TECHNICAL BRIEF

SUPPORTING CONTRACEPTIVE CONTINUATION AMONG ADOLESCENT GIRLS: A CASE STUDY FROM THE A360 PROJECT

DECEMBER 2024

A360

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INTRODUCTION

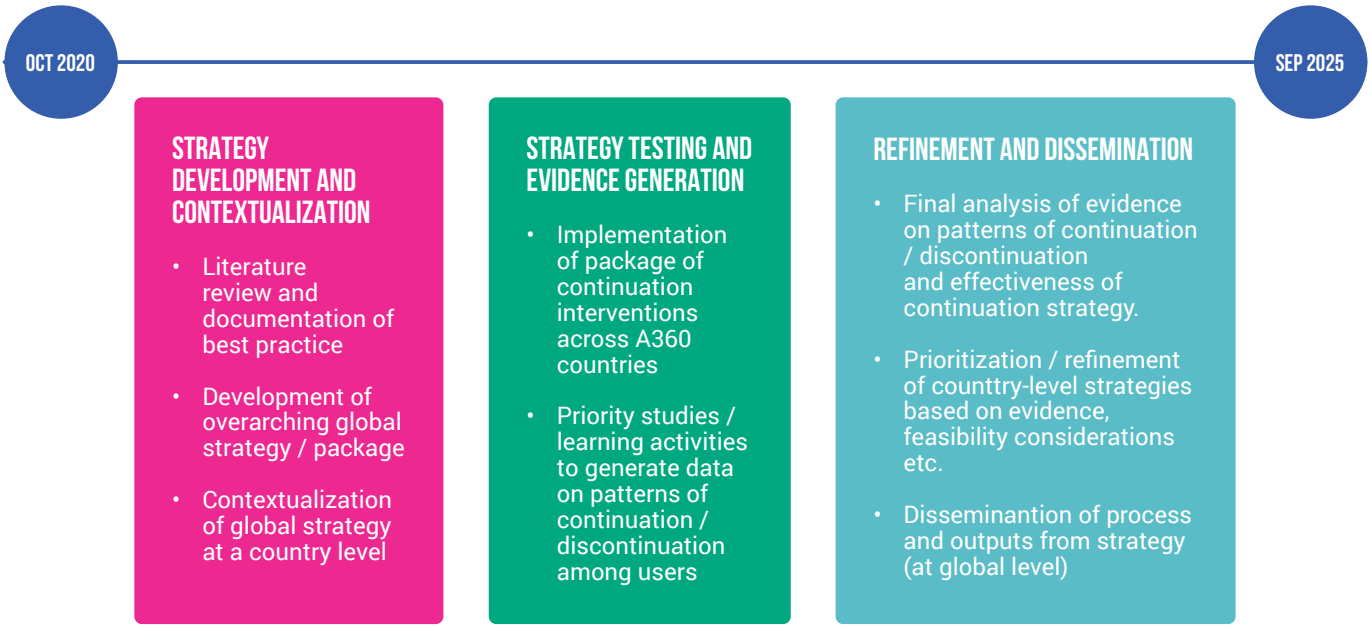
Continued contraceptive use among adolescent girls and young women (AGYW) helps to prevent unintended pregnancies and also reduces the unmet need among this age group. Evidence suggests that in many countries, AGYW have contraceptive discontinuation rates 25% higher than those for older women[1]. Method-related side effects are a leading cause of discontinuation among adolescents. Other drivers include changing reproductive needs (i.e. periods of abstinence), changing reproductive intentions (i.e. a desire to become pregnant), and a reluctance to seek contraceptives due to a negative experience with a healthcare provider, inconvenience, access, cost, and stigma[2]. Global evidence also shows that factors related to the quality of contraceptive counseling, accessibility, and community support may have a direct, or indirect, impact on continuation[3]. Policies that support high-quality counseling, active follow-up mechanisms, and access to the full complement of contraceptive methods have been suggested as best practices for sustaining contraceptive use among AGYW who wish to prevent, space, or delay pregnancies. Despite growing evidence on what works to support continuation, limited evidence is available to demonstrate how effective approaches can be institutionalized and scaled within existing health structures to promote sustainability.

Within A360's first investment phase (2016-2020), the project focused on the design and implementation of interventions aimed at supporting contraceptive uptake among adolescent girls aged 15-19. However, a key lesson from this first project phase was that a narrow focus on contraceptive uptake without additional consideration for how to support girls to continue contraceptive use in alignment with their preferences was hindering the project from achieving an impact. In A360's second investment phase (2020-2025), contraceptive continuation is a key adaptation targeted within the global project strategy. The project aimed to shape a clear, effective strategy to support continuation, informed by the evidence base and refined through implementation and testing.

This brief provides a description of the process and outputs of A360's strategy development, implementation, and refinement (Figure 1).

Figure 1: A360's process of developing and refining its continuation strategy

WHERE ARE WE NOW?



1 Blanc et al., "Patterns and Trends in Adolescents' Contraceptive Use and Discontinuation in Developing Countries and Comparisons With Adult Women."
2 World Health Organization (WHO): WHO recommendations on adolescent sexual and reproductive health and rights. Geneva, Switzerland: World Health Organization; 2018
3 https://doi.org/10.1371/journal.pone.0249177.g001

