in the process. Similarly, as many livelihoods and education-based programs see attrition due to unintended pregnancy — a challenge directly addressed by an SRH program partnership — this partnership can offer direct value to both partners.

If orchestrated well, health- and non-health partners can better enable girls to acquire SRH skills, knowledge, and behaviors as they build substantive and varied skills to achieve their aspirations. In this way, two such partners can better support girls' development and their full contraceptive journey, from adoption through continuation. For A360, this potential is meaningful, and directly aligned with the four interventions' aspirational program model. As PSI and SFH look to the future, this strategic alignment — and the design challenge implied by it — is high priority.

- **Cross-sectoral partnerships (and the logistical challenges)**

Even before the 2020 PAR findings, A360 could see that impact for girls could be improved upon through partnerships. In an early effort to diversify aspirational and training offerings, in 2018 Tanzania A360 piloted referring girls to a third-party, off-site vocational and livelihood skills training program. Though the partner was willing — (the benefits were apparent to all) — the logistical challenges were significant. How to ensure girls could physically move with ease between the two programs and their sites? How to ensure that girls, leaving one program to reach the other, would stay in contact with both throughout so that they could be adequately

supported for improved SRH and livelihoods outcomes? The lesson hard-learned was that adaptations to create a comprehensive system between these disparate programs are not easily done once programs are already up and running. Such alignment requires design work and hitting the ‘pause’ button for both A360 and partners — to make the partnership work logistically, as well as contractually to donors and key government stakeholders. Design work can help to find ways to create effective, closed-loop systems to combine these disparate SRH and livelihoods program components.

- **Adapting in response: Improving livelihoods, financial, and vocational skills training**

Vocational skills should vary and progress over time to maintain trust and support from girls and their influencers. As a learning project, A360 will continue to innovate and learn in this area, in partnership with governments. Some examples of key areas for exploration include:

- **Shifting to an iterative format** — whereby skills trainings are offered to girls in sequences, rather than single skills sessions. This can support girls in building on skills gained in prior sessions so that comprehension and capacity builds over time.
- **Formalizing group-based activities**, to ensure positive relationships and collectivization between girls as they advance their skills, sense of self efficacy, and support networks.
- **Linking livelihoods and financial skills development** — ensuring partnerships with local savings groups, to support girls in ensuring that their income generated through new livelihoods skills results in improved economic power in their immediate lives.
- **Partnerships across Ministries** — to help ensure these cross-sectoral strategies have a long-term home and can be sustained over time, both health and non-health ministries must be key partners. A360 is already on this path, but will invest intentionally to ensure such collaborations are intentional and proactive into the future.

## 4. Aspirational Programming: Contributions to an Enabling Environment

### MTE Findings

While linking contraception to aspirations has supported A360 to reach its contraceptive targets, ‘flying under the radar’ may have bypassed rather than addressed community myths, misconceptions and stigma.<sup>i</sup>

### A360’s Reflections

The A360 Process Evaluation shows that A360’s aspirational model has been an important enabler and pathway to influencers’ support for girls’ engagement with SRH information and counseling, and contraceptive services. The A360 design decision — to focus primarily on the individual and immediate social spheres of the social ecological model, rather than the larger community, social, and structural spheres — was intentional. As a service delivery intervention with a cost-effectiveness mandate, a stated aim was to deliver at scale, in as lean a way as possible.

Learning from this strategic choice has continued throughout the project lifecycle. PAR findings in 2020 demonstrate that even when girls are supported by their influencers to engage with A360 due to the availability of livelihoods, this support is passive. In other words, girls are still at risk of discontinuation when they lack explicit support for contraceptive use by their influencers. This route to discontinuation applies even when clinical quality is at its highest, as in the A360 9ja Girls model. There, even as research findings demonstrate cases of excellence in youth friendly clinical service quality, with adolescent girl respondents voicing deep trust in providers to support them (with girls even seeking out 9ja Girls providers to meet and give their opinion on boyfriends), this was insufficient to prevent discontinuation due to dynamics at home. When unsupportive mothers or partners discovered girls’ contraceptive use, their contraceptive journey was interrupted. Building community dialogue and champions, therefore, remains integral.

