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# Driving the Next Generation of Global Family Planning Programs

Evidence to Action (E2A)  
Project Final Report

JUNE 2021







E2A extends our deep gratitude to our funder, USAID, and to our team members from Pathfinder International, ExpandNet, IntraHealth International, PATH, Management Sciences for Health, and the African Population and Health Research Center for your dedication, collaboration, and insights. We thank our country partners around the world who made this project possible—from government ministries and agencies, regional and global networks, professional associations, private partners, funders, health providers, and communities we served. And I would like to share a special message with the youth leaders who made E2A their own: Thank you. As long as your passion, creativity, talent, skill, and advocacy continue to shape the next generation of family planning programs, I am hopeful for the future.

**—RITA BADIANI, PROJECT DIRECTOR FOR E2A**

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NIGER Tagaza Djibo

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## OVERVIEW & EXECUTIVE SUMMARY

The Evidence to Action (E2A) Project is a global, \$290 million, 10-year cooperative agreement funded by the United States Agency for International Development (USAID) to strengthen family planning and reproductive health service delivery. From 2011–2021, E2A addressed the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and facilitating the scale-up of high-impact practices that can transform the health of families, communities, and nations.

Across 17 countries, E2A advanced high-quality services that have improved reproductive health and contributed to reductions in unintended pregnancies and gender disparities. As a result, today, more women and girls can make—and act on—informed decisions that ensure the healthiest outcomes for themselves and their families.

## Who We Are

**E2A was implemented by a consortium, each member bringing diverse experience and expertise to the partnership:**

### PATHFINDER INTERNATIONAL

As the leading organization for E2A, Pathfinder was responsible for the overall management of the project, in addition to capacity building, service delivery, and health system strengthening at the community level, adolescent and youth sexual reproductive health, and grants management.

### EXPANDNET

ExpandNet supported E2A with its expertise on capacity building for systematic scale-up and provided strategic support to countries and stakeholders on scale-up planning.

### INTRAHEALTH INTERNATIONAL

IntraHealth provided support for gender, capacity building, and institutionalization of best practices, as well as a focus on HIV programming and addressing urgent health threats, such as Ebola.

### PATH

PATH led on monitoring and evaluation, including research and metrics; contributed to an expansion of method choice; and increased access to quality integrated HIV, family planning, and maternal and child health services.

### MANAGEMENT SCIENCES FOR HEALTH

Management Sciences for Health focused on quality assurance, expansion of method choice, and reaching underserved populations with lifesaving services for mothers and newborns.

### AFRICAN POPULATION AND HEALTH RESEARCH CENTER

The African Population and Health Research Center (APHRC) provided policy support for best practices and research.

The E2A consortium leveraged and built valuable strategic partnerships with governments, networks, and organizations—such as the West African Health Organization, Ouagadougou Partnership, and Family Planning 2020—that extended the reach of our work; enhanced country- and regional-level policy, service delivery, and resource mobilization; and built global and regional influence and leadership in family planning and reproductive health.



# Our Reach and Priorities

E2A worked in 17 countries: Burkina Faso, Burundi, Cameroon, Côte d’Ivoire, Democratic Republic of the Congo, Ethiopia, Guinea, Kenya, Malawi, Mozambique, Niger, Nigeria, Senegal, South Sudan, Tanzania, Togo, and Uganda.

At the foundation of E2A’s work—to strengthen quality family planning and reproductive health service delivery, synthesize and disseminate knowledge about the use of high-impact practices,<sup>1</sup> and increase voluntary contraceptive use—were three interconnected, mutually reinforcing pillars: youth, method choice, and scale.

to the right) grounded in continuous documentation, learning, and adaptation to strengthen implementation and scale-up. This is how we delivered adaptable, scalable innovations that responded to the unique needs of target communities. The Evidence-to-Action Cycle was highly participatory. E2A relied on close collaboration with global, regional, national, and local partners to strengthen service delivery and health systems.

## OF THE 17 COUNTRIES WHERE E2A WORKED...

88%

FEATURED  
YOUTH  
ACTIVITIES

82%

FEATURED  
SCALE  
ACTIVITIES

88%

FEATURED  
METHOD  
CHOICE  
ACTIVITIES

Health focus areas addressed by E2A include: family planning and reproductive health, HIV and AIDS, maternal and child health, clean water and sanitation, nutrition, malaria, tuberculosis, pandemic influenza, and other emerging health threats (for a breakdown of funding by health area, see Financials on page 60).

E2A’s approach to enhancing the quality and impact of family planning and reproductive health services followed an “Evidence-to-Action Cycle,” (see diagram

## HIGH IMPACT PRACTICES REFINED, APPLIED, AND SYSTEMATICALLY SCALED UP BY E2A

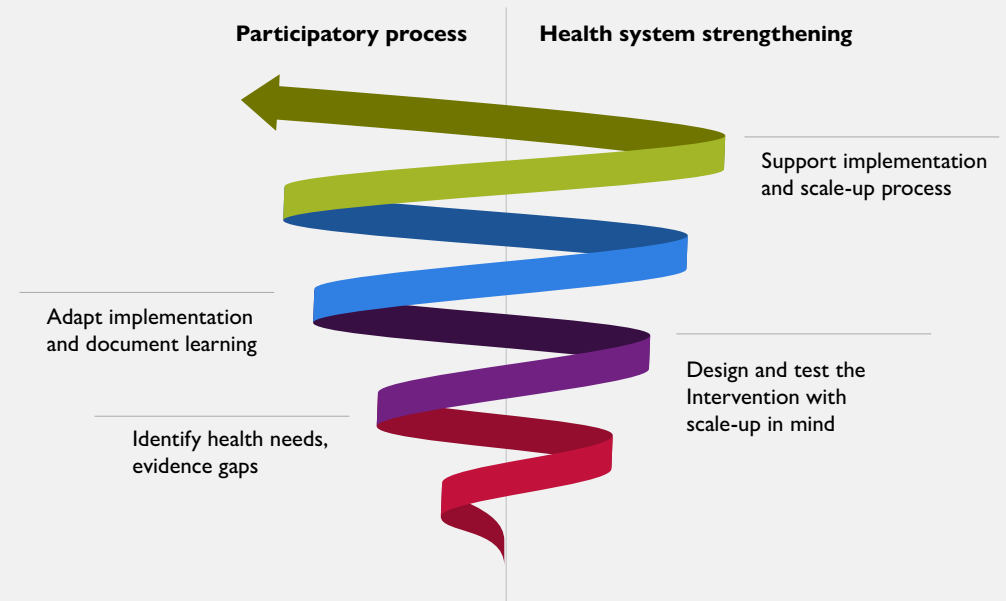
- Galvanized commitment
- Supportive government policies
- Leadership and management of programs
- Community health workers
- Postabortion family planning
- Mobile outreach
- Immediate postpartum family planning
- Integration with immunization services
- Community group engagement
- Digital technology
- Adolescent-responsive services

<sup>1</sup> The High Impact Practices in Family Planning (HIPs) are a set of evidence-based family planning practices vetted by experts and supported by over 30 organizations.



