‘Daring girls to dream’

Lessons from the Adolescents 360 evaluation

April 2020
Overview

- Introduction, design and methods
- How are girls in experiencing their journeys through A360?
  - In Nigeria
  - In Ethiopia
- What factors support contraceptive continuation and discontinuation in Nigeria and Ethiopia?
- Conclusions and Q&A
Background
What is Adolescents 360?

Aims to increase girls’ access to and demand for modern contraception, through country-specific interventions developed using human-centered design alongside other disciplines

Locations: Ethiopia, Nigeria and Tanzania

Scale: $31 million investment from Gates and CIFF

Timing: 4 years (2016-2020)

Implementation: Implemented by a PSI-led consortium

“Human-centered design is a creative approach to problem solving...it starts with the people you’re designing for and ends with new solutions that are tailor made to suit their needs”
The A360 evaluation

Aims:

1. Provide timely data to course correct the program during implementation, and to maximize the effectiveness and impact of efforts.

2. Assess the impact of the program in reducing the number of unintended pregnancies among adolescent girls.

3. Provide a robust evidence base on what does and does not work to reach adolescent girls at scale, cost-effectively and to what extent the program is replicable.
Process Evaluation

- **Theory-based approach**, guided by the A360 Theory of Change and evolving theory about how and why the interventions work
- Evaluating how A360 has played out in implementation, and provides analysis and learning to support adaptation and course correction
- Investigating A360 on **two levels**

1. **Approach and Design**
   How has the A360 approach lead to innovative solutions that can be adopted and replicated?

2. **Solutions**
   How are the A360 interventions playing out in Nigeria, Tanzania and Ethiopia?
<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Review of A360 documents</td>
<td>(strategy, reporting, manuals and solution materials)</td>
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<tr>
<td>Analysis of A360 monitoring data</td>
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<tr>
<td>Interviews with girls, community members, staff, service providers,</td>
<td>government, external AYRSH stakeholders</td>
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<td>Focus groups with girls and community members</td>
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<tr>
<td>Observations of program activities</td>
<td>(counselling sessions) with exit interviews</td>
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<tr>
<td>Participatory youth research, and user journey and sounding workshops</td>
<td>with country teams</td>
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Mid-term review

Synthesized insights from the A360 design phase (up to September 2018)

https://itad.com/reports/midterm-review-of-the-adolescents-360-program/
Mid-term review: findings

1. An HCD-led design succeeded in ‘putting the girl at the center,’ leading to interventions that were connecting contraception to aspirations.

2. These were creating a powerful ‘hook’ and helping girls bypass stigma.

3. But a focus on adoption and cost-effectiveness reduced incentives to engage communities and consider sustainability and continuation.

A360 Management Response

Recommended that A360 should “ensure targets do not distract attention from addressing enabling environments, quality programming, and promoting sustained use.”

A360 used findings to galvanize a greater focus on sustainability, enabling environments and continuation in the second half of the program.

We will explore re-introduction of select intervention components, previously excluded in pursuit of low cost, that were designed to support continuation and address barriers to access.
Data collected since the mid-term review

2019

- **Jan**: Methodology refresh
- **May**: Full Round: Ethiopia
- **June**: Participatory Action Research: Ethiopia
- **July**: Full Round: Nigeria
- **Sept**: Participatory Action Research: Nigeria
- **Oct**: Global Round: Adoption and Replication
User Journeys

A ‘user journey’ is a visual depiction of an A360 solution, from the perspective of a girl experiencing the intervention

- Developed in collaboration with PSI in 2019
- Provides a detailed description of each solution, and key touchpoints with girls
- Includes girls’ cognitive drivers, incorporating insights from formative research and lenses
- Used to explore fidelity and adaptations, investigate the mechanisms of impact that explain how and why solutions work, and drill into how contextual factors affect specific aspects of solutions

![User Journey Diagram]

- **Government**
  - Local government works with PSI to select the 9ja Girls
  - Recruit and train providers and mobilizers, and conduct supportive supervision

- **Community**
  - Campaigns are supported through mobilizers reaching out to girls and providers
  - Girls are connected to an ‘Advocate’ who meets monthly with a circle of 4-6 adolescent girls

- **Mobilizers**
  - Train community mobilizers to reach girls door-to-door and in community spaces, engage in face-to-face conversations, and pass on their findings to the team

- **Service Providers**
  - A360 Young Providers work alongside existing government providers to deliver health services

**Context:** The girl hears about the 9ja Girls from a neighbour, from her school, or from a peer. She feels curious and decides to attend counselling because it feels relevant and she feels supported by her community.

