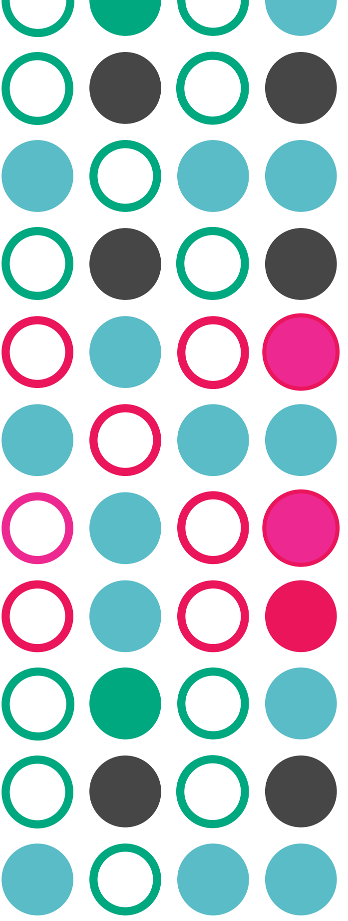
A360

GLOBAL TECHNICAL STRATEGY DESCRIPTION

OCTOBER 2020 – SEPTEMBER 2025

UPDATED MAY 2024

INTRODUCTION



A360's first investment phase (2016-2020) supported over 400,000 adolescent girls aged 15-19 to take up a modern method of contraception and strengthened health systems across the project's geographies (including Tanzania, Nigeria, and Ethiopia) to be more responsive to the unique needs of adolescent girls. In 2020, the project transitioned to a second investment phase (2020-2025), with a mandate to intensify its focus on sustainability for the project's impact, implementation, and value. This document provides an overview of A360's global technical strategy for this second investment phase, crafted in consultation with project funders, partners, and key external stakeholders.

CONTENTS

A360's History and Interventions 3

A360 Strategy Overview 6

Pillar 1: Adaptation 8
- Core SRH Intervention Adaptation 8
- Holistic Intervention Components 12

Pillar 2: Institutionalization and Government-led Expansion 17
- Overview 17
- Institutionalization 19
- Government-led Expansion 21
- Health Systems Strengthening / Technical Assistance 22

Pillar 3: Research and Learning 23

Cross-cutting Strategies 26
- Gender-Transformative Approaches 26
- Meaningful Adolescent and Youth Engagement (MAYE) 28
- HCD & Adaptive Implementation 29
- Quality of Care 29

Conclusion 31

A360'S HISTORY AND INTERVENTIONS

During A360's first investment phase, the project successfully employed human-centered design (HCD) and adaptive implementation, and collaborated with young people, key influencers, and government health systems to design, implement, adapt, and scale adolescent sexual and reproductive health (ASRH) interventions across four geographies. These interventions positioned contraception as a tool that can help girls (and couples) pursue their self-defined aspirations, expanded girls' contraceptive method choices, and strengthened health systems to be more responsive to the unique needs of adolescents. This first phase generated considerable learning, promising external evaluation results, and interest from host governments and the wider ASRH sector.

These original four interventions designed under A360's first investment phase – Kuwa Mjanja in Tanzania, Smart Start in Ethiopia, Matasa Matan Arewa (MMA) in northern Nigeria, and 9ja Girls in southern Nigeria – supported over 400,000 adolescent girls aged 15-19 to voluntarily adopt a modern method of contraception between early 2018 to late 2020. These results combined with interest from the public sector in A360's geographies to take up these promising interventions led to funding for an additional investment phase from October 2022 to September 2025. In this current investment phase, A360 has narrowed its focus to three priority geographies – Ethiopia, northern Nigeria, and Kenya – in alignment with its funders' geographic priorities. Entry into Kenya included the design of a new project intervention – Binti Shupavu. The project exited Tanzania (Kuwa Mjanja) in 2021 through expedited institutionalization and transition to government and exited southern Nigeria (9ja Girls) at the end of 2023.

All A360's interventions are designed to support a unique client experience for girls – a specific 'user journey.' Though the way in which this user journey is operationalized differs across A360 geographies, an overarching structure holds them together, as depicted in Figure 1.

I'M INTRIGUED

MOBILIZATION

CURIOUS

She feels curious and decides to attend an event or counselling session, because it seems interesting, fun and easy, seems relevant to her, and she has reason to believe she may be supported by her influencers to attend.

I'M INSPIRED AND MOTIVATED

ASPIRATIONAL ENGAGEMENT

GIRL WITH A PLAN

She identifies her dreams and vision for the future, begins articulating a plan to achieve her dreams, and sees how, contraception can help her achieve her plan.

INSPIRED AND DELIGHTED

She feels inspired and delighted by what she sees and hears.

LISTENED TO AND SUPPORTED

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

I FEEL RESPECTED AND SAFE

CONTRACEPTIVE COUNSELING AND SERVICE DELIVERY

GIRL WITH A PLAN

She feels invited to share her dreams and vision for the future, and learns how, contraception can help her achieve her plan.

SAFE AND CONFIDENT

She feels safe and comfortable to talk to a service provider, in confidence, without others judging her and without being rushed or pressured.

LISTENED TO AND SUPPORTED

She feels listened to and supported by the service provider, trusts and understands what she is hearing, and feels its relevant to her goals for herself.

FUTURE ORIENTATION

She decides to try a contraceptive method to help her meet her plan, and can access it straight away for free if she desires.

I FEEL SUPPORTED

FOLLOW UP

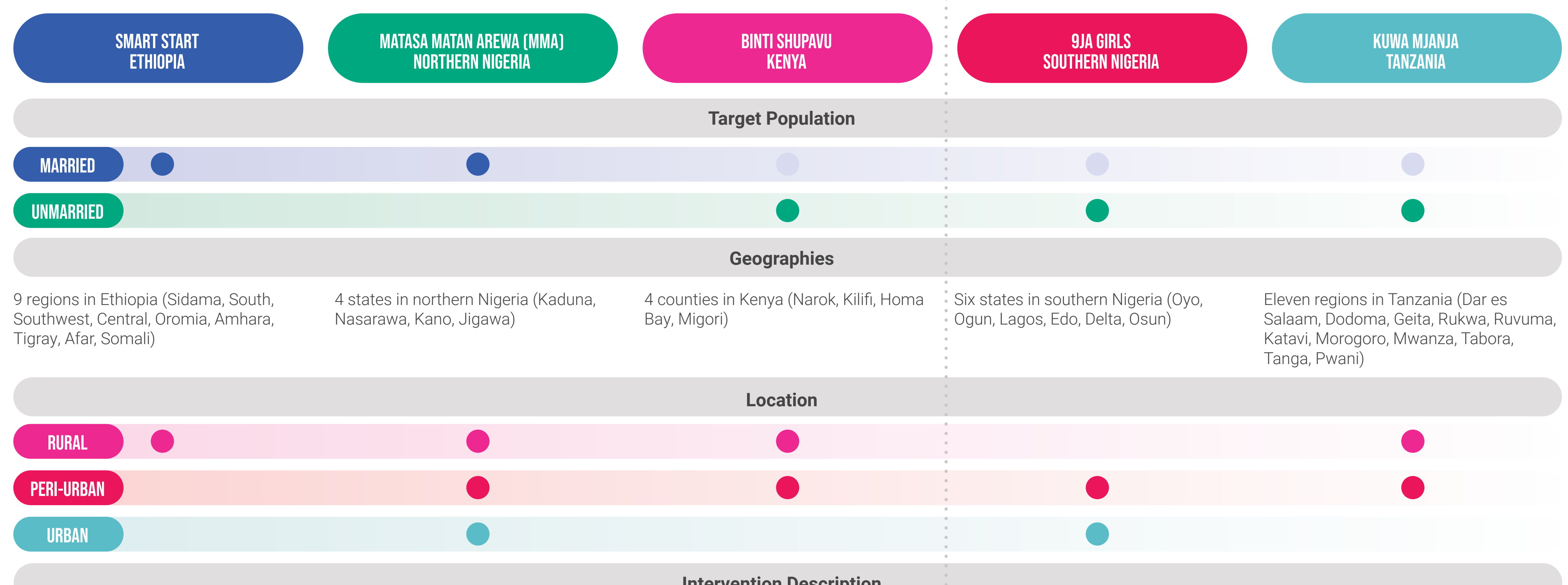
TRUST AND CONTINUITY

She trusts and continues to feel supported by the service providers, and feels able to come back, whenever she has questions or needs more contraceptives.

FUTURE ORIENTATION

She continues to see contraception as relevant to her goals for herself.

Figure 1: A360's global user journey



	SMART START ETHIOPIA	MATASA MATAN AREWA (MMA) NORTHERN NIGERIA	BINTI SHUPAVU KENYA	9JA GIRLS SOUTHERN NIGERIA	KUWA MJANJA TANZANIA
Target Population					
MARRIED	●	●	○	○	○
UNMARRIED			●	●	●
Geographies	9 regions in Ethiopia (Sidama, South, Southwest, Central, Oromia, Amhara, Tigray, Afar, Somali)	4 states in northern Nigeria (Kaduna, Nasarawa, Kano, Jigawa)	4 counties in Kenya (Narok, Kilifi, Homa Bay, Migori)	Six states in southern Nigeria (Oyo, Ogun, Lagos, Edo, Delta, Osun)	Eleven regions in Tanzania (Dar es Salaam, Dodoma, Geita, Rukwa, Ruvuma, Katavi, Morogoro, Mwanza, Tabora, Tanga, Pwani)
Location					
RURAL	●	●	●		●
PERI-URBAN		●	●	●	●
URBAN		●		●	
Intervention Description	Smart Start works with married adolescent girls and their husbands to help them understand how delayed first birth and spaced pregnancies facilitate improved savings and capital to pursue their shared life goals. Smart Start is integrated within the national Health Extension Program (HEP). The Smart Start approach leverages existing community resources (including the Health Extension Worker (HEW) and Women's Development Army - WDA) to generate community buy-in and support for the program.	MMA uses a two-pronged approach that reaches both young married girls and their husbands through targeted one-to-one outreach by female mentors and male health agents. MMA navigates northern Nigeria's more conservative context by aligning contraceptive use with concepts of family health and stability. Girls can choose to go directly to a public sector facility for adolescent-responsive services after engaging with a mobilizer or attend four 'Life, Family, and Health' (LFH) classes to build further health-related knowledge and learn critical soft skills such as communication and negotiation from a program mentor.	Binti Shupavu taps into girls' aspirations, understanding their experiences, and placing their needs first. During clinic sessions, the health system is supported to create safe spaces for girls to build trust in the health system, learn about contraception, share experiences and stories with their peers, and access adolescent-friendly contraceptive service provision. Binti Shupavu engages and educates influencers in the community and those closest to girls so they can support the decisions girls make about their bodies and future. The intervention creates opportunities for smaller groups of girls to participate in sessions where they develop soft and vocational skills and then organize a community-wide celebration to highlight their unique achievements.	9ja Girls makes contraception immediately relevant to what a girl wants now. 9ja Girls 'Life, Love, and Health' (LLH) classes and outreach 'spice talks' engage girls first around their goals, providing vocational and life skills, and then position contraception as a tool to help them achieve those goals. Girls are then supported to receive adolescent-responsive contraceptive services within public health facilities.	Kuwa Mjanja ('Be Smart' in Swahili) taps into a girl's self-defined priorities and helps her understand how contraception aligns with and supports those priorities. Kuwa Mjanja provides income generating skills so girls can make their own money and gain life skills to balance their growing responsibility and navigate the social transition to adulthood. Within Kuwa Mjanja events, either pop-up events in the community or in-clinic events, girls are then supported to access contraceptive services by adolescent-friendly public sector providers.

