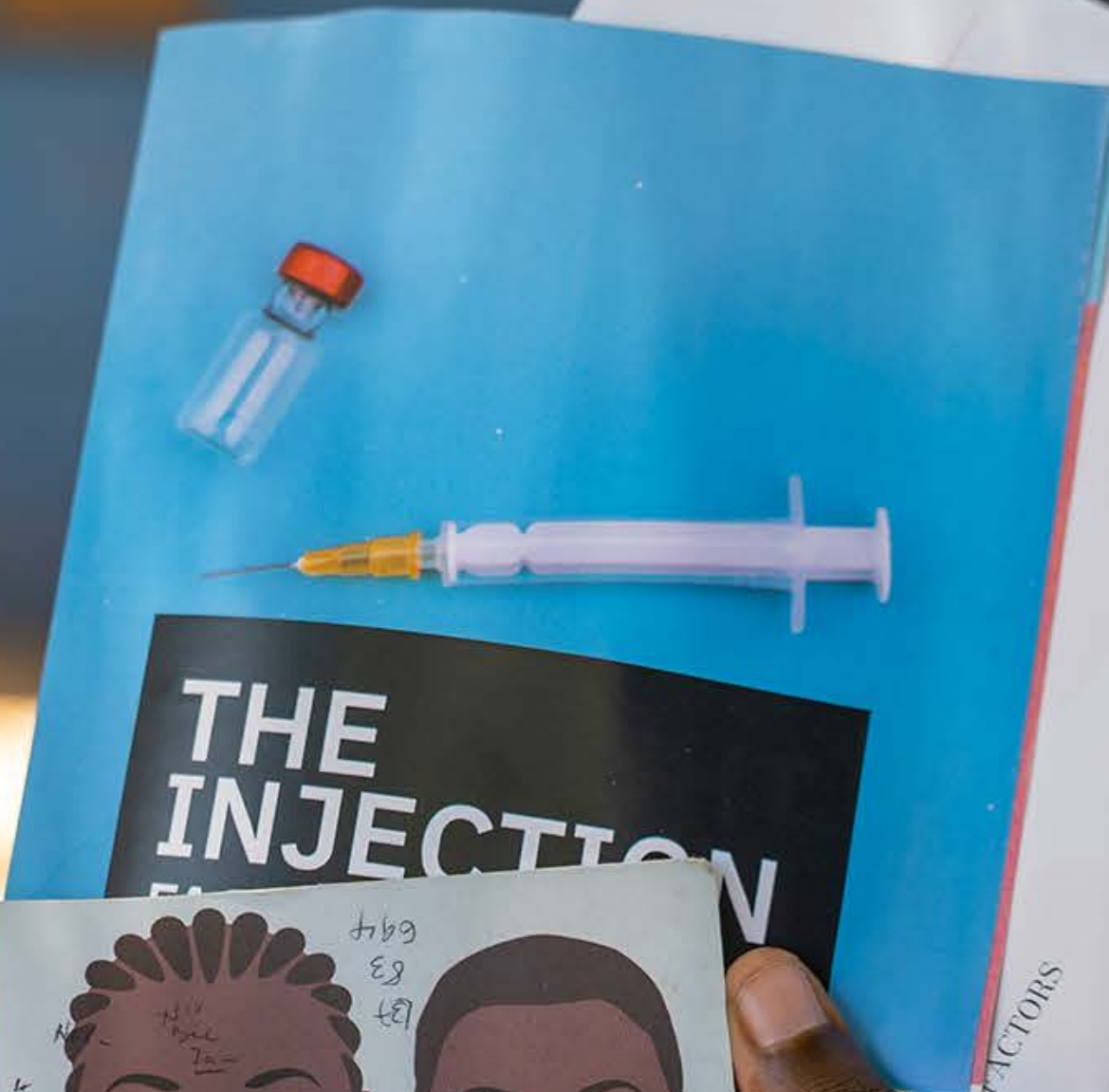


2023 REFLECTION REPORT





BINTI SHUPAVU

word
Contraceptives

A360

UJALA-HORA

CHILDREN'S INVESTMENT FUND FOUNDATION

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FACTORS

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MESSAGE FROM THE PROJECT DIRECTOR



Dear Friend,

Compliments of the New Year.

I am delighted to share the remarkable progress of our A360 project. In this second phase, spanning from Q4 2020, we've reached over 974,190 first-time users and 424,203 continuing users, witnessing a performance uptrend. Key transitions in Ethiopia and northern Nigeria showcase successful institutionalization into government systems.

Our costing analysis in Nigeria and Ethiopia have demonstrated a decrease in the cost per adopter, indicating improved efficiency. Key Influencer Engagement activities in northern Nigeria yielded positive shifts in influencers' knowledge and beliefs, fostering support for girls' contraceptive use.

Continued efforts in Kenya and economic strengthening initiatives across all three geographies showcased significant positive outcomes. Additionally, our focus expanded to maternal, newborn and child health (MNCH) interventions to enhance adolescent girls' experiences before and during pregnancy.

With that in mind, we're excited to share the key highlights of our A360 project in 2023! This reflection report encapsulates our achievements, milestones, and impactful outcomes. We invite you to read through and share your valuable comments and thoughts. Your insights are crucial in shaping the continued success of the project.

I'd also like to express sincere gratitude to all our donors, partners, colleagues and the A360 teams across all countries for their unwavering support, contributing to the impactful journey of A360.

Yours sincerely,
Fifi Ogbondeminu

ABOUT A360

A360 is reimagining how girls understand, value, and choose contraception across **Nigeria, Tanzania, Kenya, and Ethiopia**. Initially funded in 2016 by the Children's Investment Fund Foundation (CIFF) and the Bill & Melinda Gates Foundation (BMGF), A360 is now in its second five-year investment phase (2020-2025). A360 is led by Population Services International, Society for Family Health in Nigeria and Population Services Kenya in Kenya.

WHY A360?

Empowering girls with tools like contraception gives them the power to control their lives and pursue their goals. However, through insight gathering, we've discovered that some girls don't see the connection between contraception and their future.

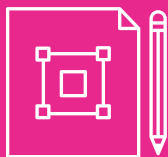
OUR IMPACT & REACH



4 COUNTRIES



5 PROGRAMS



1 BLUE PRINT



121,995 GIRLS REACHED
WITH HUMAN CAPITAL



1,000,000+ ADOPTERS

HERE ARE SOME QUESTIONS FROM OUR GIRLS THAT INSPIRES OUR WORK AT A360.

Some people say that sperm is good for the body. Is it true or false?

Should condoms be washed before use, or is it unnecessary?

If a girl is not on her menstruation and has unprotected sex, can she become pregnant?

Can you get pregnant from kissing someone you love? What does the act of kissing signify?

How can I calculate ovulation time? Is it accurate to conceive by counting 14 days after finishing the menstrual cycle?

Can a girl have multiple partners at the same time?

How can I determine the contraceptive method that suits me? Are there significant or severe side effects associated with using contraceptives?





If a girl engages in oral sex and the guy ejaculates in her mouth, can she get pregnant?

If you're a virgin and use a condom during sex, does that mean you're still considered a virgin?

Is there a risk of pregnancy after using an ICD (Intrauterine Devices) for protection?

If a boy has sex with a virgin without a condom, can it lead to pregnancy? Is pregnancy determined when the sperm meets the egg, or can it occur even if they don't meet?

At what age can I have a boyfriend?

Are IUDs and Implanon the same thing?

Can pregnancy occur even if a condom is used?

Do all contraceptive methods have side effects? Which method is recommended?

What family planning methods can also prevent STIs and HIV? Why do some methods experience failures?



KEY PROJECT HIGHLIGHTS

1. INSTITUTIONALIZATION / KPIS

Since the launch of the second phase of A360 in Q4 2020, the project continues to see an overall trend of performance improvement.

To date, this second phase has reached over 845,000 adolescent girls who are first-time voluntary contraceptive users / adopters and over 366,000 continuing users through both A360- and government-led sites.

2023 marked a point of key transition for us as we transitioned out of a period of adaptation and into a more intensive period of sustainable scale for our interventions – particularly for Smart Start in Ethiopia and Matasa Matan Arewa (MMA) in northern Nigeria.



