

# A360 Evaluation Mid-Term Review Summary

A360 aims to increase adolescent girls' access to and demand for modern contraception in developing countries, beginning with Nigeria, Ethiopia and Tanzania



4.5 years:  
2016–2020

**\$30m Investment**

Jointly funded by the Bill & Melinda Gates Foundation and the Children's Investment Fund Foundation (CIFF)  
Implemented by a Population Services International (PSI)-led consortium





# Design Phase

## HUMAN CENTERED DESIGN

This is the core of the A360 approach, and was the driving force of the design process. Through it, A360 has succeeded at 'putting the girl at the center'. But focusing too narrowly on what girls want and need may draw attention away from broader, more abstract drivers and constraints, such as gender norms and health systems. At first, A360 did not design for health workers, who are fundamental to the success of the program – solutions have since been refined to respond to service providers' needs.



**YOUTH ENGAGEMENT**  
A360 worked with over 280 young designers. They added value throughout the design process, supporting data collection, analysis, prototyping and M&E, and acting as 'cultural interpreters.' But as A360 has moved from design to implementation, it is not always clear how meaningful youth engagement has been.

## SOCIO-CULTURAL ANTHROPOLOGY

This emphasized social and cultural influences on girls' perceptions and choice-making. However, some A360 staff felt it has not always been influential in the design process, and cultural belief systems have not always been well addressed.



## FUSING 6 DISCIPLINES

The foundations from which A360 aimed to design innovative adolescent and youth sexual and reproductive health 'solutions'



**PUBLIC HEALTH**  
Public health standards and concerns underpin how the solutions are implemented and monitored. This has helped put quality and ethical concerns at the center of A360. But existing evidence about what works in adolescent sexual and reproductive health has sometimes been sidelined in the HCD process.

## ADOLESCENT DEVELOPMENTAL SCIENCE

This helped research teams apply thinking about girls' life trajectories during the design phase. It helped widen the discussion to consider how adolescents think about sexual relationships, childbearing and contraceptive practices.



**SOCIAL MARKETING**  
A360 drew on social marketing to develop girl-friendly brands in each country. However its influence has been less explicit than the other lenses, with branding considered more a product of HCD than social marketing. Efforts to employ adolescent segmentation models have also had mixed success.

**OVERALL** A360's approach to design has created a cadre of implementers with the capacity and empathy to work in a new way, putting girls at the center. Their dedication has been a key force driving A360 forward, and they have already taken this mindset into other programs.

**BUT** implementing teams are small and management not always well resourced, putting staff under huge pressure to find scalable solutions and meet targets while simultaneously managing a large consortium through a complex design process. A short pilot phase (just six weeks per country) also compromised ability to rigorously test solutions before scaling.



# The solutions



## IN NIGERIA

9ja Girls and Matasa Matan Arewa use life, love and health as entry points to reach urban, peri-urban and rural married and unmarried girls.



## JALQABBII GAARII SMART START

## IN ETHIOPIA

Smart Start uses financial planning as an entry point to discuss contraception with newly married couples in rural communities.

## IN TANZANIA

Kuwa Mjanja provides opt-out contraceptive services alongside life and entrepreneurial skills training, to urban and peri-urban girls and through in-clinic and outreach events.



The solutions aim to increase modern contraceptive prevalence rates, through influencing five key outcomes on a 'pathway to behavior change'

1

### Create a supportive environment for accessing services, by...

- Working with government, community leaders, husbands, parents.
- Positioning activities around wellbeing and future planning, not contraceptives.
- Using opt-out moments – all girls get 1-1 counseling unless they opt out.

2

### Position contraception as relevant and valuable, by...

- Reaching girls through community and peer mobilizers.
- Linking contraceptive counseling with life and vocational skills training.
- Employing youth friendly brands and messaging.
- Using body changes, achieving dreams, financial planning and maternal health as entry points.

3

### Build trust and credibility of contraception, by...

- Using interactive counseling sessions to address fears and dispel myths.
- Working with youth-friendly service providers identified by girls, or trained and trusted public sector health workers.

4

### Increase availability of services, by...

- Providing new service delivery points – outreach events, home visits and Saturday sessions.
- Providing services on-the-spot, eliminating referrals.
- Changing perceptions of service providers, to help them see girls as contraceptive clients.

