ADOLESCENTS 360

A360 Process Evaluation: Key findings

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LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Avenir Health

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Funding

$31 million investment co-funded by the Bill & Melinda Gates Foundation and the Children's Investment Fund Foundation.

Implemented

by Population Services International (PSI) and the Society for Family Health Nigeria (SFH) in collaboration with IDEO.org and other partners.

Why A360?

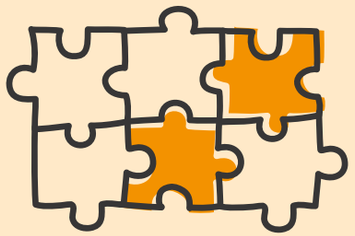
Reaching adolescent girls with modern contraception is a global health priority

Complications during pregnancy and childbirth are a leading cause of death among girls across the world.[1] Adolescent pregnancy increases the risk of neonatal mortality,[2] and decreases girls' earning potential by up to 30% over their lifetimes.[3]

Learn more about A360 at **www.a360learninghub.org**

Duration

4.5 years (2016-2020). A second phase of the program began in 2020 and will run until 2025.



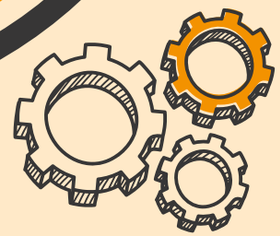
Six Disciplines

The design of A360 drew on six distinct disciplines to develop novel solutions to reach adolescent girls:

1. Human centered design (HCD)
2. Public health
3. Adolescent developmental neuroscience
4. Sociocultural anthropology
5. Meaningful youth engagement
6. Social marketing

Location

Aimed to increase adolescent girls' access to and demand for modern contraception in Nigeria, Ethiopia and Tanzania.



Approach

An 'adaptive implementation' approach was introduced in 2018 (at the start of the implementation phase), supporting ongoing iteration of the solutions in response to learning..

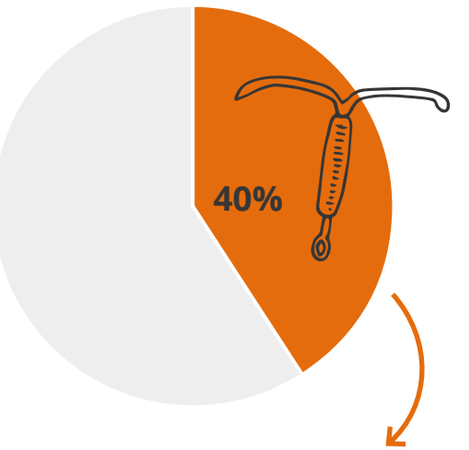
Results

A360 provided modern contraception to over 400,000 girls across Tanzania, Nigeria and Ethiopia between 2017 and 2020

411,051 girls adopted a modern contraceptive method

607,280 girls reached

220,430	119,560	35,641	35,420
Tanzania Kuwa Mjanja	**Southern Nigeria** 9ja Girls	**Northern Nigeria** Matasa Matan Arewa	**Ethiopia** Smart Start



Long-acting reversible contraceptives (LARCs) accounted for 40% of methods adopted program wide.

LARC uptake through A360 exceeded national Demographic and Health Survey (DHS) / Multiple Indicator Cluster Survey (MICS) benchmarks across Ethiopia, Tanzania and Nigeria.

Country conversion rates (all adopters divided by attendees)

72% 75% 84% 76%

The A360 approach

What was it, and did it work?

I don't think A360 has been ground-breaking in the sense of creating something wholly new... but in taking concepts that have become so tried and tested that we stopped trying to really question whether we sufficiently understood. And opening up ways to see that indeed we haven't been curious enough.

A360 global staff member, 2019

Multi-disciplinary approach

The multi-disciplinary approach added value, but was complex and difficult to implement. Many of the concepts within the A360 solutions are not new in and of themselves – for example combining contraceptive service provision with skills training. However, the input of multiple disciplines enabled A360 to tweak and combine these components in new and sometimes innovative ways:

- **Adolescent developmental neuroscience** fed into the design of aspirational messaging by helping teams think beyond simple categories such as age and marital status, to consider how adolescents develop and make decisions about relationships and contraception.
- **Social marketing expertise** from PSI contributed to the design of the brands and messaging, bringing insights from behavior change communication.
- **Socio-cultural anthropology** helped teams think through how to tap into community norms affecting girls' choices and trajectories.
- **The public health lens** brought PSI and SFH understanding of context, clinical requirements and adolescent and sexual and reproductive health (AYSRH) evidence to the design phase. This drove the decision to obtain Institutional Review Board (IRB) approval prior to formative research which helped strengthen A360's research design and approach to ethics, and was important to ensure the research outputs were seen as credible.

