Adolescents 360 Evaluation

Process Evaluation Methodology

October 2018

Acknowledgements

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Authors

Emma Mulhern (Itad)

Gabrielle Appleford (independent consultant)

Acronyms

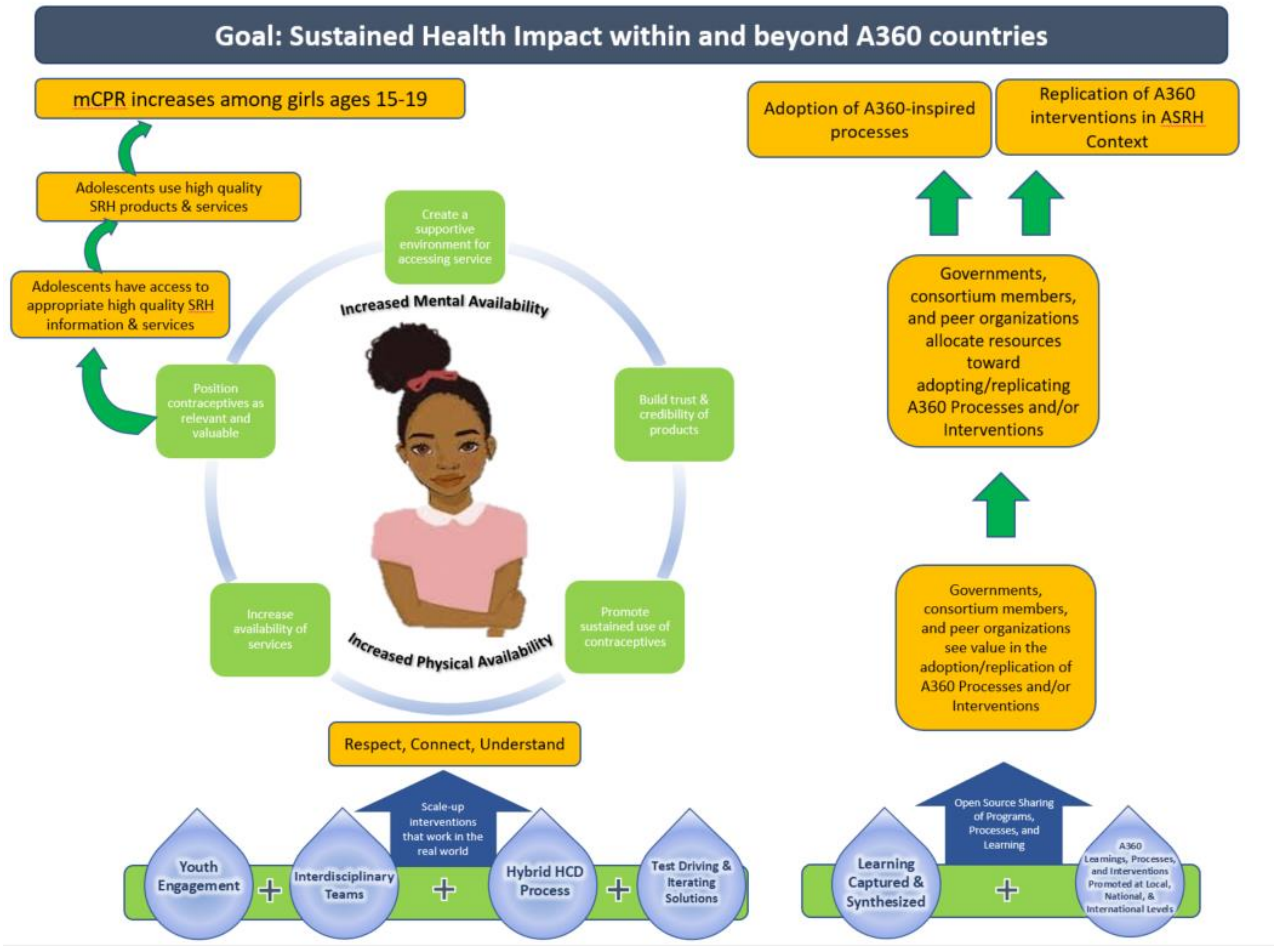
A360	Adolescents 360
AYSRH	Adolescent and youth sexual and reproductive health
CES	Cost effectiveness study
CIFF	Children's Investment Fund Foundation
EQ	Evaluation question
FGD	Focus group discussion
FP	Family planning
HCD	Human-centered design
IDI	In-depth interview
MoH	Ministry of Health
OE	Outcome evaluation
PE	Process evaluation
PEER	Participatory Ethnographic Evaluation and Research
PSI	Population Services International
SES	Socioeconomic status
SFH	Society for Family Health
ToC	Theory of change