5

### Ensure sustained use, by...

- Signposting girls to youth-friendly providers for follow up support, or linking them into the public health system.
- Exploring how girls can be engaged through mobile apps and online hubs.



# What's working?



**“ We have learned to plan our future before we decide to have a child... if we don't have money the baby will be malnourished. Our husbands said the lesson is very useful ”**

**Girl, Ethiopia**

**1**

## Creating a supportive environment for accessing services

✓ A360 is succeeding in finding ways to help girls access contraceptives quietly, so they can circumnavigate entrenched community stigma. This includes opt-out counseling moments, aspirational brands that don't mention contraception, and framing activities as wellbeing rather than contraceptive events.

! BUT this may be at the expense of actively addressing harmful and entrenched community myths, misconceptions and stigma around contraception for girls. A360's ambitious adoption and conversion targets have reduced incentives to fund activities that address community barriers, as these change slowly and don't immediately impact contraceptive uptake.

**2**

## Positioning contraception as relevant and valuable

✓ Linking contraception to aspirations has been a critical success factor for A360 – making contraception relevant and valuable through aspirational messaging about girls achieving their dreams, the values of autonomy and self-worth, financial planning, and caring for a family; and attracting girls through 'hooks' like entrepreneurship skills classes.

! BUT taking skills training to scale while retaining its quality has been challenging, and girls often have high, potentially unrealistic expectations that one-off sessions will provide a gateway to employment.

**5**

## Ensuring sustained use

✓ A360 has tested various activities to support sustained use. All the solutions refer girls to nearby facilities for follow up support.

! BUT A360 is not collecting data on follow up visits or continuation, although is exploring how this might be possible in future. Some activities designed to support sustained use (e.g. youth clubs) have been dropped, as they were not considered cost effective.

**3**

## Building trust and credibility of contraception

✓ Girls like A360 counseling and often say they learnt about contraception for the first time at an A360 event.

! BUT girls' fears about contraception are entrenched and hard to shift, and it has proved challenging to identify, train and retain enough youth friendly service providers.

**4**

## Increasing availability of services

✓ A360 has made it easier for girls to access services through finding times and places that work for them. A360 is also helping service providers understand girls' needs and see them as potential clients – overcoming some discrimination and misgivings around serving girls.

! BUT many things stop service providers from counseling girls on all available methods, including capacity constraints, health system weaknesses and stock-outs, and their own entrenched biases against particular methods (especially for younger girls).

