



A360

GLOBAL TECHNICAL STRATEGY DESCRIPTION

OCTOBER 2020 – SEPTEMBER 2025

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INTRODUCTION

A360 is not a conventional investment in service delivery. The value of the investment in A360 will be 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.

In early 2021, following the award of A360's second investment phase, the project undertook a collaborative co-creation process to develop a research and learning agenda. This process aimed to understand both what evidence A360 needed internally to ensure project success and what information the project was poised to provide to the external community of practice that could fill gaps in existing evidence and practice. This process included evidence reviews, stakeholder consultations, and collaborative engagement with relevant learning networks. The result of this process was an initial set of research questions and proposed research methodologies.

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 A360 interventions' contribution 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.

This research and learning agenda is not static. The initial set of research questions and methodologies has evolved over the course of A360's second investment phase as the project continued its consultation with stakeholders and grew in its understanding of what evidence is needed to contribute to project success and fill gaps in the evidence base.



THEMATIC AREAS AND RESEARCH QUESTIONS

A360's research and learning agenda includes 8 key thematic areas (Figure 1). These thematic areas correspond to specific aspects of A360's overarching technical strategy, which can be referenced in further detail in A360's technical strategy brief.



THEME 1

EFFECTIVENESS ON SRH OUTCOMES

As part of A360's strategy pillar 1 (adaptation), the project aims to pursue improvements in its core SRH-focused interventions through adaptations to improve their effectiveness and impact. Under this thematic area, the project is assessing the effectiveness of these adaptations and A360's ability to achieve increased knowledge of and uptake of contraception among adolescent girls 15-19 years at a population level within the geographic sites where it is implementing.

THEME

RESEARCH QUESTION(S)

RESEARCH COMPONENTS

Effectiveness on knowledge, intentions, self-efficacy, decision-making, and contraceptive adoption.

How effective are A360's interventions at increasing adolescent girls' knowledge of contraception?

How effective are A360's interventions at supporting girls to understand the relevance of contraception to their life goals?

How effective are A360's interventions in supporting girls to have improved self-efficacy in accessing and using contraception?

How effective are A360's interventions at supporting girls to use contraception in line with their fertility preferences?

Effectiveness research: Quasi-experimental studies across project geographies inclusive of intervention and comparison groups (externally funded for Ethiopia, internally funded for northern Nigeria and Kenya).



THEME 2

CONTRACEPTIVE CONTINUATION

Contraceptive continuation is a core priority area under strategy pillar 1 (adaptation) under A360's second investment phase. This is based on learning from A360's first investment phase which pointed to the project's overemphasis on contraceptive uptake and less attention on contraceptive continuation over time. This thematic area will assess both the effectiveness of A360's efforts to strengthen support for longer-term contraceptive use but will also contribute understanding to the global community of practice (under strategy pillar 3) of adolescent girls' unique dynamics of contraceptive use which will be used to inform other program strategies.

THEME	RESEARCH QUESTION(S)	RESEARCH COMPONENTS
Effectiveness of A360 components to support contraceptive continuation while in need.	How effective is A360's package of intervention components at supporting girls to continue using contraception over time according to their preferences?	Continuation cohort studies: Mixed methods longitudinal tracking of cohorts of A360 program users. Kenya and northern Nigeria only. Effectiveness research (see Theme 1).
	What barriers and enablers influence contraceptive continuation among girls receiving continuation intervention components through A360?	
	How effective are A360's interventions at reducing discontinuation at 12-months among users in A360's implementation sites?	
Longitudinal patterns of contraceptive use among adolescent users.	What are the patterns of contraceptive need and use among adolescent girls?	Continuation cohort studies (see above).



THEME 3

KEY INFLUENCER ENGAGEMENT

Evidence shows that the enabling environment within girls' households and communities is a significant determinant of whether she adopts and continues modern contraceptive use. Under strategy pillar 1 (adaptation), strengthening A360's key influencer engagement components is a core part of its second investment phase. A360 will use lighter-touch research activities for this thematic area to understand the effectiveness of these program adaptations.

THEME

RESEARCH QUESTION(S)

RESEARCH COMPONENTS

Effectiveness of A360's interventions at supporting positive knowledge, attitudes and support among girls' key influencers for their contraceptive use and decision-making.

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?