1 Adolescents 360 Background

Adolescents 360 (A360) is a four-year initiative (2016–2020) funded by the Bill & Melinda Gates Foundation (the Gates Foundation) and the Children's Investment Fund Foundation (CIFF) to increase voluntary, modern contraceptive use and reduce unintended pregnancy among adolescent girls between the ages of 15 and 19 in Ethiopia, Nigeria and Tanzania.[1] A360 utilizes an interdisciplinary approach[2] informed by human-centered design (HCD), adolescent developmental science, public health, sociocultural anthropology, social marketing and youth engagement to design and scale up country-specific interventions that respond to adolescents' specific needs in obtaining modern contraceptives. The project is implemented by Population Services International (PSI) and works in partnership with IDEO.org, and the Society for Family Health (SFH) Nigeria (hereinafter referred to as the A360 Consortium).[3]

Figure 1 presents A360's theory of change (ToC). This has been subject to review, in line with the iterative nature of a project that utilizes HCD.[4]

Figure 1: A360 theory of change



[1] Read more about A360 here: https://www.psi.org/special-project/adolescents-360/

[2] The A360 consortium has adapted the language around the disciplines during the implementation of A360.

[3] The Center on the Developing Adolescent at the University of California, Berkeley was also part of the Consortium during the design phase of A360.

[4] This ToC is accurate as of December 2017; a more detailed internal ToC sits behind this externally facing ToC.

Figure 2 outlines the key stages of the A360 project. For the purposes of the evaluation, we consider inspiration, ideation and pilot as the design phase of A360 and scale as the implementation phase.[5] The stages of the design phase are informed by IDEO.org's approach to HCD.[6]

Figure 2: Key stages of the A360 project

2 Evaluation background

Itad is working in collaboration with the London School of Hygiene and Tropical Medicine (LSHTM) and Avenir Health to independently evaluate and distil lessons from the A360 program. The evaluation of A360 includes an outcome evaluation (OE) led by LSHTM, a process evaluation (PE) led by Itad and a cost effectiveness study (CES) led by Avenir Health (see Figure 3).

At the heart of each evaluation component is a cross-cutting engagement and research uptake strategy, outlining how the learning will be shared with internal and external stakeholders. The evaluation components are designed to be mutually reinforcing and complementary, with a view to being able to provide a comprehensive snapshot of the impact of A360. With this in mind, the PE and CES are aligned with the study settings of the OE.

This protocol documents the PE methodology.[7]

3 Process evaluation aims and objectives

Recognizing that PE 'is vital for understanding how interventions function in different settings, including if and why they have different effects or do not work at all' (Haynes et al., 2014), the primary objective of the PE is to present a descriptive and analytical account of how the implementation of A360 has played out in relation to the ToC. This will help garner an understanding of how and why A360 is making a difference, in order to generate lessons for future policy and practice

Process evaluation
'A study which aims to understand the functioning of an intervention, by examining implementation, mechanisms of impact, and contextual factors.'
Source: Moore et al. (2013).