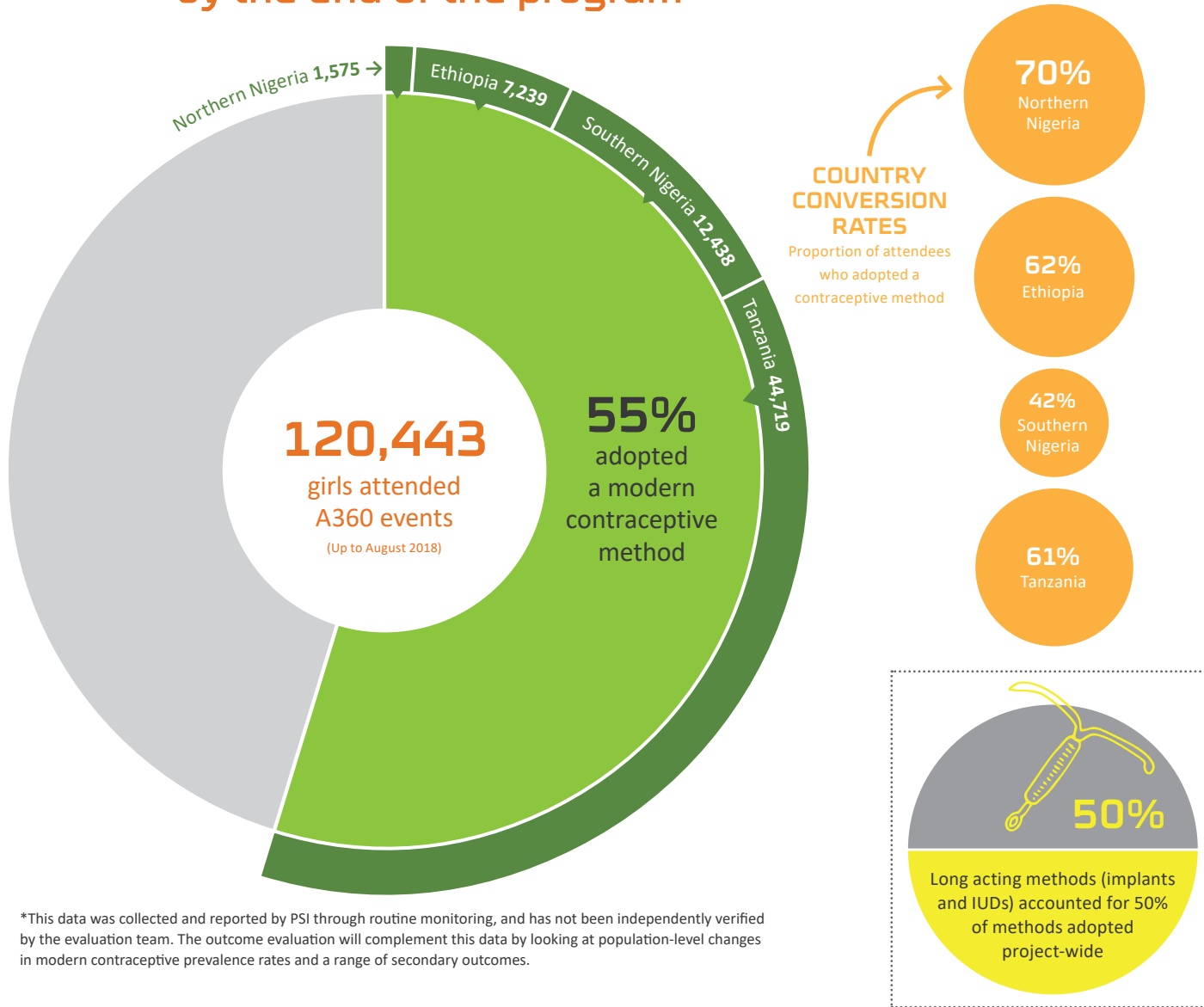
These insights are drawn from a synthesis of process evaluation findings, encompassing around 300 interviews, 60 focus groups and 57 observations across Ethiopia, Nigeria and Tanzania. Quantitative findings from the outcome evaluation will be available in 2021.





# Results\*

A360 is on track to reach just under 250,000 girls with modern contraception by the end of the program



\*This data was collected and reported by PSI through routine monitoring, and has not been independently verified by the evaluation team. The outcome evaluation will complement this data by looking at population-level changes in modern contraceptive prevalence rates and a range of secondary outcomes.



## ADOPTION, REPLICATION AND PARTNERSHIP

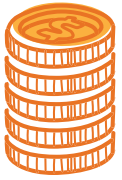
A360 aims to inspire the global community to adopt and replicate A360's approach and solutions, through producing open access resources and sharing learning on the global stage.

- ✓ PSI has leveraged \$12.5 million in funding for projects building directly on the A360 approach, including other HCD programs.

Engaging Ministries of Health from the outset has enhanced national buy-in, and A360 is working to institutionalize solutions into government health programming. In Ethiopia, PSI have been discussing the possibility of integrating Smart Start into the national Health Extension Worker program with counterparts in the Ministry of Health.

**BUT** A360 staff and partners expressed concerns about promoting A360 and the solutions too early, before evidence existed on their effectiveness.

Partnerships with other organizations are viewed as essential for scaling the solutions, but finding partners has been difficult, in part linked to the competitive environment of sexual and reproductive health programming. It has also been challenging for implementers to find the time to identify, secure and monitor partnerships while balancing the pressures of design and delivery.



# What did it cost?

An estimated \$9.9 million was spent from Inception to the end of the Pilot phase (Jan 2016-Dec 2017)\*

**\$5-6.5 MILLION  
IMPLEMENTING\*\***

This includes designing and piloting the four solutions in the three countries

**\$1-1.5 MILLION  
PROMOTING  
REPLICATION\*\***

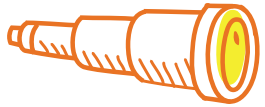
This includes activities to capture and disseminate learning (e.g. through the A360 Learning Hub, meetings and conferences) in order to inspire others to adopt the A360 approach and replicate solutions.