BURUNDI: Sala Lewis

## EVIDENCE-TO-ACTION CYCLE





# Some Key Results

## Through E2A core technical assistance and field support...

### PROVEN BEST PRACTICES SCALED UP

**In 16 Countries**, family planning and reproductive health high-impact practices were introduced and/or scaled up with technical support from E2A.

### VOLUNTARY CONTRACEPTIVE USE INCREASED

**In Cross River State, Nigeria**, through E2A's pioneering work with young first-time parents, current voluntary use of modern contraceptive methods increased significantly—from 26% to 79% among non-pregnant first-time mothers and from 43% to 78% among male partners (learn how we made youth our highest priority on [page 8](#)).

**In the DRC, 231,566 people accepted modern contraceptive methods for the first time** through an E2A-supported project to advance community-based distribution of family planning in three provinces (learn how we scaled-up family planning innovations on [page 22](#)).

**Across West Africa**, E2A contributed to notable advancements in voluntary uptake of postabortion family planning at health facilities, including Senegal's Mbacké Health Center, which saw a 78% family planning adoption rate among postabortion care clients, compared to just 17% at the start of the project (learn how we advanced this high-impact practice on [page 34](#)).

**In Ethiopia**, E2A-supported voluntary family planning services resulted in more than 18 million couple years of protection (CYP)—of which 12 million CYP were from long-acting family planning methods (see more significant results from our support to field partners on [page 57](#)).

### KNOWLEDGE SYNTHESIZED AND DISSEMINATED

**134 resources**, including study reports, technical reports, policy briefs, program briefs, technical briefs, and fact sheets produced and disseminated.

**17 peer-reviewed journal articles** published (see the catalog of E2A publications and resources on [page 69](#)).

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Keep reading to learn more about E2A's work, results, resources, partnerships, and legacy.



Photo: Laurel Lundstrom



Photo: Nigeria Adeyemi Asabi

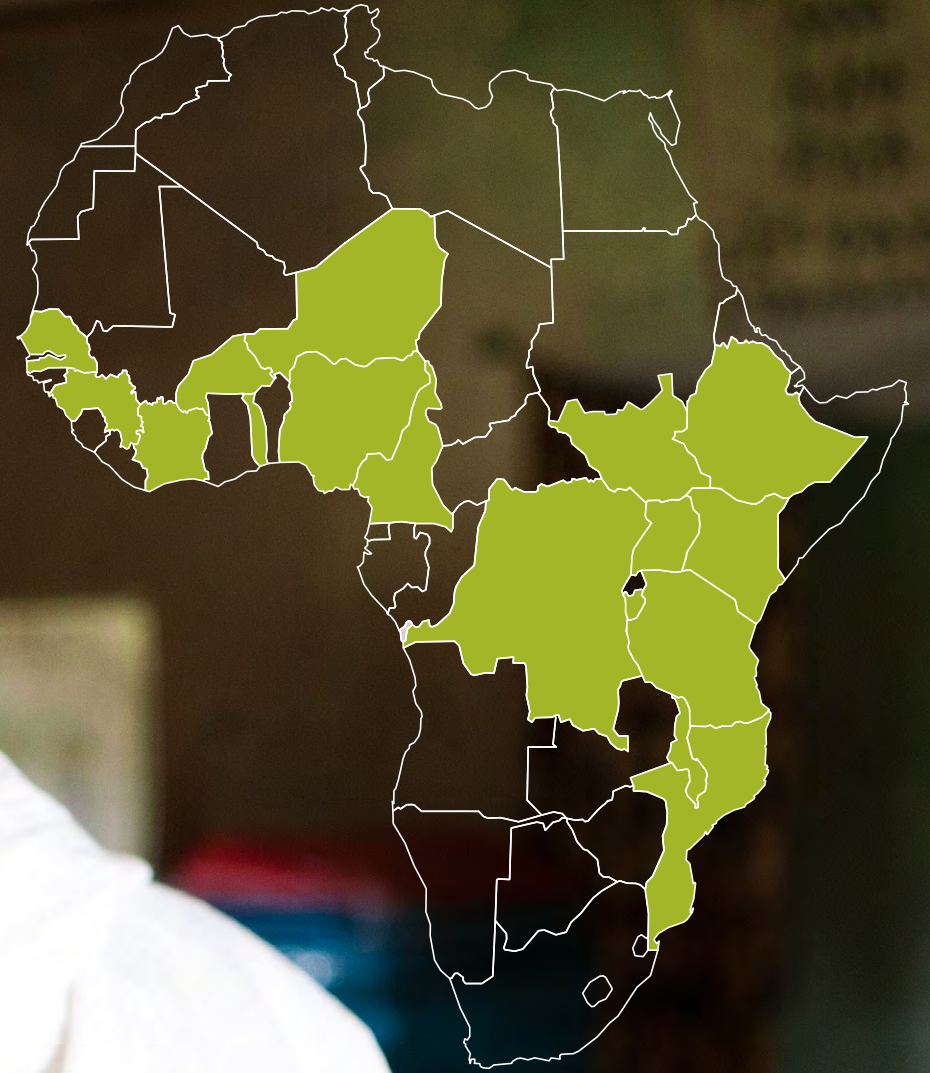


**For nearly 10 years, across 17 countries, and with support from USAID, E2A partnered with leaders in governments, communities, and youth organizations to expand access to reproductive health care that transformed lives. Together, we built evidence, strengthened family planning services, and contributed to reductions in unintended pregnancies and gender disparities.**

The results you see in this report represent our relentless drive for progress amidst considerable global challenges. A lot has changed since we launched E2A in 2011. Political instability, violent conflicts, and a devastating pandemic changed the global landscape, but did not shake the unwavering convictions that drove us:

*Prioritize young people. Scale up what works. Ensure contraceptive method choice. Broaden family planning impact by seizing missed opportunities to achieve global goals.*

We believe these are the most important investments for the next generation of global family planning programs. Turn the page to see why.





# 01

## Making Youth Our Highest Priority

For E2A, young people were much more than a key population in need of information and health care. They were our valued partners and, increasingly, our priority in nearly every country where we worked.





