Seeing the Whole Girl
Adolescents 360

Years: January 2016 - June 2020
Budget: $31 million
Countries: Ethiopia, Tanzania, Nigeria
Focus: Adolescent contraceptive service delivery
Co-investor: Children’s Investment Fund Foundation
Prime: Population Services International
Key partners: Society for Family Health Nigeria, IDEO.org, Centre for the Developing Adolescent, Triggerise*
Evaluators: Itad, LSHTM and Avenir Health
Performance: Ahead of KPI goal; on budget
In This Session...

- Brief overview of A360
- The problem landscape
- The solutions designed
- Their impact – monitoring, process evaluation, and cost effectiveness analysis
Adolescents 360
A brief overview
We designed 4 interventions in 4 geographies
A360 Process | 2016-2020

INQUIRY
- Ethical review
- Recruit youth as co-designers
- Team orientation to A360 disciplines
- Interview guide development
- Semi-structured interviews with girls, gatekeepers, community, and providers

INSIGHT SYNTHESIS & PROTOTYPING
- Interpretation and contextualization of respondent results across disciplines
- Analysis of respondent results to develop themes for design
- Development of prototypes
- Vetting and refinement through field testing and disciplinary analysis of field test results
- Initial performance metrics to gauge viability

IMPLEMENTATION
- Evidence-based Adaptive Implementation to ensure interventions’ continued “fit” for girls, and the health systems that own and sustain their implementation

Jan. 2017

External Costing Analysis and Process and Impact Evaluation
Definitions 101

Primary metrics:
- Adopters
- Adopter conversion rate

Definitions of each metric dictated by government health systems
- Adopters: girls adopt a modern method who have never used or didn’t use at time of last sex

Not the only metrics; attendees, method mix, continuers, switchers, counselled w/ husband, etc.

Benchmark method mix against DHS / PMA; model services to users to do so
Monthly reporting dashboard
A360 Evaluation

Aims:
- Provide timely data to **course correct** the program during implementation, and to maximize the effectiveness and impact of efforts.
- **Assess the impact** of the program in reducing the number of unintended pregnancies among adolescent girls.
- 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.
The Problem Landscape
Barriers by the numbers
### The Landscape in 2016

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>mCPR</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>all girls 15-19</td>
<td>5.2%</td>
<td>4.8%, 1.2%</td>
<td>8.6%, 13.3%</td>
</tr>
<tr>
<td>currently married girls 15-19</td>
<td>23%</td>
<td>1.2%</td>
<td>13.3%</td>
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<tr>
<td>Unmet need</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>all girls 15-19</td>
<td>6.8%, 32.8%</td>
<td>6.2%, 13.1%</td>
<td>10.8%, 23.0%</td>
</tr>
<tr>
<td>currently married girls 15-19</td>
<td>32.8%</td>
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<tr>
<td>Median age at first sex women age 25-49</td>
<td>16.6</td>
<td>17.6</td>
<td>17.2</td>
</tr>
<tr>
<td>Median age at first birth women age 25-49</td>
<td>19.2</td>
<td>20.2</td>
<td>19.7</td>
</tr>
<tr>
<td>Adolescent fertility rate (Births per 1,000 girls aged 15-19)</td>
<td>79</td>
<td>122</td>
<td>133</td>
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</table>
Adolescents 360 (A360) is a four-year initiative (2016-2020) to increase adolescent girls' access to and demand for modern contraception in Ethiopia, Nigeria and Tanzania. A360 is being implemented in four regions of Ethiopia: Amhara, Oromia, State of Southern Nations, Nationalities and Peoples’ and Tigray. As part of the evaluation of A360 in Ethiopia, we sought to identify the key sexuality, fertility and family planning characteristics of the target population at baseline prior to A360 implementation in one region (Oromia). A360 targets married adolescents in Ethiopia.