**Mobilizer:**
- She chooses to step into a Life Change Session, as she finds the information she receives from the session relevant.
- She feels elated and delighted by the 9ja Girls’ support and encouragement.

**Service Provider:**
- She feels respected and safe, knowing that she is being supported and understood.
- She feels confident in her ability to achieve the goals she has set.

**Future Orientation:**
- She feels positive about the future, knowing that she is supported and that her goals are achievable.
Process Evaluation Findings 2019

How are girls experiencing their journey through A360?

Findings from Nigeria
Methodology

- Data collection took place between September and November 2019, visiting one facility in Nasarawa (MMA) and two facilities in Ogun (9ja Girls).
- Program monitoring data was analyzed and triangulated with primary data.

<table>
<thead>
<tr>
<th>Method</th>
<th>Stakeholders</th>
<th>National level</th>
<th>Nasarawa (MMA)</th>
<th>Ogun (9ja Girls)</th>
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</thead>
<tbody>
<tr>
<td>Focus group discussions</td>
<td>Adolescent Girls; Husbands; Mothers; Community and Religious Leaders</td>
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<td>5</td>
<td>4</td>
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<tr>
<td>In-depth interviews</td>
<td>Adolescent girls; SFH national / regional staff; facility level staff; community and religious leaders, MoH / other government staff; other implementing organizations / stakeholders working on AYSRH</td>
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<td>12</td>
<td>65</td>
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<td>Sensemaking workshops</td>
<td>Adolescent girls, SFH</td>
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<td>1</td>
<td>1</td>
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<tr>
<td>Observations and client exit interviews</td>
<td>Adolescent girls</td>
<td>1</td>
<td>1</td>
<td>4</td>
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</tbody>
</table>
Nigeria
9ja Girls User Journey

**Government**
Local government works with SFH to select facilities, recruit and train providers and mobilizers, and conduct supportive supervision.

**Community**
Communities are engaged through a sensitization meeting and informally through mobilizers and providers. Moms Sessions are held twice-monthly with mothers of adolescent girls.

**Mobilizers**
Young community mobilizers recruit girls door-to-door and in community spaces, moms refer their daughters, and peers tell their friends about 9ja Girls.

**Service providers**
A360 Young Providers work alongside existing government providers in Public Health Centers. Providers are trained and supported by A360 to deliver youth-friendly services.

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**Unmarried girls in Southern Nigeria**

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**Mobilization**

- **Curious:** She hears about 9ja girls from a mobilizer, from her mom, or from a peer. She feels curious, and decides to attend counseling because it feels relevant and she feels supported by her community.

- **Girl with a plan:** She chooses to drop into Life Love Health session, OR goes directly to the PHC for a walk-in appointment. She drops into weekly Life Health Classes and develops a Life Map. She learns vocational skills and feels confident she can use them to generate income.

- **Inspired and delighted:** She feels inspired and delighted by the 9ja girls branding and messaging.

- **Listened to and supported:** She feels listened to and supported by A360 to make a plan for her future.

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**Aspirational engagement**

- **I’m intrigued:** She feels intruiged and motivated.

- **Girl with a plan:** She feels invited to share her vision for the future with the service provider, and sees contraception as relevant and valuable to achieving her plan.

- **Safe and confidential:** Opt-out moments in LLH classes and private walk-in appointments mean she feels safe and comfortable to talk to a provider, without others judging her and without being rushed or pressured.

- **Listened to and supported:** She feels listened to and supported, trusts and understands what she is hearing, and feels it is relevant to her goals for herself.

- **Future orientation:** She continues to see contraception as relevant to her goals for herself.