STRATEGY DEVELOPMENT & CONTEXTUALIZATION

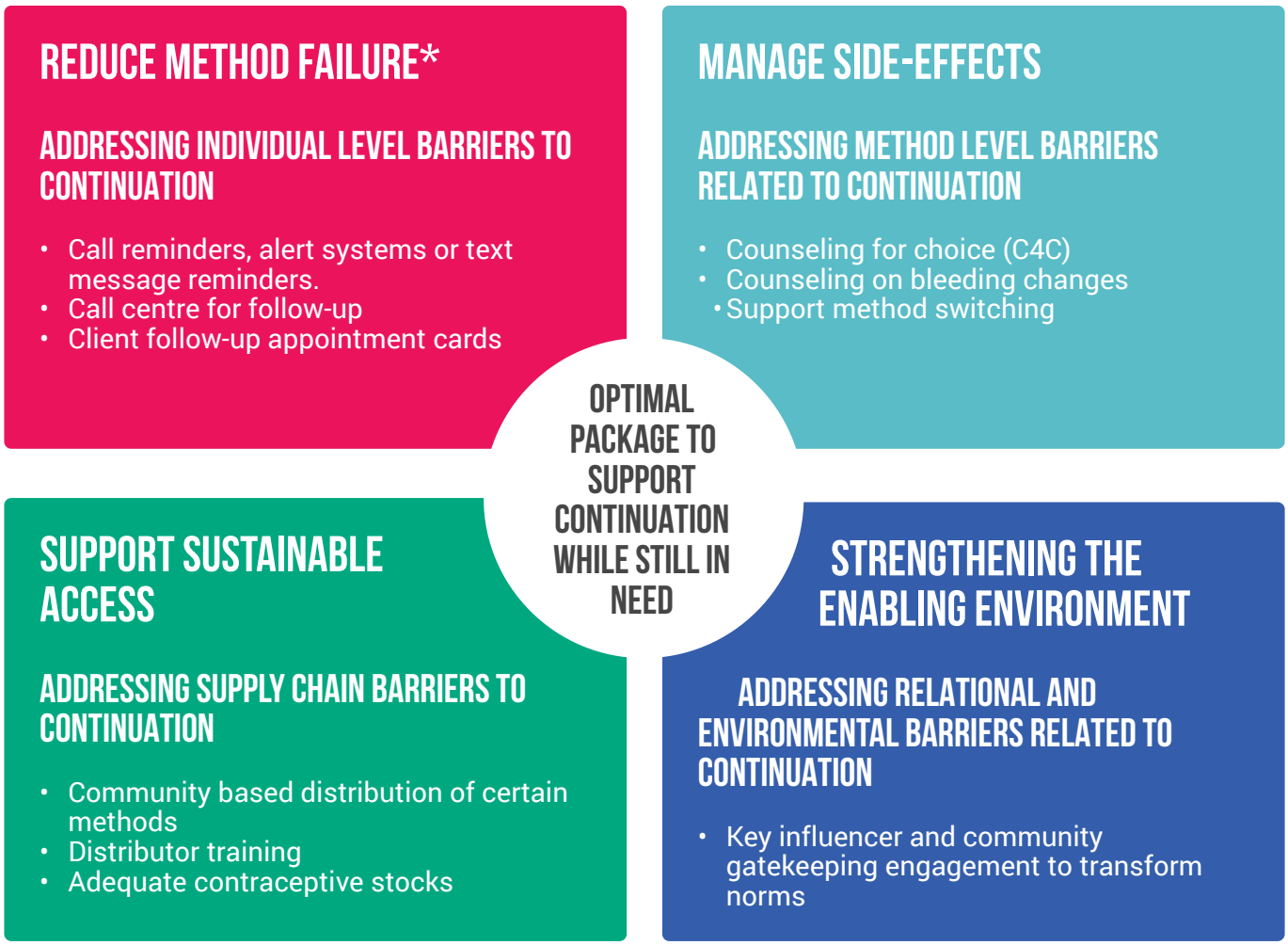
LITERATURE REVIEW AND DOCUMENTATION OF BEST PRACTICE

As an initial step in developing a robust continuation strategy, A360 initiated a rapid review of the evidence base to understand key factors driving contraceptive discontinuation and evidence-based strategies to address these primary drivers. This review revealed that the impact of specific initiatives on continuation, especially for adolescent populations, has received little research attention to date. The lack of global evidence on patterns of contraceptive use among adolescents presented an opportunity to explore what is driving the decisions that adolescent girls and couples make to continue or not continue using contraception, and to identify what initiatives, or combination thereof, are most effective in supporting continuation in these contexts.

DEVELOPMENT OF AN OVERARCHING GLOBAL STRATEGY PACKAGE

A key finding from this review was that there is no single strategy that works to address all the key drivers of discontinuation while in need. As a result, A360 developed an optimal package of continuation intervention components covering four thematic areas identified by the evidence base as the greatest drivers of discontinuation while in need (Figure 2):

Figure 2: A360's evidence-informed optimal package to support contraceptive continuation while in need



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

Reduce Method Failure: Defined as an individual becoming pregnant while on contraception, which can be due to the method failing 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.

Manage Side Effects: The most common reason cited for not using contraception despite wanting to avoid pregnancy is concerns about side effects. Concerns vary by contraceptive method but client-led counseling approaches such as PSI's Counseling for Choice can support girls to choose an appropriate method based on preference. This can also help them prepare for potential side effects and what they can do – including switching methods – if they are unhappy with the side effects of their chosen method.

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 of innovative approaches to community-based distribution, particularly for short-term methods.

Strengthen the Enabling Environment: Disapproval from girls' key influencers is one of the reasons given for premature discontinuation. In– particular, resistance comes from the husbands of married adolescent girls and the mothers of unmarried adolescent girls. A360's key influencer engagement strategies – detailed further in the next section – also support continuation.

CONTEXTUALIZATION OF STRATEGY TO COUNTRY LEVEL

A360 contextualized this framework within each of its implementation geographies (Ethiopia, Kenya, and Nigeria). The output of this process was a continuation package/component for each geography that addresses context-specific drivers of discontinuation (details on geography specific approaches in the next section below).

STRATEGY TESTING AND EVIDENCE GENERATION

THEMATIC AREA 1: REDUCE METHOD FAILURE

The first thematic area within A360's strategy addresses individual-level barriers to continuation. Most often, this includes inconsistent or incorrect use of contraception, such as failure to turn up at the right time for contraceptive refills. Strategies the project has used to address these individual-level barriers include call reminders, client follow-up appointment cards and strengthening provision of youth-friendly services.

Provider follow-up calls/call reminders

Nigeria

Component Description: Aiming to support consistency in method follow-up and avoid method failure, A360 Nigeria tested provider follow-up calls. This involved training providers in sites where implementation is led by A360[4] to conduct follow-up calls with girls who had taken up a short-term method and consented to be followed up with service reminders. A negligible pool of girls (around 10% of all clients) are able to provide a phone for these calls -. Consenting girls received three follow-up calls (one per month). The first and second follow-up calls post-method initiation allow providers to inquire about girls' experience of their chosen method and troubleshoot any concerns they may have. The third follow-up call is intended to remind girls of the need to return to the facility to refill their contraceptive method.[5]

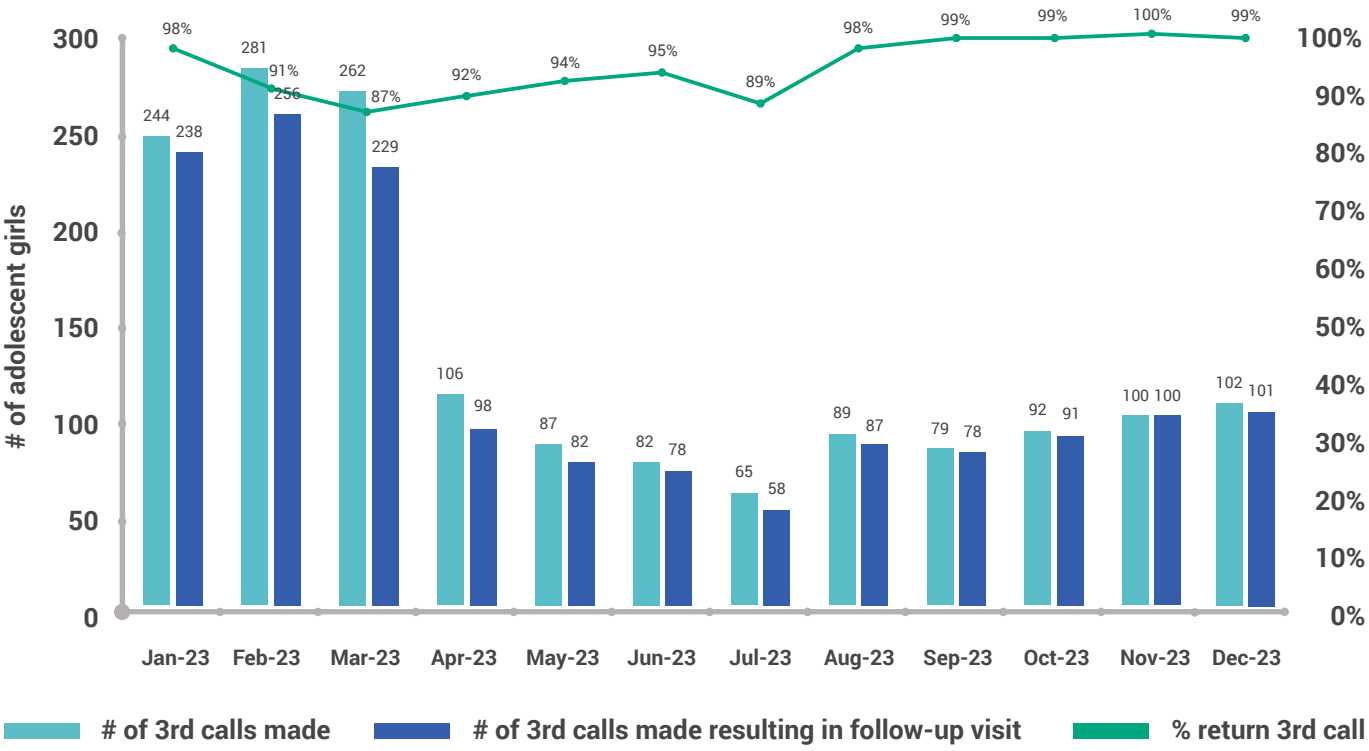
4 Under A360's current investment phase, most direct implementation has been transitioned to government with A360 providing technical assistance (TA) to the government to implement. A360 only retains direct implementation responsibility in a small number of sites for evaluation purposes. It was not feasible to test this strategy component in all sites, so this testing was isolated to A360-led implementation sites only.