In Ethiopia, 2023 concluded the process of institutionalizing Smart Start into key policy and practice. Having already been incorporated into the key health-focused policies (including the Reproductive Health and Adolescent and Youth Health strategies) as well as in the Integrated Refresher Training for Health Extension Workers (HEWs), in 2023 Smart Start was incorporated into the Health Extension Service Level III curriculum. As a result, all current and incoming HEWs will be oriented to Smart Start as the government-owned intervention for contraceptive service delivery for married adolescent girls and the MOH is now leading implementation in over 7,500 Health Posts across seven regions in Ethiopia.

In northern Nigeria, the team has been transitioning sites to government ownership through a phased approach. At the start of this phase of the project, all sites in northern Nigeria were led by A360. However, as of the end of 2023, MMA has been scaled by government to 107 local government areas (LGAs) across four states in northern Nigeria, with the intervention present in 64% (1,075) of the total viable facilities within those LGAs.

Across both Ethiopia and northern Nigeria, A360 continues to see improvements not only in performance in government-led sites, but also in reporting as depicted in Figure 1 rates and productivity. These improvements can be attributed to the technical assistance that A360 teams have provided to governments which focuses on increasing demand by leveraging state demand generation teams; providing youth friendly and quality counseling services; improving continuation rates in line with girl's preferences; and working directly with state M&E teams and HMIS officers to improve data quality and reporting rates.

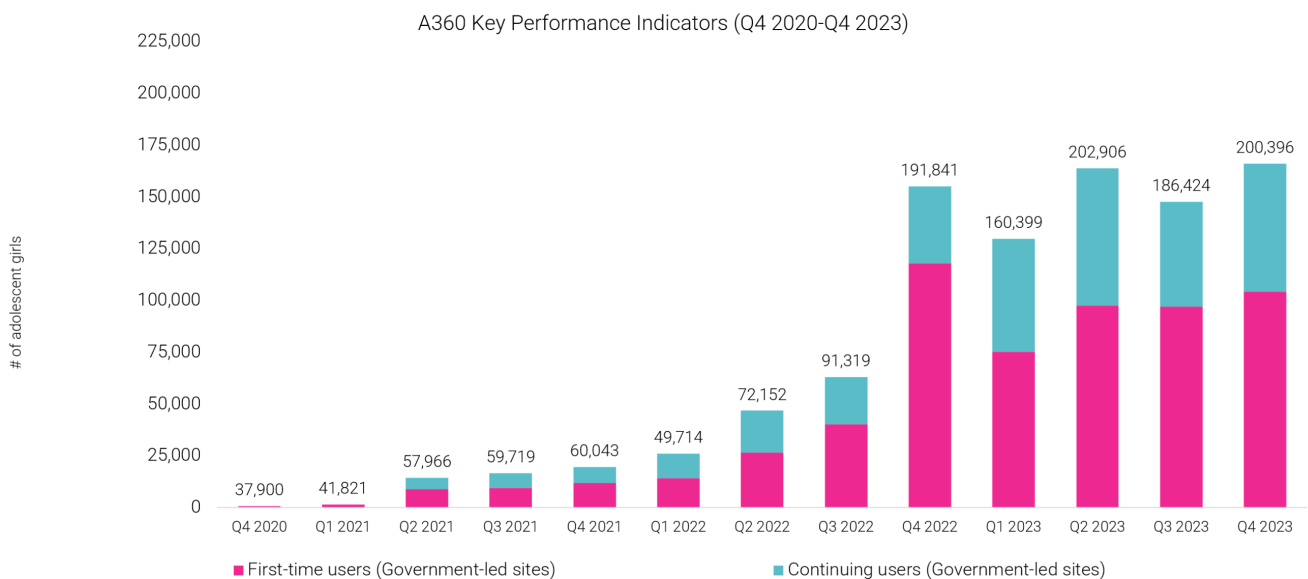


Figure 1: Quarterly trends in first-time and continuing contraceptive users for A360's second investment phase.

Under this second phase, A360 also entered Kenya which was a new geography for the project. Service delivery began in Kenya in late 2021 and since that time the team has continued to optimize which has led to significant improvements in A360-led sites. Additionally, plans are underway for a phased transition in Kenya from A360 to government ownership.

2. COSTING

To promote more rigorous costing estimation and provide costing data to governments as they invest in ASRH, A360 partnered with Avenir Health to measure cost per adopter across its implementation geographies.

The results of this work, which includes costs in Ethiopia and Nigeria for 2021 and 2022, are presented in Figure 2. Costing work for Kenya is still underway as they went through a replication process and did not start implementation until 2021.

In northern Nigeria, cost per adopter was \$31 and \$42 in 2021 and 2022 respectively. The increase in 2022 resulted from exit from the south in late 2021 and entry into Kano and Jigawa States in the north in 2022 where service delivery did not begin until Q2 of that year.

In addition, in northern Nigerian scale began in earnest in 2023 as much of 2021 and 2022 was spent institutionalizing into government systems. Costs are expected to decrease in 2023 as above-site and fixed costs will be spread across many more sites and as there have been increases in productivity and reporting rates in government-led sites because of A360 Nigeria's technical assistance.

Cost per new acceptor through government-led implementation of Smart Start in Ethiopia decreased from \$145 in 2021 to \$31 in 2022. In the first half of 2021, the program was not delivering services because the focus was on institutionalizing into government policy and operational procedures and rolling out training for health workers. As such, 2022 was the first year where the program witnessed the level of scale that is anticipated for the remaining years of the project.

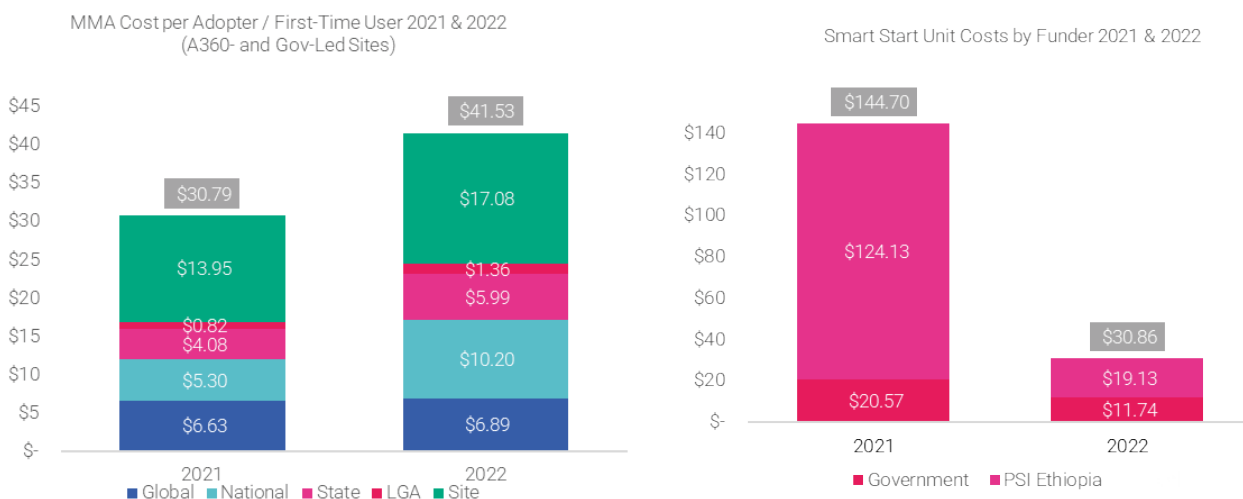


Figure 2: Cost per adopter contributed by government and A360.

3. KEY INFLUENCER ENGAGEMENT

Entering A360's new investment, there was a clear need to understand and address the gendered power dynamics which influence girls' decision-making power and influence – particularly in our interventions which support married adolescent girls.

In northern Nigeria, this prompted a design process in 2021 to adapt and strengthen the intervention components aimed at engaging girls' key influencers (particularly male partners and community leaders).