**Our support for young people (ages 15–24) was cross-cutting and driven by four basic principles: (1) recognizing the diversity of youth and their corresponding needs, (2) cultivating youth participation and leadership, (3) utilizing a socio-ecological model to guide our overall strategy for the improvement of adolescent and youth reproductive health, and (4) employing a gender-transformative approach.**

E2A's work building and sharing global evidence and insights for addressing the diverse sexual and reproductive health needs of young people resulted in many of our hallmark achievements.

We intentionally focused on uniquely vulnerable youth populations, like first-time mothers and fathers, who are often starting their reproductive lives without critical information and health services. By promoting a carefully sequenced package of information and services, our programs addressed the immediate reproductive health needs of young first-time parents and facilitated their action to improve their families' wellbeing and future.

Through E2A, young people meaningfully participated in efforts to create thriving civil societies and support their governments to champion youth-responsive health systems and services. Our work shows that some of the most intractable obstacles—from a lack of funds and political commitment to socio-cultural barriers—can be removed if we nurture effective youth leadership skills and provide platforms for their action.

We advanced quality adolescent and youth reproductive health (AYRH) care—specific to young people's country context, their needs and desires, available services, financial resources, and objectives for scalability and sustainability. E2A built global partnerships to scale up proven youth-friendly service delivery approaches and investments in services that were accessible, acceptable, equitable, appropriate, and effective.

Together with local partners, we equipped young people with tools they need to advocate for their sexual and reproductive health. E2A provided governments with new roadmaps for integrating youth and related gender programming into broader high-impact practices, such as postabortion and postpartum family planning. We catalyzed global efforts to expand contraceptive choice for adolescents and youth to include long-acting reversible contraception. And we advanced innovative solutions, like Mozambique's first-ever youth-centric text messaging campaign that delivered information and stories about sexual health and contraception straight into the hands of young people.

All along the way, we teamed up with regional and international initiatives—Ouagadougou Partnership, West African Health Organization, and FP2020—to accelerate E2A's impact and ensure our cutting-edge approaches endure long after E2A ends.



UGANDA Maren Vespia



TANZANIA Sala Lewis





BURKINA FASO, NIGERIA, TANZANIA / 2013–2021

## Propelling First-Time Parent Programming Forward

**Through the implementation of interventions for young first-time parents (FTPs) in three countries, E2A seized a global opportunity to improve reproductive health and gender outcomes for a critical population by delivering programs tailored to their needs.**

Each year, at least 12 million girls aged 15–19 years give birth in developing countries, and millions more young women become mothers by the time they are 25 years old.<sup>2</sup> These young first-time mothers (FTMs) are at increased risk of poor pregnancy, delivery, and child health outcomes—a situation compounded by multiple factors that limit their access to timely health information and services. Additional life uncertainties, particularly those related to education and economic options, also affect if, when, and how FTPs are able to take action on health concerns.

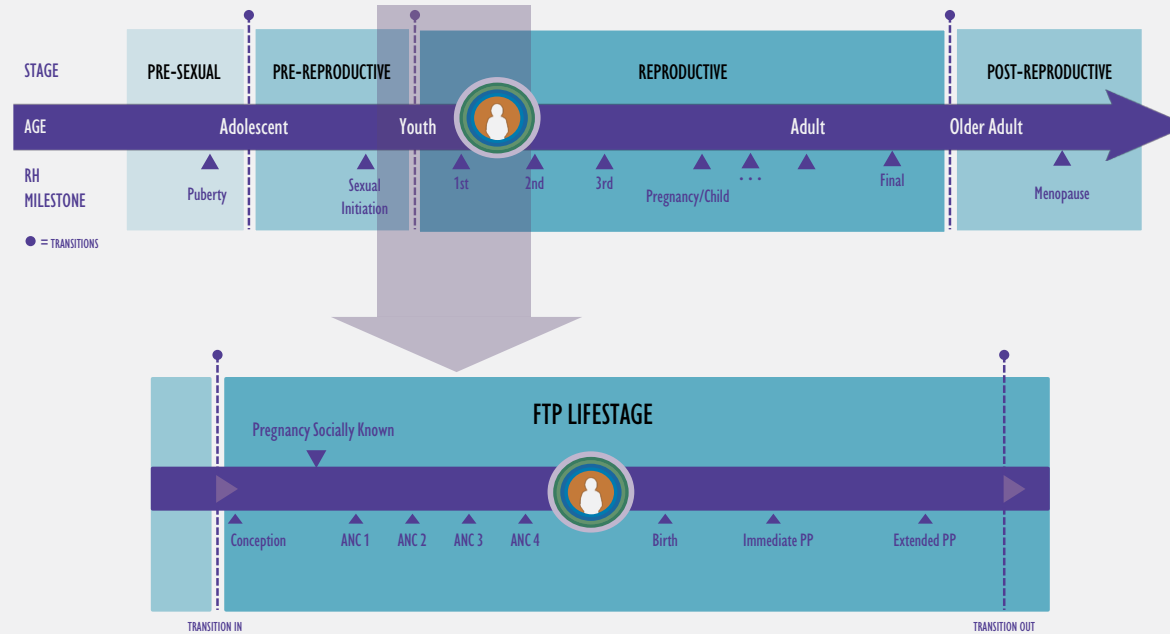
Despite these vulnerabilities, young FTPs have been historically overlooked by adolescent and youth family planning and reproductive health programs—a global gap confirmed by E2A’s 2014 review of available literature.<sup>3</sup> To close this gap and meet the reproductive health and broader life needs of this critical population, E2A implemented FTP programs in three countries—Nigeria, Tanzania, and Burkina Faso. These programs provided a foundation and testing ground for E2A’s new First-Time Parent Framework, which uses a life-course approach and the socio-ecological model to define an FTP lifestage and understand their broader socio-cultural contexts and the multiple factors that influence their health choices and actions.

<sup>2</sup> Darroch J, Woog V, Bankole A, Ashford LS. Adding it up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents. New York: Guttmacher Institute; 2016.

<sup>3</sup> Greene M, Gay J, Morgan G, Benevides R, Fikree FF. Reaching Young First-Time Parents for the Healthy Spacing of Second and Subsequent Pregnancies. Washington, DC: Evidence to Action Project, 2014.