The specific objectives are to:

1. Provide analysis and learning to support adaptive management and course correction (pilot and scale-up phases);
2. Evaluate how the A360 approach has played out in implementation;
3. Investigate how A360, as a program, has interfaced with the different contexts in which it has been implemented;
4. Evaluate the experience of A360 among adolescents and community members and how it affects perceptions and opinions about adolescent use of contraception;

[5] These phases have shifted during implementation and will be reflected in PE deliverables.

[6] Read more about IDEO.org's approach to HCD here: https://www.ideo.org/approach

[7] Read more about the overall evaluation here: http://www.itad.com/knowledge-and-resources/adolescents-360/

5. Investigate how solutions have been operationalized and their feasibility for scale-up and replication.

3.1 Approach to the process evaluation

The PE utilizes a theory-based approach, whereby the evaluation design and application is explicitly guided by theory about how A360 leads to change. Theory is integral to PE, as interventions *'are likely to reflect many causal assumptions. Identifying and stating these assumptions, or "programme theories", is vital if process evaluation is to focus on the most important uncertainties that need to be addressed, and hence advance understanding of the implementation and functioning of the intervention'* (Moore et al., 2013).

The purpose of using a theory-based design is to:

1. Clearly describe the A360 interventions and their evolution over time, and clarify how and why the program intends to effect change;
2. Examine and test the causal links between A360 interventions and their outcomes, to help understand how and why the program works/does not work in different contexts;
3. Generate ongoing learning about how and why A360 is/is not working, to inform adaptive implementation.

Therefore, at the heart of this evaluation is the ToC for the A360 (Figure 1). The ToC and evaluation questions (EQs) provide a robust framework for the evaluative process of enquiry, as well as a platform for learning.

The initial overarching framework for the PE design is grounded in four main domains: process, context, experience and solutions. **Process questions** explore the A360 approach and how this plays out in practice during implementation. **Context questions** consider the contexts in which A360 operates, including the enablers and barriers to implementation. **Experience questions** explore how adolescents and community members feel about the interventions and their effects on perceptions and opinions about contraception. **Solutions questions** look specifically at the interventions generated at different design phases, considering how they have been operationalized and the perceptions of other stakeholders (such as government) about their viability and feasibility for wider replication.

Figure 4 lists the high-level PE EQs; a number of more detailed sub-EQs sit behind these. These were drafted prior to the development of the A360 interventions, and as such there is a large focus on the design phase of A360.

Figure 4: EQs – design phase

Process	Context	Experience	Solutions
What makes the A360 process different to other types of solution design? *How have public health, development neuroscience, youth-adult partnership, social marketing and socio-cultural anthropological lenses influenced the design and implementation of A360?* *How has the A360 approach adapted over*	*How does the context in each country enable or inhibit the A360 approach and its implementation?* *What are the strengths and limitations of the A360 approach in programs for adolescent girls in different contexts?*	*How does the experience of participating in A360 affect acceptance of adolescent contraceptive use by their communities?* *How does the experience of participating in the A360 design process affect the perceptions and opinions of adolescents about contraception?* *How does the A360 design process affect provider attitudes and*	*How were insights generated through formative research?* *How were prototypes operationalized?* *How were the pilot models operationalized?* *How has scale-up been operationalized?* *What are the effects of scaled-up models for adolescent girls?*

the course of the program and why? *How has the design and implementation of A360 been managed and with what implications and effects?*		*provider–adolescent engagement?*	

In consultation with the A360 team, the EQs were revised to more accurately reflect the shift from the design phase of A360 to the implementation phase. This coincided with the end of the pilot phase of the interventions[8] (March/April 2018). The process involved combination of the solution and experience aspects, shifting the focus firmly to understanding the implementation and interventions, in line with the pathway to behavior change depicted at the center of the A360 ToC, presented in Figure 5 for ease of reference.