This design process resulted in an approach which engages girls' husbands through moderated group or one-on-one sessions with messaging meant to prompt discussion around the acceptability of girls' contraceptive use and the value of their choice, voice, and agency.

The approach also utilized religious and traditional leaders as program champions and advocates to mobilize men and address myths and misconceptions around SRH using the example of messages presented in Figure 3 on the following page.



Figure 3: Examples messages used to mobilize men and community leaders.

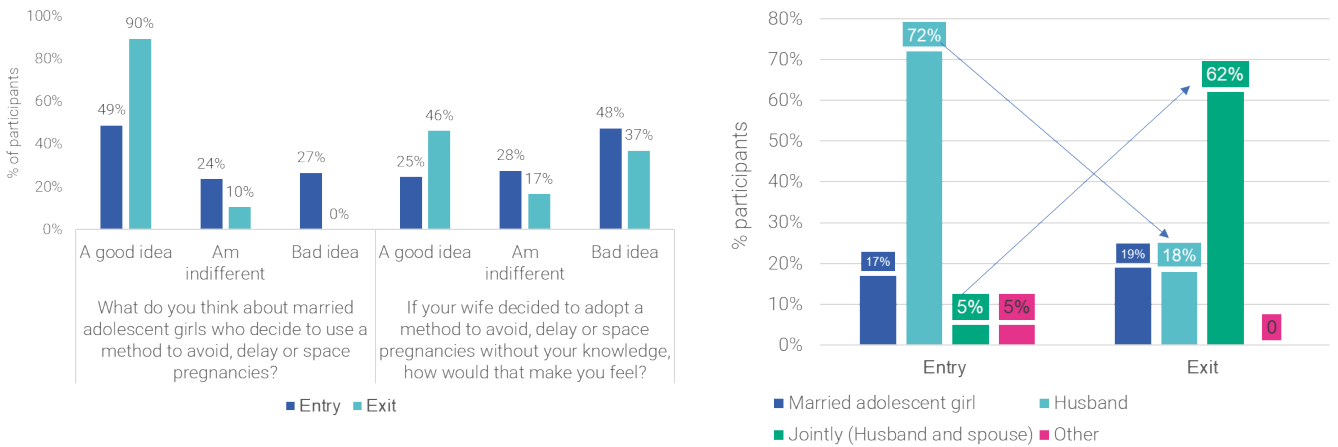


Figure 4: Quarterly trends in first-time and continuing contraceptive users for A360's second investment phase.

In 2023, A360 evaluated these strengthened key influencer engagement activities with a series of surveys to assess changes in influencer knowledge, beliefs, and behaviors before (entry) and after their exposure (exit) to this intervention component. This evaluation showed a significant change in influencers' knowledge of methods of contraception and their belief that contraceptive use can support girls to achieve their goals and pursue a better life (Figure 4). Influencers' acceptability of girls' contraceptive use, even their covert contraceptive use also increased after their exposure. Most

encouraging were the shifts in influencers' beliefs about who should make decisions about girls' contraceptive use. After exposure to the program, more influencers reported that decisions should be made jointly with both spouses (Figure 5), compared to preferences for husband-led decision-making demonstrated prior to exposure.

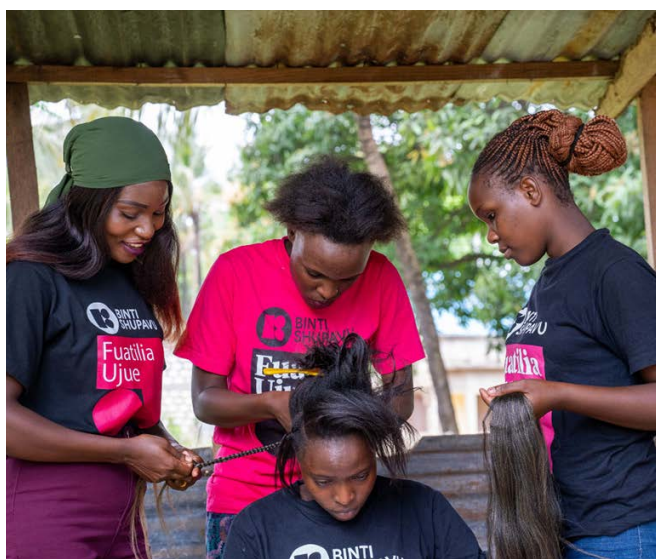


4. CONTINUATION

In 2023, A360 continued to pursue learning about contraceptive continuation, what works and what doesn't work to support contraceptive use that aligns with the needs and preferences of adolescent girls.

In northern Nigeria, we continued to implement a package of supportive interventions that included phone calls to determine whether adopters were experiencing any challenges, to remind them of follow-up appointments, etc. Additionally, appointment cards on which a return date had been written were also issued to adopters. Finally, big sistas – adopters who have attained consistent contraceptive use and are willing to serve as community distributors of the self-injectable DMPA – continued to provide refills for DMPA users. In Kenya, appointment cards were also supplied to support continued engagement with service delivery platforms. These interventions are complemented by the delivery of girl-centered contraceptive counselling and services, sustained availability of contraceptive commodities and interventions to create an enabling environment for contraceptive use.

To build learning around the patterns of contraceptive use in the long-term, we continued to implement longitudinal tracking of 1,103 contraceptive adopters from northern Nigeria involved in a longitudinal study. This study, which completed participant enrolment in November 2022, consists of four follow-up surveys conducted 15 weeks (about 3 and a half months) apart. Impressive follow-up rates were witnessed over the three completed follow-ups conducted in February, May, and August 2023. The final follow-up survey will be conducted in December 2023 and January 2024. Ultimately, this survey will yield results showing method-related continuation, switching and restart rates across the four follow-up time points. Equally, in Kenya, 670 adolescent contraceptive adopters were tracked by providers at 28 facilities through phone calls or when they returned for a refill visit after 3, 6, 9 and 12 months using the DHIS2 application. In both Nigeria and Kenya, follow-up rates at all timepoints were beyond 95% illustrating a high interest by girls to volunteer for follow-up surveys and showing the success of the robust tracing mechanisms executed by providers and enumerators. These surveys are complemented by retrospective chart reviews, that involve tracking contraceptive refills rates from reviewing FP clinic records for married adolescent girls in selected MMA and Smart Start sites in Nigeria and Ethiopia respectively.



5. ECONOMIC STRENGTHENING

In A360’s first investment phase, insights from our users prompted us to include components within our SRH-focused interventions intended to build girls’ skills and capabilities, supporting them to pursue their goals and their sexual and reproductive health and rights (SRHR).

In 2021, we pursued the design of expanded economic strengthening program components in Ethiopia (Smart Steps), northern Nigeria (MMA+), and southern Nigeria (9ja Girls+). These components are intended to support girls’

economic autonomy. The pilot phase of these layered economic strengthening and SRH intervention designs concluded in early 2023, accompanied by an evaluation to determine what outcomes the interventions generated when assessed alongside a comparison group (that represented A360’s original SRH-focused programming).

Across all three of A360’s target geographies in the pilot, the layered interventions showed statistically significant positive effects related to girls earning money, saving money, purchasing assets, and their decision-making power vs. the comparison groups (Figure 6). The significant outcomes around girls’ agency are particularly promising, for example a reduction in husband-initiated and led conversations around girls’ goals and husband-led decision-making around use of the income / earnings that girls generate. The layered interventions additionally showed positive effects on some secondary outcomes, including girls’ self-efficacy, soft skills, and influencer support for income generating activities.

The evaluation also assessed the incremental effect of the layered economic strengthening components on A360’s core SRH program outcomes. Across the two geographies in Nigeria, the layered intervention showed statistically significant effects on girls’ current contraceptive use (for married and sexually active girls) and their intent to use contraception in the future. In Ethiopia, high baseline contraceptive use precluded the evaluation from seeing significant change on contraceptive use.