The three interventions in the box are still currently being implemented in A360's current investment phase. The project has since exited from Tanzania and southern Nigeria. A360's interventions in Tanzania, southern Nigeria, and Kenya predominantly target unmarried adolescent girls though they do also reach a smaller number of married adolescent girls.

Table 1: Comparison of A360 interventions

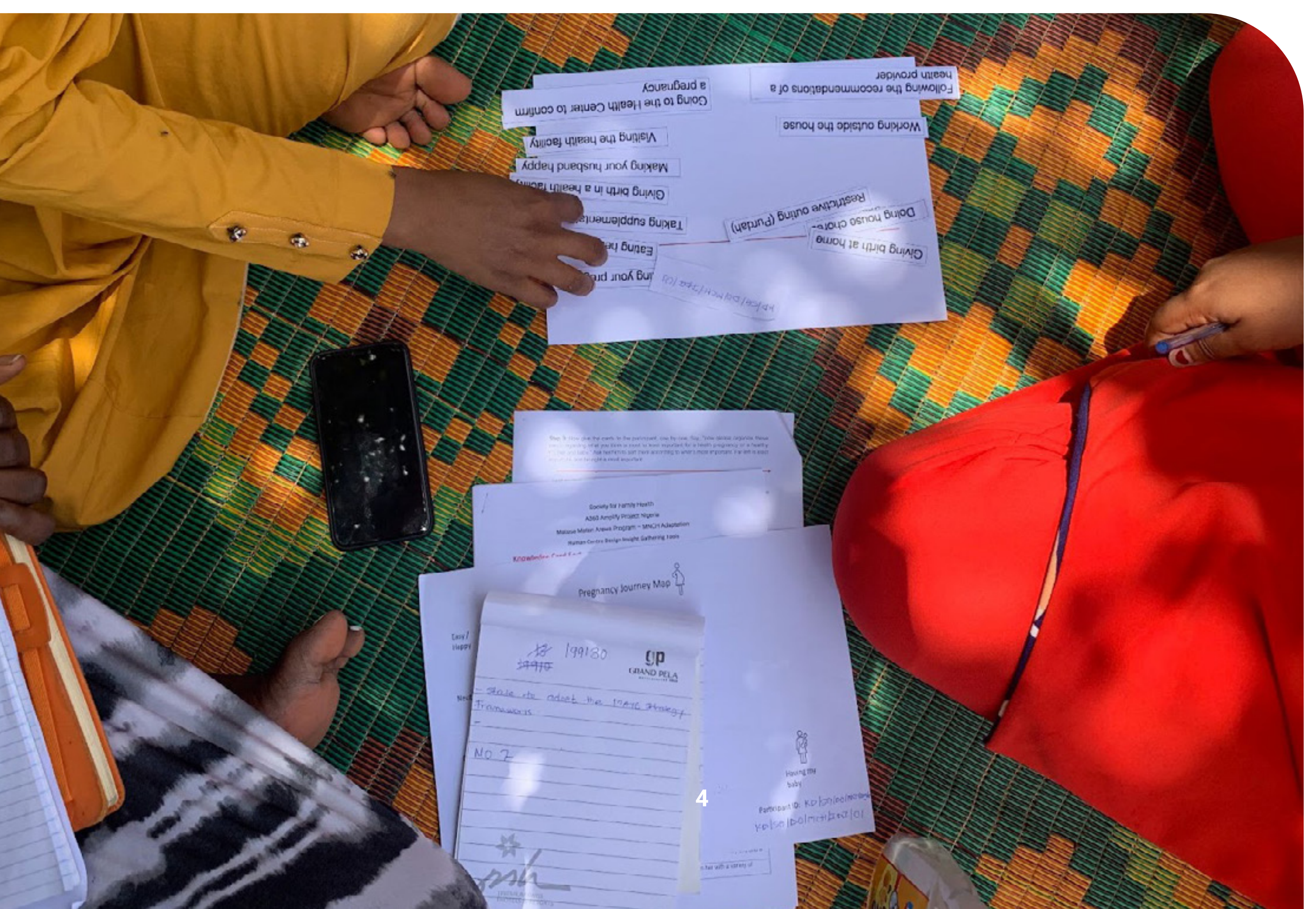
A360 STRATEGY OVERVIEW

In the first investment phase, A360 focused on generating proofs of concept that ASRH interventions, designed through a multi-disciplinary HCD process and refined through adaptive implementation, can increase uptake of modern contraception by making contraception relevant to girls' pursuit of their goals and aspirations. In the second investment phase, A360 has now shifted its focus to sustainability, converging around three key strategy pillars, depicted in Figure 2.

1. Adaptation for sustained effectiveness: After just two-and-a-half years of implementation under the first investment phase, project evidence and learning demonstrated key opportunities to increase program effectiveness and impact. This included opportunities to expand support for contraceptive continuation, strengthen key influencer engagement, and design and test holistic intervention components that could support MNCH and economic empowerment. A360 has pursued these adaptations during this current phase.

2. Institutionalization and government-led scale for sustained implementation: A360's first investment phase fostered government interest in taking up and owning the project's interventions. A360 is building on this in its second phase, pursuing institutionalization of its core SRH-focused interventions into government systems and supporting government with targeted, meaningful technical assistance (TA) to scale these interventions. The goal of these efforts is to ensure that adolescent girls have sustained access to quality, resonant, adolescent-responsive contraceptive services at scale.

3. Research and learning to advance global ASRH: A360's roots in HCD created a culture of curiosity and continuous improvement. In its second investment phase, the project is now positioned to make a more credible and substantive contribution to the global evidence base and global goods. This involves the facilitation of high-quality research and evaluation that fill gaps in the global evidence base and the development and dissemination of stakeholder-responsive knowledge products.



PILLAR 1 ADAPTATION

PILLAR 2 INSTITUTIONALIZATION & GOVERNMENT-LED SCALE

EXPECTED OUTCOMES

CORE INTERVENTIONS
SRH

Strengthen intervention effectiveness through high impact adaptations

- Adapt, implement, evaluate, and refine a package of components to support contraceptive continuation while in need.
- Strengthen key influencer engagement components to support girls' contraceptive use and agency.
- Use digital adaptations to expand access to SRH knowledge and further increase contraceptive uptake and use.
- Strengthen and expand medium-dose economic empowerment components to support girls to make progress towards their goals.

+

Institutionalize and provide TA to government to scale

- Optimize A360 interventions for fit within government systems and resources.
- Integrate A360 intervention components and approaches into key policy, operational procedure and training documents.
- Define and implement an effective technical assistance (TA) mechanism to strengthen health systems to be adolescent responsive.
- Support government to expand to new sites within target geographies.

Institutionalized interventions within **adolescent-responsive health systems** provide sustained support for adolescent girls to exercise **agency** and to **start, stop, and continue contraceptive use** according to their fertility preferences and aspirations,.

HOLISTIC EXPANSIONS
MNCH
Economic empowerment

Design and pilot holistic components to meet girls' interconnected needs with expanded support

- Design and pilot complementary components to support married adolescent girls who are pregnant or at risk of pregnancy to pursue healthy pregnancies.
- Design and pilot complementary components to provide more meaningful support for girls to increase their economic resources and agency.

A360 generates proof of concept for holistic, layered intervention components. Married adolescent girls have the **knowledge, self-efficacy, and support to pursue healthy pregnancies** in line with their preferences. Adolescent girls have the **skills, resources, and agency to pursue economic autonomy.**

PILLAR 3 RESEARCH & LEARNING

Implement a comprehensive research and learning agenda, generating and disseminating stakeholder-responsive evidence on:

- Effectiveness of A360's interventions at increasing SRH knowledge, uptake, and self-efficacy at a sub-population level during scale-up.
- Patterns of continuation, discontinuation, and switching among adolescent girls.
- Effectiveness of A360's holistic components at increasing uptake and use of ANC and improving economic outcomes and agency.
- Outcomes of A360's efforts to institutionalize and scale its core SRH interventions in the form of systems change in its geographies.
- Effectiveness of A360's key influencer engaging adaptations at supporting a positive enabling environment for girls' contraceptive use and agency and its medium-dose economic empowerment components at supporting girls to take steps towards their economic goals.

A360 **fills gaps in the global evidence base** and **provides quality evidence** with localized value that can influence policy and practice. A360's approaches and learning are adopted and utilized locally and globally.

CROSS-CUTTING WAYS OF WORKING

- Apply **gender transformative approaches** to contribute to shifts in harmful norms and support girls to exercise agency.
- **Meaningfully engage youth and adolescents** in program design, implementation, adaptation, monitoring, and evaluation.
- Apply user-responsive approaches to service delivery by focusing on **client experience and quality of care.**
- Leverage **human-centered design (HCD) and adaptive implementation** to remain curious and pursue program improvement.