### A360’s Course Corrections

When influencers are directly engaged to understand the value of SRH programming and services, girls are more likely to take up (and stay on) a contraceptive method. A360’s aspirational programming model folded influencer engagement into the program’s effort to sensitize communities to A360. But, recognizing the need to go further, A360 invested in learning how to better and more effectively engage girls’ influencers within the current program model.

- **Engaging husbands in Ethiopia**

In Ethiopia, the PAR findings confirmed that husband engagement can increase married girls’ voluntary contraceptive uptake. From January 2018 through October 2019, data shows that of the 28% of girls counselled alongside

their husbands, 83% of girls voluntarily chose to adopt a contraceptive method. By contrast, 67% of married girls who were counseled without their husband adopted a method. But it’s not only how husbands are engaged during counseling; it matters, too, that joint decision-making continues well after a session ends. The research found that girls do proactively use the Smart Start goal card, distributed during counseling sessions, to *initiate and/or continue health and life-planning conversations with their spouses* (<https://bit.ly/2Zg82Ks>).<sup>vi</sup>

- **Understanding the gender context in Northern Nigeria**

In northern Nigeria, A360 sought greater understanding of the role of gender norms in influencing girls’ agency and contraceptive decision-making. The project partnered with a local organization, the Centre for Girl Child Education, to implement a mixed methods research agenda which was two-fold: to understand the landscape and gendered context which influences the lives of married adolescent girls in Kaduna state in Nigeria and to assess the impact of this gendered context on the user journey for MMA’s clients. In facilitating this research, A360 continues to gain greater clarity on how girls’ interactions with MMA are critically influenced by the gender norms which inform their attitudes and experiences. A360 will be using these findings to adapt the MMA model, particularly in considering how to engage girls’ male partners for support to their agency and SRH.

- **Engaging parents in Tanzania**

A360 has always engaged parents as contraceptive allies, but in 2018 the “parent clinic days” that had been conducted routinely were reduced in emphasis. In this model, mothers and aunties were brought together for facilitated discussions in which participants engaged in empathy-building exercises, helping parents and aunts to reflect and remember their own SRH related experiences as adolescents, and then extend this empathy to their daughters and nieces. In response to findings from the MTE and PARs, PSI Tanzania began adapting the model to ensure that it was not lost, but could be implemented in a more streamlined way at-scale. Today, “parent clinic days” in Tanzania are consistently implemented, using video recordings of past Kuwa Mjanja parents who reflect to an interviewer about their own experiences and the resulting empathy they have developed for their daughters. These videos are offered to parents as part of community kick off events when Kuwa Mjanja events begin in each locality.

## 5. Barriers due to Bias

### MTE Findings

A360 faces multiple obstacles — including method bias, capacity bias, system bias, policy barriers, and seasonal biases — that hinder service providers from actively counseling girls on all available methods. Though the MTE notes the project’s success in addressing and positively changing provider biases, more can be done to address the full spectrum of bias-related barriers impeding girls’ access to a full contraceptive method basket.<sup>1</sup>

### A360’s Reflections

A360 agrees. Training alone *will not eliminate* long-standing social and cultural beliefs held by providers, and health system contexts have significant impact on equitable access and accessibility. Supportive supervision, client exit interviews and quality assurance, and adapting counseling to lead with girls’ concerns have helped the project account for and respond to biases.

### A360’s Course Corrections

To address biases, A360 needed to further understand providers’ priorities and their local health system constraints. A360 employed a package of approaches to improve how the project identified and addressed bias in girls’ service delivery experiences. Quality audits, refresher trainings, mystery clients, and client exit interviews were introduced. In Tanzania, call centers were established to ensure girls’ continuous access to SRH information and services, should girls’ service experience be insufficient on its own. The project also amended counseling and providers’ follow-up strategies to ensure girls had the tools and material they needed to choose their preferred contraceptive method, to understand the potential for side effects and to feel comfortable finding answers to their SRH questions well after their clinic visit ends. Further examples of A360’s changes since the MTE are shared below.