Figure 5: A360 pathway to behavior change

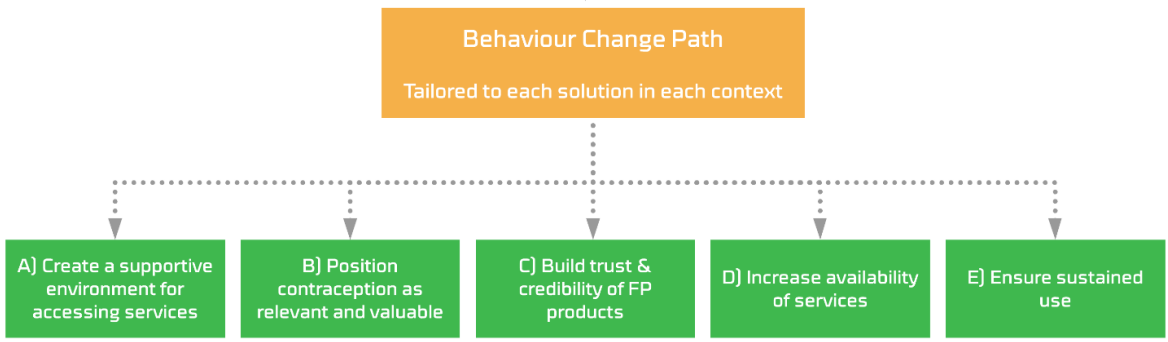


Figure 6 lists the revised high-level EQs for the implementation phase of A360.

Figure 6: EQs – implementation phase

Process	Context	Experience
What makes the A360 process different to traditional ways of designing and implementing interventions? *How has the A360 approach adapted over the course of the program and why?* *How has the design and implementation of A360 been managed and with what implications and effects?* *How has the design and implementation of A360 been managed and with what implications and effects?* *What is the evidence of replication of the A360 developed solutions by PSI, consortium members, governments and peer organizations?*	*How does the context in each country enable or inhibit the A360 approach and its implementation?*	*Do the A360 solutions create a supportive environment to access services for adolescent girls in the communities they are operating in?* *Do the A360 solution position modern contraception as relevant and valuable to adolescent girls?* *Do the A360 solutions build the trust and credibility of family planning products among adolescent girls?* *Do the A360 solutions increase availability of services to adolescent girls?* *Does the solution promote ongoing interaction between the adolescent girl and the service provider/health system?*

[8] Interventions and 'solutions' are used interchangeably.

How have the solutions been operationalized at scale in each county?

3.2 Study population and setting

Given the adaptive nature of A360, at time of designing the PE, the specific implementation geographies and, in some cases, sub-groups of 15–19-year-old adolescent girls were not fully defined. We utilized the indicative information and assumptions in the initial design of the PE and then adapted our approach based on more precise information as it emerged from the program. Table 1 presents the indicative implementation geographies and study populations at the end of the pilot phase. The OE has conducted baseline data collection in the geographies that have been bolded in Table 1. As mentioned, the PE is also focusing on these regions to complement the OE findings.

Table 1: Implementation geographies and target populations

No	Country	Indicative implementation geographies	Study populations
1	Ethiopia	Amhara, **Oromia**, Southern Nations, Nationalities and Peoples' Region and Tigray	Married adolescent girls
2	Nigeria (North)	Federal Capital Territory, **Nasarawa** and Kaduna	Married adolescent girls
3	Nigeria (South)	Lagos, Osun, **Ogun**, Oyo, Edo, Delta and Akwa Ibom	Unmarried adolescent girls
4	Tanzania	Kagera, Geita, **Mwanza**, Arusha, Tabora, Tanga, Dar es Salaam, Mbeya, Iringa and Morogoro	Married and unmarried adolescent girls

3.3 Process evaluation methodologies

The PE draws on a range of primary and secondary data sources. Our design ensures we can leverage existing secondary data generated by PSI/SFH and its partners and complements this with a range of primary data collection approaches that capture rich qualitative data to inform the PE, as well as ongoing learning and adaptation of A360.