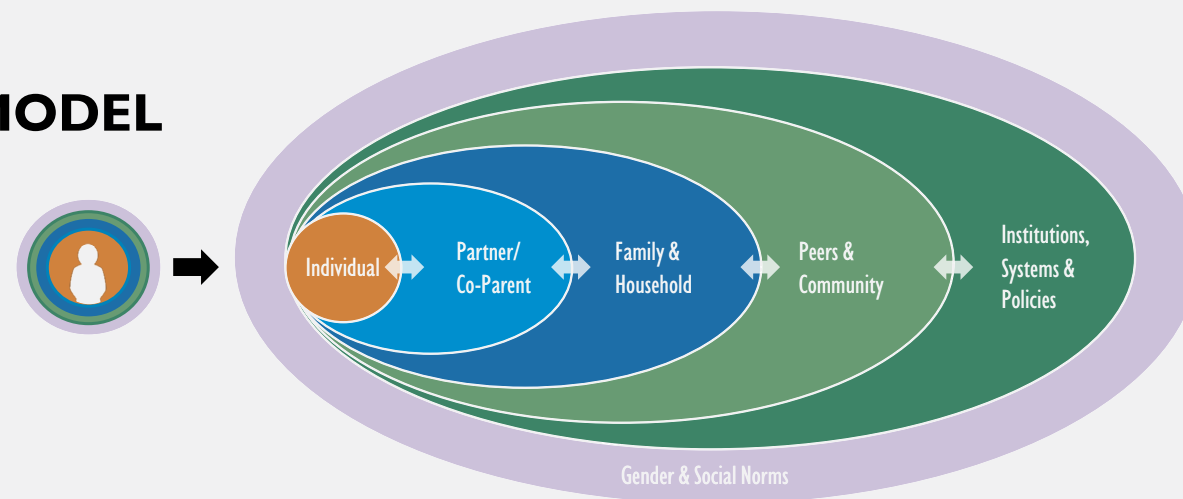
## E2A'S FIRST-TIME PARENT LIFESTAGE MODEL



### GET THE FRAMEWORK

E2A's FTP Framework applies lifestage and socio-ecological concepts as analytical lenses for exploring the FTP experience.


## E2A'S FIRST-TIME PARENT SOCIO-ECOLOGICAL MODEL







**DESIGNING A HOLISTIC PACKAGE OF INTERVENTIONS FOR FTPS**

Using E2A’s First-Time Parent Framework, we developed a package of interventions for FTP programs—aimed at young FTMs, their male partners, and other key influencers—that includes:

- 

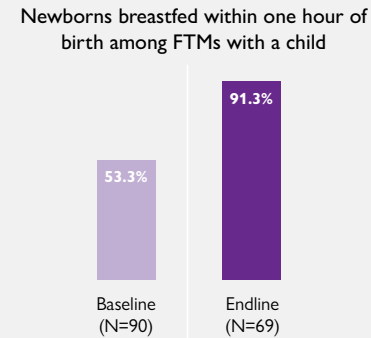
**Peer-led**  
FIRST-TIME MOTHER  
SMALL GROUPS
- Small groups**  
FOR MALE PARTNERS OR  
CO-PARENTS
- Informational sessions**  
WITH MOTHERS AND  
MOTHERS-IN-LAW
- 

**Home visits**  
CONDUCTED BY COMMUNITY  
HEALTH WORKERS
- 

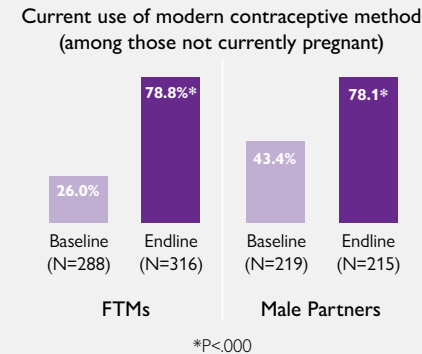
**Support**  
TO COMMUNITY- AND FACILITY-  
BASED HEALTH PROVIDERS

**DELIVERING RESULTS**

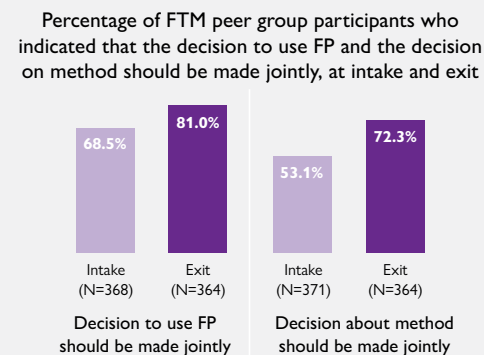
**IN THE EASTERN AND CENTER NORTH REGIONS OF BURKINA FASO**, 91.3% of all newborns delivered by FTP program participants during the life of the project (October 2019–March 2020) were breastfed within the first hour of birth. At the time of the baseline assessment, only 53.3% of FTMs with a child under six months of age reported they had breastfed their newborns within one hour of birth.



**IN CROSS RIVER STATE, NIGERIA**, current voluntary use of modern contraceptive methods increased significantly among FTP program participants over the course of the intervention—from 26% to 79% among non-pregnant FTMs, and from 43% to 78% among male partners.



**IN THE GREATER MAHALE ECOSYSTEM OF TANZANIA**, there was an increase in the percentage of FTM program participants who indicated that the decision to use family planning should be made jointly—from 69% at baseline to 81% at endline.



NIGER: Adama Ali Zourkaleini

**SHAPING THE FUTURE OF FTP PROGRAMS**

In implementing FTP interventions across three unique contexts, E2A generated significant data about FTMs and documented our experience, the results we achieved, and some key lessons we learned for future programming. Evidence from E2A underscores the vulnerability of young first-time parents and highlights the global opportunity to advance reproductive health and gender outcomes for this population through programs that apply deliberate lifestage and socio-ecological lenses. Through publication and dissemination of multiple technical and study reports, as well as our Key Insights for First-Time Parent Programs, E2A built the global evidence base on FTMs and FTP programming for other program implementers to build upon.





“

[Like me], my partner was afraid of family planning due to the bad rumors he was hearing ... But then we got the teaching ... and as they teach me, they also teach him ... with family planning, you can space your children. You can also stay at home, rest your mind, think of ways for income to come in before having another child again, when you are ready. And you can remove [an implant] and still get pregnant again. Now, my partner can convince his peers about family planning—how good it is.

—SANDRA SAMUEL, FIRST-TIME MOTHER, NIGERIA

## FEATURED RESOURCE

DECEMBER 2020

### Read Key Insights and Activity Cards for First-Time Parent Programs

These high-level FTP insights are a compilation of our learnings from across multiple contexts and multiple programs—from Francophone West Africa, Anglophone West Africa, and East Africa. They represent important takeaways from standalone FTP projects, as well as FTP programs implemented within larger projects. No matter where you plan to implement your FTP program, or in what programmatic context, these insights should provide you with information you can use.