Figure 2: Summary graphic, A360 technical strategy pillars, strategy components, and expected outcomes

PILLAR 1
ADAPTATION

A360 is employing HCD and adaptive implementation to pursue prioritized adaptation areas during this second investment phase. These include:

1. Intensifying support for girls' informed choice and voluntary **continuation of method use**, including method switching.
2. Strengthening **engagement with girls' key influencers** to create a supportive enabling environment for girls' SRH and agency.
3. Designing and piloting expanded support for girls' skills and capabilities through **medium and high-dose economic empowerment** development components.
4. Designing and piloting intervention components for pregnant married adolescent girls to drive demand for and uptake of critical **MNCH-related services**.

CORE SRH INTERVENTION ADAPTATION

CONTINUATION

Global evidence suggests that adolescents may discontinue at higher rates than older women. In A360's first investment phase, learning pointed to the project's overemphasis on contraceptive uptake, with less attention paid to whether girls could choose when and how to continue method use in line with their fertility preferences and aspirations. Focusing on uptake alone without continuation won't have an impact. This is why in A360's second investment phase, the project is taking a more calculated, strategic approach.

A review of the evidence base, conducted to inform A360's continuation strategy in this investment phase, demonstrated that there is no single strategy that works to address all the key drivers of discontinuation while in need.

As a result, A360 developed a package of continuation intervention components (Figure 3) meant to cover four core thematic areas which the evidence base says are the greatest drivers of discontinuation while in need:

1. Reduce Method Failure – Method failure is defined as an individual becoming pregnant while still using contraception and can be due to failure of the method or incorrect/inconsistent use. A360's strategy strives to reduce incorrect and inconsistent use through intervention components such as reminder calls, use of FP follow-up cards, and home visits.

2. Manage Side Effects – The most common reason cited for not using contraception despite wanting to avoid a pregnancy is concerns about side effects. This varies by contraceptive method but client-led counseling approaches, such as PSI's Counseling for Choice can support girls both to choose a method that is appropriate to their preferences and be prepared for the side effects they may experience and what they can do – including switching methods – if they are unhappy with the side effects of their chosen method.

3. Support Sustainable Access – Access to a regular resupply of contraception, particularly for short-term method users, is critical to support uninterrupted use. A360's strategy supports health systems to ensure adequate contraceptive stock and trials innovative approaches to community-based distribution, particularly for short-term methods.

4. Strengthen the Enabling Environment – Disapproval from girls' key influencers is one of the reasons given for premature discontinuation – particularly disapproval from male partners for married adolescent girls and mothers for unmarried adolescent girls. A360's key influencer engagement strategies – detailed further in the next section – also support continuation.

A360 contextualized this framework within each of its implementation geographies. The output of this process was a continuation package / components for each geography that address context-specific drivers of discontinuation. These continuation components are being implemented, evaluated, refined, and scaled within A360's second investment phase.

**Contraceptive failure is defined as a person becoming pregnant while using contraception due to failure or the method or incorrect/ inconsistent use of a method.*

Figure 3: A360's optimal package to support contraceptive continuation while in need

STRATEGY CALLOUT

STRENGTHENING THE CLIENT-BASED RECORD MANAGEMENT (CBRM) SYSTEM IN NIGERIA

In 2023, A360 Nigeria worked creatively with government to determine the best way to sustainably ensure that girls are supported to return for services while in need. The resulting intervention focused on CBRM, a systematic and organized way of maintaining the records of adolescent girls who access family planning services through the public health system. This type of record management involves keeping detailed information about clients, their demographics, the methods they choose, their medical history, and follow-up appointments including issuing follow-up cards, among other relevant data. CBRM supports follow up of services particularly by facilitating coordinated communication between providers and clients, monitoring performance specifically related to continuation, empowering clients to stay engaged in their reproductive care, detecting side effects early etc. It can be integrated into the Government Health Management Information System (HMIS). To sustainably implement this system, the project took a multi-pronged approach by simultaneously training providers on CBRM and building government capacity through the state primary healthcare board / agency (SPHCB/A) to take ownership of the system moving forward. A360 also worked with the government to conduct follow up post-CBRM training in health facilities and leverage routine data quality audits (RDQAs) and joint supportive supervision visits (JSSVs) to equip providers across all MMA implementation states with on-the-job CBRM coaching.

KEY INFLUENCER ENGAGEMENT

Evidence shows that the enabling environment within a girl's household and community is a significant determinant of whether she adopts and continues modern contraceptive use. Engaging girls' partners (particularly those of married girls) and other influencers proved effective at reducing barriers to the uptake of contraception during A360's first investment phase. A360's interventions included messages that often resonated not just with girls but also with their influencers. Yet, at the end of this first investment phase it was clear that these approaches could be strengthened to further remove barriers to girls' SRH and agency. As a result, A360 pursued further adaptation of these program components into this second investment phase. This adaptation varies in intensity and scope.

- In northern Nigeria, A360 pursued an HCD process to adapt its existing male partner engagement approach. This design work resulted in a strengthened key influencer engagement component which includes:

  a) facilitated sessions with male partners to address myths and misconceptions about contraception and increase understanding of the importance of girls' contraceptive use and agency and
  b) empowerment of community leaders to advocate for contraceptive service delivery in their community and mobilize husbands for sessions.

  This was designed to sustainably layer onto the existing community engagement structures and is being implemented by government at the state and LGA levels.

- In Kenya, taking learning from A360's first investment phase, A360 facilitated an HCD process that intentionally crafted a strong key influencer engagement component within its SRH-focused program (see callout box).

- In Ethiopia, since Smart Start is already an approach designed to engage couples in contraceptive counseling, A360 narrowed in on a priority to activate community structures to mobilize and support girls to receive service delivery through Smart Start. An HCD process resulted in an approach that creates ownership and buy-in among community leaders and trains and equips a local cadre called the Women's Development Army (WDA) to mobilize adolescent girls for services.

STRATEGY CALLOUT
BINTI SHUPAVU STORIES SESSIONS IN KENYA

In Kenya, groups of mothers of adolescent girls, male partners of adolescent girls, and community leaders are brought together in groups (separated by type of influencer) and supported with messaging that can help build knowledge of contraception, address myths and misconceptions, and build empathy and support for adolescent girls' contraceptive decision-making. Sessions begin with recorded audio and visual testimonials from adolescent girls speaking to how contraceptive use has enabled them to pursue their goals and aspirations. Then key influencers are given an overview of the types of contraceptive methods, and facilitators are able to speak to the benefits of each method and address misinformation.

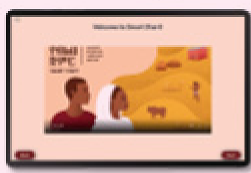
STRATEGY CALLOUT
SMART START DIGITIZED COUNSELING TOOL

In 2021, PSI leveraged interest and commitment from the Ethiopian MOH to transition the paper-based Smart Start counseling guide into a digitized format. The aim of creating a digitized Smart Start counseling guide was to enhance the Smart Start experience for clients and providers. Benefits of the new digital tool include:

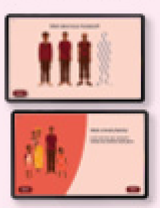
- Standardization of financial and family planning messaging.
- Additional SRH information beyond family planning.
- Interactivity including games, music, and videos.
- Embedded data collection that can be directly uploaded to DHIS2.

This digitized tool is currently being optimized for interoperability within MOH systems with the aim to integrate within the electronic community health information systems (eCHIS)

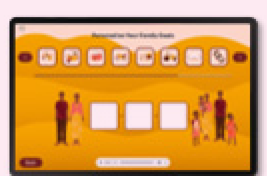
Fun, simple, & intuitive design
that makes it easy and delightful to use

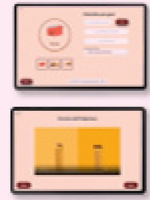


Personalization
that continues throughout the session



Interactive learning
with varied formats and exercises





DIGITAL

Under A360's first investment, digital health solutions were employed in several ways, particularly within the project's implementation in Tanzania and southern Nigeria. Moving into this second phase, reduced focus on digital innovation is informed by a few factors – A360's refocusing on Ethiopia and northern Nigeria, with the addition of Kenya, means that the project is engaging with fewer digitally connected adolescent girls. Additionally, the project's priority to institutionalize and scale through government presents limitations. It may not be feasible to integrate digital adaptations within existing government systems.

However, A360 is prioritizing digital components when they have the potential to improve the health, resources, and agency of its users. Across its three geographies, these include:

- Digitized platforms (both online and through WhatsApp) for provider training, particularly client-led counseling / C4C.

- SRH information sharing platforms for girls who are partially digitally connected (e.g. unstructured supplementary service data (USSD)) or are connected (e.g. Facebook groups and chatbots, WhatsApp groups).

HOLISTIC INTERVENTION COMPONENTS

Learning from A360's first investment phase highlighted the importance of pursuing more holistic programming. We know that adolescent girls' needs and experiences don't exist in siloes and that there is benefit in offering services that link multiple health areas and even health and non-health areas. In A360's second investment phase, the project identified two opportunities for expanding the technical scope of its interventions.

1. Offering more expansive support to **married adolescent girls** who are pregnant or at risk of pregnancy to **pursue healthy pregnancies**.
2. Expanding support to adolescent girls to **define and act on their economic goals** through group-based economic empowerment program components.

In the early stage of its second investment phase, A360 pursued HCD processes to design these complementary components and they have since been piloted. The goal is not to create diversified program components that will be institutionalized and scaled alongside our core SRH programming. Rather it is to generate evidence on the effectiveness of layered, holistic programming for adolescent girls – particularly evidence that has localized value.