BUT engaging a multi-disciplinary consortium added significant complexity and challenges, for example...

- Lack of clarity in roles and responsibilities, and managing inputs and communication across a large team through a fast-paced design process.
- Existing evidence on best practice for AYSRH programming and national guidelines were not always given sufficient attention.
- Country teams were required to shoulder a very heavy workload as they balanced learning how to apply an HCD approach with the demands of program start up.

These challenges were largely resolved during the design phase by clarifying roles and responsibilities within the consortium, building understanding of the engagement required in the design process, and balancing out the use of different evidence sources.

Human centered design

The HCD process brought rigor and innovation to A360:

- **It provided time, space and permission** to try out new ideas, test and iterate them, and bring them to fruition, through a deeper process than a typical program design experience.
- **It shifted the mindsets and attitudes** of implementers, providing new ways of thinking and behavior that inspired more empathy for adolescent girls, and fostered an attitude of humility and curiosity that paid off throughout the program.
- **It helped generate and iterate attractive brands**: intervention names, logos, visual tools, slogans, messaging and intended user experience. These resonated with girls and made A360 seem relevant to them, helped messages 'stick', and improved the program's recognizability in communities.

However, not all ideas emerging from the HCD process were practical to implement. Earlier focus on feasibility, scalability and the broader public health evidence base would have strengthened the process.

Adaptive implementation

Adaptive implementation built on the skills and mindsets fostered through the HCD process. Although time consuming and sometimes challenging to implement, it helped teams respond to...

- **Variable performance between different sites:** for example, in Tanzania high performance in one region was linked to working with government Youth Development Officers to support events and mobilize girls. This approach was then rolled out nationwide.
- **Emerging challenges and opportunities:** for example, in Ethiopia the team learned that the volunteer Women's Development Army were often enlisted informally to help health workers reach girls. A360 then designed low-literacy materials to help volunteers reach girls more effectively, and the WDA is now a core pillar of the program.
- **COVID-19:** for example, in Nigeria the team drew on their HCD and adaptive implementation skills to respond rapidly to the pandemic, moving in-person classes to WhatsApp to continue reaching girls with life skills and contraceptive information.

Meaningful youth engagement (MYE)

MYE and HCD worked hand-in-hand, to involve young people intentionally in design.

- **Young people brought their insights** and knowledge to formative research, making sure tools were girl-friendly and translating findings to draw culturally-informed conclusions.
- **They supported government buy in** – for example in Ethiopia a skeptical government representative became a champion after hearing about A360 from young designers.
- **A360 provided young people with new opportunities** and skills, from research to leadership and facilitation.

After the design stage young people were often absorbed into implementation and M&E teams, which didn't always make the most of their unique perspectives and skills. A360 had more success where it found ways to engage young people in learning and adaptation processes. One of the biggest success stories comes from Tanzania, where a team of youth experts worked alongside A360 outreach teams to help improve out-of-clinic events. Young people introduced innovations that kept girls engaged rather than leaving early, and helped roll out changes quickly across implementation teams. Read more the MYE Spotlight on pages 21-23 of the **full report**.

However, lack of budget, measurement and a clear strategy constrained the extent and depth of MYE, especially after the design stage.

The A360 solutions

What do they look like?

In Southern Nigeria, 9ja Girls combines walk-in contraceptive counseling with life-skills sessions for unmarried girls.

Walk-in counseling is provided alongside Saturday sessions on the Life, Love, and Health curriculum, which features vocational skills, future-planning exercises, and discussions about love, sex and dating.

The aim is to make contraception relevant by helping girls tap into their aspirations and see contraception as a tool to reach their goals. 9ja Girls is delivered through public health facilities, where A360 Young Providers work alongside government providers to deliver classes and contraceptive counseling. 9ja Girls has a permanent presence at some facilities ('Hub' sites) and provides regular outreach services through more remote facilities linked to each Hub ('Spoke' sites).

See solution HERE

In Northern Nigeria, Matasa Matan Arewa (MMA) targets married adolescent girls and their husbands using maternal and child health as an entry point.

MMA uses a two-pronged approach to reach married girls. Female mentors recruit girls to take part in four Love, Life and Family classes, which incorporate life and vocational skills sessions, as well as an opportunity for one-to-one contraceptive counseling with a provider.