5 These calls focus on girls who have taken up injectables and oral contraceptive pills, both of which require a return to the facility at one -month or three-month intervals for either a re-injection or resupply.

Quality Focal Persons (QFPs) were trained to provide supportive supervision specifically to make sure providers were well-equipped to offer the right information through these calls and properly documenting the process.

Implementation Data: Over the course of 2023, 1,589 third follow-up calls were made to girls, and 1,496 of those reached for a third call returned for a visit, a 94% return rate (Figure 3). There was a significant drop in the number of third follow-up calls made after the first quarter of the year, as most sites that implemented the call log were transitioned to government implementation (with A360 Technical Assistance), and this component could not be maintained as a result. However, in sites where the follow-up calls continued, the return rates to the facility remained high. See Figure 3. In A360-led sites, the project continues to support providers in making three follow-up calls to clients who can provide a phone number for contact.

Figure 3: Third calls conducted and return rates for A360



Learning: Despite the positive outcomes from provider follow-up calls, the testing illuminated key barriers to scaling and sustaining the approach:

1. Phone ownership rates among adolescent girls, especially in northern Nigeria, are very low. Provider calls only reached less than 10% of contraceptive adopters, and girls often relied on phones borrowed from someone such as their husbands, which compromised privacy/confidentiality.

2. In addition, transitioning this approach to the government faced resource constraints as follow-up calls require funding for airtime, a provision government funding cannot cover.

Client follow-up appointment cards

Nigeria

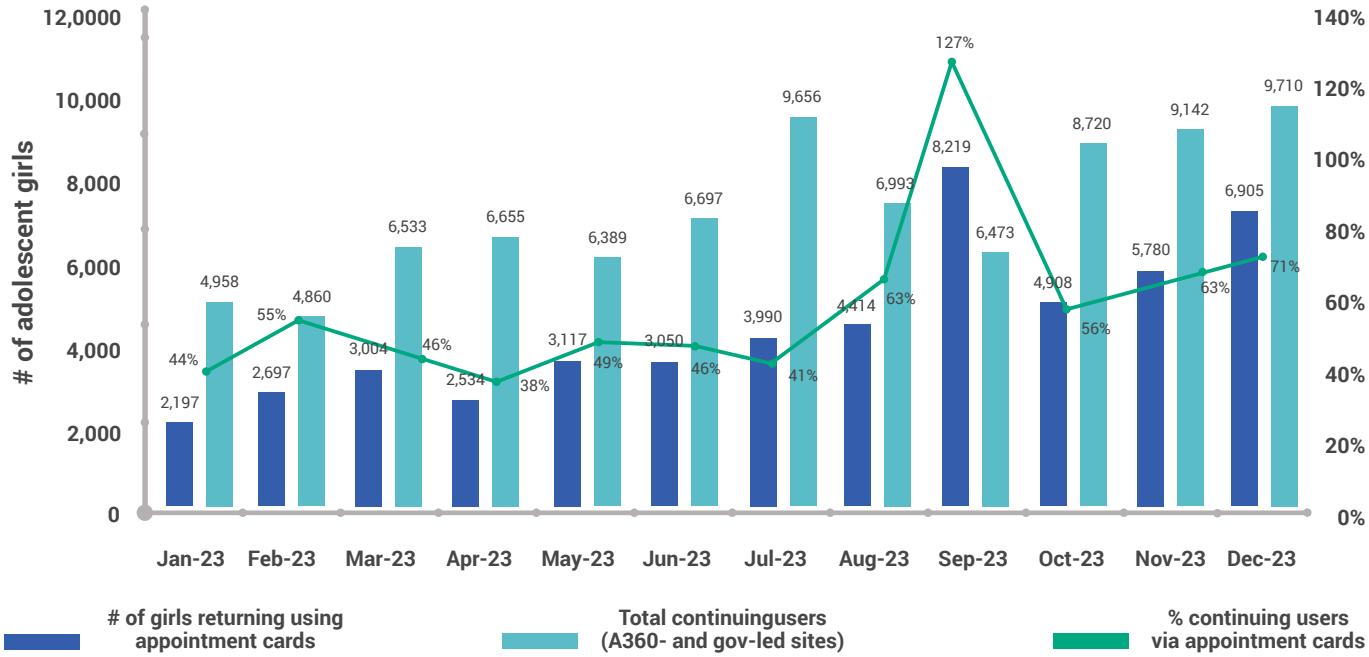
Component Description: In 2023, A360 Nigeria worked creatively with the government to determine the best way to sustainably ensure that girls are supported to return for services while in need. The resulting intervention focused on Client-Based Records Management (CBRM), a systematic and organized way 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. A good client records management system ensures that providers issue appointment reminder cards to the clients and can easily identify a missed follow-up visit. CBRM also supports the follow-up of services, particularly by facilitating coordinated communication between providers and clients, monitoring performance related specifically to continuation, empowering clients to stay engaged in their reproductive care, and detecting side effects early, - among others. It can be integrated into the Government Health Management Information System (HMIS).

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). This was designed to equip providers across all implementation states with on-the-job CBRM coaching. A360 is currently working with facility authorities to print follow up cards using the Basic Health Care Provision Fund (BHCPF).

Implementation Data: As a result of these efforts, the number of girls returning to the facility for contraceptive refills using appointment cards increased from 2,197 (44%) in January 2023 to 6,905 (71%) in the final month of the year (Figure 4). Based on facility data reviewed for January 2023 to February 2024, follow-up cards accounted for 57% of continuing users in the target age group.
Learning: The success of the appointment follow-up cards depends on how well the facility keeps client records and the readiness/ability of facilities to print the follow-up cards. A strengthened client records system ensures that the providers can identify missed visits very early and initiate prompt follow-up mechanisms within the communities.

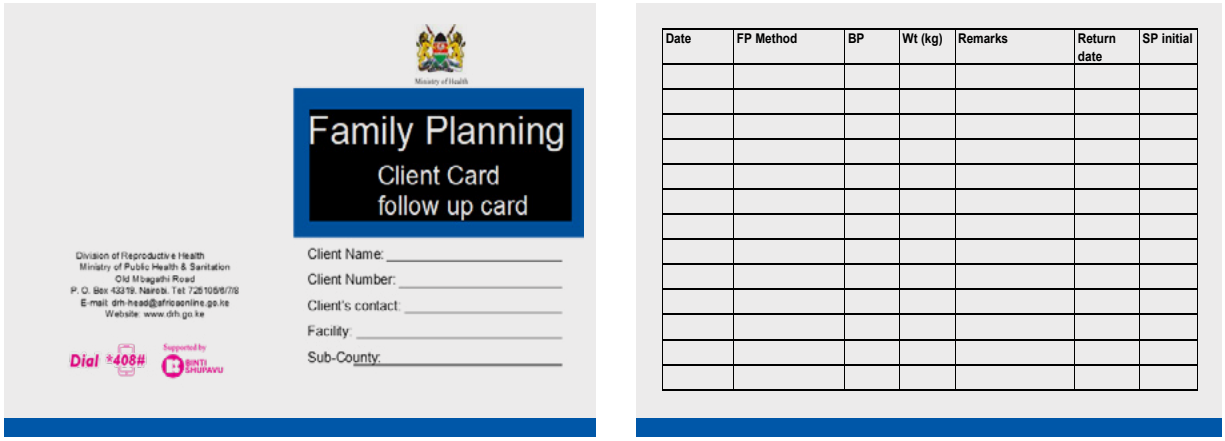
Figure 4: Appointment card monitoring data, A360 Nigeria, Jan-Dec 2023



Kenya

Component Description: In Kenya, A360 tested the provision of support to facilities in ing printing and revitalizing the use of 'to come again' (TCA) cards that can standardize and strengthen facilities' follow-up procedures for adolescent girls. The TCA cards (figure 5) are designed to remind girls about when to return for method refills. TCA cards are issued after providing the contraceptive method and are updated during follow-up visits to the health facility when the client returns for contraceptive continuation.
The initial visit and subsequent follow-up visits are documented in the family planning register. This is especially useful to unmarried girls and/or those without children, as those already with children have been provided with the mother's booklet.