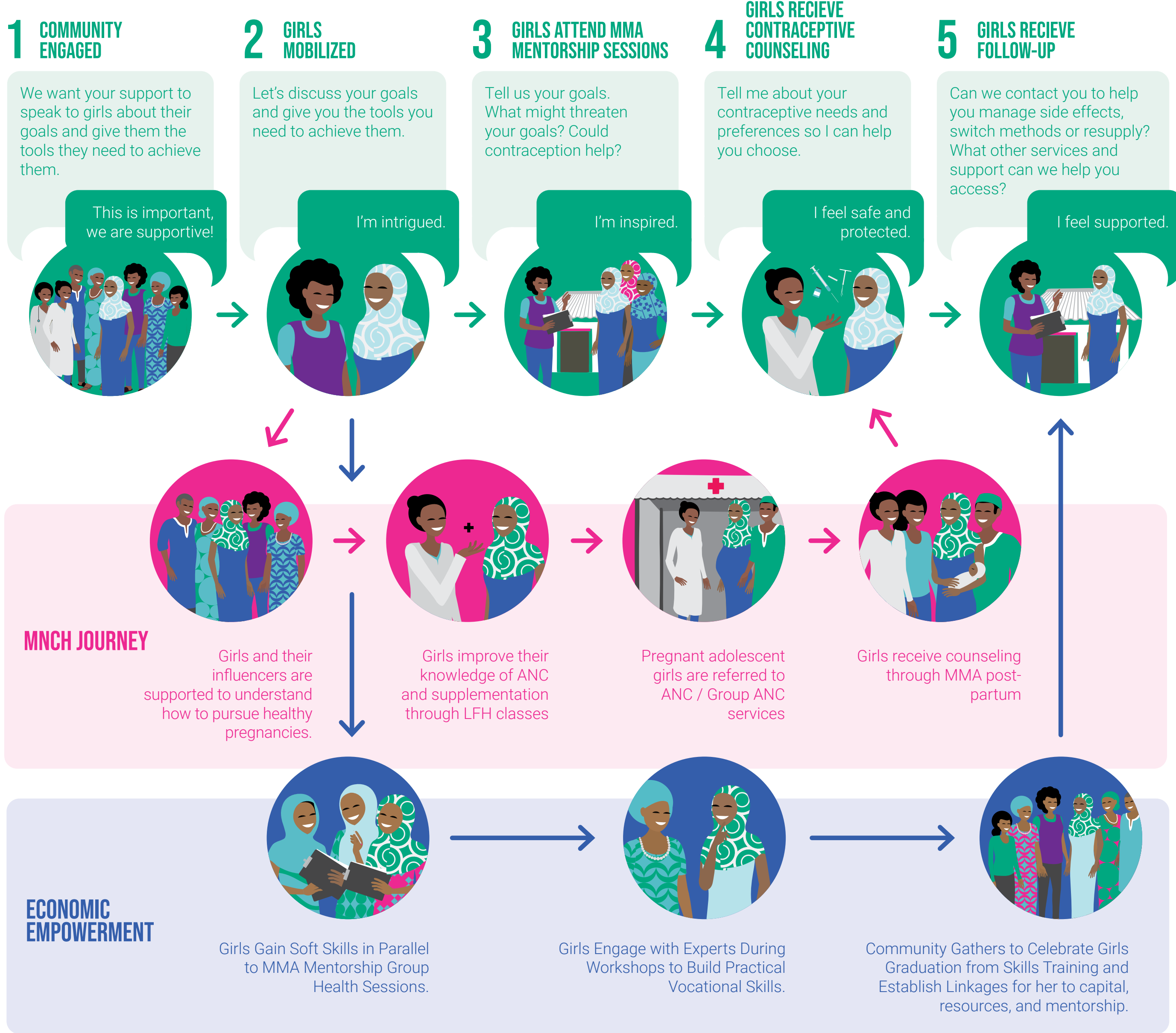


Figure 4: Example, expanded user journey for MMA inclusive of holistic intervention components

ECONOMIC EMPOWERMENT

In A360's first investment phase, the resonance of the project's SRH-focused interventions relied on offering more than just contraceptive counseling and service delivery. The inclusion of a life and/or vocational skills and livelihoods component in each of the project's interventions responded directly to what girls said they needed to pursue their aspirations. These components made the interventions feel resonant to girls, helped establish the relevance of contraception to girls' lives, and fostered the approval of girls' influencers. However, learning also pointed to the value of strengthening these program components to support girls more meaningfully in pursuing their goals.

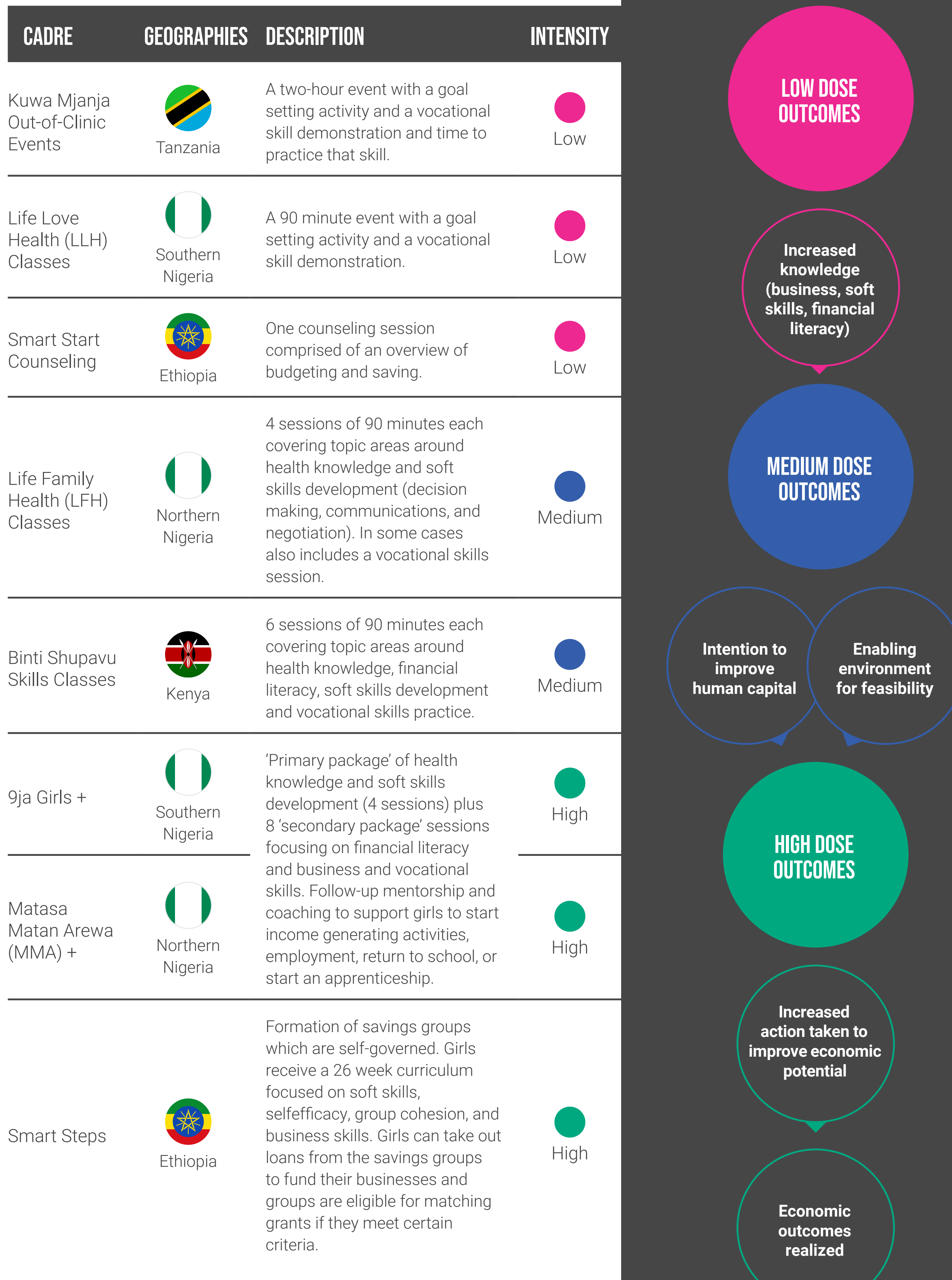
As a result, in A360's second investment phase the project has pursued adaptation –through formal HCD processes as well as adaptive implementation – to expand and strengthen these components. These program components vary in dose (Figure 5). Dose refers to the length and intensity of interaction with girls during their participation in each specific component. Lower dose components, which are usually one interaction of less than 90 minutes, are expected mainly to generate shifts in girls' knowledge. As the dosage increases, these components move towards generating actual improvements in girls' economic outcomes. Constrained resources and a desire to pursue sustainability limit A360's ability to pursue the highest dose components in all situations.

A360's focus in this second investment phase has been to:

1. Use HCD to design and pilot **high-dose** economic empowerment components across three geographies: northern Nigeria, southern Nigeria, and Ethiopia that can support girls to realize improved economic outcomes.

2. Through routine adaptation, strengthen the project's **medium-dose** economic empowerment components in northern Nigeria and Kenya to ensure they effectively remove barriers for girls to plan for and act on their economic goals. This includes refining the curriculum content offered to girls within these components and strengthening linkages with external actors, such as vocational training centers and community-based organizations (CBOs) to which girls can be referred to continue accessing services after participating in A360's intervention components.

Strengthening the project's low-dose components has not been the focus of this second investment phase.