Primary data collection methodologies

Primary research is undertaken in cycles, aligned with the key phases of A360. At the time of PE design, we anticipated that these cycles would be six monthly; however, this has been highly dependent on the A360 project timeline.

We draw upon several methods for these cycles:

1. **In-depth interviews**

In-depth interviews (IDIs) are a key component of the PE methodology. During the design phase, through interviewing A360 Consortium members, these seek to understand the process of designing the interventions and the A360 approach, including the influence of the disciplines and how the consortium is working together. They seek to understand what service providers and key stakeholders think about A360 and the interventions being developed. Moving from pilot to implementation, IDIs focus on understanding the effects of the interventions and how they are being implemented (what is working and why, where

the challenges lie, etc.). They also focus on a range of respondents, from service providers to Ministry of Health (MoH) representatives.

IDIs employ structured interview guides to enable systematic discussion led by interviewers covering defined areas. Tailored guides have been designed for the categories of stakeholder listed, subject to pre-testing and refinement. Data is captured through tape recording and in note format by the PE team members and thereafter transcribed.

2. Focus group discussions

Focus group discussions (FGDs) are utilized at community level with adolescent girls and community members who have been exposed to the interventions (community members depend on the focus of the intervention in each country, e.g. we conducted FGDs with mothers in Nigeria and Tanzania and husbands in Ethiopia). These explore perceptions of the interventions in the communities in which they are being implemented.

We also conduct a small number of FGDs with non-exposed community members, including adolescent boys, to explore knowledge and attitudes in relation to adolescent girls' uptake of modern contraception.

Members of the PE team conduct the FGDs using prepared discussion guides, subject to pre-testing and refinement as needed. FGDs take place in local languages.

3. Participatory youth research

The PE is committed to using methods that meaningfully involve young people in data collection, synthesis and analysis. We have drawn on the principles of Participatory Ethnographic Evaluation and Research (PEER),[9] which 'is based upon training members of the target group… to become peer researchers. The peer researchers are trained to carry out in-depth conversations interviews among their own peer group.'[10]

Adolescent girls (who have been exposed to the A360 intervention) are trained as peer researchers and engaged in co-creating interview questions. Girls then interview their peers about the A360 intervention, such as their interaction with service providers. Participatory design or co-creation of the interview questions ensures the research is framed within the conceptual understanding of the researchers themselves.

Within this process, we utilize other participatory techniques, such as:

- **World café methodologies**, to promote dialogue over the findings between the peer researchers;
- **Role plays**, to enhance understanding of the interview questions and consent process, as well as unpacking some of the issues raised through data collection;
- **Visual story telling** through the form of drawings, to explore and validate the findings from the peer research.

Workshops are facilitated by researchers who speak the local language, and all data, research questions, activities, etc., are conducted in the local language. Given the resource-intensive nature of the methodology, it will only be conducted in the OE sites, at the start and end of implementation.

4. Direct observation

Direct observation includes key events and process points for the A360 program, as well as the implementation of the interventions in different contexts. Figure 7 shows the key events and process points, which are based on A360's current implementation plans**.**

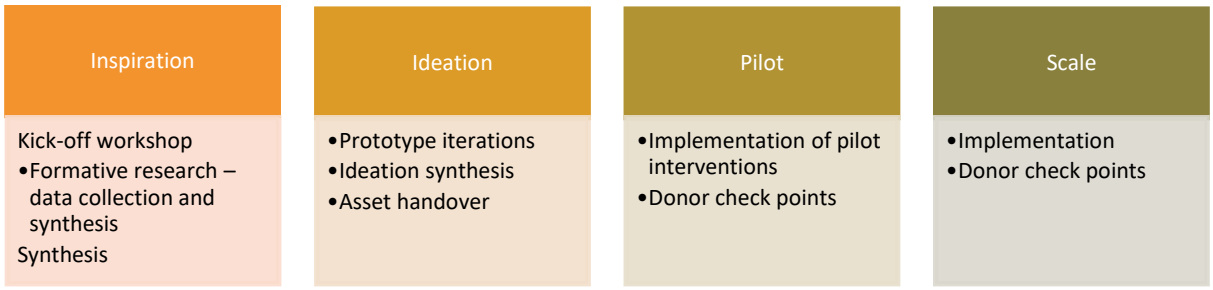
Observations entail site visits to A360 Consortium partners' offices and program sites to observe design processes and implementation of the interventions. The PE team has developed an observation tool to document observations, to aid consistency across activity and context. While it is not possible to observe