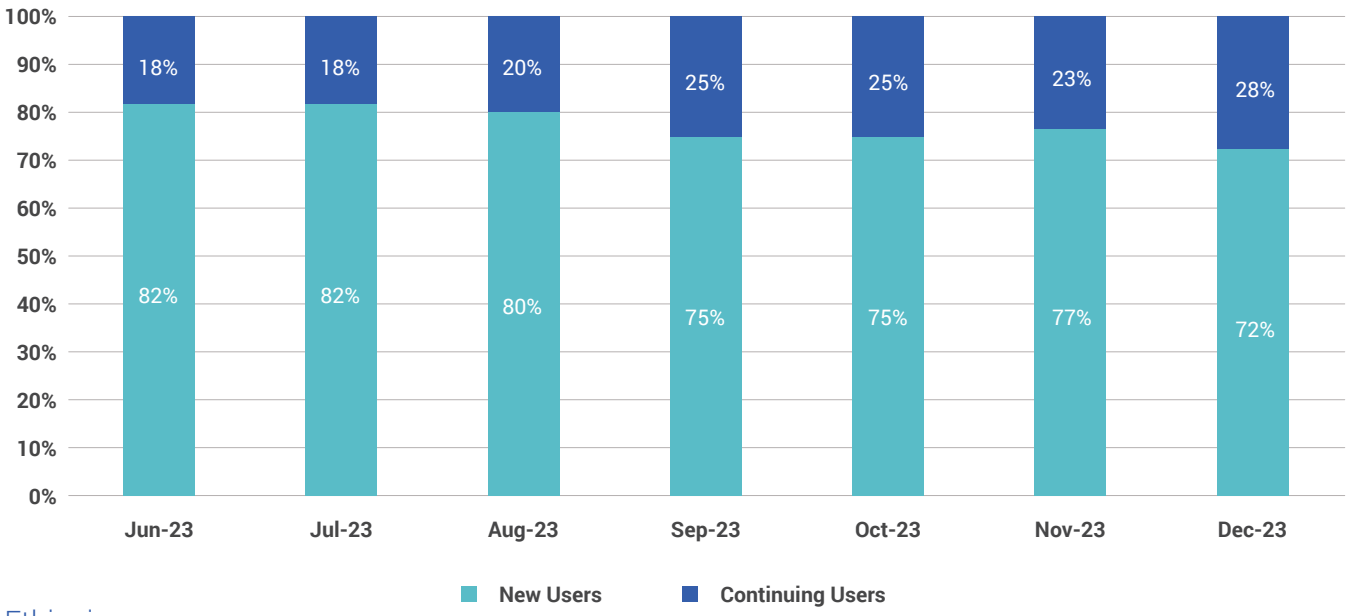
Figure 5: TCA card



Implementation Data: A360 monitored how introducing the TCA cards shifted the number of continuing users returning to the facility for method refill. In the six months following the TCA card introduction, the proportion of all users who were continuing vs. new users increased (from 18% to 28%), indicating that more girls are returning to the facility for method refill than before the initiative began (Figure 5).

Learning: This approach faces sustainability hurdles since use of TCA cards solely depends on A360 as government does not have the resources to print the cards. Additionally, the inclusion of resources within the government/health facility budget to support this approach has been resisted because of the controversies surrounding the use of contraceptives among adolescents.

Figure 6: Proportion of Binti Shupavu users by new vs. continuing, June-Dec 2023



Ethiopia

Component Description: A360 Ethiopia supports strengthening client records at the facilities through the Tickler Box system and use of provider follow-up cards to address individual-level l barriers to continuation. The Tickler Box system is a health facility-level filing/records system that enables the service provider to keep track of the client contraceptive use history, including when they are due for a follow-up or need a contraceptive refill. This system works hand in hand with the hard copy follow-up cards provided to clients as the cards are linked to the files in the Tickler system. Based on the Tickler Box system data, in the Tickler Box system, providers issue follow-up cards to clients to remind them when to return to the facility. If a client does not show up, the Tickler Box system allows the provider to identify missed follow-up visits through Women Development Army (WDA) members. A360 Ethiopia identified the strengthening of this system as a key strategy in supporting continuation.

Implementation Data: The initial step in this process was to assess the current functionality of the Tickler system. In a mapping exercise conducted in 2023, of the 68 mapped facilities ,52 (76.5%) had a functioning Tickler Box system, clearly indicating the government's commitment to moving this approach forward. Informed by this mapping exercise, the A360 Ethiopia team worked to strengthen the system by integrating the orientation of health workers on the Tickler system in Quality-of-Care visits and monitoring follow-up card stocks.

Strengthening the provision of youth-friendly services

Evidence shows that providing youth-friendly services supports the continuation of contraceptive use by addressing some significant barriers to access, including concerns about confidentiality and privacy, provider bias and, waiting times, and limited-service hours. Limited-service hours may mean that the youths cannot find the time to return to the facility to refill while waiting times, and lack of privacy and confidentiality might demotivate the youths from returning for the next round of their preferred contraceptive.

Kenya

Component Description: A360 Kenya supports implementing youth-friendly services in the facilities to ensure that they are responsive to the needs of the adolescents and offer a friendly environment to enable adolescents to return for services and refills. The government system supports the establishment of youth-friendly services in all facilities. This approach has been strengthened through the training/ mentoring of service providers in AYSRH service delivery and promoting specific days for adolescent-friendly FP services in health facilities to reduce waiting time. The AYSRH training involves VCAT to address provider biases and attitudes towards adolescents and service standards for delivering adolescent services.

Implementation Data: All 400 facilities implementing A360 in Kenya have been trained or sensitized about providing adolescent and youth-friendly friendly services. Due to the staff attrition experienced in HF across all A360-supported counties, there is continued skills gap identification and on-the-job mentorship support.

THEMATIC AREA 2: MANAGING SIDE-EFFECTS

Evidence shows that at the point of method initiation, one of the best ways to manage side effects is to ensure that contraceptive users are appropriately counseled on what to expect and what to do if they experience side effects. Therefore, to address method-level barriers related to continuation, countries opted to use the Counseling for Choice (C4C) model, counselling on bleeding changes and support to method switching to provide high-quality and client-led counseling. C4C entails the use of IEC materials including the 3Ws and NORMAL tool, choice books, MEC wheels, and other job aids to improve the providers' ability to explain contraceptive-related menstrual changes and enhance the communication of vital information to clients.

Nigeria

Component Description: The C4C approach has been adopted and mainstreamed by MMA implementing states in Nigeria and the C4C guide[6] including the GATHER page, NORMAL tool, and 3Ws of common methods have been translated into the local language (Hausa) and distributed to facilities to improve quality of contraceptive counseling. Efforts are made to ensure that service providers are trained in C4C to support its implementation in the different states.

Implementation Data: So far, 1,387 providers have been trained in C4C. In May 2023, A360 conducted an annual round of Client Exit Interviews (CEIs)[7], surveying 491 adolescent girls across all four project states in northern Nigeria. Among those who received a contraceptive service (excluding condoms only), 85.5% of the girls responded 'yes' to all four questions on the Method Information Index + (MII+). The latter is a four-item scale key measure of the quality of contraceptive counseling and a predictor of continuation while in need. The results were indicative of high-quality counseling through C4C.

6 C4C - PSI for more information on C4C
7 The CEIs objective is to evaluate married adolescent girls' (15-19 years) experiences of services and the quality of FP services delivered.