**ETHIOPIA**

**ADOLESCENTS 360 BASELINE SURVEY**

**OVERVIEW**

- % who report... 98.9% sexually active
- 61.3% use modern contraception
- 20.5% have unmet modern contraception needs
- 47.1% by method: injectable, 9.5% pill, 3.2% condom

**KNOWLEDGE**

- % who agree a benefit of contraception is... 90.7% prevent unintended pregnancies, 86.1% complete her education, better job, better life

**SELF-EFFICACY**

- Regarding contraception, % who feel able to... 86.4% start a conversation with their partner, 85.1% obtain information

**MISCONCEPTIONS**

- % who agree that contraception... 53.3% can change menstrual bleeding and harm the womb, 46.6% can make you permanently infertile

**INTERVIEWED:**

- 1 region: 4 districts
- 1,198 married adolescent girls aged 15-19
- 142 husbands

**NOTE:**

Click here to see the full results of the Ethiopia Baseline survey.
Adolescents 360 (A360) is a four-year initiative (2016 - 2020) to increase adolescent girls’ access to and demand for modern contraception in Ethiopia, Nigeria and Tanzania. A360 is being implemented in ten states in Nigeria, three states in the north (Federal Capital Territory, Nasarawa and Kano) and seven states in the south (Egbe, Ogun, Oyo, Edo, Delta and Akwa Ibom). As part of the evaluation of A360 in Northern Nigeria, we sought to identify the key sociocultural, fertility and family planning characteristics of the target population at baseline prior to A360 implementation in one state (Nasarawa). A360 targets married adolescents in Northern Nigeria.

Click HERE to see the full results of the Kogi baseline survey.
The Problem Landscape

Barriers according to girls & their communities
### Six Dominant Themes Across Countries

<table>
<thead>
<tr>
<th>Theme</th>
<th>Quote</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety and uncertainty about how to secure a stable future.</td>
<td>“My parents give me N100 for [all meals]. It’s not enough. Not even enough for breakfast. So how do I eat? I need to take care of myself.”</td>
<td>Unmarried girl, Nigeria</td>
</tr>
<tr>
<td>Misalignment between sexual behaviour, contraceptive use and identity.</td>
<td>“I’m not having sex. He had sex with me!”</td>
<td>Unmarried girl, Nigeria</td>
</tr>
<tr>
<td>Motherhood as the achievable dream.</td>
<td>“If you don’t have a job and can’t continue your education, then having a child is the only profit you have.”</td>
<td>Married girl, Ethiopia</td>
</tr>
<tr>
<td>Contraception as a threat to their dreams.</td>
<td>“They say contraception is good, but not for me it’s not good. It will destroy your womb.”</td>
<td>Unmarried girl, Nigeria</td>
</tr>
<tr>
<td>Isolation and mistrust.</td>
<td>“The girl will be toad-jumping if contracepted— from one man to another.”</td>
<td>Father of unmarried girl, Nigeria</td>
</tr>
<tr>
<td>Girls’ complex connections to their mothers.</td>
<td>“If a [unmarried] girl is sexually active, the community will hate her and isolate her.”</td>
<td>--Unmarried girl, Ethiopia</td>
</tr>
<tr>
<td></td>
<td>“My mom would understand, but she would scold me.”</td>
<td>--Unmarried girl, Nigeria</td>
</tr>
</tbody>
</table>
Solutions

Innovation in response
A Different Understanding

Conventional messaging to adolescents

1. When you become sexually active.
2. Use contraceptives!
3. So you can finish school and stay healthy.
4. And achieve all your dreams.

New Insight

1. Beginning the conversation here means we’ve lost most girls before we’ve even begun.
2. Adolescents have a heightened need to feel respected. It’s important to establish trust before suggesting what to do.
3. It’s important to frame programs to respond to girls’ self-defined goals for their lives. For many girls, that includes motherhood.
4. Girls want practical support for their own skills development to track toward their goals. Lofty promises often lack credibility.