“

Working with this program, I came to realize young women in our community are discouraged by men and older women to seek reproductive health information and knowledge, including utilization of family planning ... Women and men believe having many children brings worth and respect, so older women have been speaking to their daughter[s] to give birth to many children. After they joined the first-time parent program, young women are very happy since they have received great education, and now they can talk to their elders and husband regarding sexual and reproductive health including spacing of pregnancy.

—CHW, KASEKES VILLAGE, GREATER MAHALE ECOSYSTEM, TANZANIA

“

Before I joined the project, I didn't know what family planning was. Now, I have been shown. If you choose a planning method that goes well with your body, [you] will be able to carry out your activities without worries. Your child will be healthy, and so will you.

—FIRST-TIME MOTHER, 19, EASTERN REGION OF BURKINA FASO



#### PARTNERS

Burkina Faso Ministry of Health; Tanzania Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC); Tuungane Project; Cross River State Ministry of Health; and the Saving Mothers Giving Life Initiative.



## Shaping National Strategies to Meet Young People’s Needs

**Our Tool for AYRH-Responsive Planning (TARP) enabled young people to have an impact at scale—amplifying their voices and facilitating their meaningful participation in national planning and policy development.**

A user-friendly, digital tool created by E2A, TARP enables youth advocates—of any age—to analyze family planning and reproductive health plans and budgets to determine how responsive they are to the diverse needs of young people (ages 15–24) in a particular setting. We developed and tested TARP with youth across West Africa, leveraging strong existing platforms—built by Pathfinder International, Ouagadougou Partnership, and FP2020.

Together, between 2018 and 2021, we conducted TARP workshops across Burkina Faso, the Democratic Republic of the Congo (DRC), Kenya, Niger, Rwanda, Senegal, and Togo. In front of computer screens, youth leaders joined staff from ministries of health and implementing partners to follow TARP’s five steps: **(1) get to know your plan, (2) enter plan activities, (3) determine if activities align with the needs of youth, (4) reflect on your results, and (5) share recommendations with policymakers.**

TARP provided a common language for youth to share experiences with government representatives and have them listen. Our TARP workshops created opportunities for youth to develop relationships with key decision makers, facilitate their direct engagement, generate hard evidence from their TARP analysis that they can easily share, and build their knowledge and self-confidence, so they could use their seat at the table to more effectively advocate with their governments. This, E2A believes, is a clear path toward enhancing meaningful youth participation, strengthening political will, improving policies, and, ultimately, improving adolescent and youth sexual and reproductive health. Our partners agree. Pathfinder is joining key collaborators, like the Ouagadougou Partnership, to continue to actively promote and advance the use of TARP after E2A ends.

“

I helped create TARP, presented this tool at global and regional conferences, and trained youth advocates of all ages to use it. TARP is valuable because it supports young advocates with evidence-based advocacy and helps them get traction on their advocacy effort. Now I am thrilled that the Ouagadougou Partnership will help carry TARP forward, so it can continue to be used across West Africa.

—N’GADI KOTCHI YVAN, OUAGADOUGOU PARTNERSHIP YOUTH AMBASSADOR, CÔTE D’IVOIRE

RWANDA Maren Vespia





“

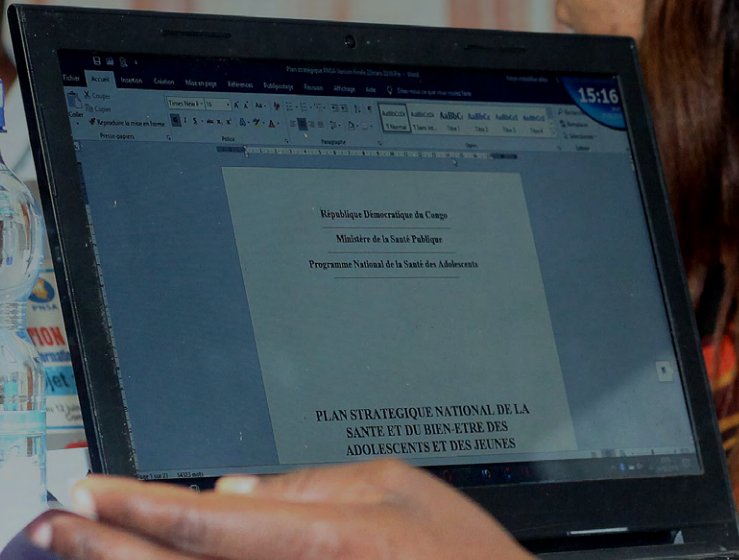
TARP not only helped us analyze planned activities related to family planning to determine if they meet young people's needs. It also allowed me to make my advocacy more effective.

—BRADY BILALA, FP2020 YOUTH FOCAL POINT AND COORDINATOR FOR THE INTERNATIONAL YOUTH ALLIANCE FOR FAMILY PLANNING IN THE DRC

“

A young person who is not familiar with these strategic documents misses an opportunity to defend his or her peers. True mastery of these plans allows young people to participate in the important conversations that affect their future.

—DR. AMADOU HOUSSEINI, NIGER MINISTRY OF PUBLIC HEALTH, DEPARTMENT OF FAMILY PLANNING



#### PARTNERS

Ouagadougou Partnership; FP2020; and Ministries of Health in Burkina Faso, Côte d'Ivoire, DRC, Niger, Senegal, and Togo.



## Accelerating a Global Shift to AYRH-Responsive Systems

**E2A’s experiences show there’s no one right approach to youth-friendly services. We laid the groundwork for adolescent-responsive systems that are highly contextualized, scalable, and sustainable.**

For nearly three decades, the reproductive health community has implemented youth-friendly services in low- and middle- income countries. We’ve seen significant progress in designing programs to specifically mitigate the barriers young people face in accessing high-quality, comprehensive sexual and reproductive health services that are equitable, accessible, acceptable, appropriate, and effective. As a result, today, there are many channels, modalities, structures, or ways to provide friendly services can be provided to young people.

### SO HOW DO YOU CHOOSE THE RIGHT MODEL?

In 2015, E2A and Pathfinder launched the first global decision-making tool for program designers who want to shift away from a one-size-fits-all model for youth-friendly services. “Thinking Outside the Separate Space” or “TOSS” embraces a systems approach that is responsive to adolescent and youth sexual and reproductive health (AYSRH). With TOSS, program designers—including governments, NGO staff, and donors, among others—are guided through a process of developing a model that is highly adapted,

contextualized, and appropriate for the systems of their country and the needs of the diverse populations of young people they serve. TOSS helps users evaluate desired health and behavioral outcomes, the package of AYSRH services to be offered, and available resources to formulate the most effective model for the context.