Outcome Area	Outcome	← Negative Treatment Effect				Positive Treatment Effect →			
		P<0.001	P<0.01	P<0.05	Not significant	Not significant	P<0.05	P<0.01	P<0.001
Finance and Assets	Earning Money								1 2 3
	Saving Money								1 2 3
	Purchasing Assets						3		1 2
	Contribution to Household Expenses					1	3		2
Agency / Self-Efficacy	General Agency Scale								1 2 3
	Participation in Decision-Making Around Use of Income / Savings							1 2 3	
	General Self-Efficacy Scale					1	3		2
	General Self-Esteem Scale		3						1 2
Economic Goal Setting	Setting Financial Goals								1 2 3
	Confidence in Achieving Goals								1 2 3
Soft Skills	Communication Skills					3	1		2
	Decision-making Skills				1		3		2
	General Life Skills			1					2 3
Social / Influencer Support	New social connections				2	3		1	
	Influencer support for participation in IGA					1		3	2
	Community Support (currently not tested for statistical significance for Nigeria)						1		
SRH	Current Contraceptive Use (for married or unmarried sexually active girls)				1		2	3	

1 Smart Steps 2 9ja Girls+ 3 MMA+

Figure 6: Outcomes from layered economic strengthening components on SRH interventions in Nigeria and Ethiopia.

WHAT WE ARE TESTING

Nigeria: Targeted pre-ANC sessions for pregnant girls and relevance-building sessions for husbands.

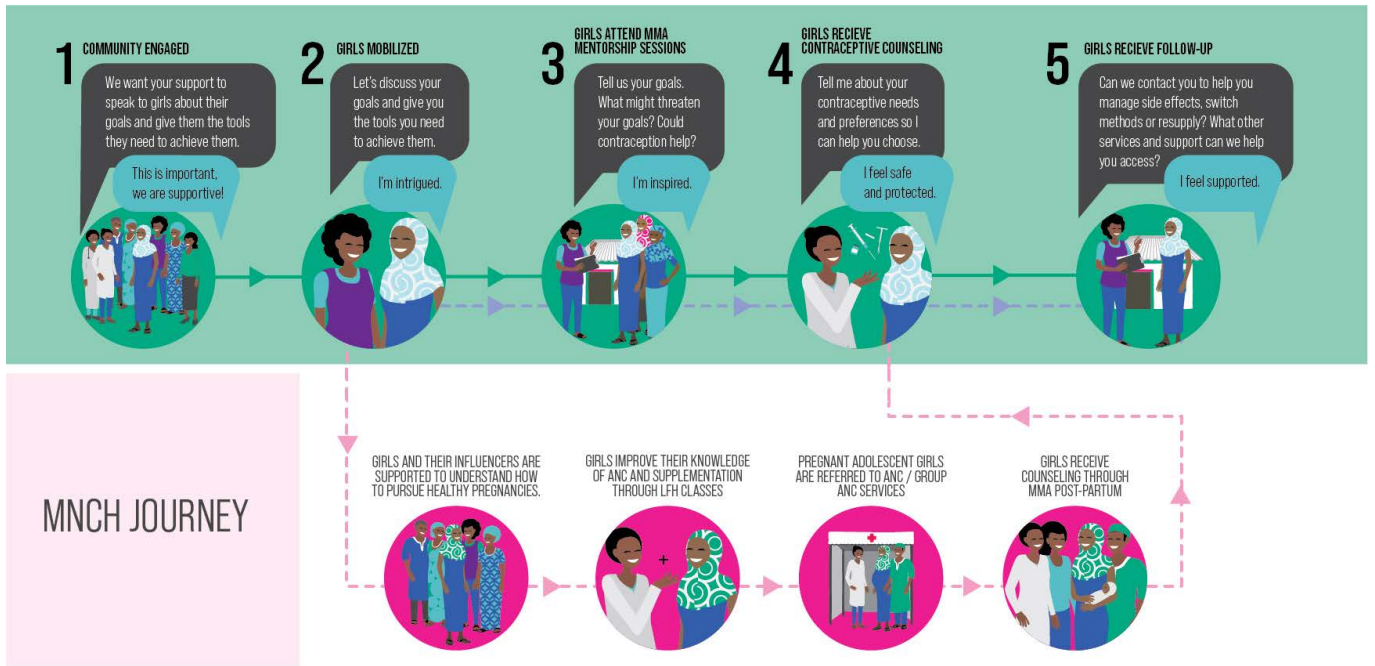


Figure 7: MNCH component for MMA.

6. MATERNAL, NEWBORN AND CHILD HEALTH (MNCH)

Since the start of the project, A360 has worked in partnership with adolescent girls to help them act on their fertility preferences.

Often, this means supporting them to see the relevance of modern contraception to delay and space their children. However, for many adolescent girls, motherhood remains a desired goal. In 2023, we expanded our focus in Ethiopia and northern Nigeria to see how we might improve adolescent girls' experience before and during pregnancy. Using a human centered design (HCD) approach, we gathered insights from girls on their experiences of pre-conception, pregnancy, and delivery and prototyped solutions designed to improve girls' knowledge and self-efficacy in pursuit of healthier pregnancies.

Our insights showed that few couples plan for pregnancy, cultural and social norms restrict early identification of pregnancy and initiation of ANC, limited agency for health-seeking behaviors among girls, doubts about the value of ANC services, and little or no discussion of postpartum family planning (PPFP) options. In response, we identified new ways to create demand for ANC, building off the same strategies we applied in our SHR work: frame ANC as an investment in future well-being, provide more clarity on what happens at ANC and break-down the costs, give girls tools to discuss the importance of ANC with their husbands, help girls map out the specific steps they will take to care for themselves

during pregnancy, and introduce PFP early and often. In 2024, we will begin piloting unique interventions that layer onto Smart Start in Ethiopia and MMA in northern Nigeria to assess the extent to which we can improve knowledge and self-efficacy to drive increased demand and initiation of ANC.



7. KNOWLEDGE DISSEMINATION ACTIVITIES

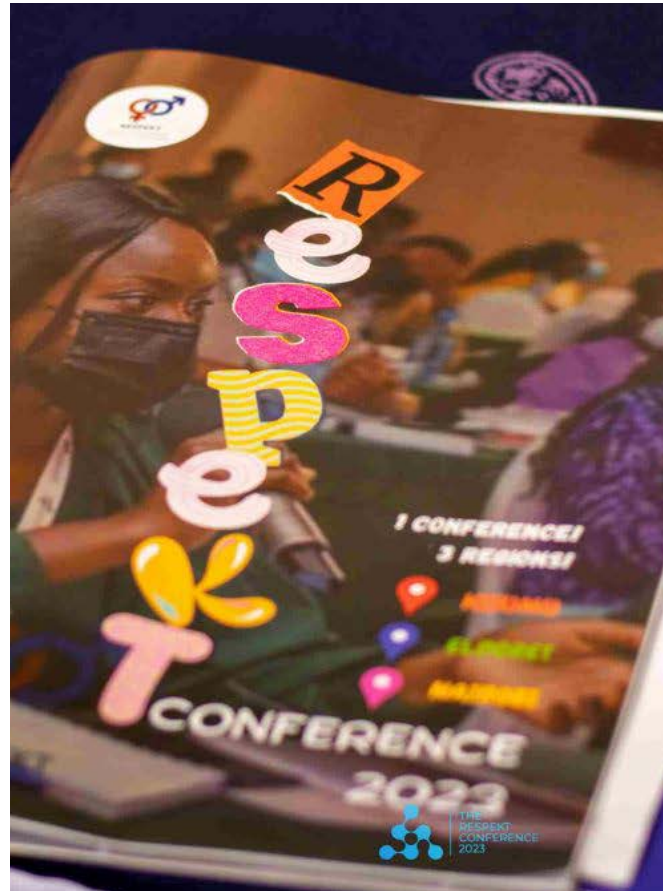
To demonstrate its quest for sustaining value for the A360 investment, A360 continued to strengthen its pursuit of the development and dissemination of audience-friendly knowledge products.

Observing the need to revamp its internal capacity to increase the throughput of knowledge products, A360 adopted a strategy consisting of five knowledge translation technical groups. Each of these groups is stewarded by a thematic lead and a deputy lead and consists of a maximum of 15 A360 staff with or without government stakeholders. Each group pursues the development of knowledge products relevant to the thematic area. There are five thematic areas – contraceptive continuation, institutionalization and replication in government systems, adaptive implementation, economic strengthening and gender mainstreaming and HCD and meaningful adolescent and youth engagement. These groups have been activated and already working to develop knowledge products.