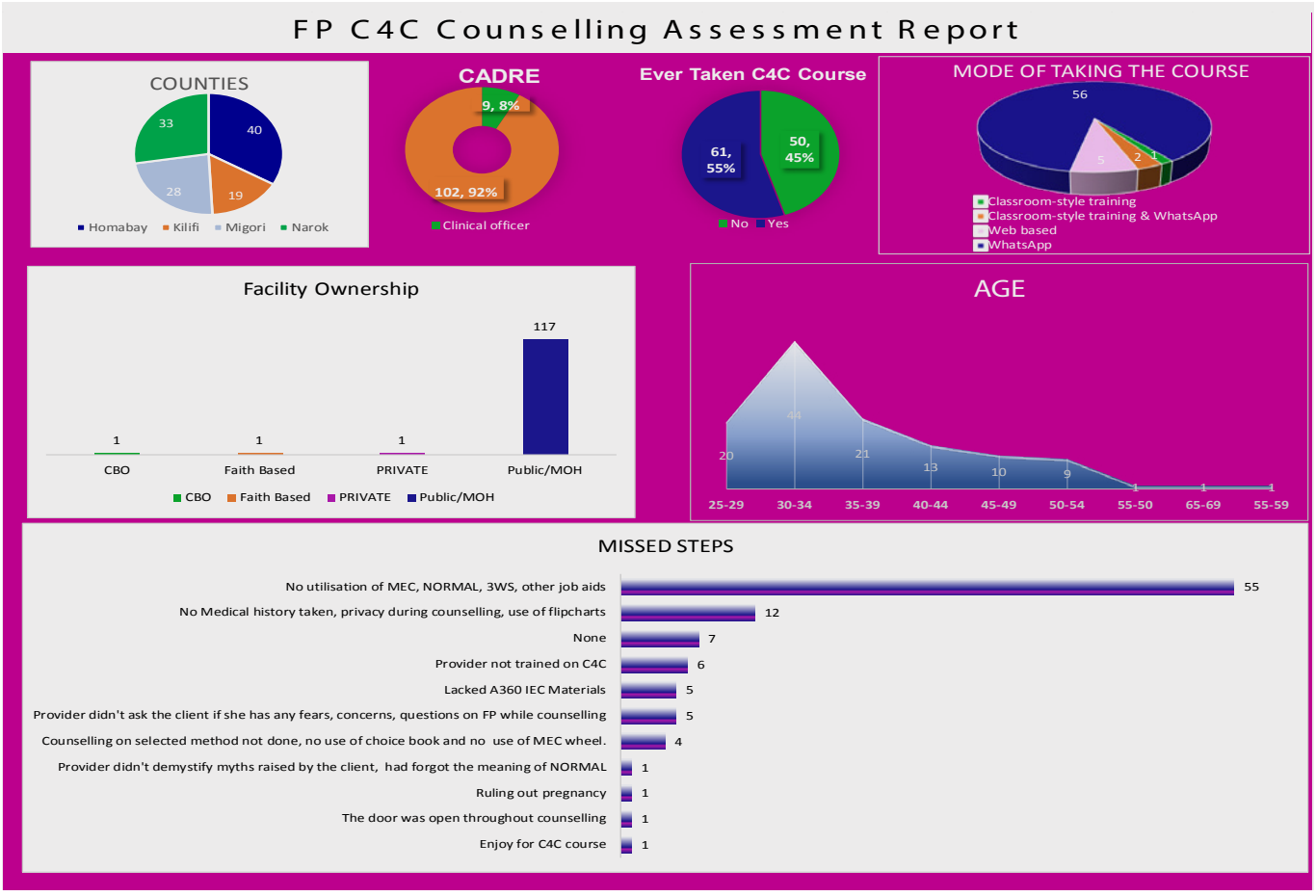
Learning: Overall, providers reported that they found the Hausa translated versions of the C4C tools user-friendly and helpful in facilitating counseling sessions. However, this approach has faced some challenges related to the transfer of trained staff. The rapid scale of MMA to new sites also hinders the monitoring of the fidelity of providers using the C4C approach across a larger number of sites. Nonetheless, the approach has proved effective and scalable within the government system. Corrective steps to address identified gaps include conducting Training of Trainers on C4C for Master Trainers to ensure new providers are upskilled on the C4C strategy and conducting JSSVs that prioritize onsite coaching for providers. In addition, there are plans to leverage WhatsApp to train and mentor providers on ASRH and build out an e-learning initiative for providers on WhatsApp with an initial focus on C4C.

Kenya

Component Description: A360 Kenya has worked to roll out C4C in health facilities, implementing Binti Shupavu, supporting use of the NORMAL tool and method switching. A360 conducts training on C4C and provides JSS on the use of the NORMAL, 3WS, MEC wheel and other tools to the providers. To make C4C training more accessible and efficient to deliver at scale, PSK developed WhatsApp-based and online training platforms to deliver C4C training modules.

Implementation Data: As of December 2023, 1,846 providers had passed the C4C course, with 1,157 using the WhatsApp platform and 689 from the web-based platform. Service provider C4C assessments have been conducted to understand their competencies post-training. In December 2023, just over 80 providers – 57% of whom had taken the C4C course and 43% had not - were assessed. Around 15 of the 80 providers assessed missed some steps in the utilization of different counseling tools – including the medical eligibility criteria (MEC) wheel, the NORMAL tool for managing bleeding changes, the 3 W's or other job aids. A360 worked with providers who missed steps to come up with a mentorship plan and on-the-job coaching as well as additional orientation on the use of these job aids as necessary. Figure 7 below shows a snapshot of the report for the assessment conducted in early 2024.

Figure 7: C4C assessment report, early 2024



Learning: Although the WhatsApp-based training platform proved easy for providers to access and utilize, more work needs to be done to help this training be sustained by the government. A360 Kenya is exploring options for incorporating the content into the MOH's training dashboard as a component of national provider training as well as integration of C4C into the national AYSRH curriculum. To ensure quality, efforts will be made to integrate C4C assessment tools with the JSSV tools so that the county RH coordinators are able to monitor C4C implementation beyond A360.

Ethiopia

Component Description: In Ethiopia, the team has also been working to strengthen quality of counseling by applying client-led counseling approaches. The first step in this process was to generate evidence showing that C4C results in improved counseling outcomes in the Ethiopian context. Generating this evidence is critical in advocacy for the MOH to take up these approaches to complement/strengthen the current standard counseling methodology (which uses the REDI – rapport building, exploring, decision-making and implementing decision counseling – approach). While REDI is primarily provider-facing and is an effectiveness-first approach, with methods categorized for clients first by their effectiveness as opposed to other characteristics, which may be of greater importance to clients (such as privacy or bleeding changes), C4C proactively addresses anticipated side effects to support continuation.

Implementation Data: Through the Global Affairs Canada-funded Owning Their Futures project, PSI Ethiopia piloted C4C in 2 regions, SNNP and Oromia, starting in October 2021. Data from this pilot indicated that:

- Long-acting method uptake was higher in C4C sites compared with non-C4C sites – 66% of girls were taking up short-acting methods in intervention sites before C4C was piloted, and 82% adopted a LARC in intervention sites after C4C was implemented compared to 42% in control sites.

- Through observation of provider counseling skills, quality assurance teams validated improvement in method counseling skills and observed that C4C-trained providers were more likely to provide counseling that focused on girls' needs and addressed their questions so that they could make an informed choice.

In September 2023, a joint external quality of care evaluation (conducted by PSI and the Ministry of Health (MOH)) also demonstrated that FP counseling by Health Extension Workers (HEWs) using the C4C approach and the C4C counseling tools (Choice Book) was consistently better quality, client-centered and client-led. By comparison, counseling done by HEWs who had not been trained in C4C was limited in scope, provider-led, and had little client involvement. C4C tools support HEWs to counsel clients in a way that is responsive to their expressed needs.

Learning: This is an approach that HEWs can manage and can lead to improvements in LARC uptake, which is known to have lower discontinuation rates, thus supporting adolescents' ability to avoid unplanned pregnancies.

Generally, C4C has proven effective in improving counseling outcomes across all A360 geographies. However, its sustainability depends on how well it is integrated within the existing government counseling and quality of care frameworks.

THEMATIC AREA 3: SUPPORT SUSTAINABLE ACCESS

Shortage of commodities continues to be a challenge to contraceptive access among adolescents in all the A360 countries, one which requires continued efforts to address supply chain-related barriers linked to continuation.