Key influencer surveys: Quantitative pre/post surveys in northern Nigeria and qualitative research in Kenya.

How effective are A360's influencer engagement strategies at increasing the proportion of adolescent girls in A360 geographies who report perceived support from key influencers in making and acting on their contraceptive decisions?



THEME 4

EFFECTIVENESS OF SKILLS ACQUISITION & ECONOMIC EMPOWERMENT COMPONENTS

Learning from A360’s first investment phase highlighted the importance of pursuing more holistic programming. A360’s second investment phase includes under strategy pillar 1 (adaptation) efforts to strengthen its support to adolescent girls to define and act on their economic goals. This includes strengthening what the project already does through medium-dose components in Nigeria and Kenya and designing, piloting, and evaluating high-dose components in Nigeria and Ethiopia. This thematic area provides evidence on the effectiveness of these intervention components.

THEME	RESEARCH QUESTION(S)	RESEARCH COMPONENTS
Effectiveness of A360’s medium-dose skills / economic empowerment components: Life, Family, Health (LFH) in northern Nigeria and Binti Shupavu skills in Kenya.	How effective are these components at supporting girls to demonstrate improvements in core soft skills, including decision-making, communications, and negotiation?	Participant surveys: Quantitative pre/post surveys with LFH and Binti Shupavu skills session participants.
	How effective are these components at supporting girls to identify their economic / life goals and chart a pathway to achieving those goals?	
	How effective are these components at supporting girls to initiate behavior change towards pursuing their life goals?	
Effectiveness of A360’s high-dose economic empowerment components in Nigeria and Ethiopia.	How effective are A360’s economic empowerment components at improving key economic outcomes – earning money, saving money, purchasing assets – among participating girls?	Economic empowerment effectiveness research: Quasi-experimental nonequivalent comparison group design including quantitative surveys (before and after engaging with intervention components) and qualitative interviews and focus groups applied during the course of and after engaging with intervention components.
	How effective are A360’s economic empowerment components at supporting improvements in agency / autonomy?	
	What is the effect of layering economic empowerment components on top of A360’s core SRH interventions in terms of their effect on SRH outcomes?	

THEME 5

EFFECTIVENESS OF MNCH ADAPTATIONS

Motherhood remains a primary goal for many, if not all, of the married adolescent girls who are reached through A360’s programming. Some adolescent girls may experience an unintended pregnancy and have a need for critical MNCH-related care. With this understanding, A360’s second investment included a mandate to design and pilot (under strategy pillar 1, adaptation) complementary components to its core SRH interventions for married adolescent girls in northern Nigeria and Ethiopia who are pregnant or at-risk-of pregnancy. This thematic area will assess the effectiveness of these intervention components at achieving key MNCH-related outcomes and closing the continuum of care through support for child spacing in the post-partum period.

THEME	RESEARCH QUESTION(S)	RESEARCH COMPONENTS
Effectiveness of A360’s integrated MNCH components at supporting girls to pursue healthy pregnancies.	What are the barriers and facilitators of the uptake of ANC services among married adolescent girls?	Human-centered design (HCD) research: Qualitative design methods including KIIs, FGDs, storytelling, vox props, card sorting, etc.
	How effective are A360’s MNCH components at increasing comprehensive knowledge of what care is required to attain healthy pregnancies?	MNCH effectiveness research: Implementation-effectiveness hybrid design consisting of an outcome evaluation and implementation science component. Outcome evaluation includes quantitative survey using a longitudinal approach with two study arms – an intervention and comparison arm. Implementation science component includes qualitative methods guided by the Qualitative Impact Protocol (QuIP).
	How effective are A360’s MNCH components at increasing married girls’ knowledge, self-efficacy and intention to attend ANC?	
Effectiveness of A360’s integrated MNCH components at supporting post-partum care including family planning (PPFP).	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 girls to see the relevance / importance of post-partum care including birth spacing and family planning?	
	How effective are A360’s MNCH components at supporting increases in frequency and quality of PPFP service delivery?	

THEME 6

FEASIBILITY AND EFFECTIVENESS OF INSTITUTIONALIZATION AND GOVERNMENT-LED SCALE

Within A360's second strategy pillar, the project is pursuing institutionalization of its core SRH interventions into government health systems through the application of technical assistance (TA) to support the government to scale these interventions to new sites. Within this thematic area, the project is generating evidence on the process and outcomes of the pursuit of sustainable scale-up.