[9] PEER was developed by Options Consulting Ltd in collaboration with Swansea University.

[10] The PEER Method: https://options.co.uk/sites/default/files/peer_process.pdf

everything taking place within A360, to the extent feasible it is ensured that all major events are observed, with a smaller sample of observations of the interventions done as part of data collection.

Figure 7: A360 events and process points



Sampling and recruitment

The PE seeks a wide range of insights from diverse perspectives. A purposive sampling approach is applied, in which study participants are selected based on their role on the A360 program or in implementation and/or because of their socio-cultural relevance to the adolescent girl (see Table 2). This is tailored to each country context and intervention.

Study participants are recruited primarily through working with program mobilizers and field staff to support the identification of service providers engaged in the interventions and adolescent girls and other community members who have been exposed to the interventions. Through mobilizers, PSI/SFH field staff and meetings with MoH representative, we have also mapped other key community influencers appropriate to the context, for example *kebele* (village) leaders in Ethiopia.

Table 2: Data collection and recruitment methods and estimates of sample size per study geography

Data collection method	Inclusion criteria	Recruitment method	Sample size (per annum)	Sample size (total study period)
IDI (A360 Consortium staff, CIFF, the Gates Foundation)	• Working with one of the A360 Consortium organizations or the foundations	• Purposive sampling	20 per cycle (up to 40 per annum – some are repeat interviews)	120 interviews (some are repeat interviews)
IDI (service providers)	• Provider engaged in A360	• Randomly select from A360 list of providers (selection based on convenience)	5 service providers per cycle (10 per annum)	30 providers
IDI (community influencers)	• Influential community member (defined in a similar way to A360 as religious leaders, local chiefs and government officials, teachers, women's leaders, representatives of community-based organizations, etc.) • Aware of and/or engaged in A360	• Randomly selected from stakeholder mapping (conducted by the PE with input from A360)	5 influencers per cycle (10 per annum)	30 community influencers
FGD (community members)	• Individuals from communities with A360 activities • Individuals representative of a range of socioeconomic groups (including lower SES)	• PE team ask for referrals from community influencer and service IDI participants • PE team ask for referrals from PSI local partners • PE team ask youth peer researchers to identify individuals in their community • PE team identifies individuals from	3 FGDs per cycle (6 per annum)	18 FGDs (90 individual participants minimum)

Data collection method	Inclusion criteria	Recruitment method	Sample size (per annum)	Sample size (total study period)
		observation (i.e. those attending an A360 community moment)		
FGD (adolescent boys or girls)	• Individuals 15–19 years of age (both married and unmarried) • Individuals from communities with A360 activities • Individuals representative of a range of socioeconomic groups (including lower SES)	• PE team ask youth peer researchers to identify adolescents in their community • PE identifies adolescents from observations (i.e. those visiting an A360-supported site, attending a community moment, etc.)	3 FGDs per cycle (6 per annum)	18 FGDs (90 individual participants minimum)
Participatory youth research	• Individuals 15–19 years of age • Individuals from communities with A360 activities • Individuals representative of a range of socioeconomic groups (including lower SES) • Individuals representative of the A360 segment focus	• Not formally recruited • Peer researcher identifies	60 peer conversations per cycle (120 conversations per annum)	360 conversations

Secondary data sources

The A360 project generates a large amount of internal data, ranging from donor reports to implementation guidelines and monitoring data. This data, along with secondary data sources of relevant to adolescent and youth sexual and reproductive health (ASYRH) policy and programming, is collected and reviewed as part of the PE. This is aligned with primary data collection cycles.