In 2023, A360 developed and published three articles in peer reviewed journals – Balanced evidence and user-driven design - Gates Open Research, and Applying HCD for Replication in Kenya - Global Health Science and Practice. In 2023, A360 and its research partner, Itad, disseminated lessons learned and best practices as presentations or panel discussions during several global and regional conferences including Women Deliver 2023, Reproductive Health Network Kenya, America and UK Evaluation Association Conferences, Society of Family Planning, USA, and the XXIV FIGO World Congress. A360 also collaborated with HCD Exchange and Itad to convene webinars

to share learnings.

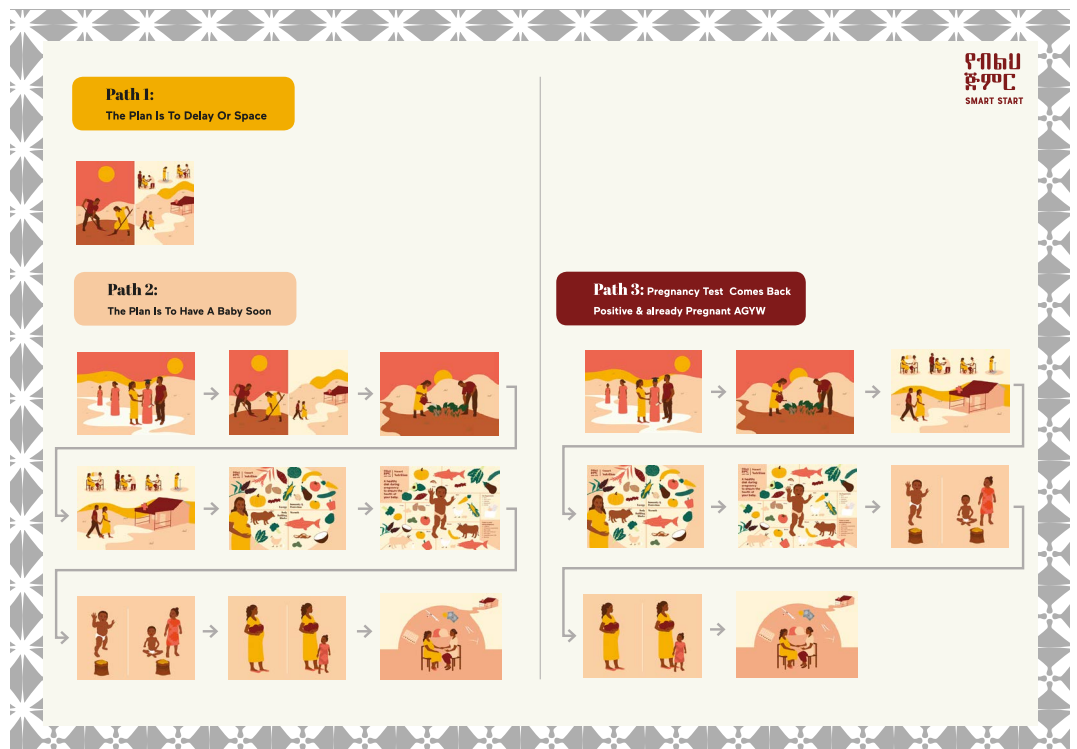
In Kenya, A360 shared lessons at the RESPEKT 2023 conference, and co-convened a session at the Kilifi Health Symposium with the Kilifi Country government. In Nigeria, A360 Nigeria made four presentations at the Social Norms Conference.



WHAT WE ARE TESTING

Ethiopia: Segmented SRH/MNCH counseling that is designed to give girls the right information, at the right time.

Figure 8: Smart Steps- MNCH component for Smart Start in Ethiopia.





A360 KEY INTERVENTION HIGHLIGHTS

Binti Shupavu - Kenya Institutionalization of 11 Local Adolescent Forums in Migori County.

Globally, Adolescent Forums play a crucial role in securing economic, political, and financial commitment in alignment with the Call to Action for Adolescents. The Local adolescent forums, facilitated by the A360 program, bring together a diverse group of adolescents, fostering increased participation and inclusivity in matters impacting their lives. The program has been instrumental in establishing local adolescent forums in Migori County, enabling meaningful engagement with peers, local authorities, and healthcare stakeholders on economic, political, and social issues.

A360's forums empower adolescents to organize inclusive and decentralized events, enhancing their involvement in economic empowerment and contraceptive services. In Migori County, the program's influence has led to the institutionalization of 11 local Adolescent Forums, providing a platform for adolescents to voice their priorities, challenges, and needs. The A360 team utilizes these platforms to gather constructive feedback, facilitating program adjustments and increasing stakeholder attention to adolescents' needs.

Eight of the established forums have conducted at least two adolescent-led mobile clinics, creating a safe space for contraceptive uptake, and generating significant demand for contraceptive services. Notably, one forum has transformed into a registered table banking platform, functioning as a self-help group and providing a supportive network for adolescents, fostering innovation and resilience.

The establishment of local adolescent groups in Migori County takes a holistic approach to empower adolescents, integrating skill classes, employability sessions, and education programs. These groups inspire and motivate adolescents, enabling broader participation in adolescent health and livelihood. These local adolescent groups serve as potent instruments for meaningful youth engagement, ensuring adolescents have control over their health and socioeconomic matters. A360 Kenya remains committed to championing this initiative, aligning with the Adolescent 2030 campaign's call to action and fostering sustainable progress by empowering adolescents with knowledge, resources, and a sense of ownership over their health.

Strengthening multisectoral approach to address Adolescent Sexual and Reproductive health pressing needs in Homabay County.



Adolescent girls and young women confront formidable challenges, including economic instability, health issues, and life skills concerns that can potentially impede their lifelong success. Factors such as the inability to negotiate safer sex practices, barriers to accessing and using contraceptives, child sexual abuse, illiteracy and lower economic status contribute to the heightened risks of teenage pregnancies. Left unresolved, these challenges can jeopardize the dreams of adolescent girls and young women, subjecting them to a disorganized and uncertain life. Addressing these issues is crucial for achieving positive health outcomes among adolescents and youths, requiring a multifaceted approach to mitigate the global repercussions on economic, social, and health fronts.

The A360 program team in Homabay County has demonstrated a strong commitment to collaborate with various stakeholders in advancing project goals. Notably, adolescent girls participating in the Binti Shupavu project engaged in the End Triple Threat Campaign, led by the County Governor, aimed at ending the triple threat of HIV infection, gender-based violence, and adolescent pregnancies through community collaboration. The Binti Shupavu project supported the development of a framework for increased resource allocation and funding for Adolescent and Youth Sexual and Reproductive Health Rights (AYSRHR) programs in partnership with the County government.

Empowering adolescent girls to contribute to the development of a Social Behavior Change and Communication policy for family planning further demonstrates the program's impact. This collaborative effort has elevated the county's commitment to contraceptive services, with adolescents actively participating in policy formulation and advocacy campaigns on AYSRHR. The deliberate inclusion of adolescents in designing strategies to address their reproductive health needs has proven effective, functional, and valuable. The Binti Shupavu program aims to promote this model for a more significant positive health outcome, turning adolescents into influential voices for change in society.

Empowering Healthcare Workers: Harnessing Digital Platforms for Contraceptive Counseling for choice training.

The COVID-19 pandemic catalyzed a rapid shift towards digital health and education underscoring the enduring necessity for digital health competencies beyond the pandemic. Recognizing that over 80% of healthcare providers in Kenya own smartphones (Mobile Health Care, 2018), a digital technology platform, specifically WhatsApp, was identified as the optimal medium for delivering course content. This innovative approach enabled healthcare providers to engage with the material at their convenience, ensuring a wider reach and expedited training at a sustainable cost.