Meanwhile, male mobilizers start conversations with husbands, to encourage them to refer their adolescent wives to a clinic for walk-in counseling. As with 9ja Girls, MMA is delivered by A360 Young Providers working alongside government providers through public health facilities, in a Hub-and-Spoke model.

See solution HERE

In Tanzania, Kuwa Mjanja reaches married and unmarried girls with life and entrepreneurial skills sessions alongside youth-friendly contraceptive counseling.

Out-of-clinic pop up events aim to provide a safe, non-medicalized space for girls to access contraceptive services. Events are framed as wellbeing rather than contraceptive events, incorporating targeted messaging on body changes or 'achieving dreams' depending on girls' life stage and priorities, and entrepreneurial skills sessions designed to inspire girls and enlist the support of communities.

In-clinic events provide dedicated times and spaces for girls to access counseling at local facilities, with contraception linked to their goals and dreams. Kuwa Mjanja is delivered through A360 outreach teams. Teams rotate districts each month and work with local government service providers who deliver contraceptive counseling and services.

In Ethiopia, Smart Start uses financial planning as an entry point to discuss contraception with newly married couples.

It leverages the nationwide Health Extension Worker (HEW) network, supported by A360 Smart Start Navigators and the volunteer Women's Development Army.

It aims to help young couples view contraception as a tool that can help them achieve financial security and raise healthy children. HEWs are trained to host conversations about financial planning and provide contraceptive services in an approachable way to rural, married girls and their husbands, using a visual discussion guide

See solution HERE

A360 global User Journey*

How did the solutions play out in practice?

The A360 'User Journey' shows how girls and other stakeholders were intended to experience the program - from mobilization through to follow-up. The process evaluation investigated how far the program remained faithful to the User Journey: what were the key successes, gaps and challenges?

Government
Support A360 as it scales, and work together with A360 to find ways to institutionalize A360 approaches into the health system.

Successes, gaps and challenges +

Mobilizers
Reach and influence girls where they are, with messages that are relevant to them.

Community
Understand that A360 is serving girls, and are increasingly supportive of girls accessing contraception in order to achieve their dreams.

Successes, gaps and challenges +

Service providers
Empathize with girls, feel happy to provide contraception to girls, and have the skills to counsel them in a youth-friendly way.

Successes, gaps and challenges +

Click here for more information

Government representatives, mobilizers, community members and service providers supported girls through the four stages of the User Journey.

* Click here to see detailed, country-specific User Journeys in the Process Evaluation Country Annex

How girls were intended
to experience the user journey

I'm intrigued

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

Successes, gaps and challenges +

How did the solutions play out in practice? Click here

I'm inspired & motivated

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

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

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

Successes, gaps and challenges +

I feel respected & safe

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

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

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

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

Successes, gaps and challenges +

I feel supported

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

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

Successes, gaps and challenges +

Adoption & replication

How far has A360 inspired others to adopt or replicate its approach and solutions?

As well as reaching girls directly, A360 aimed to catalyze donor investment to support learning, scale and sustainability. The program generated global public goods and shared learning through publications, conferences and active engagement in national platforms. As of mid-2020 there were several examples of governments and donor-funded programs adopting or replicating aspects of A360 in Tanzania, Nigeria and Ethiopia. However although there was significant curiosity about A360 within the global community, there were few examples of adoption or replication beyond the three A360 countries.

Ethiopia

In Ethiopia the Federal Ministry of Health committed to rolling out Smart Start nationwide through the Roadmap for Integrating Smart Start in Ethiopia (RISE), aiming to reach one million adolescent girls by 2025 with the support of an external investment.

A360 is also partnering with Marie Stopes International to expand Smart Start, and other non-governmental organizations including Pathfinder have adopted elements of A360 into their programming.

Nigeria

In Nigeria, state health departments in Kaduna, Nasarawa and Ogun allocated funding to replicate components of A360. UNFPA supported the Kaduna state government to expand the MMA solution across three new local government areas.

A360 also collaborated with other donor-funded programs (including MTV Shuga, Integrate-E and Sayana Press), conducting joint activities and events in order to reach more girls.

Tanzania

In Tanzania progress towards government ownership has been slower, but 'sustainability pilots' were held in three regions to support regional government staff to run their own Kuwa Mjanja events.

A360 also supported the Aga Khan Foundation and Well Told Story to develop events inspired by A360.

Across all contexts, a key challenge for the next phase of the program will be ensuring the A360 interventions remain faithful to the central components that made them successful, while at the same time reducing program complexity to facilitate government ownership.

Looking forward

What are key areas for A360 to focus on during its next phase?