A360’s approach

1. Your current needs are important!
2. What’s your dream? Set a goal, make a plan!
3. Contraceptives are a first step to achieving your immediate goals.
4. Whenever you are ready, you can have a baby.
A360 Global User Journey

I’m intrigued
-Mobilization-

I’m inspired & motivated
-Aspirational Engagement-

I feel respected & safe
-Contraceptive counseling & service delivery-

I feel supported
-Follow up-

• Curious

• Inspired and delighted

• Girl with a plan: Future Orientation

• Girl with a plan: Future Orientation

• Safe and comfortable

• Listen to and supported

• Girl with a plan: Future Orientation

• Trust and continuity

• Listen to and supported

Government
Are supportive of A360 as it scales, and work together with A360 to find ways to institutionalize A360 approaches into the health system

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

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

Mobilizers
Are able to reach and influence girls where they are, with messages that are relevant to them
In the backdrop | An Evidence-based Journey

- Mobilization through local community members positively affect youth participation and engagement. (USAID Impact Evaluation, 2014)

- Life and vocational skills acquisition components have been found to significantly increase adolescent SRH knowledge, HIV knowledge, and condom usage, and decrease the probability of having had forced or coercive sex were also found. (Bandiera, 2015, RCT)

- Positive beliefs about the future is a core component of Agency within the Positive Youth Development domains. (USAID, 2017, Systematic Review)

- Adolescents have a heightened need to be accorded respect and status (Yeager, 2018, meta analysis and longitudinal study)

- Adolescents are at higher risk of discontinuation than all WRA, particularly in the first 12 months post-adoption. (Blanc, 2009, 40 country DHS analysis)

- Support for active management of side effects and method-switching supports continued protection from unintended pregnancy. Supportive influencers also support continuation. (Blanc, 2009, 40 country DHS analysis)

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I’m intrigued
-Mobilization-

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.

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I’m inspired & motivated
-Aspirational Engagement-

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

Girl with a plan/ Future Orientation: 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

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

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I feel respected & safe
-Contraceptive counseling & service delivery-

Girl with a plan/ Future Orientation: She feels invited to share her dreams and vision for the future, to initiate her health seeking experience with her provider re: how contraception can help her achieve her plan

Safe and comfortable: She feels safe, and like she can talk to a service provider freely and confidentially, 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

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I feel supported
-Follow up-

Trust and continuity: She trusts the service providers she spoke to, and feels able to come back whenever she has questions or needs more contraceptives

Listened to and supported: She feels listened to and supported by the programmers, trusts what she heard, and continues to see contraception as relevant to her goals for herself
In Tanzania, A360’s Kuwa Mjanja delivers entrepreneurial skills and contraceptive counseling sessions—tailored to and branded for the unique needs of the girls we serve.
Public announcements are the most effective way to reach girls!

“I’m Intrigued”
Kuwa Mjanja
Mobilizing Girls
“I Feel Inspired and Motivated”
Kuwa Mjanja
Aspirational Engagement

Our pop-up events invite girls to think through their goals for their lives, and the skills, resources and information they need to achieve their life plan.

The pineapple represents the Kuwa Mjanja slogan: “Stand Tall, Wear your Crown and Be Exemplary!”
“I Feel Safe and Respected”
Kuwa Mjanja
Serving Girls

Mjanja Connect is an interactive pre-counseling Android app developed with girls, for girls.
SMS-based 2-way programs help girls find answers to their questions, on-demand, for free and with no trace – all on any type of mobile phone, without internet. Plus, call centers allow girls to connect with real people, in real-time.

“I Feel Supported”
Kuwa Mjanja
Staying with Girls to Support Continuation

Fun games allow girls to apply the contraceptive information they’ve received on side effects, so they know what to expect after they receive their method of choice.
Ethiopia: Smart Start

In Ethiopia, A360’s Smart Start introduces targeted financial messaging designed to help adolescent rural girls aged 15-19 and their husbands plan for the families, and lives, that they want.
A new conversation in Ethiopia

“Think about your future as a family. What do you envision or hope for? Let's figure out what it would take to achieve your goal, given your resources.”

“Let's talk about how you could start saving money to put toward achieving your goal.”
A new conversation in Ethiopia

“What do you understand from what you see here? Everyone has a finite amount of resources. When you space your children out, you’ll have more time in between children to accumulate more wealth. If we don’t plan our children along with our finances, we are not able to reach our financial goals.”

“One thing that young couples find surprising is how much raising children cost! In fact, a child costs more as they grow older.”
“Spacing your children is also important for the health of the mom and baby. Spacing births is smart and responsible; it shows that you are taking responsibility for the life and health of you and your family. There are ways that can help you space your births that we can talk about.”