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**Contraceptive counselling and service delivery**

- **I feel respected & safe:** She feels respected and safe. Contraceptive counseling and service delivery.

- **Safe and confidential:** She feels respected and safe. Contraceptive counseling and service delivery.

- **Listened to and supported:** She feels listened to and supported, trusts and understands what she is hearing, and feels it is relevant to her goals for herself.

- **Future orientation:** She decides to try a contraceptive method to help her achieve her goals, and is provided her method of choice, for free, on the spot.

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**Follow up**

- **I feel supported:** She feels supported. Trust and continuity. She feels able to come back to the PHC whenever she has questions or needs more contraceptives. She receives follow up calls from providers, and feels supported to access the services she needs.

- **Future orientation:** She continues to see contraception as relevant to her goals for herself.
Performance data: 9ja Girls (2019)

**Cumulative (to end 2019)**
- 123,435 girls reached
- 84,082 adopters
- 72% conversion*

**2019 Quarterly**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Girls Reached</th>
<th>Adopters</th>
<th>Continuing Users</th>
<th>Conversion Rate</th>
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<tbody>
<tr>
<td>Q1</td>
<td>16,617</td>
<td>14,054</td>
<td>1,563</td>
<td>87%</td>
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<tr>
<td>Q2</td>
<td>19,649</td>
<td>14,498</td>
<td>1,631</td>
<td>88%</td>
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<tr>
<td>Q3</td>
<td>20,045</td>
<td>15,633</td>
<td>1,619</td>
<td>87%</td>
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<tr>
<td>Q4</td>
<td>19,669</td>
<td>14,828</td>
<td>1,897</td>
<td>84%</td>
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</table>

**LARC services (2019)**
- 31% Implants and IUDs

**Method mix vs. national average (2019)**

<table>
<thead>
<tr>
<th>Source</th>
<th>IUDs</th>
<th>Implants</th>
<th>Injectables</th>
<th>Pills</th>
<th>Condoms</th>
<th>EC</th>
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</thead>
<tbody>
<tr>
<td>9ja Girls Users Reached</td>
<td>6%</td>
<td>25%</td>
<td>67%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
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<tr>
<td>9ja Girls Services Method Mix</td>
<td>7%</td>
<td>65%</td>
<td>25%</td>
<td>14%</td>
<td>8%</td>
<td>0%</td>
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**Other figures of note**

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Marital status (2019)</td>
<td>91% unmarried</td>
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<tr>
<td>Parity (2019)</td>
<td>89% no children</td>
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<tr>
<td>Age (2019)</td>
<td>86% 18-19 yrs</td>
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<tr>
<td>Active sites (2020)</td>
<td>70</td>
</tr>
</tbody>
</table>

* adopters / eligible girls reached
Mobilizers
Female mentors recruit girls to MMA sessions and male mobilizers reach husbands, encouraging them to refer their wives to attend counselling.

Community
Communities are engaged through a sensitization meeting when MMA moves to a new area and informally through mentors, mobilizers and providers.

Government
Local government works with SFH to select facilities, recruit and train providers and mobilizers, and conduct supportive supervision.

Service Providers
A360 Young Providers work alongside existing government providers in Public Health Centers. Providers are trained and supported by A360 to deliver youth friendly services.

Girl with a plan:
She attends four Life Family Health (LFH) sessions with her mentor. She learns about nutrition, gains life skills and vocational skills, and feels confident she can use them to generate income.

Inspired and delighted: She feels inspired and delighted by the LFH course.

Listened to and supported: She feels listened to and supported by A360 to make a plan for her future.

Future orientation: She decides to try a contraceptive method to help her achieve her goals, and is provided her method of choice, for free, on the spot.

Safe and confidential: Opt-out moments in LFH classes and private walk-in appointments mean she feels safe and comfortable to talk to a provider, without others judging her and without being rushed or pressured.

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

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

Trust and continuity: She feels able to come back to the PHC whenever she has questions or needs more contraceptives. She receives follow up calls from providers, and feels supported to access the services she needs.