### GOVERNMENTS IN MULTIPLE COUNTRIES USE TOSS

In Niger, we field tested TOSS with stakeholders from governments, international institutions, and civil society organizations during the “Workshop for the Prioritization and Dissemination of AYSRH Best Practices,” co-organized by E2A and Niger’s Ministry of Public Health.

In Togo, representatives from Ministries of Health, Welfare, and Education; national health provider training institutes; civil society organizations; and international NGOs joined youth leaders to use TOSS during their national AYSRH meeting. Together, they leveraged results from the tool to aid in the development of a new national adolescent health strategy and make recommendations for introducing and scaling up context-specific youth-friendly services models at regional levels.

In Senegal, where E2A carried out a study aimed at analyzing the strengths and weaknesses of existing AYRH care, government stakeholders from six regions came together. Discussing results of the study, they used TOSS to consider the adaptation of interventions to the specific needs of each region.



ETHIOPIA Sala Lewis



### WATCH THE WEBINAR

Technical experts, youth leaders, program implementers, and global partners came together to learn about essential components of adolescent-responsive systems thinking and strategies that can help propel our field forward. This webinar was hosted by the E2A, NextGen RH Community of Practice, FP2030, Pathfinder, World Health Organization/IBP Network, Global Financing Facility, and Knowledge SUCCESS.



“

TOSS helped us think about the true diversity of adolescents and youth. There are as many types of young people as there are cities and cultures. Now, we have new evidence and strategies to more effectively reach them.

—DR. AMADOU YÉRI CAMARA, CHIEF PHYSICIAN, SÉDHIU REGION, SENEGAL



MOZAMBIQUE Pathfinder Mozambique

**PARTNERS**

Niger Ministry of Public Health, Togo Ministry of Health and Social Protection, Senegal Ministry of Health and Social Action, Global Research Action Group, EngenderHealth's Agir pour la Planification Familiale program, and CORE Group.



# Linking Digital Health Innovations to Improved Outcomes for Youth

**We filled a critical evidence gap by assessing Mozambique’s first-ever text messaging campaign focused on youth and contraception.**

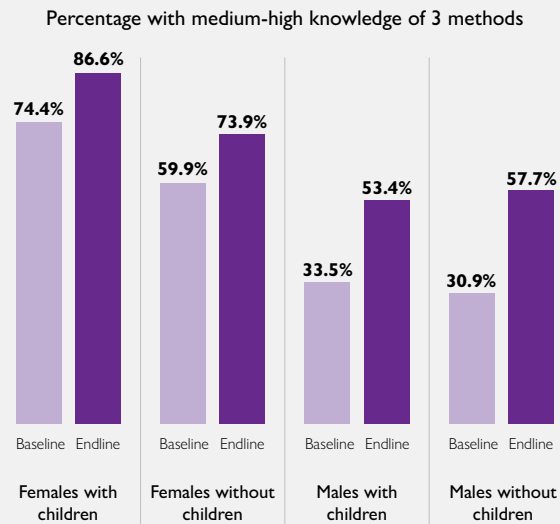
As in many sub-Saharan African countries, adolescents and youth now comprise half of Mozambique’s population. As the proportion of young people in Mozambique increased, their mobile phone use also surged. In 2013, Pathfinder, with assistance from Dimagi, Inc., seized this opportunity to launch a comprehensive text message-based program targeting young people (ages 15–24) with and without children. Called mCenas! (“Mobile Scenes” in English), this program reached thousands of young people with an interactive two-way short-message-service (SMS) system that delivered role-model stories and informational messages about contraceptive methods, and addressed common barriers youth face in accessing and using contraception. The goal of mCenas! was to increase knowledge about contraceptive methods and reduce barriers youth face in starting or continuing to use a contraceptive method. *But did it work?*

In 2014, E2A conducted a study to answer these questions: **(1) is delivering information on contraception via SMS acceptable to youth (ages 18–24) in Mozambique and (2) could it lead to an improvement in their contraceptive knowledge, attitudes, and self-efficacy?**

Our study findings were clear: youth enjoyed mCenas!, wanted the program to continue, and were even willing to pay to continue receiving mCenas! messages. Most importantly, this digital platform was indeed effective in improving young people’s knowledge about sexual and reproductive health.

“Youth are very interested in family planning,” said Norberto Victorino Banze, MEL Program Officer, Pathfinder Mozambique. “They have burning questions, but shyness often prevents them from discussing sexual and reproductive health with their partners or even their friends. mCenas! unlocked the door for youth to access accurate and

**INCREASE** in the percentage of young people with knowledge—including accurate information about safety, ease of use, when to use, and level of effectiveness—related to three or more contraceptive methods<sup>4</sup>



MOZAMBIQUE Pathfinder Mozambique

complete information that could enable them to make informed decisions related to avoiding unintended pregnancy or preventing sexually transmitted infections.”

“Nowadays, many digital interventions rely on new apps that require a smart phone and internet access,” Norberto said. “mCenas! proved to be effective because it was accessible from any kind of mobile phone, thus reaching youth in the most remote areas of our communities. Our assessment with E2A showed that by helping reach these communities, mCenas! effectively increased adolescents’ and youth’s knowledge about sexual and reproductive health. And that inspired Pathfinder to invest more in mCenas!—scaling it up to more provinces with new projects and adding more stories and other diversified topics, including COVID-19.”

On April 1, 2020, a state of emergency was declared in Mozambique—as COVID-19 cases climbed. Pathfinder’s team on the ground knew it was critical to get information out to communities—about how to stop the spread of COVID-19. So they deployed their proven digital health tool.

Pathfinder adapted the mCenas! platform to guide users through a series of frequently asked questions related to COVID-19. Users can now screen themselves and be directly referred to the ministry of health hotline or health facility. The platform also includes questions on domestic violence, given the significant increase in gender-based violence since the beginning of the COVID-19 pandemic.<sup>5</sup>

Word about this resource quickly spread through WhatsApp and social media. Pathfinder notified users who were already signed up for mCenas! and gave them an option to opt-in. By June 2020, more than 1,000 users had completed the self-screening process.

“Honestly, it’s a testament to the power of this platform,” said Norberto. “And when it comes to understanding the effectiveness of and potential for mCenas!, E2A played a key role.”

<sup>4</sup> Study results reflect a sample of 504 participants surveyed at both baseline and endline. Females with children (N=114); females without children (N=133); males with children (N=139); males without children (N=118).

<sup>5</sup> Taub A. A New Covid-19 Crisis: Domestic Abuse Rises Worldwide. New York Times, 2020.





MOZAMBIQUE | Maren Vespia

Meu poder.