Nigeria

Component Description: In Nigeria, the project team has employed several strategies including strengthening commodity forecasting, management, and reporting; supporting commodity re-distribution; and using Community Based Distribution Agents (Big Sistas). Big Sistas are experienced, knowledgeable

peer mobilizers who are also satisfied subcutaneous depot medroxyprogesterone acetate (DMPA-SC) self-injection users based in the community and relate to the experience of choosing a contraceptive method. They are tasked with training, referring, supplying, and supporting other adolescents interested in DMPA-SC self-injection through one-on-one counseling. Medically trained Big Sistas can initiate adolescent girls on DMPA-SC or train them to self-inject, while not medically trained, Big Sistas refer girls to a provider for their first injection. Big Sistas acts as a trusted and direct channel for clients to access DMPA-SC and self-injection outside of the facility setting while creating linkages between facilities, providers, and clients through community awareness and community-based distribution of SRH commodities. To reduce stock-outs, A360 Nigeria supports contraceptive commodity re-distribution in real time at the LGA level, and this has helped move stocks to locations they are required the most. A360 aided government in modifying FP/RH coordinators' Terms of References at the LGA and state levels to include responsibility for transferring FP commodities from low-client volume facilities to facilities with high-client volume. A360 Nigeria has backed improvement in commodity forecasting, management, and reporting by building the capacity of providers and LGA and State FP focal persons on commodity management and forecasting and participating in TWG meetings on funding and the procurement of commodities at the national and sub-national levels.

Implementation Data: As of March 2024, the project had trained and deployed 20 Big Sistas in Nasarawa and Kaduna states, and 2,335 adolescent girls had been taught to self-inject DMPA-SC. Data on commodity stock-out at MMA implementation facilities still shows high rates of depletion for some methods – with implants most likely out of stock (on average 40-60% of facilities per month), followed by injectables (30-50% of facilities per month), and IUDs (20-40% of facilities per month). Injectable stock-outs are particularly concerning given this is the most popular method for uptake among adolescents (at around 55% of the method mix).

Learning: While innovative, the Big Sistas model has been affected by commodity shortages and is limited in its scalability, relying on satisfied users' interest in being engaged and community acceptance of community-based provision of contraception through peer mobilizers. Most importantly, it also hinges on whether self-injectable DMPA-SC has been scaled to communities, an initiative that the MOH, with PSI support, is working to expand. Gaps in commodity stock still exist, and A360 Nigeria continues to work with the state governments to strengthen coordination mechanisms for redistribution across facilities and prioritize commodity management and reporting as a key focus of JSSVs.

Kenya

Component Description: To address supply chain-related barriers, the project team in Kenya provides TA support to facilities on commodity forecast, management, and reporting through training. The inaccuracy of commodity-related data reported on KHIS has been a major challenge due to its effects on forecasting and redistribution. Therefore, data accuracy and reporting are emphasized as part of the TA by strengthening data quality audits and supporting Commodity Management Technical Working Groups. To ensure sustainability, County RH coordinators and pharmacists are mentored and trained to monitor stock using the existing FCDRR (Facility Consumption Data Report and Request) tools and Bin cards[8].

Implementation Data: Although stockouts remain an issue for some facilities, A360 Kenya has seen a reduction in facility stock-outs. Implant stock-outs have dropped from around 20% of Binti Shupavu implementation facilities in 2022 to 5% in the first half of 2024. Likewise, injectable stock-outs fell from around 20% of Binti Shupavu facilities in 2022 to less than 10% in the first half of 2024. IUD stock-outs remain a critical issue – having held fast at around 35% of implementation facilities from 2022 until 2024.

Learning: Various factors affecting IUD stockouts remain difficult for the project to address. Although implants and injectables are the most popular methods for uptake among adolescents (at 40% and 50% of method uptake respectively), it is still critical to address IUD stock-outs to ensure a full basket of contraceptive methods is available to adolescent clients.

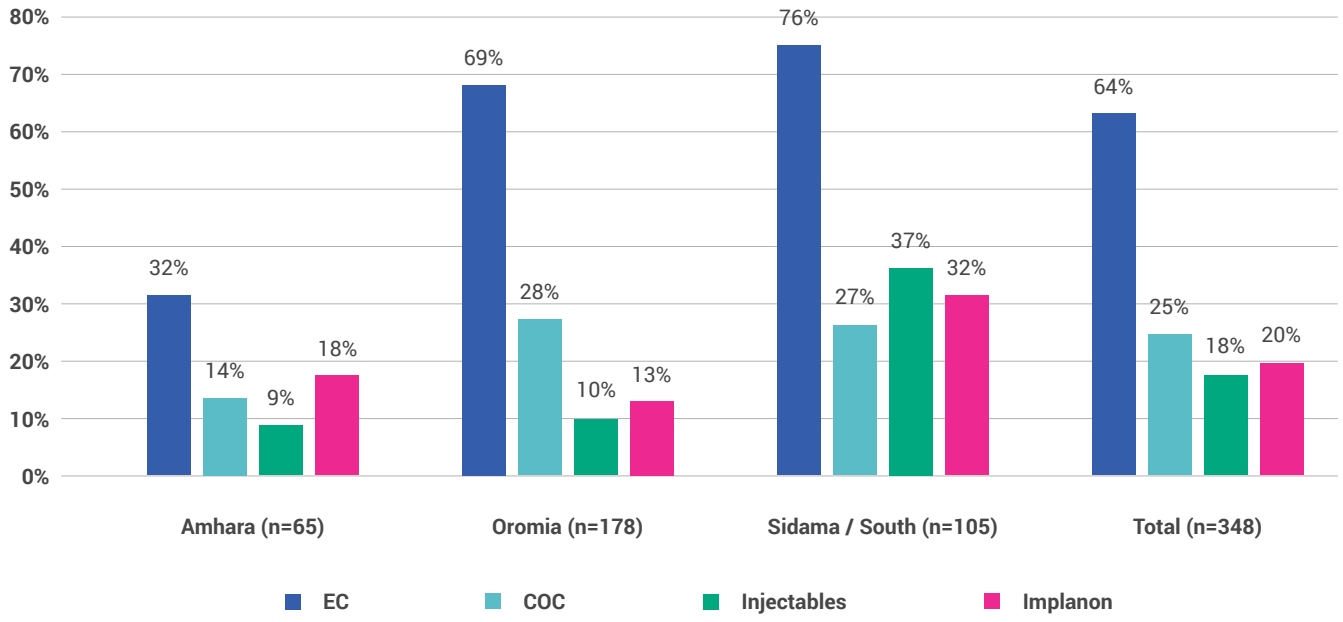
8 Bin Card, also known as Stock Card or Bin Tag, is the summary of inventory movement and the remaining balance. It provides real-time information about the number of goods in stock, received, or issued and helps prevent stockouts or overstocking.

Ethiopia

Component Description: In Ethiopia, A360 has worked to strengthen capacity for commodity forecasting, management, reporting, support commodity redistribution and stock level monitoring. A360 Ethiopia continues to provide TA through routine SSVs to increase HEWs' capacity to complete accurately and on time the reporting formats that govern stock management: the reports and resupply form (RRF) and the interfacility report form (IRF) to ensure the availability of commodity stock where it is needed.

Implementation Data: A360 Ethiopia's annual external quality of care audit demonstrated that there are still challenges with commodity stock-outs in facilities (Figure 8). There were regional variations in the stock-out rates of different commodities with the highest stock-out rate observed for emergency contraceptive pills (EC) - 64% of the facilities reported unavailability of this commodity. The lowest stock-out rate was for injectables, with 18% of the facilities reporting stock-out.

Figure 8: Contraceptive commodity stock out data from a sample of facilities, 2023



Learning: There is an opportunity to support the MOH's planned scale-up of IUCD and DMPA-SC SI, both of which are linked to higher continuation rates. As with Nigeria and Kenya, national-level stock-outs are very hard to manage for the program to address and remain a challenge.