CADRE	GEOGRAPHIES	DESCRIPTION	INTENSITY
Kuwa Mjanja Out-of-Clinic Events	Tanzania	A two-hour event with a goal setting activity and a vocational skill demonstration and time to practice that skill.	Low
Life Love Health (LLH) Classes	Southern Nigeria	A 90 minute event with a goal setting activity and a vocational skill demonstration.	Low
Smart Start Counseling	Ethiopia	One counseling session comprised of an overview of budgeting and saving.	Low
Life Family Health (LFH) Classes	Northern Nigeria	4 sessions of 90 minutes each covering topic areas around health knowledge and soft skills development (decision making, communications, and negotiation). In some cases also includes a vocational skills session.	Medium
Binti Shupavu Skills Classes	Kenya	6 sessions of 90 minutes each covering topic areas around health knowledge, financial literacy, soft skills development and vocational skills practice.	Medium
9ja Girls +	Southern Nigeria	'Primary package' of health knowledge and soft skills development (4 sessions) plus 8 'secondary package' sessions focusing on financial literacy and business and vocational skills. Follow-up mentorship and coaching to support girls to start income generating activities, employment, return to school, or start an apprenticeship.	High
Matasa Matan Arewa (MMA) +	Northern Nigeria		High
Smart Steps	Ethiopia	Formation of savings groups which are self-governed. Girls receive a 26 week curriculum focused on soft skills, selfefficacy, group cohesion, and business skills. Girls can take out loans from the savings groups to fund their businesses and groups are eligible for matching grants if they meet certain criteria.	High

Figure 5: A360 economic empowerment intervention components by intensity / dose and expected outcomes

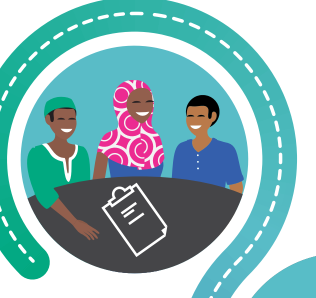
STRATEGY CALLOUT
MMA+ IN NORTHERN NIGERIA

Emerging from an HCD process in 2021, MMA+ is an expansion of A360's core MMA program. The heart of this program is a scaffolded package of soft, business, and vocational skills training combined with mentorship and coaching. Communities are oriented to the aims of the joint SRH and economic empowerment program and girls are mobilized, either through referral by their husbands or directly by program mentors. They begin by participating in the existing LFH classes that are part of the core MMA model, a set of four curriculum sessions, each lasting 90 minutes, that focus on developing health-related knowledge and core soft skills such as decision-making and communications. After completing these initial sessions, girls are invited to move onto a secondary curriculum that provides them with a combination of business and technical or vocational skills. After the secondary curriculum, girls can elect to learn one to two vocational skills through a vocational training center. Following the skills trainings sessions, girls are then given mentorship support to develop and execute a business plan. Their participation culminates in a large, public graduation ceremony that doubles as a marketplace for girls to showcase the products and services from their newly gained skills. This is a chance for the community to show public support for the program and for girls to show their husbands or other family members the value of what they have learned through their participation.

COMMUNITY BUY-IN & MOBILIZATION
Leaders and potential male interpersonal communication agents (IPCAs) are brought in to learn more about and participate in the program. Girls are invited to attend through these community members or through program mentors.

BUSINESS UPSKILLING
Girls learn additional business skills, such as how to budget and save, have the chance to form savings groups, and get support to start a new business.

1:1 COACHING
Girls work with mentors to develop individual business plans based on their skills and goals.



SRH AND SOFT SKILLS DEVELOPMENT
Girls attend a series of four SRH and soft-skills focused sessions that form part of MMA's core SRH programming, depending on their location.

TECHNICAL UPSKILLING
Girls learn technical or vocational skills through vocational skills centers.

GRADUATION & MARKETPLACE
The community celebrates young women for their participation in the program. During this event girls get an opportunity to market their products and services within the community.

MNCH

Motherhood remains a primary goal for many, if not all, married adolescent girls reached through A360's programming. A360 aims to support girls to identify and act on a broader set of aspirations in life and to take up contraception in line with their fertility preferences and aspirations. Yet the project also recognizes the need to support them to have the information, support, and agency they need to pursue healthy pregnancies if they do decide to become mothers or experience an unplanned pregnancy. And, critically, to maintain continuity of care so that they can act on their fertility preferences after birth.

With this understanding, A360's strategy for this second phase includes a mandate to design and pilot complementary components of its core SRH interventions for married adolescent girls in northern Nigeria and Ethiopia who are pregnant or at risk of pregnancy. Design has been completed and piloting of these intervention components in a sub-set of A360 implementation sites will continue through the end of the project, evaluated through effectiveness research. These complementary components aim to:

- **Take a continuum of care approach** – reaching adolescent girls through their reproductive journey, being prepared to meet their current needs while also building demand for future services.
- **Segment for right messaging at the right time** – ensuring girls receive targeted information depending on their current reproductive needs and preferences.
- **Leverage aligned messages** – using the same messages that A360 uses to create demand for SRH services (around investing in the future) to create relevance for contraceptive services and ANC.
- **Address key barriers to agency** – create relevance for these MNCH-related services with girls' influencers in a way that reinforces girls' choice and agency.

STRATEGY CALLOUT
SMART PATHWAYS IN ETHIOPIA

Smart Pathways provides clear, aspirational messaging and delightful, informative communication tools designed to address barriers to antenatal care (ANC) initiation for married girls. Smart Pathways tools build on girls' counseling experience with Smart Start, providing segmented information and messaging for:

- Girls who choose not to take up a method (and are at risk of pregnancy) regarding the importance of preconception nutrition, early signs of pregnancy, and the value of accessing ANC during pregnancy. This information is provided in one touch point for girls after completing a Smart Start counseling session.
- Pregnant married girls regarding the importance of ANC, what happens during ANC, pregnancy nutrition, birth planning, and introduction to post-partum family planning (PPFP). Some of this information is provided upfront when girls are first mobilized and reinforced during subsequent ANC visits.

An additional grant awarded by BMGF in late 2023 allowed for an expansion of this work and the opportunity to address more of the individual and system-level barriers that prevent married girls from accessing care and exercising their reproductive, maternal, newborn, and child health (MNCH) preferences across the continuum of care. This investment allows for both geographic expansion for the testing of this approach and expansion to new areas along the continuum of care such as ANC service delivery and post-natal care (PNC). The investment also expands the age range for services up to 24.

PILLAR 2
INSTITUTIONALIZATION AND GOVERNMENT-LED EXPANSION

OVERVIEW

This pillar of A360's strategy aims to sustainably scale up its interventions, allowing the project to transition out of its implementation geographies at the end of the current investment phase, leaving behind effective, responsive programming for adolescent girls which is sustained through government and the health system after the program concludes. At the heart of any sustainable scale-up process is the interplay between vertical and horizontal scale-up. A360's second strategy pillar is oriented around what is needed to achieve each of these elements of a successful scale up process. This includes:

1. Institutionalization, or incorporation of A360's interventions into key policy and procedure to facilitate vertical scale.

2. Government-led Expansion, or the process of government leading the scale of A360's interventions to new sites / geographies.

3. Health Systems Strengthening, or the application of targeted, quality technical assistance (TA) by A360 to generate sustained change towards adolescent-responsive health systems.

SUSTAINABLE SCALE-UP STRATEGY
OUTCOMES

WHAT ARE WE DOING?

INSTITUTIONALIZATION

- Generate government buy-in
- Incorporate A360 intervention components into policy and practice.
- Advocacy to increase resource allocation for AYSRH programming
- Modify HMIS to include disaggregated indictors for ASYRH monitoring.

GOVERNMENT-LED EXPANSION

- Phased scale to new sites.
- Support to routinely analyze performance of government-led intervention as it scales.

TA / SYSTEMS STRENGTHENING

- Identify and apply TA to address health system gaps
- Strengthen data reporting & data use for decision-making
- Improve management of health worker performance
- Strengthen accountability for quality AYSRH service delivery

WHAT OUTCOMES DO WE EXPECT?

Stakeholder alignment - belief that A360 is the best solution to support government in reaching national health goals

Increased resource allocation for AYSRH programming

A360 interventions within public sector policy and practice documents

A360 interventions scaled to viable sites by government

Increased utilization of ASRH services in scale-up sites

High quality of care demonstrated in scale-up sites

Institutionalized and scaled interventions are cost-effective

Figure 6: A360's sustainable scale-up strategy activities and outcomes

INSTITUTIONALIZATION

A360's institutionalization workstream focuses on the changes that need to be made to existing government policy, operational documents, and training curriculum for A360's interventions to be sustained long-term after the project concludes. Institutionalization is different across A360's geographies based on the level of decentralization of the health system (Figure 7). While there are efforts to influence national-level policy/procedure across all geographies where power is more centralized at the national level (such as in Ethiopia), these efforts are greater. In contrast, in Kenya where power is decentralized to the county level, institutionalization is focused sub-nationally. Institutionalization activities include, for example:

- Modifying government HMIS to present age-disaggregated data for contraceptive uptake
- Incorporating adolescent-focused mobilization messaging into training materials for community health worker cadres.
- Adapting provider training materials to incorporate client-led and adolescent-responsive counseling approaches.
- Advocating for government to increase resource allocation to adolescent-responsive service delivery.
- Creating or modifying accountability mechanisms for adolescent-focused SRH programming.

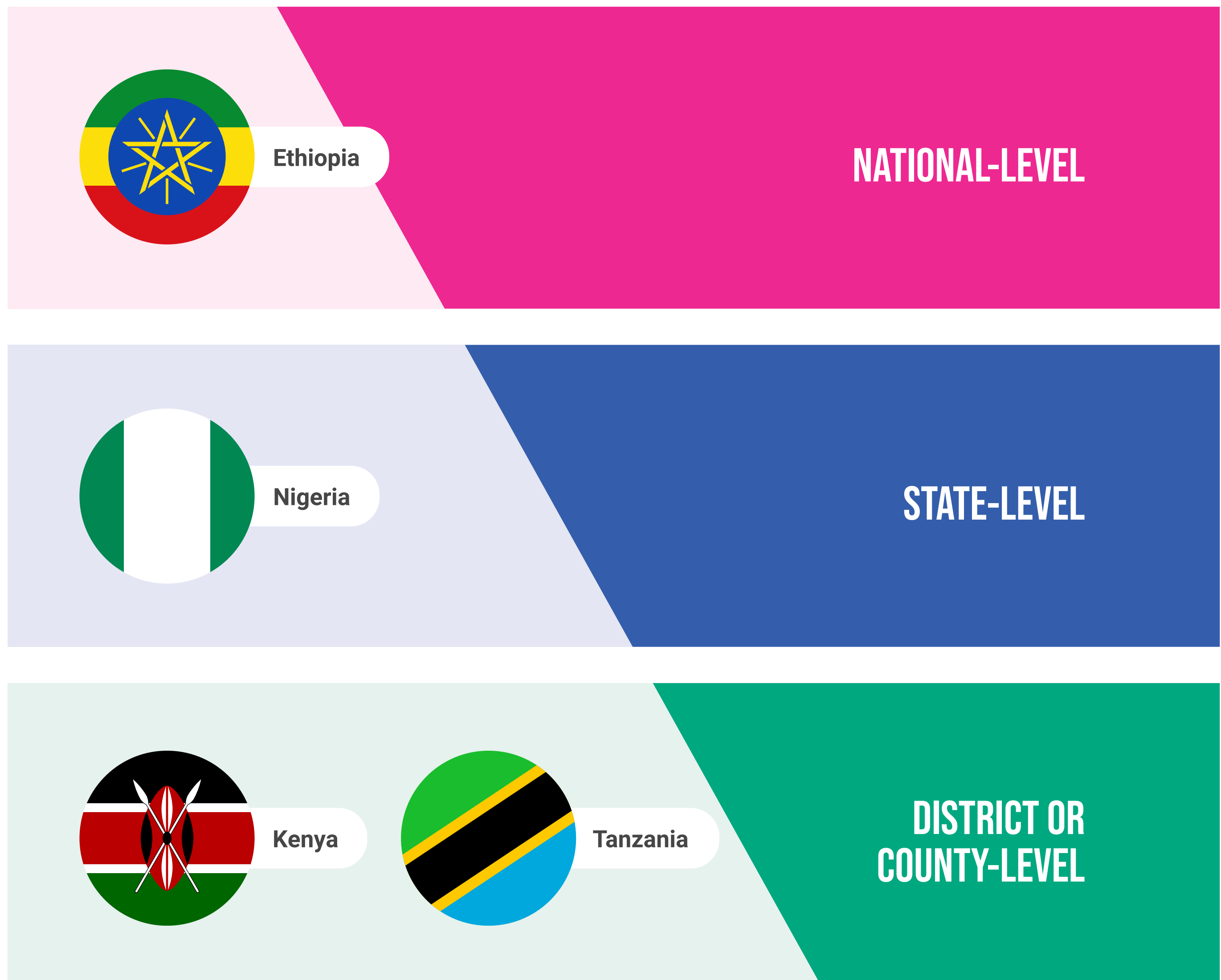


Figure 7: A360's institutionalization workstream based on the decentralization of the health system