- **Adapting to serve frontline workers, too**

A360 has worked to better understand health system limitations and provider needs across all A360 projects. In 2018, for example, A360 *undertook a literature review in Ethiopia* (<https://bit.ly/2R6ZPnK>) to map the barriers that health extension workers (HEW) face in implementing Smart Start, as well as to more fully understand HEWs’ intrinsic motivations to serve. Amidst the array of health services they are mandated to provide, how do they prioritize, and how do their intrinsic motivations and preferences factor in their decision-making? A360 applied the findings of this research to inform a *rapid adaptation* (<https://bit.ly/2Outrd3>) process to streamline Smart Start in response to HEW needs and preferences.

- **Adapting to further address side effects and risk of discontinuation**

The research shows that side effects remain the primary reason girls discontinue a contraceptive method, despite still being in need. But in Tanzania, where the project’s ability to change or adapt counseling scripts remained limited, teams found a solution outside of the counseling session.



In Tanzania, A360 engages girls right after they leave a provider, using a flash-card game to support girls to understand the expected side-effects for each contraceptive method.

The game prompts girls to spell “Madhara” (side effects in Swahili); each letter presents questions around side effects linked to contraceptive use (like bleeding changes). To spell out Madhara, girls have to correctly answer the question, while connecting the prompt to the appropriate contraceptive method. Girls play the game in small groups to feel connected to their peers as they hone their accurate understanding of side effects—a key ingredient to contraceptive continuation once they’ve adopted a method.

- **Delivering on quality**

As part of A360’s user journey monitoring — introduced since the MTE — A360 now assesses its own performance based on the experiences of girls. This relates to girls’ experience of the full aspirational program model, and emphasizes her clinical experience as well. Girls should feel safe and respected during counseling. Through quality audits, client exit interviews, and collaboration with Itad to focus PARs on girls’ user journey experiences, A360 has a robust picture of program and clinical quality.

- **Counseling, by (girls’) choice**

In Nigeria, A360 adapted counseling to lead with most effective methods per girls’ expressed priorities, needs and preferences vis a vis contraceptive of choice. Providers present methods in accordance to girls’ interests, in alignment with girls’ self-defined goals, and speak to girls’ concerns — namely assuring girls that all methods are safe, allow for a return to fertility and can be reversed, at any time. Side effects like bleeding changes are addressed, with messaging designed to speak to effectiveness rather than “long-term” versus “short-term.” The data indicates that between 30-53% of girls voluntarily choose a long-acting contraceptive through A360. That challenges prior assumptions that adolescents primarily prefer short-acting methods.

- **Digital + dial-in solutions in support of contraceptive continuation**

In Tanzania, A360 uses USSD (Unstructured Supplementary Service Data), a common technology used across East Africa, to help girls find answers to their SRH questions on any type of mobile phone, on-demand, for free, without internet, and leaving no trace on their device. Through USSD, girls with phone access can send SMS messages with their SRH questions to trusted automated sources and receive timely response. Back-end analytics allow PSI to capture girls' real-time engagement with the platform, allowing for continuous adaptation and improvement. The demand for this innovation is clear — on average the USSD platform sees 100 unique users access it per day.

In addition, A360 has developed call centers in partnership with Marie Stopes International (MSI), in addition to one under development in Nigeria. This innovation further expands girls' access to timely, trusted sources of support. Its utility has proven relevant to adolescents beyond A360's target population: male adolescents are frequent users alongside girls. It has been useful, too, for providers. Through the call center, A360 providers have gained a platform through which to follow-up with girls for targeted support for continuation.<sup>6</sup>

## Conclusion

As A360 and its government partners drive toward integration into health systems, program quality, client experience, and sustainability will remain the project's primary focus. The 2018 MTE informed, and A360's external evaluation findings continue to guide, the necessary adaptations that keep A360 on track: delivering transformative contraceptive programming, with and for the girls and health systems the project serves.

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6. A360 call centers enable provider-initiated follow up solely with girls who have consented to be contacted by the program.

## Endnotes

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