“There are many contraceptive methods that you can get from your health service provider. All the methods prevent pregnancy and have different benefits. All the methods are temporary and completely reversible. Would you like to discuss your needs and find out which method might be best for you?”
Nigeria: Matasa Matan Arewa

In Northern Nigeria, Matasa Matan Arewa (MMA), the first replication of A360, reaches married girls aged 15-19 and their husbands through maternal and child health and skills building classes as entry points to engage in contraceptive counseling.
A new social experience in N. Nigeria

• Male Interpersonal Communication Agents carry out IPC sessions with male influencers.
• Inform about MMA activities and encourage them to support girls’ participation.
• In more conservative northern Kaduna, also enlist support to referral girls to mentorship sessions.
• Female mentors conduct home visits to introduce MMA to mothers-in-law, co-wives and male partners.
• Messages emphasize birth spacing as a practice that can help support healthy families, a shared goal within communities.
A new social experience in N. Nigeria

- Mentorship sessions offer married girls opportunity to socialize with other girls and discuss goals and mentorship content.
- Use rhythm, rhyme, and the rapid imitation method to discuss:
  - Nutrition
  - SRH
  - Negotiation skills for shared decision-making with their spouses
  - Income generating and savings skills
A new social experience in N. Nigeria

• Mentorship program comprises 4 sessions over 2 weeks.
• Organized so girls participate and ‘graduate’ in cohorts.
• Girls actively participate.
• Mentors normalize the decision to seek services using an opt-out approach.
• All messages position contraception as “birth spacing,” in support of healthy children, mothers and families. Aligns with girls’ goals to support their families to thrive, and the conservative northern Nigerian context.
That’s teenage me! At the time, I thought you could get pregnant simply by touching a boy. Oops.
In Southern Nigeria...

1 in 5 girls will have given birth by the age of 19.

3 in 10 girls aged 15-19 want but don’t have access to modern contraception.

1 in 4 pregnancies among girls aged 15-19 will end in abortion, many of which are unsafe.
9ja Girls supports unmarried girls aged 15-19 to access girl-friendly spaces across public health facilities, to gain the information and skills to shape their lives.
Meet Beth

“People say girls choose contraception because they are promiscuous. But I know that contraception allows girls like me to reach their dreams.” – Beth, 15
Hi! Want to learn about your life, love and health?

Hmmm...tell me more!
She is single and has not yet begun childbearing.

**Marital status**

- 2017: Married 95.9%, Single 4.1%
- 2018: Married 92.8%, Single 7.2%
- 2019: Married 91.8%, Single 8.2%

**Parity**

- 2017: None 99.0%, One 0.8%, Two plus 0.2%
- 2018: None 98.9%, One 1.0%, Two plus 0.1%
- 2019: None 98.7%, One 1.1%, Two plus 0.2%

*Remember median age at first sex is 17.6*
What the data tells us: PE findings from Nigeria (2019)

**“I’m intrigued”**

Mobilizing girls

User Journey

She hears about 9ja Girls through a female mobilizer, her mother or a peer. She feels curious, and agrees to attend a Love Life Health class or counseling session, because it feels relevant and she feels supported by her community.

Life skills and vocational training spark girls’ curiosity

Paid mobilizers are succeeding in reaching girls where they are, at times that work for them

Saturation around health centers is starting to cause problems for mobilization

High stigma hinder girls’ participation

“When she told me that in 9ja Girls they are teaching girls how to make purse that was how I came and joined them here, because I have always been saying that I wish to know how to make purse.”

- Girl, Southern Nigeria
Through 9ja Girls, you’ll have the opportunity to think through your goals – and identify what steps you’ll take to get to where you want to go!

Contraception is one of the many tools you can use to support you in planning for the life you want to live.

You can ask ANY questions you have during our Spice Talk and Method Talk!
What the data tells us | Monitoring

9ja Girls has continued to adapt over time, demonstrating consistent increases in performance.
What the data tells us: PE findings from Nigeria (2019)

“I’m inspired and motivated”

Aspirational engagement

Girls say A360 has built their knowledge, confidence and self-esteem, and they love vocational skills training.

The 9ja Girls brand and messaging are resonating with girls.