STRATEGY CALLOUT
INSTITUTIONALIZATION OF SMART START IN ETHIOPIA

In Ethiopia, at the outset of the institutionalization process for Smart Start, the project identified that the Ethiopian Federal Ministry of Health (FMOH) had many quality policies to support adolescent SRH, but these policies often lacked programmatic frameworks and operational guidance. A360 looked at all these government-led policies, procedures, and plans to identify those that would be most strategic to incorporate Smart Start, prioritizing documents considered most likely to improve practice among health workers and strengthen their ability to serve married adolescent girls in a quality, relevant way. This included:

1. **Health Sector Transformation Plan (HSTP-II)**
   This is the key strategy document for health in Ethiopia. Thematic technical areas referenced in this document are prioritized throughout the system and receive additional attention and resources. Smart Start was incorporated as an innovative approach – a new initiative to be adopted and implemented as part of the HSTP.

2. **Reproductive Health Strategy**
   This strategy provides more detailed guidance for implementing the reproductive health priorities identified in the HSTP-II. Smart Start was also included as an innovative approach in this strategy.

3. **Adolescent and Youth Health Strategy**
   This is the strategic framework for tackling the full range of adolescent and youth health and development issues in Ethiopia. The strategy aims to improve the overall health status of adolescents and youth in Ethiopia and contributes towards the realization of their full potential in national development. Smart Start was also included as an innovative approach in this strategy.

4. **HEWs Integrated Refresher Training (IRT) Manual**
   This is the training rolled out to HEWs already in post, providing a critical opportunity to improve knowledge and competencies to thousands of already deployed health workers. Smart Start was incorporated within the first training unit, with half a day dedicated to training on the intervention.

5. **Health Extension Service Level III Curriculum (Pre-service Training)**
   This training provided by Health Science Colleges throughout the country targets individuals studying to become health workers, particularly HEWs. Smart Start was incorporated into this curriculum as well.

GOVERNMENT-LED EXPANSION

A second core part of A360's strategy for sustainable scale-up is support to government to scale to new sites across the project's priority geographies. That is done through a phased approach, scaling to new sites annually to reach the project's expected saturation. This approach looks different in each geographic context.

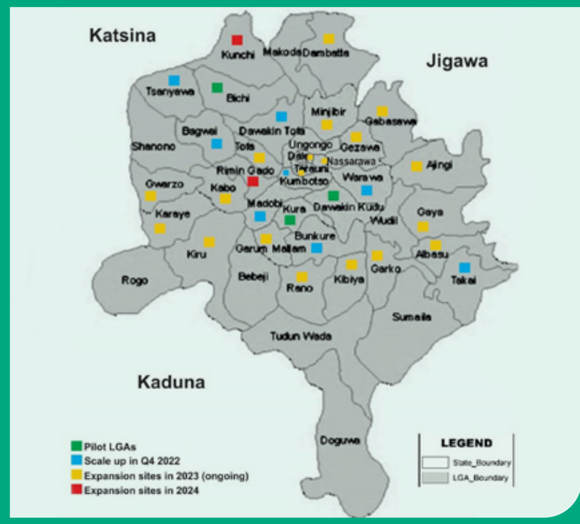
- In Ethiopia, government-led scale was kicked off by large scale training of 26,000 HEWs by the government through the IRT in 2020 and 2021. However, acknowledging that there was a need for further support to activate a health facility to implement Smart Start, A360, in partnership with the FMOH, created a plan for a phased scale, with TA from PSI applied to activate and strengthen a certain number of sites annually.

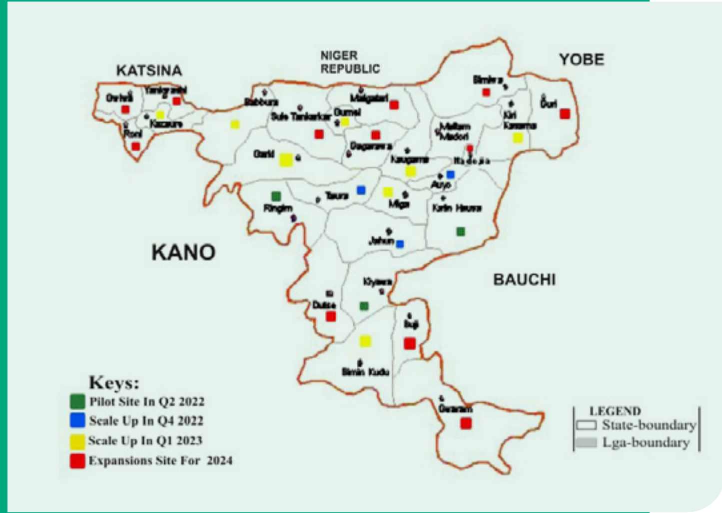
- Government-led scale in northern Nigeria, piloted in 2022 and officially launched in 2023, is focused on supporting state governments across A360's four implementation states (Kano, Jigawa, Kaduna, and Nasarawa) to spearhead the implementation of MMA in at least 70% of viable primary health centers (PHCs) within each state. Like Ethiopia, government is expanding MMA implementation to new sites annually in a phased approach, supported with critical TA from A360 / SFH (see callout box).

- In Kenya, unlike A360's other geographies, there is no direct expansion by government into new sites. Instead, there is a systematic and phased transition of sites where A360 is leading the implementation of Binti Shupavu through government systems over to government ownership and direct implementation.

STRATEGY CALLOUT
GOVERNMENT-LED SCALE OF MMA IN NORTHERN NIGERIA

Under the first investment phase, A360's priority states in northern Nigeria included Kaduna and Nasarawa. Moving into its second phase, Kano and Jigawa were also added as priority states. In each state, A360 undertook a process of mapping all PHCs in each LGA to determine the ones viable for scale. Non-viable health facilities included those, for example, without the necessary infrastructure or human resources to facilitate contraceptive service delivery. Then the project identified LGAs to be prioritized for scale-up each year of the expansion period, from 2022-2024. For example, of the 230 PHCs the project planned to scale to by the end of project in Nasarawa, the total number of sites gradually increased from 106 in 2022 to 185 in 2023 and finally to 230 in 2024.





HEALTH SYSTEMS STRENGTHENING / TECHNICAL ASSISTANCE

Achieving A360's sustainable scale-up goals necessitates stepping back from direct implementation and transitioning into a TA role. In practice, this means that wherever feasible, the project works to strengthen rather than supplement existing systems so that it does not create dependencies on external structures that will not continue beyond the investment timeframe. From 2022, A360 worked to solidify more formal TA frameworks across its geographies, adapting the WHO building blocks as an organizing structure and leaning on resources such as those from ExpandNet or the MOMENTUM Country and Global Leadership project. The objectives of these TA frameworks are to transfer capacity to government to implement A360's interventions with quality and fidelity. All A360's geographies have developed a TA framework and retain the same overarching structure, although the activities and objectives within each element differ based on health system needs. implementation.

Figure 8: Elements of A360's TA frameworks, adapted from the WHO health system building blocks

STRATEGY CALLOUT
TA FRAMEWORK FOR GOVERNMENT-LED IMPLEMENTATION IN KENYA

A360's TA framework in Kenya supports health systems strengthening primarily at the county level to strengthen the implementation of the government-led Binti Shupavu model. Illustrative activities from within the framework include:

COMPONENT	ILLUSTRATIVE ACTIVITIES	EXPECTED OUTCOMES
Service Delivery	• JSSVs • Quality of care evaluations • Monitoring of fidelity in implementation to original Binti Shupavu model • Meaningful engagement of adolescents and youth in implementation of government-led model	• Improvements in quality-of-care related indicators • Health facilities meeting service delivery quality standards • Implementation of Binti Shupavu by government with fidelity • Formation of local adolescent forums (LAFs), headed by facilities in charge which provide feedback mechanisms for users to inform service delivery approaches.
Health Workforce	• Training on client-led counseling and LARC service provision • On the job training and coaching	• Improvements in client experience of care • Providers demonstrating capacity in client-led / adolescent-responsive counseling approaches. • Availability of at least one provider trained to provide LARC methods in each government facility.
M&E Systems	• Quarterly sub-county data review meetings • Data quality audits • Training and supportive supervision on use of data for decision-making	• Improved data verification scores • Improved facility reporting rates

PILLAR 3
RESEARCH AND LEARNING

A360 is not a conventional investment in service delivery. The value of the investment in A360 is amplified and sustained when external stakeholders at all levels (global to local) can understand and apply A360's learning. This application depends on A360 effectively testing the real-world effectiveness of its innovative approaches, successfully capturing evidence and learning from this process, developing knowledge products, and disseminating them effectively.

Broadly, A360's research and learning agenda aims to:

1. Fill gaps in the evaluation of A360's first investment phase through research which can conclusively demonstrate the contribution of A360's intervention to attaining key SRH outcomes within the specific geographies where the project is implementing.