3.4 Data analysis

Data analysis is undertaken in cycles aligned with the phases in the A360 project cycle. This involves a number of pre-tested steps, which have been refined as the PE has been implemented:

1. IDIs and FGDs are digitally recorded (with the permission of the respondents) and transcribed.
2. Excerpts of text from documents, notes and transcripts are coded to allow the data to be analyzed thematically, temporally, geographically and by EQ. The coding process follows robust principles of qualitative data analysis. For example, at the start of each phase of analysis, the coding frame is piloted through simultaneous blind coding by two researchers to ensure consistency in application.
3. Insights from quantitative secondary data and PSI monitoring data are reviewed and recorded using evidence matrices to ensure the evidence is organized and collated systematically. These matrices map the available evidence (details and source) according to the relevant EQs, and are completed in alignment with primary data collection phases. Organization of the data in this way supports analysis of trends over time, as well as analysis across contexts. This analysis is triangulated with the qualitative evidence to feed into the evaluation reports.
4. Findings are drawn based on the strength of evidence identified during analysis. This provides a sense of the prevalence of particular points or themes.
5. Analysis is led by a core member of the PE team in consultation with in-country researchers, and is then reviewed by the PE team lead.

4 Dissemination of findings

The PE utilizes a number of channels to disseminate findings within the A360 Consortium, the Gates Foundation and CIFF. Externally, the PE is guided by an engagement and research uptake strategy.

4.1 Internal dissemination

The evaluation utilizes a number of channels to disseminate findings within the A360 Consortium, the Gates Foundation and CIFF:

Slide decks: For each phase, consolidated slide decks of findings are shared with the A360 Consortium, the Gates Foundation and CIFF. When there is opportunity, these are presented at relevant A360 meetings.

Webinars: The PE team facilitates webinars to share and discuss findings with the A360 Consortium.

Sounding workshops: Sounding workshops have been introduced in the implementation phase of the program to facilitate deeper engagement of program staff with PE findings. These aim to bring together key individuals to discuss the evaluation findings and to collaboratively identify critical issues that are potentially restricting the optimization of the interventions, and/or learning opportunities and successes that can be optimized.

Reports: In addition to slide decks, the PE and CES teams produced joint reports for each of the design phases, these include PE finding and costings.

4.2 External dissemination

The engagement and research uptake strategy is an outward-facing, utility-focused, cross-cutting element within the evaluation. It aims to ensure an effective strategy and approach are adopted for the communication, engagement, dissemination and uptake of evaluation findings, with regard to the needs of A360 primary target audiences and the wider AYSRH Community of Practice. Products include case studies, policy briefs, blogs and journal articles. We are shared through different channels, for example social media, conferences and national-level dissemination meetings.

5 Ethical considerations

Ethical approvals for the PE have been granted by the following committees: the Population Services International Research Ethics Board (this was sought in year one only); the National Health Research Ethics Committee of Nigeria; Addis Ababa University College of Health Sciences Institutional Review Board; and the Tanzanian National Institute of Medical Research.

5.1 Informed consent

Consent processes vary by country and respondent type; these are described in Table 3. All participants in the research are informed about the evaluation and its purpose and are asked for consent before they participate. To maximize participation of young people under the age of 18, we seek a parental consent waiver. Parental waivers maximize the privacy of adolescents and enable broad representation in the research of adolescents from different socioeconomic backgrounds – for example married and unmarried adolescents, those in and out of school, those in more restrictive environments, etc. We have received this waiver in Tanzania but not Nigeria. It is not relevant in Ethiopia, as the intervention targets married adolescent girls, whose husbands assent to their participation.