Married girls in Northern Nigeria
Performance data: MMA

### Cumulative (to end 2019)
- **25,260** girls reached
- **20,398** adopters
- **82%** conversion*

### 2019 Quarterly
- Q1: 2,033
- Q2: 1,531
- Q3: 3,326
- Q4: 1,312

### LARC services (2019)
- **42%** Implants and IUDs (2019)

### Method mix vs. national average (2019)

### Other figures of note
- **Marital status** (2019): **100%** married
- **Parity** (2019): **17%** no children
- **Age** (2019): **77%** 18-19 yrs
- **Active sites** (2020): **44**

* adopters / eligible girls reached
Key findings

The 9ja Girls and MMA paid mobilization models are succeeding in reaching girls where they are – but there are some challenges with saturation and sustainability.

“The mentor came to our compound to invite us, she told us that we will be learning about how to take care of our family, about nutrition, family planning. But what got me interested was that she said at the end we will learn a skill.”

- Girl, Nasarawa (MMA)

Monitoring data:

94% of girls in Southern Nigeria first hear about 9ja Girls from paid mobilizers. Under 3% hear about it from their mothers.

39% of girls in Northern Nigeria first hear about MMA from a mentor, and 41% from their husband.
Key findings

Girls love the life and vocational skills training. It is building their knowledge, confidence and self esteem, and creating longer term relationships with service providers – as well as helping increase community acceptance of the program.

“She explained contraception to me but I was not interested that day. I came back to her later because I was having issues with my boyfriend and I can’t discuss that with my sister or my mum... I later made up my mind that I wanted to adopt a contraceptive.”

- Girl, Ogun (9ja Girls)
Key findings

Girls love the life and vocational skills training. It is building their knowledge, confidence and self esteem, and creating longer term relationships with service providers – as well as helping increase community acceptance of the program.

But lack of variety and follow up support can cause dissatisfaction with skills classes, and it is important to ensure life skills content does not reinforce harmful gender norms.

“If women practice all that they have learnt from MMA – cook good food, clean the house - the husband can readily attribute the changes to the program. This then spreads the positive news about the program in the community”

- Girl, Nasarawa (MMA)
Key findings

Girls feel safe, comfortable and supported during contraceptive counselling, and counselling has improved over time thanks to concerted efforts with training and supervision. But girls are less likely to adopt through classes, and opt-out moments don’t always work.

“I feel safe and respected”

Monitoring data:
The odds of girls adopting a contraceptive method in both MMA and 9ja Girls increased gradually over time, and this trend was statistically significant.

How many girls adopt a method through skills classes?
- 23% of girls in the South
- And 35% of girls in the North

(As of March 2019)
A360 is very proactive in following up with girls after they adopt a method – but it is challenging both to reach girls and to monitor continuation.

“We were encouraged not to be afraid, that we are safe and that we can come back at any time. Even if the provider has been transferred, I will discuss with whoever is here.”

- Girl, Ogun (9ja Girls)

“When a provider is trying to do a follow up, she discovers that either a number is not going through, or the number belongs to either her husband or someone else. You know they give wrong numbers and that has been a challenge for us.”

- A360 staff member, Nasarawa (MMA)
How are girls experiencing their journey through A360?  
Findings from Ethiopia
Methodology

- Data collection took place between June and July 2019, visiting three kebeles in Oromia and one kebele in Amhara.
- Program monitoring data was also analyzed and triangulated with primary data.

<table>
<thead>
<tr>
<th>Method</th>
<th>Stakeholders included</th>
<th>National level</th>
<th>Amhara</th>
<th>Oromia</th>
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<tbody>
<tr>
<td>Focus group discussions</td>
<td>Adolescent Girls; Husbands; Mothers-in-law; Community and Religious Leaders</td>
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<td>17</td>
<td>19</td>
<td>41</td>
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<tr>
<td>Participatory workshops</td>
<td>Adolescent girls and PSI staff</td>
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<td></td>
<td>2</td>
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<tr>
<td>Observations (with client exit interviews)</td>
<td>Adolescent girls</td>
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Ethiopia
Smart Start User Journey

Married girls in rural Ethiopia

Community kick off meeting held to generate buy-in. Community engaged informally through A360 staff, Women’s Development Army and Health Extension Workers.