A360 Kenya has revolutionized healthcare training by harnessing the power of WhatsApp and web-based platforms to equip healthcare providers in Binti Shupavu implementing counties with essential skills in contraceptive counseling. This dynamic online training initiative addresses the unmet family planning needs of adolescents and young people, providing a comprehensive training program encompassing seven modules. The culmination of the training involves a challenging summative multiple-choice post-test, where health care providers scoring 75% or higher earn both a certificate and continuous professional development points acceptable by various health registering boards in Kenya.

To ensure seamless coordination, A360 program county teams establish an exclusive WhatsApp group for healthcare providers, fostering a collaborative environment for training-related communication. The county management team further supports this endeavor by issuing directives for course uptake among health care providers (HCPs) within the county. The link to the course is shared through WhatsApp, enabling HCPs to enroll in the week-long class, granting them ample time for completion and subsequent certificate acquisition.



Remarkably, this initiative has successfully supported approximately 500 healthcare providers to complete the Contraceptive Counselling for Choice (C4C) training, utilizing both web-based and WhatsApp formats in Binti Shupavu implementing counties and more than 1,500 providers within Kenya. This not only ensures the continued proficiency of healthcare providers but also plays a pivotal role in fortifying healthcare capacity during the transition to government-led

implementation and scale-up within the Country. Currently, we are actively conducting C4C skills assessments among healthcare providers, observing how they apply the acquired skills and identifying any potential gaps for further on-the-job training. At the national level, our engagement with the national team aims to integrate the course into their digital platforms, further expanding the reach and impact in the contraceptive space in Kenya.



RISE ETHIOPIA

RISE achievement for the 2015 E.C (Sept 2022 to Sept 2023)

222,293 married girls aged 15 - 19 were provided support to voluntarily adopt modern contraceptive methods of their choice during this reporting period and 283,413 cumulative so far from Inception (January 2021 - Sept 2023).

Securing an Additional \$500,000 from CIFF Sustainable Impact!

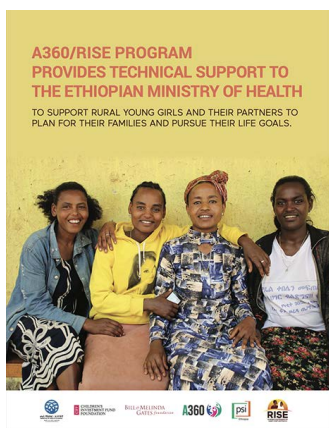
We are delighted to announce the fantastic news that Ministry of Health have received an additional \$500,000 in funding from the Children's Investment Fund Foundation (CIFF), an endorsement of unwavering commitment of the Ministry of Health and PSI Ethiopia. This funding reinforces the government's ownership of Smart Start.

Join us in celebrating this significant milestone in our journey to reduce teenage pregnancy in rural Ethiopia. Together, we are making a lasting impact!

Federal Ministry of Health Ethiopia plan to expand the Smart Start approach nationwide

One of the Ministry of Health flagship interventions is the Roadmap for Integrating Smart Start in Ethiopia (RISE), which aims to combat teenage pregnancies. Integrating Smart Start into the Health Extension Program under the RISE program has improved access to and uptake of quality family planning services and reduced teenage pregnancy and maternal mortality rates.

Building on the success of RISE, the Ministry of Health is expanding the program, establishing a clear implementation plan, and reaching more married adolescents across the country.



The National Smart Start Institutionalization and Scaling Plan demonstrates evidence-based strategies and collaborative efforts to fit innovation into the national context and reach more married adolescent couples nationwide. Learn more about RISE click in the middle of the image to the left.

5th Annual Reproductive Health Conference

The 5th Annual Reproductive Health Conference was hosted by St. Paul's Hospital Millennium Medical College in collaboration with St. Paul Institute for Reproductive Health and Rights.

During the conference, Seyoum Atlie, RISE Project Director, delivered an oral presentation on "The family circle: bringing modern contraception closer to married pastoralist girls in Ethiopia" and was honored as the best oral presenter.

The RISE program's innovative human-centered design approach, tailored to respect pastoralist communities' unique traditions and beliefs, earned him the title of Best Oral Presenter. Watch his presentation by clicking on the play button below.



RISE at Women Deliver 2023 Conference

The Women Deliver 2023 Conference was held in Kigali, Rwanda, in July 17 – 20, 2023. WD2023 enabled inclusive and co-created spaces that fostered solidarity for sustainable solutions on gender equality. At the conference, PSI Ethiopia's Sexual Reproductive Health Team along with delegates from the Federal Ministry of Health, participated in a side event titled "Government Leadership and Accountability to Scale: Lessons from Ethiopia." The session focused on institutionalizing and scaling the RISE Program targeting married adolescent girls in Ethiopia.





A360 NIGERIA

Pause and Reflect - A Triumphant Year in Adolescent Sexual Reproductive Health

In 2023, A360 Nigeria made significant strides in advancing Adolescent Sexual Reproductive Health (ASRH) through its multifaceted initiatives. The National Pause and Reflect Moment marked a pivotal event, fostering collaboration between federal and state governments to consolidate gains and address challenges in ASRH programming. The resulting communique solidified a commitment to prioritizing comprehensive ASRH programs, emphasizing political will and strategic realignment.

A360 Nigeria Champions Youth Inclusion at 1.8 Billion Campaign

A360 Nigeria played a pivotal role at the 1.8 Billion Campaign Forum hosted at the UN House in Nigeria, advocating for the inclusion of youth and adolescent voices in decision-making processes. Our commitment extended to critical areas like health, well-being, employment, resilience, education, skills, and social connections. As an integral part of the 1.8 billion

young people for change movement, our engagement underscored the importance of meaningful youth involvement, investing in the future, and empowering the next generation of adolescent health professionals.

The day encompassed various activities emphasizing the significance of youth engagement. The launch of a continental strategy for education for health and well-being featured inspiring narratives from youth on the humanitarian frontline, stressing the need to promote adolescent well-being in schools. Additionally, addressing digital safety for the younger generation and unveiling the AA-HA! 2.0: Global guidance for accelerated action for adolescent health and well-being marked key milestones.

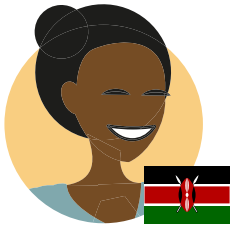
A360 Nigeria's participation is of immense significance, by actively contributing to the promotion of youth and adolescent rights. By amplifying their voices and advocating for inclusion, we actively shape a more equitable future, fostering a society valuing their perspectives in decision-making processes globally.



VOICES FROM THE FIELD

We spoke to girls across Kenya, Nigeria and Ethiopia, to understand how the various A360 interventions impacted their lives in 2023 - and here is what we found out.





I WANT TO BE RICH

Ludia Ochieng, 19, Kenya

Ludia and Patrick Ochieng live in a modest one-roomed mudhouse in Suna West, Migori County as man and wife. She's 19, he's 21. Their son, George Innocent is almost two years old. "I named him Innocent because he is the most polite child ever, never cries, always happy, and could never harm a fly." She says, leaning into the feathers of mother's love.

Their domestic situation is fraught with the challenges of finance. "He'd sulk when I'd ask him for money," Ludia says of her husband. "I hated

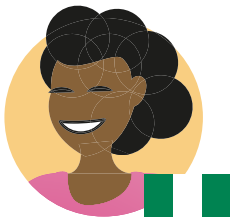
that I'd have to wait for him to come back home for him to give me money to buy a matchbox. All I seemed to do with my life was wait and ask, wait and ask." He worked as a motorbike taxi rider, not earning much himself. "It's been tough with a baby and all."

When she discovered Binti Shupavu and started attending their program, she knew that the first thing she needed to do was not add another baby to this desperate situation. One more mouth would sink them. So, after a counselling session with a local service provider, she immediately settled for Jadelle, a five-year implant. She also learned how to make liquid soap from the program and borrowed money from her husband - 350 Kenya shillings - to start her soap business.

"We were taught how to budget and save, so I started saving 30 shillings daily. My savings grew as I sold more soap." Her domestic situation has

changed drastically since she became a businesswoman. "I no longer wait for my husband to come back with food or come with pampers for the baby. I make these decisions alone because I now have the money."