Recommendations are organized into two sections

1

Recommendations for A360 to take into account in the next phase of implementation.

2

Recommendations related to specific components of A360 – the HCD approach and empowerment activities - for funders and implementers to take into account when designing and delivering programs that include these components.

In its follow-on phase, A360 should:

- **Manage, monitor and regularly feedback learning from the integration of A360 into public health systems. This will help manage tensions and trade-offs between quality implementation, reach and government ownership.** Doing this requires adequate resources to build strong government relations and ownership and a shift in focus from implementation to technical assistance, with new skills required of the A360 team. A360 will need to have realistic expectations of potential loss of fidelity to some components of the solutions when they are integrated into the public health system. For components where it is acceptable or inevitable that fidelity will not be maintained, these should be identified up-front, in coordination with government counterparts, so there is alignment on what the interventions will look like. Components which are considered essential to ensure quality – e.g. comprehensive counseling, regular follow-up to support continuation, community engagement to sustain acceptance - will need to be prioritized by A360 for focused support, capacity building and phased handover.

  To monitor performance and learn from government integration, the process will need to be closely documented, and data on service provision, as well as what is working/not working and why will need to be regularly collected, analyzed and discussed in joint forums between A360 and with government counterparts.

- **Develop clear goals and indicators around adoption and replication to guide communication and engagement activities**. While space to adapt and evolve is crucial, this needs to be accompanied by clear parameters and expectations to ensure time and resources aren't wasted and to avoid too much pressure on staff. For example, the aims of adoption and replication, the target audiences and what success looks like all need to be clearly defined.

- **Systematically plan, monitor and learn from processes to engage young people in design and implementation phases**. Both young people and the adults who worked with young people during A360 reported that this added value both to the program and personally. For young people, it was an opportunity to learn and develop new skills. For adults, it positively shifted their mindsets around the value of young people being engaged in a program for young people. In order to get the most out of meaningful meaningful adolescent and youth engagement (MAYE), we recommend clearly defining the expected outcomes of MAYE, putting in place a plan upfront for how those outcomes will be achieved and developing indicators to track progress against this plan. The plan needs to include internal processes for recruitment, induction, and professional development and support which are appropriate for working with young people. It also needs to consider where young people can most add value to A360 given the skills they have and the requirements of the program.

Future programs should:

- **Structure HCD programs to harness the benefits of multiple disciplines without the cost and complexity of large consortia**. A360's use of HCD, in combination with other disciplines, has been an important factor in its success, but introducing a new and complex approach brought challenges. The Process Evaluation team recommends a core consortium composed of the partners expected to have the greatest influence and engagement on design and implementation. For example, a consortium led by the implementing organization (PSI) in close partnership with the design partner (IDEO.org) during the design phase with the other disciplines represented on an advisory and accountability group which would both provide advice and hold PSI accountable to excellence in elements of the program which relate to the group's areas of expertise. This group would be guided by a clear terms of reference, agreed at the outset, which sets out when and how they are expected to contribute at different stages of design and implementation.

- **When applying HCD or design processes, build in sustainability considerations from the outset**, by adequately resourcing time to build strong relationships with government at multiple levels and building them into joint activities and data collection; considering trade-offs between reaching high numbers of adopters and integrating into health systems and engaging actively in national and sub-national forums to influence thinking, policy and practice on AYSRH.

- **Harness the value of 'empowerment' components or 'economic empowerment' components? the former is much broader, while being alert to the risks of light touch approaches that attract more than empower**. The process evaluation has demonstrated multiple advantages of life skills, vocational sessions and aspirational messaging to AYSRH programs. This component needs to be a core focus of future programming rather than an add-on, and have sufficient resources attached to it, to have an impact on girls' empowerment. This requires either in bringing expertise into the consortium, partnering with organizations who specialize in this or a combination of both. It will also be important to define success upfront and establish indicators to periodically track progress and review learning.

> We want our investment to be shown to be able to be adopted and replicated and taken to scale, so that there will be broader investment in these types of approaches if they are successful.

Donor, 2019

The Process

What were the key components of the process evaluation?

The process evaluation used a theory-based approach to evaluate how the A360 approach and solutions were operationalized, experienced by participants and replicated by external actors.