Government engaged at national, regional and woreda level to support site selection, recruitment, training and supervision. PSI Adolescent Health Officer sits in the local health office.

Mobilizers
Women’s Development Army volunteers and youth champions support Health Extension Workers to mobilize girls and couples to participate in Smart Start.

Service providers
Health Extension Workers trained and supported to deliver Smart Start by A360 staff. Government support HEWs to continue implementing Smart Start after A360 staff transition out of the community.

Girl with a plan: She and her husband are invited to identify and share their vision for the future and develop a financial plan.

Inspired and delighted: She and her husband feel inspired and delighted by the Smart Start tools and branding, and the financial planning messages.

Listened to and supported: She feels listened to and supported by A360 to make a plan for her future.

Safe and confidential: She feels safe and comfortable to talk to the Health Extension Worker through 1-1 or couples contraceptive counselling, without others judging her and without being rushed or pressured.

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

Future orientation: She continues to see contraception as relevant to achieving her financial plan.

Trust and continuity: She feels able to come back to the health post whenever she has questions or needs more contraceptives. She receives follow up calls and visits from Health Extension Workers and Women’s Development Army volunteers, and feels supported to access the services she needs.

I feel respected & safe
Contraceptive counselling and service delivery

Future orientation: She continues to see contraception as relevant to achieving her financial plan.

I feel supported
Follow up

I’m intrigued
Mobilization

Curious: She and her spouse hear about Smart Start from the Woman’s Development Army, Health Extension Worker, A360 staff, community leaders or Youth Champions. She feels curious and agrees to attend a counselling session, because it feels relevant to her and she feels supported by her husband (and mother-in-law).

I’m inspired and motivated
Aspirational engagement

Inspired and delighted: She and her husband feel inspired and delighted by the Smart Start tools and branding, and the financial planning messages.

Listened to and supported: She feels listened to and supported by A360 to make a plan for her future.

I feel respected & safe
Contraceptive counselling and service delivery

Girl with a plan: She sees contraception as relevant and valuable to achieving her plan.

Safe and confidential: She feels safe and comfortable to talk to the Health Extension Worker through 1-1 or couples contraceptive counselling, without others judging her and without being rushed or pressured.

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

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I feel supported
Follow up

Future orientation: She continues to see contraception as relevant to achieving her financial plan.
Performance data: Smart Start

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<tbody>
<tr>
<td>63,123 girls reached</td>
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<tr>
<td>30,603 adopters</td>
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<tr>
<td>75% conversion*</td>
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</tbody>
</table>

- **Cumulative**: 63,123 girls reached, 30,603 adopters, 75% conversion*

- **2019 Quarterly**
  - Q1: 7,466 girls reached, 72% conversion
  - Q2: 8,083 girls reached, 72% conversion
  - Q3: 8,567 girls reached, 67% conversion
  - Q4: 9,505 girls reached, 81% conversion

- **LARC services (2019)**
  - 21% Implants and IUDs

- **Method mix vs. national average (2019)**
  - DHS 2016: 15% IUDs, 75% Implants, 6% Pills
  - Smart Start Users Reached Method Mix: 52% IUDs, 43% Implants, 4% Pills
  - Smart Start Services Method Mix: 21% IUDs, 71% Implants, 8% Pills

**Other figures of note**

- **Marital status (2019)**: 100% married
- **Parity (2019)**: 49% no children
- **Age (2019)**: 66% 18-19 years
- **Active sites (2020)**: 42

* adopters / eligible girls reached
Key findings

1. Smart Start is successfully using existing, trusted local structures to reach remote rural girls door-to-door - although this can be logistically challenging and the Women’s Development Army is patchy in places.

“I personally was happy [to hear about Smart Start]. Because no one else at this time teaches moving house to house. She is there for our benefit. And since it is about planning for a family, we [my husband and I] both were happy.”

- Girl, Oromia

Monitoring data:

WDAs have mobilized 33% of all girls counselled through Smart Start.
Key findings

Financial planning counselling resonates with girls' and community concerns, shifts attitudes towards contraception, and helps girls and their husbands plan for the future.