THEMATIC AREA 4: STRENGTHENING THE ENABLING ENVIRONMENT

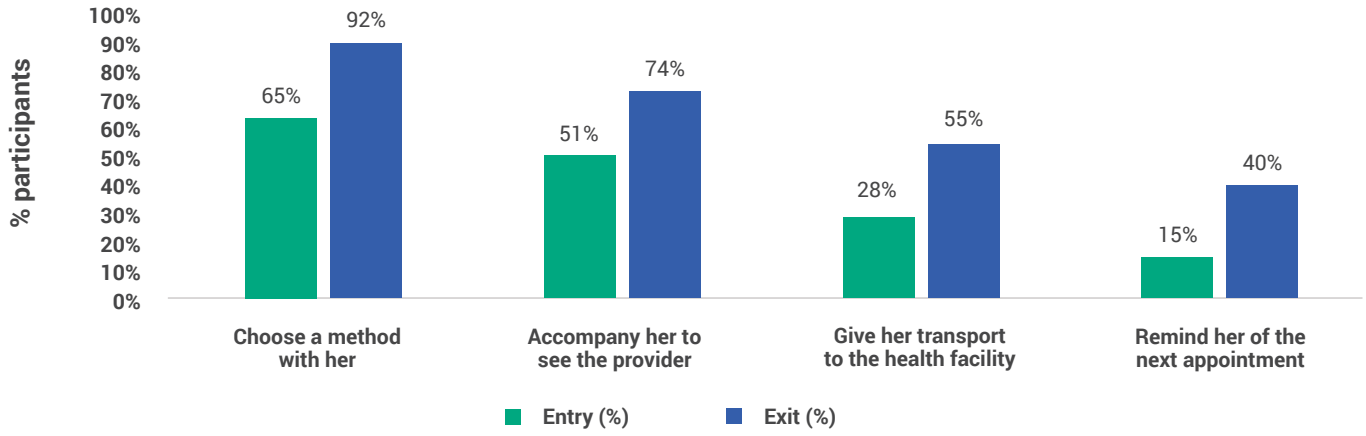
Creating an enabling environment for adolescents to access contraceptives by addressing the sociocultural barriers to access through engagement with household-level and community-level influencers. The engagement aims at providing accurate information on contraception, tackling myths and misconceptions about contraception to influence attitude change and promote contraceptive continuation. Household-level key influencer engagement mainly targets the husbands and mothers of adolescent girls, while community-level key influencer engagement targets religious and cultural leaders.

Nigeria

Component Description: Although MMA has always included a component that engages married adolescent girls' key influencers, in 2021, A360 Nigeria strengthened its approach through a strategic design process. The new approach strengthens messaging provided to husbands and engages religious and community leaders as program champions to mobilize and refer husbands. This is currently being scaled across all implementation sites.

Implementation Data: Throughout 2023, the team worked in partnership with the government and engaged a total of 234,356 husbands. This led to 114,177 referrals being issued to husbands to send their wives for FP services, of which 51,346 (45%) were redeemed by married adolescent girls accessing the facility for services. The percentage of referrals redeemed increased from 35% in January 2023 to 70% in Dec 2023 due to the rollout of the new approach. A360 Nigeria additionally evaluated this new approach, which demonstrated key improvements in knowledge and attitudes among male partners and community leaders who participated in this MMA component. For example, following participation, 98% of participants could name at least one contraceptive method, compared to 52% before taking part. Post-participation, nearly all those who took part in the exercise agreed that modern contraception could allow a girl to achieve her life goals compared to only 37% of before. Notably, participants demonstrated a shift in who they believe should make decisions about contraceptive use. At the end line, 62% supported joint decision-making between partners vs. 72% before participation who thought the husband should be the decision-maker. Figure 9 below shows the shift in attitude as regards supporting women's access to contraceptives.

Figure 9: Influencing Change: Increased Male Support for Women's Contraceptive Use



Learning: This approach has experienced challenges stemming from technical gaps in messaging and inadequate funding to facilitate the interpersonal communication agents (IPCAs) that mobilize and deliver information to husbands. Although messaging is designed to actively challenge harmful norms and promote equitable contraceptive decision-making, there is the risk of reinforcing inequity if the messages are not delivered with fidelity. The sustainability of this approach, therefore, calls for deliberate efforts to support government in reviewing the structure, workload, and motivation packages for IPCAs and close collaboration with the ward development committee (WDC), other LGA, and community demand generation team/volunteers who are mandated to assist in health program demand generation. A360 Nigeria supports the institutionalization of this approach into government systems through by providing technical oversight to ensure fidelity of the strategy, avoiding the entrenchment of negative gender norms, and periodic engagement with WDC to strengthen technical capacity.

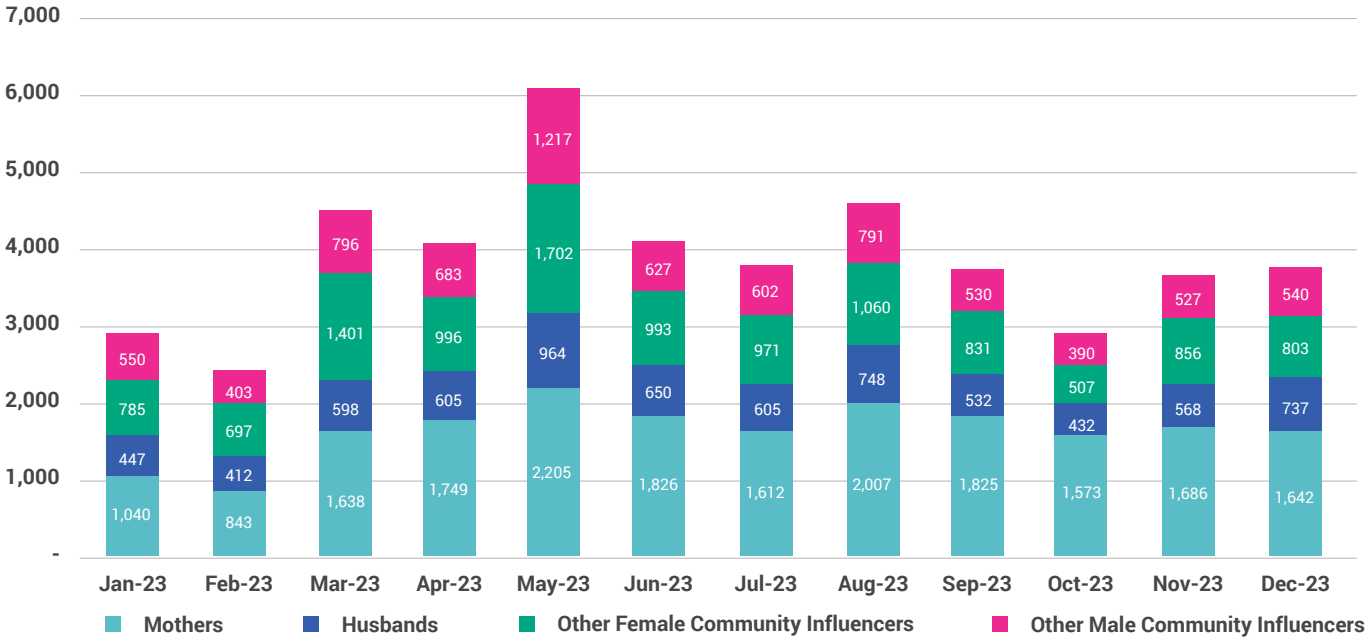
Kenya

Component Description: Bintu Shupavu story sessions[9] have been used to engage key influencers, especially the mothers, husbands, and mothers-in-law of adolescent girls in Kenya, to address challenges to access by sharing stories from the perspective of the young women. As part of the agenda, the influencers will receive accurate information about contraception and its benefits to adolescents. At the end of the session, influencers have an opportunity to take on a new role as adolescent mentors and refer adolescent girls for contraception at the facility.