Methods

697 in-depth interviews with A360 staff and donors, adolescent girls, community implementers and community members, and external sector stakeholders

85 focus groups with girls and community members

66 observations of workshops, meetings and solution activities

Participatory research with girls, including group reflection, roleplays and visual storytelling

Document review of key implementation documents

Independent analysis of quantitative program monitoring data

Adaptations due to COVID-19

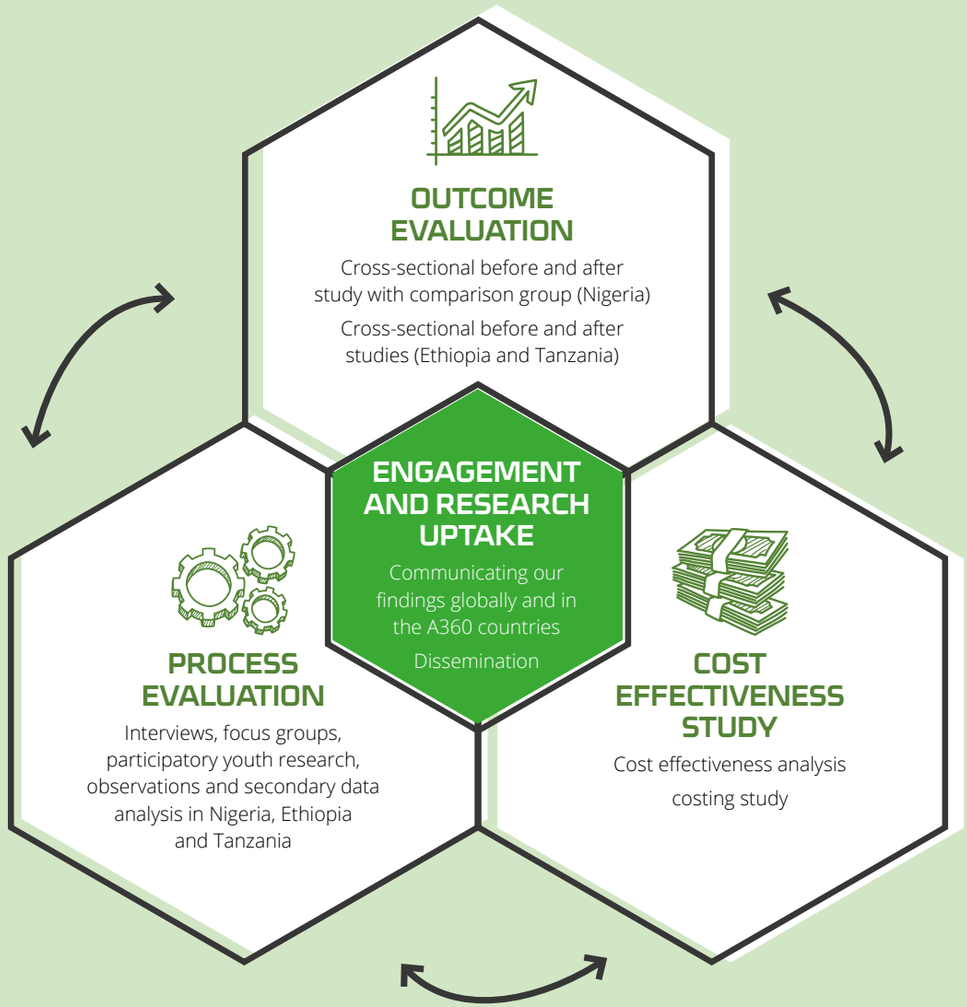
In 2020 during the early months of the COVID-19 pandemic, in-person data collection for the final round of the process evaluation was paused. Data collection was redesigned and in-person methods replaced with phone interviews (273 of them), with the support of health workers and mobilizers to reach girls without access to a phone.

About the evaluation

How did the process evaluation fit in with the other evaluation workstreams?

The process evaluation was conducted by Itad between 2016 and 2020. It was designed to complement an outcome evaluation led by the London School of Hygiene and Tropical Medicine and a cost effectiveness analysis led by Avenir Health.

Find the full process evaluation, outcome evaluation, and cost-effectiveness findings on the Itad website **here**.



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1 World Health Organization (2016) Global health estimates 2015: deaths by cause, age, sex, by country and by region, 2000-2015.

2 Ganchimeg, T. et al. (2014) 'Pregnancy and childbirth outcomes among adolescent mothers: a World Health Organization multicountry study.', BJOG : an international journal of obstetrics and gynaecology. BJOG, 121 Suppl 1, pp. 40–48. doi: 10.1111/1471-0528.12630.

3 Chaaban, J. and Cunningham, W. (2011) Measuring the Economic Gain of Investing in Girls: The Girl Effect Dividend. The World Bank (Policy Research Working Papers). doi: 10.1596/1813-9450-5753.