THEME	RESEARCH QUESTION(S)	RESEARCH COMPONENTS
Barriers and enablers in the process of institutionalization and government-led scale.	What adaptations are needed to A360's SRH interventions to increase the feasibility of their institutionalization within government health systems?	Human-centered design (HCD) research: Qualitative design methods including KIIs, FGDs, storytelling, vox props, card sorting, etc.
	What changes to A360's ways of working are needed to optimize institutionalization within government health systems?	
	What changes occur to the components of the core A360 user journey and girls' experience with the interventions when institutionalizing and scaling through government?	Process Evaluation blending mixed-method approaches such as qualitative research, review of aggregate HMIS data and adaptive implementation.
	What strategies are successful at creating government ownership of and sustained implementation of A360's interventions? What strategies are unsuccessful?	
	What are public sector actors' experiences implementing A360 interventions within government health systems?	

THEME

RESEARCH QUESTION(S)

RESEARCH COMPONENTS

Cost analysis of A360 interventions as they are institutionalized and scaled

What is the cost per new user of contraception for A360's interventions when implemented through government?

Cost analysis survey: Includes collection of both program-generated costs as well as site-level implementation costs from government

What changes are seen in the cost per new user of contraception for A360's interventions as government scales to new geographies?

Success of A360's sustainable scale-up process in prompting systems change towards adolescent-responsive programming.

How effective is A360 technical assistance (TA) at supporting change in the public health system towards adolescent-responsive programming? Specific systems change outcomes include:

Systems change evaluation: Methodology still under discussion.

- Prioritization and resourcing for ASRH programming
- Health worker capacity to deliver quality, adolescent-responsive services.
- Increased utilization of ASRH services across implementation geographies

Has A360 been able to incorporate its interventions into government policy and practice to promote sustainability?



THEME 7

MEANINGFUL ADOLESCENT AND YOUTH ENGAGEMENT (MAYE)

A360's technical strategy focuses not just on what the project aims to do but also the project's ways of working – how it accomplishes these aims. MAYE and youth-adult partnerships have been a core part of A360's strategy since the project's inception. As A360 moved into this second investment phase, this thematic area of the research agenda supports the project in understanding how adolescents and youth perceive this engagement.

THEME

RESEARCH QUESTION(S)

RESEARCH COMPONENTS

Effectiveness of MAYE efforts at meaningfully engaging youth and adolescents in A360 programming.

What are the perceptions of adolescent girls and youth towards the project's meaningful engagement of them?

What adaptations have been made to the way that A360 approaches MAYE?

How are adolescent girls and youth meaningfully engaged in the course of A360's programming?

How and in what ways has MAYE contributed to the effectiveness of A360 interventions?

Process evaluation: Blending mixed-method approaches such as qualitative research, review of aggregate HMIS data and adaptive implementation.



THEME 8

CLIENT EXPERIENCE AND QUALITY OF CARE

Client-centered, or people-centered, quality of care (QoC) is a key lens through which the project evaluates success. Approaches to strengthen public sector QoC are incorporated across all of A360's strategic pillars. This thematic area supports the project to understand how well it is delivering a quality, user-centered experience to adolescent girls during contraceptive service delivery.

THEME

RESEARCH QUESTION(S)

RESEARCH COMPONENTS

Service quality and client experience of care for users accessing services through A360's interventions (both led by A360 and by government).

What are clients' experiences of care and satisfaction with the contraceptive services that they receive through facilities implementing A360 interventions?

Are health providers meeting desired service quality standards when offering services through A360 supported facilities?

What is the demographic and behavioral profile of users receiving services through A360 supported facilities? What are their patterns of prior contraceptive use?

(In some geographies) is there a difference between the client experience and quality of care provided in those sites where A360 is leading implementation compared to sites where government is leading implementation?

Client exit interviews (CEIs): Cross-sectional design consisting of a quantitative survey fielded as users exit service delivery points in facilities where services are offered using A360 intervention models.



RESEARCH COMPONENTS

The timeline for A360 research studies spans the length of A360’s second investment period (Table 1). Further detail on the methodologies and objectives of formal research studies (those which have been submitted for institutional review board (IRB) consideration and review) that are being conducted by A360 in this second investment phase are included in this section.