Her husband appreciates her more, she has noticed. "He no longer sees me as someone who begs or bothers him. Now I'm a partner who participates in our future." She is categorical that she doesn't want another child now. "Children are great, but only when they come at the right time," she says, "Otherwise you end up planning around them. You stop your life when they come." Ludia is categorical about her ambition. "I want to be rich. I want to do everything I can in business to attain this goal, so for now I don't want anything that will distract me from being rich." She chuckles.



MMA LIFE FAMILY AND HEALTH SESSIONS SHAPED MY AGENCY

Maijidda Danazumi, 19, Nigeria

Everything passes through the husband. That's one of the wisdoms of being married in her community, Maijidda Danazumi, 19 years old and married with one child knows this unspoken fact. However, timing is everything. One night, as she was serving her husband his favorite meal in the flickering light of the lamp, she delicately brought up the MMA

program. He listened while he ate with his hands and finally said, fine she could attend it.

Initially, she didn't see any value when a mentor from Matasa Matan Arewa (MMA) reached out to tell her about the program. "But upon listening to her and what they do I realized how useful it was because there are many things I didn't know, like how to keep myself clean and how to make sure that I don't fall pregnant again so fast." She recalls.

One in five girls aged 15-19 across Northern Nigeria, wants to but does not have access to modern contraception. Through MMA the A360's blueprint for northern Nigeria, the gap is being filled. She also learned about savings, and she intends to start saving money from the allowance her husband has given her to start a business at home where she sells provisions and ultimately supports her husband financially.

Maijidda is currently a 100-level student in the College of Education and Legal Studies in Ringim Jigawa State studying early childcare education (ECCE). "I feel safe, strong, and motivated honestly and I can say I am now more exposed than before and more confident even in terms of communicating with people around me. Before I could not sit and talk like this."

After going for one-on-one counselling, which was tailored to meet her need, she opted for oral pills. She wants to focus on her education and starting up her business as she is now confident that she isn't getting pregnant soon. It seems easy to plan with that blind-spot taken care of. Oh, and she adds that the hygiene lessons from the MMA sessions have duly been noted by her husband.



9JA GIRLS REDEFINED MY STORY

Ibikunle Olaitan, 15, Nigeria

More than anything, she remembers the excruciating labor. The peeling blue paint of the hospital's walls. She recalls the deadness of the rotary fan above that ignored the heat of the room. Heat and terror gathered around her. She thought to herself; Is this how I die?

"I remember pushing hard and losing all my strength and feeling faint and weak and when I couldn't push

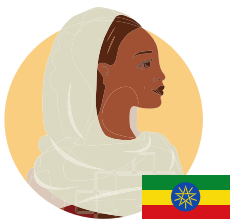
anymore the doctors had to conduct a caesarean section to bring the baby out." She recalls the labor. "For about two days, I couldn't have my bath nor eat."

Ibikunle Olaitan is a 15-year-old girl, who got pregnant in February 2022 and endured a traumatic birthing experience. She was in secondary school, SS2 to be precise. There were hefty hospital bills to contend with. "Before I gave birth, my packed cell volume (PCV) was only 8%, so three pints of blood were transfused into my body, which cost 90,000 Naira." She says, "I also had a case of severe malaria after the birth. It was so hard for my family as they couldn't afford to balance up the hospital bill."

She found herself in this position because she fell in love with and started engaging in premature sexual intercourse without any prior knowledge of preventing an unplanned pregnancy. With a child at

her age, her dreams to be a fashion designer drifted further and further away from her, like a ship without a sail. Things looked up when one day she took her baby for immunization at a local health center where the provider informed her about the 9ja Girl's program. "I was intrigued." She admits. The provider walked her through the Life Map session, and it made her aware that another unintended pregnancy served as a barrier to achieving her goals. Shortly after the session on SRH, she took a method (Sayana Press).

"I plan to go back to school when my child is a year old," she says. "My mother has promised to take care of my baby so that I can focus on my studies." Although Ibikunle regrets her mistake, she's grateful to God for her child, and this has also given her a newfound respect for her mother and women like her after going through the pain of child delivery.



I PLAN TO EXPAND MY BUSINESS

Wube Belete, 18, Ethiopia

Wube Belete knows a thing or two about living with one's in-laws. She, at 18, attended school but couldn't proceed past grade 8. She met and married Gebre Mate, 20, who works as a motorbike driver. They moved into his family home. The young couple have a baby who is a year and five months old now. Life wasn't easy because Gebre wasn't making enough for the family and living under the thumb of in-laws wasn't any easier on the situation.

When she heard about Smart Start

from the Kebele Health Extension worker it seemed like the right project that would change the course of her life, maybe even get her out of her in-law's shadow. The only problem was her mother-in-law. "She didn't want me to join," she said. "She said if I joined there would be nobody to handle the household chores."

Whenever she could sneak some time, Webu would go attend the meetings at the step-up association. The RISE program supports Health Extension Workers to identify, reach, and serve young couples, engaging community actors to create supportive environments for change. Although she was learning a lot, she found herself not finding adequate time to attend the sessions. Frustrated by these challenges, she confronted her husband one day. "We need to move out of your parents' house if our lives are ever going to change", she told him. After long discussions, they eventually moved out. "It was tough financially, but I

didn't want to give in, and I kept saving the little money I was making and after five weeks of saving I took my first loan of 1,000 ETB and started selling vegetables and potatoes."

In the first month, she made a profit of 500 ETB and repaid the loan with interest. She then took another loan of 1,000 ETB and ploughed it back into the business. The gains have been phenomenal. "The training sessions greatly helped me to get where I am now financially." She says. "I gained different skills and knowledge from the weekly training sessions, I improved greatly on my saving culture, developed my working culture, and joined in IGA activities for the first time." She says. "My husband Gebre encourages me to save. Whenever I need extra money, he lends me that money which I always make sure I repay weekly. He has changed greatly after attending some of the sessions, now he supports me in the house by fetching water." Wube plans to expand her business.





REFLECTION POSTS

Since A360's launch in 2016, young people have shown us that the best solutions for adolescent sexual and reproductive health (SRH) programs come from when young people lead the way. A360 works with Youth Innovation Champions and Officers (YIC/Os) across the intervention countries to support girls to access SRH information.

We had a one-on-one session with former A360 youth innovation officers and champions across Ethiopia, Nigeria and Kenya, here's what they had to say about being part of A360.



ABEL MENKIR

Former YIC, Ethiopia

Age: 25 • Year of joining: 2017

What's the most memorable work-related moment you experienced while on the RISE project?

After completing my 12th-grade National Exam, I embarked on my first professional journey with PSI. I vividly recall the excitement surrounding this new chapter of gaining practical work experience. Initially, I underwent training in Human-Centered Design before actively engaging in various brainstorming sessions with the adult program teams.

One standout memory from my time at PSI involves contributing to the development of the Smart Start solution

prototype. Alongside my YIC colleagues, I was tasked with providing insights on design issues, employing our creativity through methods such as writing and drawing to articulate our thoughts and beliefs.

In the initial stages, there was hesitancy among us to share our ideas, fueled by our youth and perceived lack of expertise. However, a pivotal moment occurred when we presented an idea accompanied by a drawing—the program team embraced it immediately! They encouraged us to be authentic and express our opinions, emphasizing that there were no right or wrong answers. This fueled our confidence.

The experience taught me the importance of fostering an environment where young individuals feel empowered to voice their opinions and ideas. This inclusive approach not only allowed us to contribute diverse ideas but also resulted in initiatives that currently benefit adolescent girls and their communities.

What's the most unexpected skill or talent you discovered about yourself while working with girls on the RISE program?

Discovering the power of teamwork has been a key lesson for me. While I used to favor independent work, my experience in the RISE program taught me the value of collaboration in solving complex problems. This journey also cultivated my ability to encourage teammates.

What's the most valuable lesson you learned during your time as a YIC?

I've learned that it's critical to have help from my superiors and anyone else who works with me without feeling ashamed.

Giving young people the proper opportunity to participate will benefit both their personal and professional development. I used to be afraid to voice my opinions since I joined as a YIC, but now that I have support, I can gain greater self-confidence. As a result, it is necessary that we help youth build their sets of abilities.