Table 3: Consent/assent processes

Category	Assent or permission	Consent
Ethiopia		
Unmarried adolescents 18+	N/A	Individual
Unmarried girls 15–17 and all boys 15–17	Individual	Parent
All married girls (15–19)	Husband	Individual
Adults	N/A	Individual
Nigeria		
Adolescents 18–19 (married and unmarried)	N/A	Individual
Adolescents 15–17 (unmarried)	Individual	Parent
Adolescents 15–17 (married)		Individuals
Adults	N/A	Individual
Tanzania		
Adolescents 18–19 (married and unmarried)	N/A	Individual
Adolescents 15–17 (married and unmarried)	Individual	N/A
Adults	N/A	Individual

5.2 Other considerations

The PE aims to reduce any potential risk to adolescents through collecting general views and perceptions of the various A360 activities and contraception; respondents are not asked about their experiences in the first person. To ensure the anonymity of respondents, transcripts and data sources are coded anonymously, and data collection logs are stored separately to raw data. All recordings are destroyed as soon as they are transcribed.

5.3 Benefits and risks

Participants who travel to meet the researchers are compensated for their travel. Potential risks to participants are minimal. Peer researchers receive a small stipend for the days they spend in workshops.

The most significant risk identified is a breach of confidentiality. Protecting research participants' privacy is a major goal for this study, recognizing the sensitive subject matter. Field researchers are trained in study procedures and in research ethics to ensure they are sensitized to risks and respectful of privacy. As previously described, all identifying information needed for the recruit of study participants, whether adults or adolescents, is destroyed at the completion of data collection. No identifying information is collected during individual or group interviews.

6 Limitations

To date, our methods appear suitable for this program. This is aided by the timing of the evaluation. The overall evaluation was commissioned in parallel with the commencement of the A360 project itself. This gave the PE a critical advantage to be able to observe key moments in the inception of A360.

Overall, observations play a relatively small part of the PE; therefore, we are relying on A360 monitoring data and recall to evaluate implementation.

This PE focuses on a limited number of geographical areas, which affects the generalizability of our findings. However, PSI/SFH collect monitoring data across all sites. We are reliant on PSI/SFH monitoring data and are not resourced to verify or evaluate the quality of monitoring data. We anticipate incorporating this additional monitoring data into the overall evaluation.

7 Bibliography

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8 Useful reading

Adolescents 360

- A360 project page: https://www.psi.org/special-project/adolescents-360/
- A360 Learning Hub: https://www.a360learninghub.org/

Adolescents 360 evaluation

- A360 evaluation page: http://www.itad.com/knowledge-and-resources/adolescents-360/
- OE methodology: Atchison, C. J., Mulhern, E., Kapiga, S. et al. (2018). Evaluating the impact of an intervention to increase uptake of modern contraceptives among adolescent girls (15–19 years) in Nigeria, Ethiopia and Tanzania: The Adolescents 360 quasi-experimental study protocol. *BMJ Open* 2018(8:e021834, doi: 10.1136/bmjopen-2018-021834). https://bmjopen.bmj.com/content/8/5/e021834

IDEO.org (A360 HCD partner)

- IDEO.org approach to HCD: https://www.ideo.org/approach

PEER Methodology

- PEER: https://options.co.uk/peer

Process evaluation

- Moore, G. F., Audrey, S., Barker, M. et al. (2013). Process evaluation of complex interventions: Medical Research Council guidance. *BMJ* 2015(350): h1258. https://www.bmj.com/content/350/bmj.h1258

Other

- Haynes, A., Brennan, S., Carter, S. et al. (2014). Protocol for the process evaluation of a complex intervention designed to increase the use of research in health policy and program organizations (the SPIRIT study). *Implementation Science: IS*. https://doi.org/10.1186/s13012-014-0113-0
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