User Journey
She drops into a Love Life Health session if she wishes (if not, she goes directly for a walk-in appointment). She develops a Life Map and learns vocational skills. She feels inspired and delighted, listened to, and supported to make a plan for her future.

“Before this program I was a very shy person, shy to talk... But since the providers used to call us for confidential talk, I really feel free to talk to them, so with that, I have been able to gain confidence to talk to someone that is ready to listen to me.”

- Girl, Southern Nigeria

Only a minority of girls who access services through 9ja Girls access the aspirational components of the program – most are walk-in clients.
You’ll get to meet with a youth-friendly health provider one-on-one to discuss contraceptive options, and ask any questions you may have.

Learn a vocational skill – like bead making – while you wait to see a provider! You can apply the skill to make things you can sell on the side. Some extra cash goes far in supporting you to achieve your dreams!
What the data tells us | Monitoring

Compared to only 1% LARC use in national survey data, nearly one-third of girls adopting through 9ja Girls adopt a LARC method. Nearly half of adopters are age 19.

*MICS method mix is based on users reached whereas A360 method mix is based on service data. Method mix based on services provided would tend to inflate short-term methods. If modeled to show users reached, A360’s method mix would show even higher percentages of LARC users than the current method mix based on services provided.
What the data tells us: PE findings from Nigeria (2019)

“I feel safe and respected”
Contraceptive counselling

A360 has invested significantly in improving counseling quality through new tools and supervision. Girls felt safe, comfortable and supported.

Opt-out moments are not always working as planned – girls worry that their friends will know they are adopting a method.

User Journey
She feels invited to share her vision for the future with the service provider, and sees contraception as relevant and valuable to achieve her plan. Opt-out moments / private walk-in appointments make her feel safe and comfortable. She trusts and understands what she is hearing, and is provided her method of choice, for free, on the spot.

Since I was counselled, I know if anything should happen, I have a place to come...I know that if I don’t want to get pregnant, I should come here and I will be protected

- Girl, Southern Nigeria
Did you choose a method? Cool! Your provider would be happy to follow-up with you in the next few days or weeks after your visit. She'll check in on how you’re doing and how you’re feeling. Your needs are priority!
What the data tells us: PE findings from Nigeria (2019)

“I feel supported”
Follow up

Next appointment cards provided, and a call log used to track follow-up calls

Girls interviewed for the PE were comfortable returning to facilities

Girls often give false numbers or do not have their own phone, hindering follow up

Continuation is hard to track, as girls can access services from many places

Girls are often keeping their contraceptive use secret given high stigma – meaning they lack support to continue

User Journey
She feels able to come back to the health center whenever she has questions or needs more contraceptives. She receives follow-up calls from providers, and feels supported to access services. She continues to see contraception as relevant to her goals

“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, Southern Nigeria
From Jan. 2018- Nov. 2019:

79,674+ girls (71%) have voluntarily taken up a contraceptive method through 9ja Girls.

3 in 10 girls will choose a long-acting method.
That's my little boy!
Results

Performance & Process
Kuwa Mjanja Data Deep Dive

Demographic and Method Mix Differences: In-clinic vs. Pop-up Event

Adopter Method Mix, by Event

In-clinic event
- IUD: 3%
- Implant: 16%
- Injectable: 7%
- Pills: 19%
- Condoms: 12%
- EC: 8%

Pop-up event
- IUD: 4%
- Implant: 37%
- Injectable: 7%
- Pills: 19%
- Condoms: 12%
- EC: 3%

In-clinic Event

- Never Used: 68%
- Have Used: 32%

Pop-up Event

- Never Used: 87%
- Have Used: 13%

Demographic by Event

In-clinic event
- Single: 14%
- Married: 16%
- Living with a partner: 53%
- Separated: 10%

Pop-up event
- Single: 15%
- Married: 15%
- Living with a partner: 58%
- Separated: 9%

Adopter Method Mix, by Event

- None: 0%
- Some Primary: 5%
- Primary Completed: 20%
- Some Secondary: 10%
- Secondary Completed: 33%
## Process Evaluation findings from Tanzania (2018)