2. Draw learning from the process and evaluate the outcomes of A360's pursuit of sustainability through institutionalization and government-led scale.

3. Demonstrate the direct and incremental outcomes of layering additional holistic intervention components (primarily economic strengthening and MNCH) on top of A360's existing SRH interventions.

4. Contribute to filling gaps in the evidence base around what works for adolescent-focused programming, particularly around contraceptive continuation, agency, and holistic programming.

A360's research and learning agenda includes 8 broad thematic areas under which research questions are organized (Figure 9).

Figure 9: A360's global research and learning agenda thematic areas

Examples of the research questions covered within these thematic areas is included in the table below. Within this research and learning agenda, A360 is facilitating a significant number of formal research studies – ranging from effectiveness research to cohort studies to client exit interviews. The timeline for these research studies spans across the length of A360's project period (Figure 10). A full list of research questions and further details on the methodology and objectives of these research studies are included in A360's externally disseminated research and learning agenda.

	THEMATIC AREA	RESEARCH QUESTION EXAMPLES
1	**Effectiveness on SRH Outcomes**	• How effective are A360's interventions at supporting girls to use contraception in line with their fertility preferences? • How effective are A360's interventions in supporting girls to have improved self-efficacy in using contraception?
2	**Contraceptive Continuation**	• How effective is A360's package of intervention components at supporting girls to continue using contraception over time according to their preferences?
3	**Key Influencer Engagement**	• How effective are A360's influencer engagement strategies at increasing knowledge, attitudes, and acceptance of contraceptive use for adolescent girls among their key influencers in A360 geographies?
4	**Skills Acquisition & Economic Empowerment**	• How effective are A360's medium dose skills components at supporting girls to initiate behavioral change towards pursuing their goals? • How effective are A360's high dose economic empowerment components at improving key economic outcomes – earning money, saving money, purchasing assets – among participating girls?
5	**Effectiveness on MNCH Outcomes**	• How effective are A360's MNCH components at increasing demand for and uptake of ANC services among married adolescent girls? • How effective are A360's MNCH components at supporting increases in frequency and quality of PPFP service delivery?
6	**Institutionalization & Government-led Scale**	• What is the cost per new user of contraception for A360's interventions when implemented through government? • How effective is A360 technical assistance (TA) at supporting change in the public health system towards adolescent-responsive programming?
7	**Meaningful Adolescent and Youth Engagement**	• What are the perceptions of adolescent girls and youth towards the project's meaningful engagement of them?
8	**Client Experience and Quality of Care**	• What are clients' experiences of care and satisfaction with the contraceptive services that they receive through facilities implementing A360 interventions?

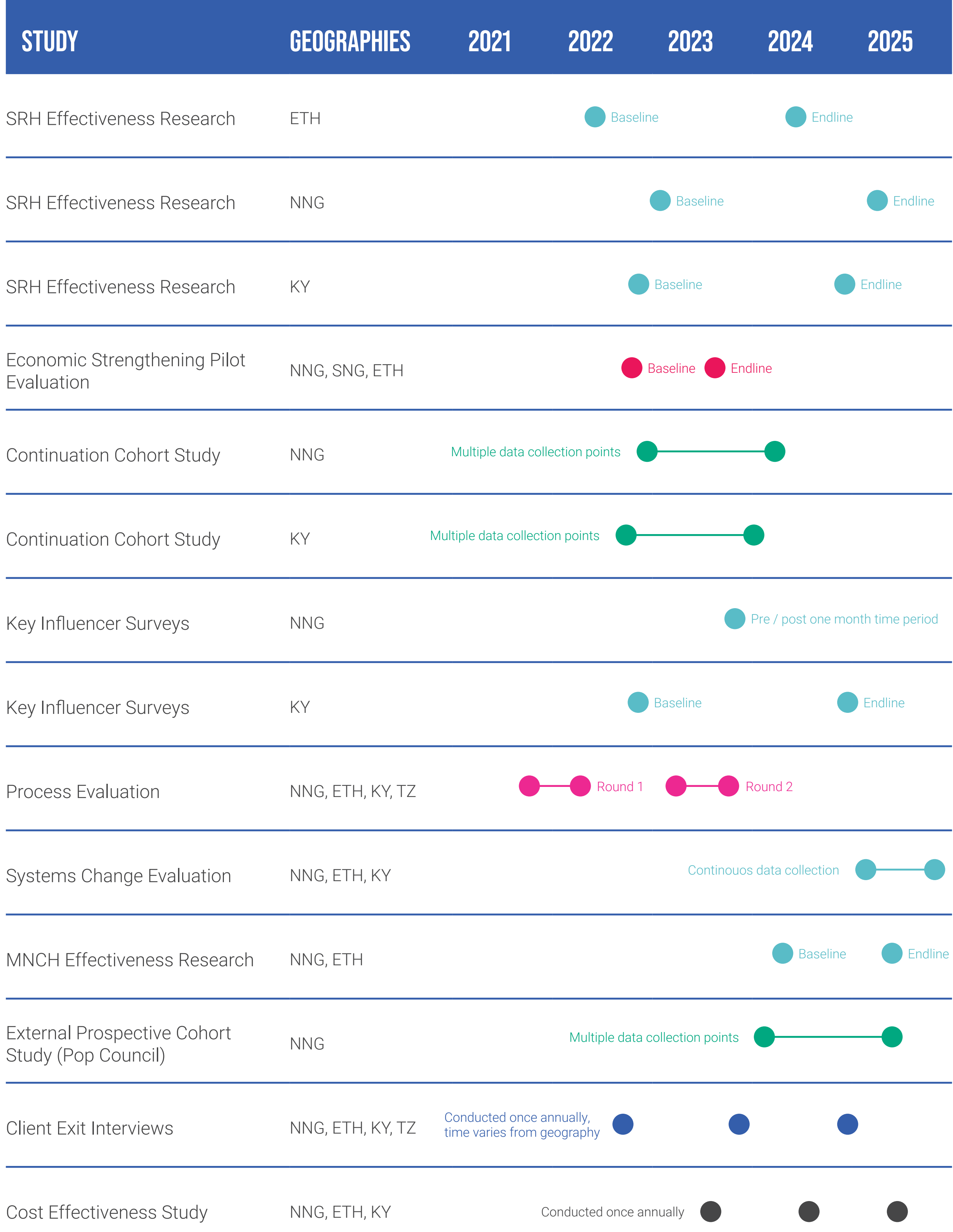


Figure 10: A360 research study timeline

CROSS-CUTTING STRATEGIES

A360's technical strategy focuses not just on what the project aims to do but also its ways of working – how it accomplishes these aims. In addition to gender-transformative approaches, these cross-cutting strategies include HCD and adaptive implementation to support continuous quality improvement, improved meaningful adolescent and youth engagement (MAYE), and enhanced quality of care (QoC).

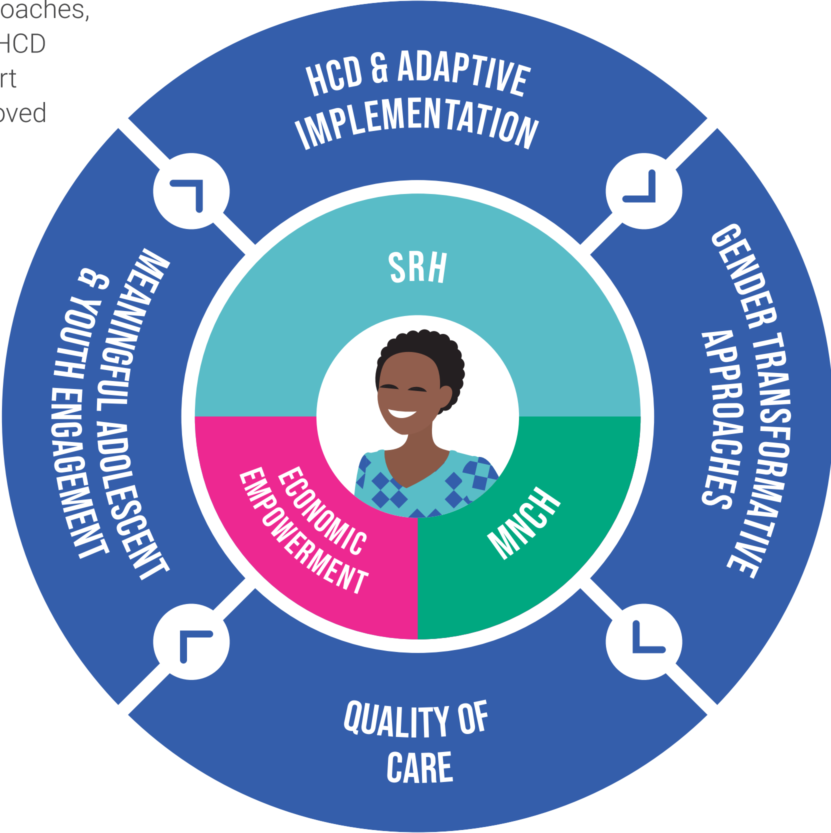


Figure 11: A360 cross-cutting strategies

GENDER-TRANSFORMATIVE APPROACHES

A360 is committed to actively seeking to transform the power dynamics and structures that reinforce gender inequalities. In its initial investment period, A360 devoted time and energy to understanding the social and gender norms which underpin girls' behaviors and experiences. This understanding helped A360 see that more needed to be done to address the root causes of discrimination that hold girls back. Moving into its second investment phase, A360 worked to:

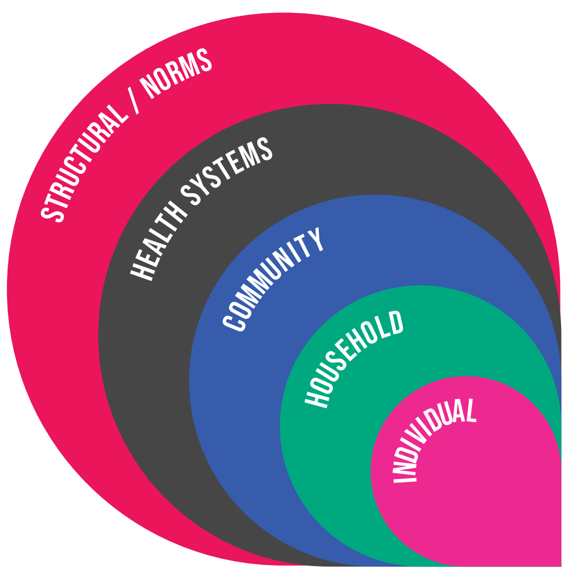
- Solidify a global gender strategy (Figure 12) with the main objective of supporting girls' agency – or their ability to define and act on their goals. This strategy was developed through a collaborative, feminist approach and is meant to support the project in applying practical approaches to be more gender transformative.
- Create and activate a TA mechanism within a high-quality and context-specific project. This involved the creation of a gender consultant network, with country-specific gender experts being hired to walk alongside country teams and provide TA, supervised by A360's global gender partner.