Share a moment you felt most valuable on the project as a YIC?

As senior YICs diminished at PSI, I recognized the increasing importance of my role in cascading the Smart Start intervention for the program.

What is your hope for all adolescent girls across Ethiopia in respect to their SRHR?

Ethiopian adolescent girls should pursue their dreams freely, without any barriers.

NAT GETACHEW

Former YIC, Ethiopia

Age: 21 • Year of joining: 2021

What's the most memorable work-related moment you experienced while on the RISE project?

The donor visit, where my fellow YICs and I had the opportunity to advocate for and present RISE, is most likely the moment I will remember the most. It is a huge pleasure and an inspiration to know that there are people out there who carry the same burden and sacrifice much to effect change, as demonstrated by the preparation days and the actual experience of presenting something so amazing to individuals who are positively influencing the lives of several girls.

What's the most unexpected skill or talent you discovered about yourself while working with girls on the RISE program?

As someone who must adhere to a tight schedule and study diligently, I can confidently state that my flexibility and adaptability have improved as a result of my YIC experiences.

What's the most valuable lesson you learned during your time as a YIC?

As a young woman in Ethiopia, I used to advocate for youth voices in generating solutions. However, my time as a YIC revealed the importance of a two-way partnership between adults and youth. Maintaining a balance is crucial, as youth, while ambitious, benefit from the professionalism and discipline that working with adults brings.

Share a moment you felt most valuable on the project as a YIC?

When the RISE team entrusted my fellow YIC and I to advocate for RISE at the National Health Exhibition. Past experiences revealed the challenge of adults not trusting young individuals with tasks, which can be discouraging and impact productivity. PSI's success, in my view, stems from maintaining positive relationships between adults and youth, fostering a collaborative environment.

What is your hope for all adolescent girls across Ethiopia in respect to their SRHR?

Improving sexual and reproductive health (SRH) for adolescent girls in Ethiopia, as in many other parts of the world, involves addressing various interconnected factors. Here are some

areas I wish could be addressed for change.

- Comprehensive sexual education
- Access to reproductive health services
- Creating awareness for community engagement
- Legal and Policy support
- Empowerment programs
- Male figures' involvement (Husbands, Fathers, Brothers)

By addressing these areas, Ethiopia can work towards creating an environment that supports the overall well-being of adolescent girls, ensuring they have the knowledge, resources, and support needed to make informed decisions about their sexual and reproductive health.



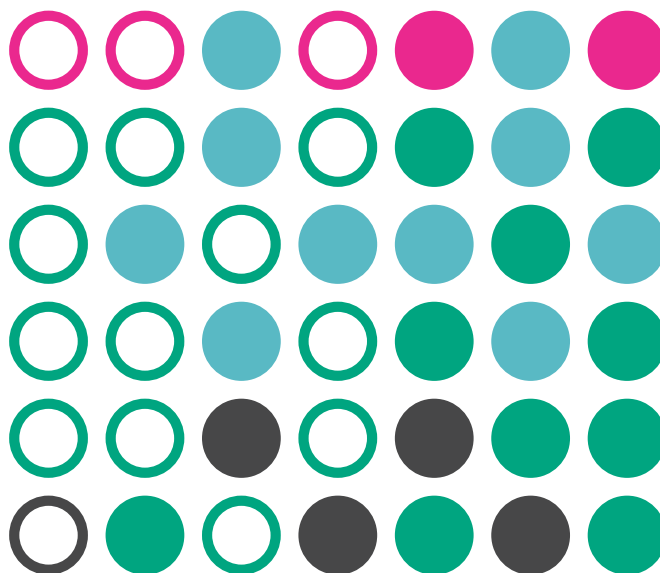
MARY ADEBOLA ADEBISI

Former YIO, Nigeria

Age: 24 • Year of joining: 2020

What's the most memorable work-related moment you experienced while on the MMA/9ja Girls program?

A standout moment in my experience with the 9ja Girls program was receiving a Facebook message from a girl. She shared her success in preventing unplanned pregnancy using information from the 9ja Girls page. Her comfort discussing sexual and reproductive health (SRH) via direct messaging highlighted the program's positive impact.



What's the most unexpected skill or talent you discovered about yourself while working MMA/9ja Girls?

My time with 9ja Girls unexpectedly unveiled my strong presentation and moderation skills, coupled with the ability to create engaging content for social media.

What's the most valuable lesson you learned during your time as a YIO?

Working as a YIO, I learned a crucial lesson about the multitude of unmet needs among girls regarding sexual and reproductive health (SRH). This emphasized the significance of actively involving project beneficiaries in the design and development phases to ensure thorough capture and implementation of their needs, resulting in positive outcomes.

Share a moment you felt most valuable on the project as a YIO?

Feeling most valued on the project happened when I presented the Human-Centered Design (HCD) findings to senior management. This experience greatly boosted my self-esteem, and I genuinely felt appreciated.

What is your hope for all adolescent girls across Nigeria in respect to their SRHR?

I hope all Nigerian adolescents have access to accurate information and knowledge for informed decisions regarding their Sexual and Reproductive Health and Rights (SRHR). Additionally, my wish is for them to have access to unbiased and non-judgmental healthcare facilities and providers.

MARY DAPASH

Former YIC, Kenya

Age: 25 • Year of joining: 2021

What's the most memorable work-related moment you experienced while on the Binti Shupavu program?

Meeting a Binti Shupavu who established a salon business at Olemekenyu inspired by A360 skills classes is the most memorable moment for me.

What's the most unexpected skill or talent you discovered about yourself while working with Girls on the Binti Shupavu program?

I became an adaptive thinker.

What's the most valuable lesson you learned during your time as a YIC?

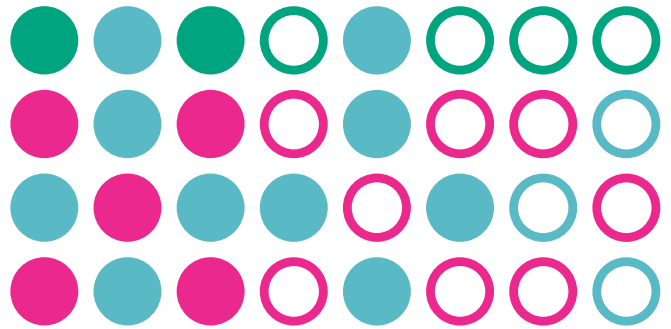
The most valuable lesson I learned is the importance of knowledge for success and the power of information. I now strive to continuously acquire new and detailed information, especially in matters of health and finance.

Share a moment you felt most valuable on the project as a YIC?

The moment I organized my first skills class at Ololulung'a sub-county hospital and guided girls to form a functional certified self-help group.

What is your hope for all adolescent girls across Kenya in respect to their SRHR? across Ethiopia in respect to their SRHR?

I hope that one day, adolescent girls in Kenya will be able to access quality and affordable reproductive health services including information in a friendly environment.



GALLERY







FUN FACTS ABOUT A360

Out of the **42 tribes** in Kenya, A360 predominantly works with six...
**SWAHILI, MIJIKENDA,
MASAI, KALENJIN,
KURIA, MARAGOLI**



TO REACH OTATI DISPENSARY

in Migori County, Kenya, you take a **1 hour flight** from Nairobi, followed by a **5 hour car ride** and there is no mobile network.



DID YOU KNOW?

In Nigeria and Tanzania, Girls define **Empowerment** based on their Life Stages.



DID YOU KNOW?

The emir of Zazzau, a very traditional state in Hausa Fulani community where early marriage and childbirth is high, is currently **A360's MMA Champion**.



DID YOU KNOW?

It takes **six months** to set the schedule for the RISE Steering Committee meeting at the Federal Level.



DID YOU KNOW?

A360's colors were inspired by the **African Ankara Fabric Prints**.



DID YOU KNOW?

Regarding A360's graphics, the filled-in circles represent our **knowledge**, and the open circles are the **people and places** we hope to reach.



DID YOU KNOW?

Incorporating circles as design elements in our photographs is inspired by the A360 principle that **she is at the center** every step of the way.