Table 1: Timeline for A360 research studies during its second investment phase

STUDY	GEOGRAPHIES	2021	2022	2023	2024	2025
SRH Effectiveness Research	ETH		● Baseline		● Endline	
SRH Effectiveness Research	NNG			● Baseline		● Endline
SRH Effectiveness Research	KY		● Baseline			● Endline
Economic Strengthening Pilot Evaluation	NNG, SNG, ETH			● Baseline ● Endline		
Continuation Cohort Study	NNG		Multiple data collection points ●————●			
Continuation Cohort Study	KY		Multiple data collection points ●————●			
Key Influencer Surveys	NNG				● Pre / post one month time period	
Key Influencer Surveys	KY		● Baseline			● Endline
Process Evaluation	NNG, ETH, KY, TZ		● Round 1 ● Round 1	● Round 2 ● Round 2		
Systems Change Evaluation	NNG, ETH, KY				Continuous data collection ●————●	
MNCH Effectiveness Research	NNG, ETH				● Baseline	● Endline
External Prospective Cohort Study (Pop Council)	NNG		Multiple data collection points ●————●			
Client Exit Interviews	NNG, ETH, KY, TZ		Conducted once annually, time varies from geography ●	●	●	
Cost Analysis Study	NNG, ETH, KY			Conducted once annually ●	●	●

Table 2: Study approaches and key objectives

METHODS	OBJECTIVES	GEOGRAPHIES				
		ETH	KE	N.NG	S.NG	TZ
SRH Effectiveness Research		ETH	KE	N.NG	S.NG	TZ
<ul style="list-style-type: none"> • Quasi-experimental design with two waves. • Cross-sectional, population-based data collection with intervention and control groups (except for Kenya). • Ethiopia research externally funded by ClIFF, Nigeria and Kenya internally funded through A360 grant. • Conducted through local research partners across all geographies. • Ethiopia research includes qualitative component conducted in pastoralist regions. 	<ul style="list-style-type: none"> • Assess whether implementation of A360 interventions lead to increases in use of modern contraception among adolescent girls in project implementation areas. • Assess A360 intervention impact on other key secondary outcomes – including knowledge of contraception, continued use of contraception, self-efficacy, and influencer support. • For Ethiopia, understand the social and normative context in pastoralist regions. 					
Continuation Cohort Studies		ETH	KE	N.NG	S.NG	TZ
<ul style="list-style-type: none"> • Prospective observational cohort study design. • Quantitative component which involves 5 data collection points with the same cohort of users (baseline on day of initiating contraceptive use and follow ups at around 3-, 6-, 9-, and 12-months' post method initiation). • In Nigeria includes qualitative component consisting of IDIs and cognitive interviews with users from the cohort. • Facilitated directly by A360, no research partners. 	<ul style="list-style-type: none"> • Assess dynamics of contraceptive use (incl (dis) continuation & switching) among users adopting a contraceptive method through A360-supported facilities. • Test client-centered methods for assessing continuation (including how use aligns with current preferences). • Understand the best ways to support adolescent girls to continue using contraceptives according to their preferences. 					
MNCH Effectiveness Research		ETH	KE	N.NG	S.NG	TZ
<ul style="list-style-type: none"> • Quantitative survey with longitudinal approach and two study arms (intervention and comparison) with three assessment timepoints – recruitment and two follow-ups (3-months and 8-weeks post-partum for pregnant AGYW). • Qualitative component involving FGDs and IDIs with AGYW, IDIs with husbands (NG only) and KIIs with providers & mobilizers) using Qualitative Impact Protocol (QuIP) approach. • Facilitated by A360 through local research partners in Nigeria (Viable Knowledge Masters) and Ethiopia (Deep Dive Consulting) 	<ul style="list-style-type: none"> • Determine the effectiveness of A360's MNCH intervention components at increasing comprehensive knowledge, self-efficacy, and influencer support to pursue healthy pregnancies (among pregnant married girls and non-users in 'preconception' phase) • Evaluate MNCH components' effectiveness at increasing knowledge of what care is required to attain healthy pregnancies. • Evaluate components' effectiveness at increasing self-efficacy to attend ANC. • Surface system-level barriers, facilitators, and opportunities for program improvement. 					