<table>
<thead>
<tr>
<th>Stimulation</th>
<th>Description</th>
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<tbody>
<tr>
<td>&quot;I’m intrigued&quot;</td>
<td>Mobilization</td>
</tr>
<tr>
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<tr>
<td>&quot;I feel supported&quot;</td>
<td>Follow up</td>
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</tbody>
</table>

**When community health workers and local government support mobilization, this helps channel lots of girls to events – as does the promise of skills training**

**Girls love vocational skills training, and the message about ‘girls achieving their dreams’ resonates strongly with girls and service providers**

**Girls felt supported and safe in their moments with providers. Opt-out moments and immediate access help girls access services in a context of high stigma**

**Referral cards and provider phone numbers provided so girls know where to go if they have questions or need more contraceptives**

**Kuwa Mjanja events promoted as wellbeing events – helping ‘fly under the radar’ and avoid community stigma. But this comes with risks**

**Delivering tailored messages to different types of girls proved challenging at mixed events; girls had high expectations of vocational training**

**Service provider bias and feelings about abstinence were creeping into counseling; and girls were sometimes misinformed about side effects**

**Girls’ fears about being seen at a clinic, distance to services, and a lack of repeat visits from Kuwa Mjanja to the same communities all created barriers to continuation**
Smart Start Data Deep Dive

Male Engagement and Parity

Percent of Girls Counseled with and without their husband

- 72% of girls voluntarily adopt a method
- 28% of girls voluntarily adopt a method

Parity of Girls Counseled and Adopters (Jan 2018 – Oct 2019)

- Percent of Adopters: 49%, 43%, 8%
- Percent of Girls Counseled: 50%, 43%, 7%

Parity of Adopters by Region (Jan 2018 – Oct 2019)

<table>
<thead>
<tr>
<th>Region</th>
<th>No Children</th>
<th>One Child</th>
<th>2+ Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tigray</td>
<td>63%</td>
<td>72%</td>
<td>48%</td>
</tr>
<tr>
<td>Amhara</td>
<td>36%</td>
<td>26%</td>
<td>40%</td>
</tr>
<tr>
<td>Oromia</td>
<td>12%</td>
<td>40%</td>
<td>64%</td>
</tr>
<tr>
<td>SNNPR</td>
<td>10%</td>
<td>26%</td>
<td>43%</td>
</tr>
<tr>
<td>National</td>
<td>8%</td>
<td>49%</td>
<td>43%</td>
</tr>
</tbody>
</table>
Process Evaluation findings from Ethiopia (2019)

“I’m intrigued”
Mobilization

“I’m inspired and motivated”
Aspirational engagement

“I feel respected and safe”
Contraceptive counselling

“I feel supported”
Follow up

Successfully using existing, trusted local structures to reach remote rural girls, door-to-door

Less successful at reaching husbands, and the Women’s Development Army network is patchy

Financial planning resonating strongly with girls’ concerns, shifting attitudes towards contraception, and helping girls plan for the future

The fidelity of the financial planning counseling is at risk after PSI staff transition out of communities

Smart Start helped Health Extension workers see girls as clients. Girls feel safe and comfortable, and counseling helps allay (some) fears. Couples counseling helps girls adopt

Girls are sometimes encouraged to adopt particular methods, and aren’t always accurately informed about side effects

Girls are generally happy to reach out to Health Extension Workers and return to the health post, and WDAs informally support follow up

Concerns that Health Extension workers aren’t getting enough support after PSI staff transition out, and are too busy to follow up consistently
Process Evaluation findings from Ethiopia (2019)

“I’m intrigued”

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Picture drawn by girls in Ethiopia: what is life like for a girl after adopting a contraceptive method through Smart Start?
Insights on continuation and discontinuation

• Rapid, qualitative Participatory Action Research case study (30 adopters, inc. 20 discontinuers)

• A tale of two regions:
  – **Amhara**: Girls discontinued due to pressure from husbands, in-laws or parents to have a baby
  – **Oromia**: Girls discontinued due to side effects, with fears and misconceptions hindering switching

• Understanding and enthusiasm about financial planning stronger in Oromia (where this component is supported by PSI staff), and husband engagement is greater

• Husband and family support, and Health Extension Worker reassurance and follow up, are both important for continuation

A typical discontinuation story from Oromia...