**\$2-3.5 MILLION  
CREATING THE A360  
APPROACH\*\***

This captures the costs associated with bringing together the different consortium partners and six disciplines. It includes most of the inception phase, and some costs from later phases to account for continued refinement of the approach.

\* This includes \$726,700 of leveraged funding, outside the A360 budget.

\*\* It was not possible to break down costs precisely into these three areas as there are not clear definitions of what efforts are attributed to each. The costing study instead identified plausible ranges, through consultations with A360 staff.



# Looking forward

## RECOMMENDATIONS FOR FUTURE ADOLESCENT SRH PROGRAMS USING HCD

### IMPLEMENTERS SHOULD

- **USE** the inception phase to ‘storm and norm’, enabling design teams to begin programming with joint expectations, rather than navigating relationships at the same time as implementation.
- **DESIGN** for national ownership and shared delivery from the outset, ideally building on a solid understanding of national political economy considerations and drivers of change, and designing for health workers as well as girls.
- **BALANCE** pressures for rapid scale-up with a focus on maintaining design quality and fidelity.
- **CONSIDER** the potential of aspirational messaging. Tapping into girls’ aspirations has proved successful in all A360 contexts, for married and unmarried girls.

### DONORS SHOULD

- **BALANCE** target setting with flexibility. Setting targets before solutions are defined may create unnecessary tensions. Clear design parameters, rather than strict targets, may be more appropriate.
- **PARTNER** according to areas of strength. Donors play an important role in helping to identify and connect partners, and incentivizing them to work together.
- **PRIORITIZE** implementation over adoption and replication in the early stages. Give the project time and space to implement without the pressure of communicating success at the same time.
- **PREPARE** for higher costs if the program aims to influence gender and social norms, and acknowledge that these activities may not demonstrate immediate results in the short term.

### EVALUATORS SHOULD

- **CONSIDER** timing carefully. HCD means the nature of the intervention, the target groups and timelines may be unclear for some time. Consider leading with a process evaluation and designing an outcome evaluation and cost effectiveness study only once the interventions have been defined.
- **CONSIDER** a flexible, utilization-focused process evaluation. A project like A360 is fast paced and changes frequently, which requires an evaluation team able to adjust methods and timelines to align closely with implementation and ensure findings are generated and shared in ways that support use.
- **BE SENSITIVE** of research fatigue during the design phase. Evaluators need to balance the importance of capturing the views of stakeholders with the potential for research fatigue from taking part in the HCD process as well as the evaluation.

### RECOMMENDATIONS FOR A360 AS IT SCALES

- **ENSURE** targets do not distract attention from addressing enabling environments, quality programming, and promoting sustained use. Many decisions throughout the design phase were driven by cost considerations, and adoption and conversion targets, which skewed attention away from key issues – such as supporting girls to sustain contraceptive use, and building supportive environments. Going forward, A360 should pay attention to meeting the training needs of service providers, engaging communities, and supporting sustainability as well as community engagement – potentially revisiting aspects of the design that were dropped due to a focus on cost-effectiveness and reaching scale at speed.

- **FOCUS** on producing the right evidence at the right time. The desire to promote the A360 approach should be balanced with the rigor required for evidence-based implementation and scale up.
- **DEEPEN** understanding around key elements of the solutions and what makes them effective. For example, studying how A360 is shifting service provider attitudes, or finding ways to measure meaningful youth engagement, would provide valuable contributions to the adolescent SRH field.

# About the evaluation



Itad is working in collaboration with the London School of Hygiene and Tropical Medicine (LSHTM) and Avenir Health to independently evaluate A360.

The Mid-Term Review synthesizes evaluation findings from the inception through optimisation phases of A360, drawing together insights from a process evaluation, a cost-effectiveness analysis, and baseline outcome evaluation findings.



Find the full Mid-Term Review and all other evaluation products on the Itad website here:

<https://www.itad.com/knowledge-and-resources/adolescents-360/>

Click here for visual summaries of our baseline outcome evaluation findings in [North Nigeria](#), [South Nigeria](#), [Ethiopia](#) and [Tanzania](#).



## NEXT STEPS FOR THE EVALUATION

The process evaluation will continue to deliver findings to support course correction and understand implementation up to the end of the project in mid-2020.

The cost effectiveness study will gather costing data throughout 2019 and 2020.

The outcome evaluation will collect endline data after the project has finished in mid-2020.

The final evaluation report will be available in mid-2021.

