



Spotlight 3: Meaningful youth engagement in A360

Adolescents 360 (A360) is a four-year, \$30 million initiative (2016 – 2020) to increase adolescent girls' access to and demand for modern contraception in developing countries, beginning with Nigeria, Ethiopia and Tanzania. The project is implemented by a Population Services International (PSI)-led consortium, and co-funded by the Bill & Melinda Gates Foundation and the Children's Investment Fund Foundation. Itad is working in collaboration with the London School of Hygiene and Tropical Medicine and Avenir Health to independently evaluate and distil lessons from A360. This brief draws out lessons from the Mid-Term Review on the role of youth engagement in A360.

A core goal of A360 was to 'meaningfully collaborate and forge partnerships with adolescents and young people... in order to bring their expertise into the design and implementation phases of the project.'¹ Young people were recruited as 'young designers,' supporting activities such as data collection, analysis, translation, prototyping, and monitoring and evaluation (M&E). By November 2018, A360 indicated that they had worked with over 280 young people.² Despite attempts to standardize youth engagement across A360 through strategies, in practice it evolved in different ways in the three country contexts:

- In **Ethiopia**, young designers played an important role in A360's Inspiration phase, with a large cohort of young people from different regions involved in formative research aided by training at a bootcamp on data collection skills, ethical research and the process of downloading findings. However, there were challenges in recruiting and retaining young people, and this was costly both financially and in terms of staff time. In the Ideation phase, 'young designers' were young graduates, who could support the prototyping of interventions through their professions, such as accounting and nursing. They were engaged on an ad hoc basis for rough and live prototyping, and were not always clear on their future in the project. A small number from Inspiration stayed with the project and assumed an advocacy role, presenting A360 to the MOH, other development partners and in other external communication. In the Pilot phase, youth engagement was pursued through employing public health practitioners in their twenties as Smart Start staff, and working with youth champions to mobilize married adolescent peers.
- In **Nigeria**, a much smaller cohort of young people were engaged and retained from the Inspiration phase to the Pilot phase. Young people changed roles as the project evolved, from data collectors and 'cultural interpreters' to supporting M&E efforts in implementation as A360 employees. This was described by staff as '*a symbiotic relationship – a win-win situation.*' However, in Nigeria, the age for young designers was 18 to 30 as there were challenges with recruiting staff under the age of 25.
- In **Tanzania**, PSI was already engaging young people as Innovation Officers to lead on prototyping and iterations prior to the launch of A360. PSI were also working with adolescent girls through Restless Development to identify adolescent friendly service providers. From Inspiration, youth engagement became more deliberate, with youth-adult

partnership training rolled out to regional PSI staff and youth interns recruited at regional level to support piloting. Kuwa Mjanja Queens (girls aged 15-19 or slightly older) were also engaged to support mobilization. However, the process evaluation has raised concerns regarding the safeguarding of this group in the past, given potential community backlash and that some Kuwa Mjanja Queens reported lying about the nature of events to hide the fact that contraception is offered in order to get girls to attend (discussed further in Section 4 of the Mid Term Review).

Across all three countries, there was a clear sense throughout the design process that young people added real value to A360 and shifted the mindset of the designers and implementers. However, there were concerns that the young designers engaged in Ideation and Pilot phases were not representative of the target populations, as they were more likely to be older and unmarried. Equally, the extent to which young people were always ‘meaningfully’ engaged in A360 was at times questioned. For example, one A360 staff member reflected: *‘for youth engagement to be truly meaningful [young people] would need to have equal involvement in the process. However, for A360...the young designers were brought in at key moments, rather than being consistently involved.’*

In addition, metrics to measure and assess youth engagement were not put in place, meaning that the true impact of young people on the development of the A360 solutions cannot be fully understood. *‘If you have a change – was it because the youth designers were there? There is no way of knowing. That is frustrating.’*³ This also makes it difficult to understand the impact of engagement in A360 on young people themselves.

Read more from the Mid-Term Review:

[Spotlight 1](#): Lessons from evaluating A360

[Spotlight 2](#): The A360 experience of HCD

[Spotlight 4](#): Service providers— the battle to serve

Find the full Mid-Term Review [here](#) and a short visual summary [here](#).

Notes:

¹ A360 (2016) Youth Engagement Plan – PSI Ethiopia

² A360 (2018). The Young Designers Driving Youth- Powered Healthcare Forward

³ A360 Consortium respondent, process evaluation, Ideation phase