- **She made a plan**
- **She started on the injection**
- **She experienced side effects**: 'I was bleeding for 2 weeks in row, I have back pain and head ache, losing blood like that will make me so weak.'
- **She talked to the Health Extension Worker**
  - Her husband, although initially supportive, **encouraged her to stop**: ‘he said to me “you were a normal person before you were using this method”’
  - **She fears alternative methods, and is using the natural method now**: “I feared [the implant] may be painful to me, and also I heard that there were women who became pregnant when using it.’
- **She didn’t receive a follow up call or visit**
9ja Girls and MMA Data Deep Dive

Conversion Rate by Region and Method Mix by Parity

Conversion rate by State, 9ja Girls and MMA, Jan 2018 - Dec 2019

Increasing conversion rates in most states and equalizing across states as the interventions scale.

Method Mix by Parity, 9ja Girls and MMA, Jan 2018 – Dec 2019

IUCD
Implant
Injection
Pills
Condoms
No Method

None
One
2+

Ogun State
Delta State
Nasarawa State
Edo State
Oyo State
Osun State
Lagos State
Kaduna State
**Process Evaluation findings from Northern Nigeria (2019)**

- **“I’m intrigued”**
  - Mobilization

- **“I’m inspired and motivated”**
  - Aspirational engagement

- **“I feel respected and safe”**
  - Contraceptive counselling

- **“I feel supported”**
  - Follow up

**Life skills and vocational training**

- Spark girls’ curiosity, and female mentors are succeeding in reaching girls and husbands where they are.

**Girls say A360 has built**

- Their knowledge, confidence and self-esteem, and they love vocational skills training.

**A360 has invested**

- Significantly in improving counseling quality through new tools and supervision. Girls felt safe, comfortable and supported.

**Next appointment cards**

- Provided, and a call log used to track follow-up. A360 continues to trial new ways to improve follow up.

**Saturation around health centers**

- Is starting to cause problems for mobilization. Lack of autonomy hinders girls’ participation.

**The MMA curriculum**

- Clearly resonates with girls – but conforms to traditional gender norms. Girls want more support to put skills into action.

**A key barrier to adoption**

- Is that girls lack the autonomy to make their own choices about whether to use contraception.

**Girls often give false numbers or do not have their own phone.**

- Girls can access services from many places, making continuation hard to track.
Results | Outcome Evaluation Timeframe
Adolescents 360 (A360) is a four-year initiative (2016-2020) to increase adolescent girls access to and demand for modern contraception in Ethiopia, Nigeria and Tanzania. A360 is being implemented in four regions of Ethiopia: Amhara, Oromia, SNNPR and Tigray. As part of the evaluation of A360 in Ethiopia, we sought to identify the key sexualities, fertility and family planning characteristics of the target population at baseline prior to A360 implementation in one region (Oromia). A360 targets married adolescents in Ethiopia.

Click HERE to see the full results of the Ethiopia Baseline survey.
# Endline surveys- 2020

<table>
<thead>
<tr>
<th>Setting</th>
<th>Timing of endline survey (TBC)</th>
<th>Length of follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia- Oromia</td>
<td>March-April 20</td>
<td>~24 months</td>
</tr>
<tr>
<td>Tanzania-Ilemela</td>
<td>May- July 20</td>
<td>~23 months</td>
</tr>
<tr>
<td>Nigeria- Ogun</td>
<td>July-Aug 20</td>
<td>24 months</td>
</tr>
<tr>
<td>Nigeria- Nasarawa</td>
<td>July-Aug 20</td>
<td>Karu~18-20 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Doma ~10-12 months</td>
</tr>
</tbody>
</table>
Analysis and sharing of findings

• Triangulation with process evaluation and cost data
• Interpretation in the context of secular trends in mCPR and PSI M&E data
• Dose-response analysis

• 2020 Q4 - mCPR results
• 2021 Q1/2- Full evaluation report
We’d love to keep chatting.

• Questions? Email us at helloA360@psi.org
• Curious? Explore our learnings at A360LearningHub.org
• Want A360 tools? A360LearningHub.org/open-source
• Online? Engage with us on Twitter at @Adolescents360