Economic Strengthening Pilot Evaluation

ETH KE N.NG S.NG TZ

- Quantitative survey with longitudinal approach and two study arms (intervention and comparison) with two assessment timepoints (baseline and endline 9 months apart).
- Qualitative interviews with adolescent girls in intervention group, program mentors (NG) and husbands (ETH) at a midline touchpoint and at endline.
- Facilitated by BRAC, USA through local research partners in Ethiopia (Deep Dive Consulting) and Nigeria (Viable Knowledge Masters).
- Assess the impact of A360's economic strengthening intervention components on attaining key economic outcomes, including improved economic autonomy.
- Assess impact on secondary outcomes around soft skills, social support, and self-efficacy.
- Assess the incremental impact of these components on SRH outcomes (comparison group consisted of girls participating in A360's SRH-only interventions).

Process Evaluation

ETH KE N.NG S.NG TZ

- Qualitative methods primarily (KIIs, FGDs, IDIs with A360 program staff, government stakeholders, adolescent girls, and health system stakeholders).
- Includes document review and secondary analysis of performance data.
- Facilitated by A360 through research partner, Itad.
- Assess what is working and what is not across various areas within the A360 portfolio, including institutionalization, MAYE, adaptation, gender-transformative programming, and others.
- Establish facilitators and barriers to institutionalization within government systems and lessons learned around MAYE.

Key Influencer Surveys

ETH KE N.NG S.NG TZ

- Methodologies differ across two geographies.
- In northern Nigeria, semi-structured quantitative survey administered to male partners and community leaders prior to engaging in MMA adapted key influencer component and one month after.
- In Kenya, qualitative IDIs and FGDs meant to understand attitudes of key influencers and community members towards contraceptive method use among adolescent girls, including any pervasive myths and misconceptions. Conducted at two time points (baseline and endline 18 months apart).
- Assess the outcomes generated by MMA's adapted key influencer component on knowledge of contraception, support for partners' use of contraception, and descriptive norms.
- Generate evidence to assess whether or not to scale-up the adapted MMA key influencer component.
- Understand Binti Shupavu's impact in shifting community-level receptivity to adolescent contraceptive use and address common myths and misconceptions through key influencer engagement components.

Client Exit Interviews

ETH KE N.NG S.NG TZ

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| <ul style="list-style-type: none"> • Cross-sectional design consisting of a quantitative survey fielded as users exit service delivery points in facilities where services are offered using A360 intervention models. • Results representative of A360 clients and providers and not of general population. | <ul style="list-style-type: none"> • Analyze demographic and behavior profile of A360 contraceptive users. • Examine experiences and satisfaction of girls accessing contraception through A360. • Explore patterns of prior contraceptive use among A360 users. |
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Systems Change Evaluation

ETH KE N.NG S.NG TZ

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| <ul style="list-style-type: none"> • Methodology currently under discussion but would utilize approaches specifically aimed to assess system change. (For example, outcome harvesting or QuIP). • Mixed methods approaches, potentially including secondary analysis of ASRH service data from government HMIS in addition to qualitative IDIs, KIIs, and FGDs. | <ul style="list-style-type: none"> • Determine effectiveness of A360's efforts to generate adolescent-responsive systems through institutionalization & govt-led scale of its SRH interventions. |
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Cost Analysis Study

ETH KE N.NG S.NG TZ

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| <ul style="list-style-type: none"> • Collection of both top-down and site level costs incurred to implement A360 interventions. • Top-down costs include those incurred by PSI and partners in the implementation of the grant. • Costs related to external learning (e.g. conference presentations, knowledge translation) isolated out and removed from calculations. • Site level data collection includes costs to government to implement the A360 model, collected at the site level in an Excel-based tool. • Costs are allocated proportionally across number of new users generated by A360 interventions. • Costs can be disaggregated based on cost type, site level, and other factors. | <ul style="list-style-type: none"> • Assess cost-effectiveness (through cost per new user) of A360's core SRH interventions as they are institutionalized and scaled through government. • Understand the key cost drivers of A360 interventions as they are transitioned over to and scaled through government. |
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CONCLUSION

As with A360's broader technical strategy, this research and learning agenda is not static. It will be strengthened and adapted moving into the final stages of this current investment phase. We welcome collaboration on these efforts, as well as any partnership to pool learning and align efforts to contribute to the evidence base. We have provided key points of contact below for feedback or partnership.

PLEASE CONTACT

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