A360's gender strategy is organized through the socio-ecological model (SEM) framework. At each level of SEM, A360's geographies have modified the gender strategy's overarching framing with specific approaches that are responsive to their unique context, even though they converge around key goals that are responsive to the global strategy. For example:

- At the **individual level**, A360's interventions consider not just the provision of contraceptive services but also the opportunity for girls to learn critical skills to support their pursuit of more holistic goals. The intensity of these skills components varies across geography.
- At the **household level**, key influencer engagement components across geographies target different influencers depending on user demographics. However, they all converge around the goal of providing messaging that emphasizes girls' decision-making power, particularly in making choices about their contraceptive use.
- At the **community level**, the intensity of engagement, specific objectives, and engagement format vary across geographies. Nonetheless, all approaches aim to de-stigmatize contraceptive use among adolescent girls and promote girls' agency in using contraception.
- At the **systems and structural levels**, each geography's strategy is responsive to government structures and uses existing policy and procedure as an entry point. However, they all strive to advocate for gender-responsive SRH policies and capacitate health workers and other key stakeholders to provide adolescent- and gender-responsive service delivery.

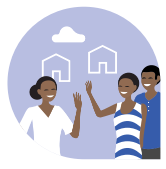
GENDER STRATEGY VISION

ADOLESCENT GIRLS CAN DEFINE AND ACT ON THEIR GOALS



STRUCTURAL / NORMS
Government prioritizes and implements gender-responsive SRH policies

HEALTH SYSTEMS
Public health systems deliver gender-responsive ASRH services



COMMUNITY
Communities provide a supportive enabling environment for girls' agency

HOUSEHOLD
Adolescent girls' choice, voice, and agency are supported by partners, parents, and family

INDIVIDUAL
Adolescent girls have the agency to define and act on their goals

Figure 12: A360 global gender strategy framework

MEANINGFUL ADOLESCENT AND YOUTH ENGAGEMENT (MAYE)

MAYE and youth-adult partnerships have been part of A360's core strategy since the project's inception. Youth have had a meaningful involvement throughout the project cycle as data sources, co-researchers, data collectors and analysts, and adaptation leads. Their contributions have been critical in developing the A360 models. Continuing to engage youth and adolescents remains a priority in this second investment phase. Youth Innovation Officers / Champions (YIOs / YICs), who are among A360's program staff and present across all A360 geographies, are the primary avenue for this youth capacity development. Within this second investment phase, A360's MAYE strategy includes priorities to:

- Mainstream MAYE by solidifying, resourcing, and implementing a global strategy.
- Strengthen accountability for MAYE by developing a MAYE monitoring framework.
- Develop an A360 MAYE governance structure, led by a youth-adult advisory board. This governance structure will work to ensure diverse perspectives are incorporated, from the grass-roots level (adolescent girls) to this governing body.
- Be more intentional and comprehensive about the capacity development of YIOs / YICs.
- Improve youth-adult partnerships through a mentorship program.
- Ensure representative YIOs/YICs are A360's target populations.
- Strengthen cross-country networking and learning between YIOs / YICs.
- Go beyond measuring whether MAYE has occurred by documenting the impact MAYE has on program effectiveness.

Figure 13: A360 MAYE strategy priorities

HCD & ADAPTIVE IMPLEMENTATION

HCD has been a key ingredient across A360's investment phases and has been used with other approaches to strengthen the project's ability to understand and respond to girls' desires, needs, and experiences. A360 employs HCD for specific design challenges – including in its formative research phase and for subsequent program adaptations. In A360 the use of HCD has shaped the project's culture and skillset, prompting the project to be user-centered, iterative, and collaborative. Within A360's second investment phase, HCD was employed to design economic strengthening adaptations for Smart Start, MMA, and 9ja Girls as well as MNCH adaptations to MMA and Smart Start.

Moving into implementation, this foundation in HCD is what has allowed the project to seamlessly transition into using an adaptive implementation approach. Adaptive implementation continues to be critical to the project during this second investment phase. It is important to for finalizing adaptations to the core SRH programming for effectiveness and adapting them for fit within government systems to pursue sustainable scale-up. Adaptive implementation is part of adaptive management. Adaptive management comprises three components: adaptive governance, adaptive programing, and adaptive delivery. Adaptive implementation encompasses adaptive programing and adaptive delivery (Figure 14). Adaptive implementation provides a framework for empowering multidisciplinary teams of stakeholders to systematically identify challenges and opportunities and make evidence-based adaptations to optimize interventions while maintaining fidelity to the essential tenants of the intervention's design.

Figure 14: Adaptive management, adapted from Christie and Green (2019)

QUALITY OF CARE

Client-centered, or people-centered, quality of care (QoC) is a key lens through which the project evaluates success. This is part of a belief that care should clearly reflect user needs, values, and choices and is an extension of A360's user-centered approach. Although A360's interventions from the outset were implemented through public health structures, with a more intensive focus on government-led implementation in this second investment phase, A360 undertook an exercise to develop a framework – intended to be utilized across PSI – to support the project in knowing how to support government to promote high quality of care (Figure 15).

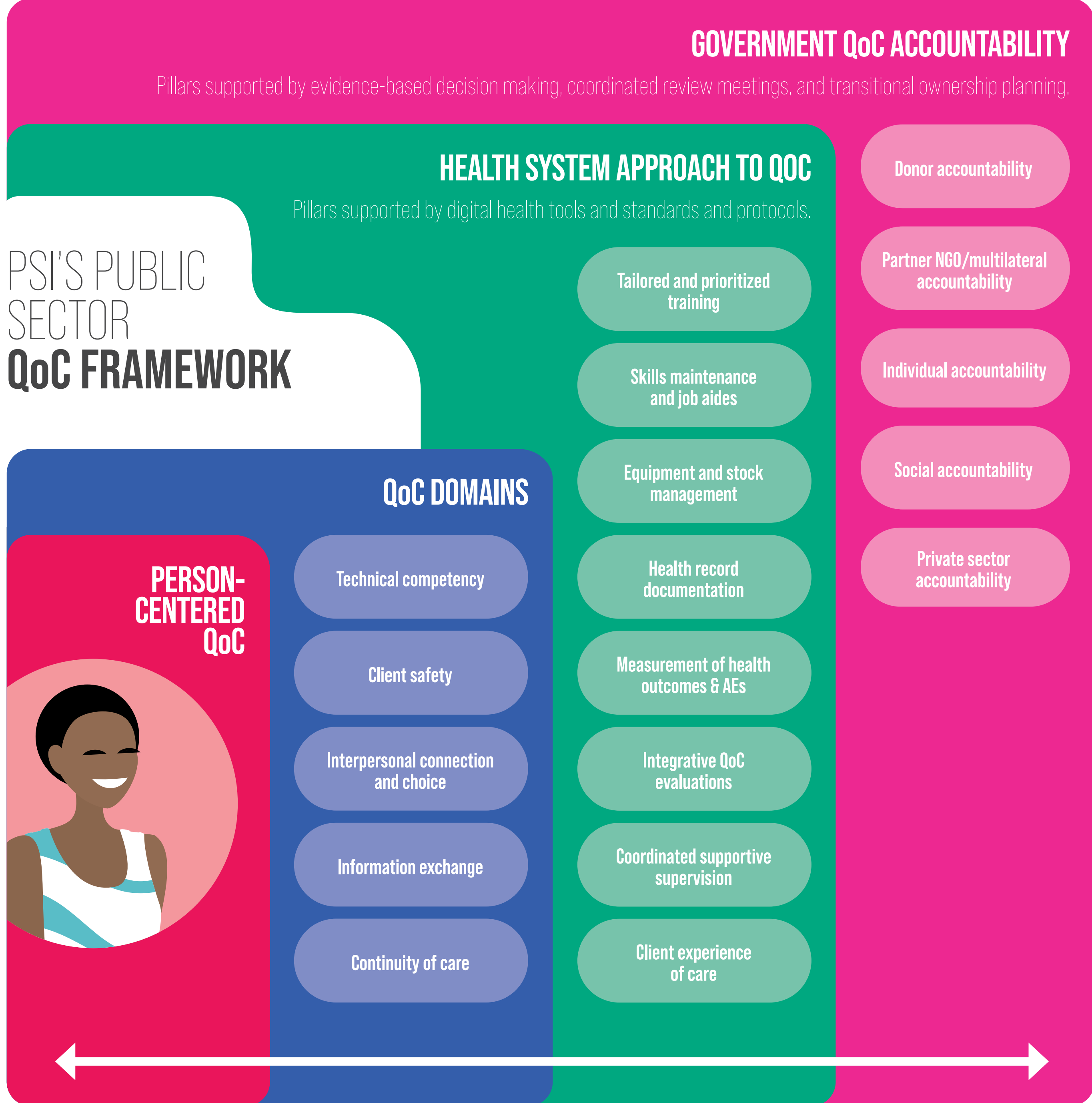


Figure 15: A360 / PSI public sector quality of care (QoC) framework

CONCLUSION

The strategy for A360's second investment phase is complex but reflects the project's commitment to delivering quality, responsive programming for adolescent girls. The external dissemination of this strategy indicates the project's desire to further collaborate with other stakeholders and strengthen our approaches. This strategy should not be static – it should be continually reinforced and adapted based on what is and is not working as we advance implementation. We welcome further collaboration on these efforts and provide key points of contact below for those who wish to give feedback or continue working with us across areas of our technical strategy.

PLEASE CONTACT

Meghan Cutherell
Sr. Technical Manager

Fifi Ogbondeminu
Global Project Director

helloA360@psi.org