Implementation Data: In 2023, through these sessions, A360 reached over 46,000 key influencers (figure 10) of adolescent girls comprising the mothers of adolescent girls (19,646), husbands of adolescent girls (7,298), other female community influencers (11,602), and other male community influencers (7,656).

9 Binti Shupavu Stories Facilitation Guide.docx

Figure 10: Binti Shupavu key influencer reach by month and type of influencer, 2023



Learning: While reach was high, A360 Kenya identified a gap in evidence on whether these key influencer engagement activities supported improved program outcomes. To improve understanding, the team has initiated a process of issuing and tracking redeemed referrals, similar to the approach used by A360 Nigeria, to be able to understand more about the effectiveness of Binti Shupavu stories sessions in driving demand for services. To support the institutionalization of these sessions into government systems, the team is exploring the use of existing community mobilization platforms such as the dialogue days conducted by the health facilities and community barazas[10] targeting community leaders to share the stories.

Ethiopia

Component Description: In Ethiopia, Smart Start is already an approach designed to engage not just individual girls but also couples in contraceptive counseling. So, the project narrowed in on prioritizing the activation of community structures to mobilize and support girls to receive service delivery rather than directly engage male partners. This approach to activating community structures looks different depending on cultural context, particularly between agrarian and pastoralist regions.

Family Circle, the adaptation of Smart Start designed for the pastoralist population, incorporates more community gatekeeper involvement, including Traditional Birth Attendants (TBAs), local administrators, husbands, and clan and religious leaders. It underscores the health risks of early and repeat pregnancies. During Family Circle sessions, couples learn about the relevance and importance of modern contraception to the pastoralist lifestyle. In contrast, the approach in the agrarian geographies engages the WDAs, husbands and mothers-in-law.

Implementation Data: In 2023, a total of 6,115 key community influencers (2,111 husbands of married girls, 2,600 religious and clan leaders, and 1,404 traditional birth attendants (TBAs)/Ulatinas)) were involved through this component, leading to over 3,200 girls adopting a method of contraception for the first time.

Learning: Because of the diverse cultures in Ethiopia, the key influencers are not the same across the different regions, which calls for efforts to identify bespoke approaches for specific influencers in the regions. For agrarian regions where there is less intensive engagement of those key influencers, the project is undertaking more mapping and landscaping to be able to implement more targeted approaches for different influencers.

10 A community baraza is a traditional gathering or meeting that serves as a platform for community members to come together to discuss important issues, share information, and make collective decisions.

STRATEGY REFINEMENT

Using the evidence from two years of implementation, in 2024, A360 refined its country-level continuation strategies. The aim was to identify a more manageable set of components that showed the best potential to address key drivers of discontinuation and the most likely to be integrated into existing government systems.

The refinement process included a systematic review of the components implemented to support continuation (described above), guided by results from more formal continuation research components facilitated in Nigeria and Kenya (described in a callout box below), time series trends on continuing users, client record reviews, provider reviews, and quality of care evaluation results. A guiding tool was developed to support countries in evaluating each of the components within their strategy on their effectiveness and institutionalization potential (see Figure 11).

Figure 11: Guiding questions to identify priority components for strategy refinement

Bucket	Approach	Status (how well is the approach working/ achievements?)	What are the challenges?	How can the challenges be addressed?	Can this approach be institutionalised? Yes/No	If yes, how? (Identify Government structures that can support implementation of the approach)	What is required for institutionalisation of the approach?	Other comments (e.g state-specific considerations)
Reduce method failure (addressing individual level barriers)	Provider follow-up calls							
	Follow-up cards							
	Home visits							

CALLOUT: EVALUATION & MONITORING DATA ON PATTERNS OF CONTINUATION AMONG A360 CLIENTS

Alongside the implementation data described above, A360 facilitated other key monitoring and evaluation data collection activities to understand patterns of continuation and discontinuation among its adolescent clients. These included two continuation cohort studies implemented in Nigeria and Kenya, as well as retrospective client records reviews implemented in Nigeria and Ethiopia.

Continuation cohort studies in Nigeria and Kenya

The primary objective of the cohort studies was to determine the effectiveness of the optimal continuation package in reducing method-related discontinuation at 12 months while still in need among adolescent girls in Kenya and Nigeria.

1,101 eligible participants were enrolled in Nigeria, and 671 eligible participants were enrolled in Kenya. Eligible participants were adolescent girls aged 15-19 immediately after taking up a method at an A360-supported facility. All participants were followed up at around 3, 6, 9, and 12-month time points with 95.6% and 96.7% continuation of method use demonstrated at the 12-month mark in Nigeria and Kenya respectively.

The results in Nigeria after 12 months indicated that all method continuation stood at 91.6% while injectable continuation was 84%. In Kenya, the study showed 97% continuation at the 12-month follow-up. Side effects and the desire to start a family were the common reasons for discontinuation/method switching in both countries.

Retrospective client records review in Ethiopia

The objective of this records review is to assess contraceptive continuation rates and the reasons for discontinuation among adolescent clients who visited the facility and took up a method 12-months before the data collection date. The data is extracted bi-annually for first-time users / new users aged 15-19 using an Excel tool in the format of the longitudinal tracker to extract relevant data from the client records, such as demographic characteristics and type of users, contraceptive methods adopted, date of follow-up visits, reasons for switching methods, and reasons for discontinuation. The data collection tool uses unique anonymous IDs to ensure client confidentiality.

Data is reviewed and extracted from sampled records of clients enrolled in the program for 12 months or longer. FP uptake data is extracted from the client cards and updated on the Excel tool with the initial and subsequent visit dates indicated as well as the methods/service received during subsequent visits.

In Ethiopia, the data was collected from 43 health facilities across three regions: Oromia, South, and Central. Of these, 22 were from Oromia, 11 were from the South, and 10 were from Central. The overall continuation rate was 76%, with regional variations of 75% in Oromia, 64% in South and 96% in Central. At 12 months, 24% of clients discontinued, and the main reasons for discontinuation at 12 months were the desire to become pregnant (34%) and side effects (10%), followed by husband/ partner disapproval.

The refinement process generated the following approaches, which were most effective and had the highest potential for integration within the different government systems.

Component / Strategy		Nigeria	Ethiopia	Kenya
Reduce Method Failure	Provider follow-up calls or home visits			
	Providing follow-up cards to clients	X	X	
	SMS reminders			
	Strengthening client records at the facility level	X	X	
	Strengthen provision of Youth friendly services			X
Manage side effects	Counselling for choice (C4C)	X	X	X
Sustainable access	Strengthening capacity for commodity forecasting, management, and reporting	X	X	X
	Commodity redistribution	X	X	
	Stock level monitoring			
Enabling environment	Household-level key influencer engagement	X	X	X
	Community-level key influencer engagement	X		

KEY LESSONS FROM THE REFINEMENT

1. What was effective wasn't always most appropriate for institutionalization (e.g. provider callbacks, 'Big Sistas' model for CBD in Nigeria), given limited resources or a lack of government buy-in. Conversely, strengthening some elements of the system that have the potential to be leveraged for continuation (e.g. strengthening client record management systems and use of client follow-up cards, reinforcing commodity forecasting and management) provides a better opportunity for institutionalization and scale

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2. Policy environment influences what is feasible (e.g. TCA cards in Kenya). Country-specific health policies regarding contraceptive use among adolescents are key determinants of how well a strategy will be implemented.

3. Key Influencer Engagement approaches require going beyond the health system and involving other community and social structures/sectors to be sustainable. Most Government health systems do not have structures that convene key influencers on health issues. Therefore, deliberate efforts are required to collaborate with other sectors to identify, mobilize, and engage the key influencers.

NEXT STEPS

A360 will continue to generate information and provide insights on these approaches to inform ASRH-related policies, strategies, and program guidelines. It will further promote evidence-based approaches to enhance contraceptive continuation among young people who wish to prevent, delay, or space pregnancies.

A360 will also disseminate the lessons from this strategy development, review, and refinement process to build the body of knowledge on effective, scalable, and sustainable approaches for contraceptive continuation among adolescents across different contexts in sub–Saharan Africa.