Pathfinder INTERNATIONAL  
A GLOBAL LEADER IN FAMILY PLANNING AND REPRODUCTIVE HEALTH

meu poder

Cartão de Ativista  
Luz

**PARTNERS**

USAID's Extending Service Delivery/Family Planning Initiative Project, Mozambique Ministry of Health, USAID Mission in Mozambique, Verde Azul, our partner activists for their role in coordinating data collection activities, and youth participants who provided valuable information required for the study.

Pathfinder INTERNATIONAL  
A GLOBAL LEADER IN FAMILY PLANNING AND REPRODUCTIVE HEALTH





TANZANIA Maren Vespia

**E2A's work with and for youth has generated**

**9**

**peer-reviewed articles**

AND

**61**

**technical reports and briefs**

FROM ACROSS

**15**

**countries.**

**Here are some highlights.**



**MARCH 2021**

**Participatory Action Research with Youth to Document Perceived Changes Related to Family Planning, Reproductive Health, Gender Relations, and Leadership Among Young People in Niger**

Learn how E2A engaged university students in a youth-led participatory action research approach to document the impact of the ULC/CLC project.



**MARCH 2019**

**Engaging Students to Improve Sexual and Reproductive Health: A Report of the University Leadership for Change Initiative in Niger (African Journal of Reproductive Health)**

Few development projects have addressed the SRH needs of university students in West Africa or sought to promote student leadership to extend SRH benefits to others. This article presents results from an E2A project with a goal to begin filling this gap.



**NOVEMBER 2019**

**Improving Health and Gender Outcomes for First-Time Parents in Cross River State, Nigeria**

**DECEMBER 2020**

**Improving Family Planning Outcomes for First-Time Parents in the Greater Mahale Ecosystem of Tanzania**

**JUNE 2020**

**Addressing Reproductive, Maternal and Child Health, and Family Planning Needs of Young, First-Time Parents in the Eastern and Center North Regions of Burkina Faso**

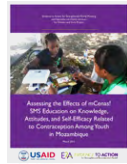
Discover how E2A, in collaboration with in-country governments and ministries of health, targeted first-time parents across Burkina Faso, Nigeria, and Tanzania with tailored interventions—including peer groups, outreaches with key influencers, and household visits.



**DECEMBER 2019**

**Training Curriculum: A Tool for AYRH-Responsive Planning (TARP)**

Our curriculum helps youth activists use TARP in their efforts to improve AYRH planning, programming, and policy at the local, district, regional, national, or global level.



**MARCH 2015**

**Assessing the Effects of mCenas! SMS Education on Knowledge, Attitudes, and Self-Efficacy Related to Contraception in Mozambique**


Learn about the effectiveness of an interactive, two-way SMS messaging system that increased young people's knowledge about contraceptive methods, dispelled common myths about contraception, and addressed common barriers to contraceptive use.



**FEBRUARY 2015**

**Thinking Outside the Separate Space (TOSS)**

Use TOSS, a first-of-its-kind decision-making tool to move away from a one-size-fits-all model for youth-friendly services and be truly responsive to young people.

 **Access the full catalog of E2A youth publications**



# 02

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## Scaling Up What Works

Since E2A's inception, we made it our mission to support the introduction or scale up of best practices in family planning and reproductive health service delivery for women and girls. This meant helping countries take proven interventions to scale—to sustainably reach more people in more places.





**Scale-up should not be left to chance. It requires a systematic process that begins at the design stage and continues throughout the life of a project.**

E2A and our partners—led by scale-up leader ExpandNet<sup>6</sup>—gained significant experience taking deliberate steps to increase the impact of innovations successfully tested in pilot projects, so they could benefit more people and foster lasting improvements in health policies and programs. In the DRC, Côte d’Ivoire, Kenya, Niger, Nigeria, Senegal, Togo, and Uganda, our scale-up approaches were adopted by governments, institutions, and implementing organizations. Together with partners across Africa, we successfully scaled up numerous best practices, including community-based family planning; innovative peer education approaches for youth; integrated population, health, and environment activities; and task-shifting and task-sharing to expand method choice.

While E2A’s body of work was diverse, we maintained a unifying focus—to use global lessons about scale-up to shape our interventions, while also being responsive to the broader efforts aimed at improving reproductive health. This focus, which ExpandNet refers to as a “scaling-up mindset,”<sup>7</sup> recognized the importance of:

- 1 Applying a systems perspective that focused on a country’s broader national program when designing and implementing our activities.
- 2 Making sure our work and investments contribute meaningfully to that national program.
- 3 Ensuring government and other local stakeholders’ ownership.
- 4 Limiting external inputs to what could be maintained or mobilized when implementing on a larger scale.



UGANDA Pathfinder Uganda

This scaling-up mindset drove E2A’s work with local resource teams, often led by government officials and comprising multiple in-country stakeholders, to equip them to lead the scale-up process and continue guiding it long after E2A ends.

At the global level, E2A also influenced others to shift their thinking, focusing on systems strengthening required for sustainable scale-up instead of short-term project results. And through our thought leadership, events, and robust technical publications, we shared what we learned and drew greater attention to this powerful pillar of our work.

We believe systematic scale-up is one of the keys to achieving global family planning goals. Turn the page to see why.

<sup>6</sup> WHO/ExpandNet tools, guides, and other resources for country teams, projects, and institutions to use in their scale-up endeavors are available at [expandnet.net](http://expandnet.net).

<sup>7</sup> WHO/ExpandNet, 2010; Cooley et al., 2012; Cooley, 2016; Milat et al., 2016; and Keyonzo et al., 2015.



NIGER Pathfinder Niger





NIGER / 2014–2021

## Systematically Cultivating Youth Leadership to Improve Young People’s Sexual and Reproductive Health

**From college campuses to rural communities, youth leaders drove change through a powerful project the government of Niger called a “best practice” to be scaled up across the country.**

Niger has the highest fertility rate—7.6 children per woman—and some of the highest rates of child marriage and early childbearing in the world.<sup>8</sup> This situation is exacerbated by an under-resourced health system, conservative cultural setting, and significant barriers to accessing SRH information and services.

Recognizing the untapped potential of working with university students, in 2014, E2A’s University Leadership for Change (ULC) program began to cultivate leadership skills among students at the Abdou Moumouni University (AMU) in Niamey as champions for SRH, involving youth leaders in decision-making, employing a comprehensive approach to behavior change, and initiating youth-friendly services at the university. For the first time, students were able to receive contraceptive counseling and a range of contraceptives as a part of ongoing SRH services offered at the university health center.

NIGER: Adama Ali Zourkaleini

8 Enquête Démographique et de Santé et à Indicateurs Multiples du Niger 2012. Calverton, Maryland, USA : Institut National de la Statistique (INS) et ICF International, 2013.