“I’m inspired and motivated”

“What is life like for a girl after adopting a method through Smart Start?” Picture drawn by girls, Ethiopia
Key findings

When husbands take part in counselling, girls are much more likely to adopt a contraceptive method. But it's hard to reach them, and there are some risks that their participation will limit time and space for girls to ask questions.

"Previously Health Extension Workers taught us about the importance of family planning...but there was doubt in me. I considered that these methods lead to different health problems. But Smart Start came and our trained friends taught us about the importance of family planning, I and my wife were finally convinced and started using it" - Husband, Ethiopia

Monitoring data:
Multivariate analysis indicated that girls whose husbands took part in counselling were over twice as likely to adopt, even after adjusting for other factors.

But husbands joined only 16% of sessions in Amhara, and 43% of sessions in Oromia.
Key findings

Girls feel safe and comfortable during contraceptive counselling, and Smart Start has helped Health Extension workers see girls as potential clients.

However, there are ongoing quality challenges - girls aren't always accurately informed about side effects and HEWs sometimes recommend or discourage certain methods.

“I feel safe and respected”

“Before, we were giving family planning advice to those who give birth one over the other without spacing...But we have never given advice for younger girls...We never thought about this [before]”

HEW, Oromia

“She told us about the injectable contraceptive. But she also added that, its chemical will not be easily removed from our body. She advised most of us to use the implant”

Girl, Oromia
Key findings

The continued presence of Health Extension Workers and Women’s Development Army volunteers in the community helps support follow up. However, busy HEWs need more support after A360 staff transition out of communities.

“I feel supported”

“September to June are when HEWs are so busy, we have no time for anything among the campaigns and things as we have so many”

- HEW, Amhara

“The Health Extension Worker, she met me in the market and asked me how I was doing. Then I told her I am building a house for the hens. I told her that and she was very happy”

- Girl, Oromia

Health Extension Workers are responsible for delivering 18 service packages in communities

(As of June 2019)
What factors support contraceptive continuation and discontinuation?

Findings from Ethiopia and Nigeria
Participatory Action Research case studies

In 2018, new methods were introduced to help A360 staff engage with process evaluation findings for adaptation and course correction.

Participatory Action Research Case Studies
Research questions and tools codesigned with PSI to answer implementers 'burning questions' about the interventions.

2019 case studies:
We visited sites where Smart Start and 9ja Girls had begun implementation between 6 and 12 months previously, to investigate girls’ experiences of the interventions, and factors affecting continuation and discontinuation of contraception.

We interviewed
38 discontinuers
23 continuers

https://www.itad.com/project/evaluation-of-adolescents-360/
Reasons for discontinuation
Side effects

- In Nigeria and Oromia, side effects were the main reason for girls discontinuing.
- Most girls had spoken to a health worker – but this wasn’t enough.
- Many girls were concerned about minor and normal changes to menstruation.
- Other factors intersected with fear of side effects – particularly discouragement from influencers, and fears about alternative methods.

**A discontinuation story from Nigeria**

- **She was curious** about learning vocational and life-skills and regularly attended classes.
- At first she didn’t take up a method but when she got a boyfriend, she decided to have a contraceptive injection, but she kept it secret from her mother.
- She experienced heavy menstruation and was scared.
- She went back to the service provider and decided to change to pills.
- When she was on pills, her period stopped which also scared her.
- Because pills are more visible, she was was unable to hide the fact that she was taking contraception and was forced to stop by her mother and aunt.
Reasons for discontinuation
Family pressure or discouragement

• In Amhara, all the girls who discontinued linked this to pressure from husbands and family to have a baby

• A very different context to Oromia: more rural, earlier marriage. Husbands are less engaged in the programme

• In Nigeria, mothers are the key gatekeepers, and often discourage or actively stop girls from using contraception due to fears about future fertility and concerns about promiscuity

Monitoring data:
Only 16% of girls in Amhara were counselled with their husbands (compared to 30% overall)

A discontinuation story from Amhara

- She learned about financial planning from the HEW and went to counselling at the health post
- Her husband didn’t come with her to the counselling
- She was really interested in what she heard. “I did not want to have a baby, getting headaches because of house rent and without having any assets.”
- She decided to use the implant after convincing her husband

But, “now my husband made me stop”, because he and her mother-in-law want her to have a baby
Reasons for discontinuation
Fears, myths and misconceptions

“Fears about normal side effects – linked to concerns about fertility

“Fears and misconceptions held by others, creating additional pressure to discontinue

“Misconceptions, limiting the number of options girls see as acceptable

“My menses came for nine days, I was scared. And I came to complain, she said it is part of the side effect, later on, my period ceased, I didn’t see it again, that was when I stopped the injection”

- Discontinuer, Ogun

“[My husband] said ‘you were a normal person before you were using this method’ so he advised me to stop it.”

- Discontinuer, Oromia

After experiencing side effects on the injection, the HEW encouraged her to try the implant. But: “I feared it may be painful to me, and also I heard that there were women who became pregnant after they inserted that method”

- Discontinuer, Oromia
Reasons for continuation

**Support (or lack of opposition) from influencers**
- Influencers play a crucial role in both countries.
- Sometimes this is not active support, but rather absence of active opposition

**Support and reassurance from health workers**
- Health workers had reassured girls during follow up visits, or reminded them of follow up appointments
- Some girls’ side effects had been resolved; others were more trusting of the answers than the discontinuers.

**Desire to achieve goals**
- Financial and life skills training created a motive for some girls to continue and / or helped bolster support of key influencers
- BUT this is not enough on its own – many discontinuers also mentioned the aspirational components of A360 and continued to feel it was relevant and useful.

“The method I am using now makes my menstruation irregular, my husband told me to ask the question if this problem may have effect on my health later...[The HEW] told us that it has no problem...I was worried before but relieved after she gave me the answer.”

- Continuer, Oromia
Conclusions

Process Evaluation Findings 2019
What’s next for A360 in Nigeria and Ethiopia?

### Nigeria
- Varying levels of interest in adopting solutions across different states
- In Nasarawa and Ogun, government supportive and feel ownership. Elements are being incorporated into government operational plans / training
- Funding from UNFPA in Kaduna to scale up MMA to new areas

### Ethiopia
- High levels of government ownership at national level
- Follow-on initiative RISE, funded by CIFF
- Smart Start being integrated into national Health Extension program and rolled out nationwide

**Will it be possible to retain core components of A360, especially the aspirational elements, in government-led programming?**
Both interventions are performing well (in terms of adopters and LARC uptake) and are broadly faithful to their intended ‘user journeys.’ However, follow-up is proving challenging in both contexts, and remains a key focus in the final year of the program.

Across both countries there is strong government buy-in and growing ownership, helped by close partnership from design to scale-up, integration of A360 into health systems, sharing results, the ‘unique’ elements of A360, and increasing focus on adolescents in national policy environments.

Smart Start and 9ja Girls’ aspirational content is a powerful draw for girls, husbands and service providers, and helps retain the support of communities. A key consideration for the future is: how can these components be maintained in meaningful ways, when interventions are taken over by government?

A360 should continue building on its work to engage husbands, mothers and other key community influencers, given their crucial role in supporting girls to access contraception, and their importance to continuation.

Service providers may require more support with contraceptive counselling, to ensure they are providing accurate information about methods and their side effects, and to help them prepare girls better for normal changes to menstruation.

Harnessing community level structures is key to sustainability.
A360’s perspectives

Itad has been a key partner in A360’s commitment to remaining “human-centered” through implementation

- User journey monitoring should be regarded as a best in class practice for HCD projects.
- Reinforced strategic considerations easily lost in day-to-day implementation, e.g. fidelity to the unique contraceptive service delivery experience being offered to girls.

Itad’s responsiveness to A360’s emerging questions served to complement and boost country team capacity for evidence-based adaptative management

- Flexible SoW allowed us to use the PE to drill down into emerging challenges, e.g. continuation.
- Mixed methods approach has been particularly useful.
- Have helped us validate and substantiate the case for course corrections.
- The PE approaches have helped shape our vision for MERL under a follow-on project, e.g. approach to quantitative analysis, the PAR methodology, user journey monitoring approach.