## SUCCESS LED TO SCALE-UP

By the end of 2015, 1,581 AMU students and 567 young people in surrounding communities received AYSRH information through activities led by 53 trained peer educators. At the university health center, 457 students received SRH/family planning counseling. In addition, when ULC peer leaders traveled home to their own communities, they continued to informally serve as educators, bringing AYSRH information to their friends and neighbors who didn't have access to ULC resources. The promising results of the ULC pilot, coupled with peer educators' own motivation to continue the program, inspired country stakeholders to commit to replicate the intervention model in new settings.

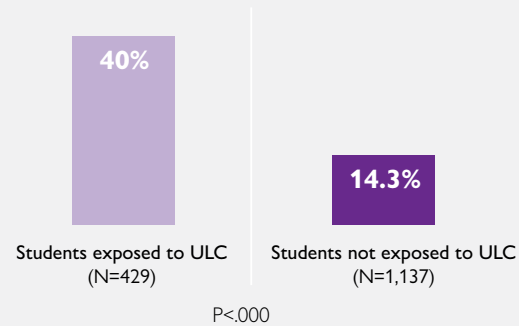
E2A facilitated the systematic scale-up process, guided by ExpandNet's *Beginning with the End in Mind* and *Nine Steps for Developing a Scaling-Up Strategy*, for expanding to three new university campuses in Zinder, Maradi, and Tahoua regions in 2016. E2A then worked with government counterparts and ULC student leaders to adapt the university-based program to the community setting as part of the Resilience in the Sahel Enhanced-Family Planning (RISE-FP) project.<sup>9</sup> In 80 communities in the Matamèye, Mirriah, and Magaria districts of Zinder, this new youth program—called Community Leadership for Change (CLC)—created and trained a cadre of youth leaders in family planning and reproductive health, behavior change, and peer leadership, with ULC leaders at the University of Zinder serving as supervisors and mentors for the community youth leaders.

<sup>9</sup> The Resilience in the Sahel Enhanced (RISE) Initiative is a USAID-funded comprehensive program to strengthen resilience in the Sahel, particularly in Niger and Burkina Faso. In Niger, E2A/Pathfinder implemented the RISE-Family Planning (RISE-FP) component in the Zinder region.

## DEMONSTRATED EFFECTIVENESS

**IN 2019, USAID/WEST AFRICA** commissioned an external evaluation of the ULC program at AMU to assess the effectiveness of the approach and explore its sustainability, replicability, and scalability within Niger. In addition, in 2020, E2A facilitated a participatory action research (PAR) study that equipped ULC leaders and leveraged their insights to design and implement a study to better understand the potential changes in family planning and reproductive health service utilization, gender relations, and leadership that have occurred among youth in Niamey and Zinder as a result of the ULC and CLC programs. Here are three highlights from these evaluations:

**1** Significantly more students who were exposed to the ULC program used SRH services at the AMU health center compared to students who were not exposed to the ULC program.<sup>10</sup>



The study involved a representative sample of 1,566 students, aged 18 and over, enrolled at the AMU in Niger.

**2** University and community youth reported that ULC and CLC helped them to communicate more openly about SRH in their relationships and with their peers, thus challenging the prevailing social and cultural norms of silence around these topics.

**3** The ULC and CLC programs enabled young leaders to acquire knowledge and skills that are recognized and valued in their communities, giving them legitimacy that has enabled them to serve as trusted and sought-after sources of SRH information and advice and catalysts for change in their communities.

<sup>10</sup> Adolescent and Youth Sexual and Reproductive Health Knowledge, Attitudes and Practices (KAP) at Abdou Moumouni University, Niamey, Niger: Final Report. Operations Research Report to USAID/West Africa. Vienna, VA: International Business and Technical Consultants, Inc., 2019.



NIGER, Pathfinder, Niger

## PROGRESS CONTINUES

Upon reviewing results of these programs, stakeholders from Niger's Ministry of Public Health reaffirmed their commitment to scaling up the ULC approach nationwide. And among the youth themselves, inspired but completely independent of ULC, peer leaders in Niamey and Zinder have initiated their own student-led associations for SRH behavior change—which have been granted official NGO status—to continue their work both on and off campus.



“

In terms of leadership ... I can also contribute, and not just reach out and be given things. The ULC program has changed this in me.

—ZEINABOU LAWAN ISSOUFOU, 24, UNIVERSITY OF ZINDER



## FEATURED RESOURCE

DECEMBER 2019

### University Leadership for Change: Adapting and Scaling to the Community Level



Our University Leadership for Change initiative was so effective, we scaled it up to universities in Zinder, Maradi, and Tahoua—and didn't stop there. As part of the RISE-FP Initiative, we joined local partners to adapt our approach

to reach young people in a challenging new environment: rural communities in Zinder. Now you can get insights from our adaptation experience and see the innovative tools we used to deliver results, including a 30% increase in new family planning acceptors among young people.



“

Through [this project], I deepened my knowledge of sexual and reproductive health. Today, I am really proud of myself.

—BALKISSOU MAHAMANE MAHAMADOU, 25, AMU



NIGER: Adama Ali Zourkaleini

**PARTNERS**

Agir pour la Planification Familiale (AgirPF), Niger Ministry of Public Health, Regional Public Health Directorate of Zinder, Niger Ministry of Higher Education, and university officials at the Abdou Moumouni University and University of Zinder.



# Closing a Critical Gap to Improve Maternal and Reproductive Health

**We supported the government of Cross River State, Nigeria, to address a dangerous shortage in human resources for health by scaling up family planning task-shifting and tasking-sharing.**

Giving birth is still one of the most dangerous things a woman can do. Despite medical advancements, 295,000 women still die every year during pregnancy and childbirth—and 23% of these women die in Nigeria.<sup>11</sup> A shortage in human resources for health—fewer than two nurses and doctors per 1,000 people, with a notable lack of skilled birth attendants—is a significant barrier to saving women’s lives in Nigeria.

In 2014, recognizing the potential to mitigate the impact of this shortage and improve accessibility and cost-effectiveness within the health system, Nigeria adopted its Task-Shifting and Task-Sharing

Policy for Emergency Obstetric and Newborn Care Services. And E2A helped operationalize it. Between 2015 and 2019, through the Saving Mothers, Giving Life (SMGL) Initiative,<sup>12</sup> and in close partnership with the government of Cross River State, E2A and Pathfinder adapted a model for ensuring pregnant women and their newborns get the high-quality care they need when they need it most. This included supporting Nigeria’s community health extension worker (CHEW) cadre to provide long-acting family planning methods, including implants, in addition to short-acting, non-clinical methods, thus helping to ease the burden on facility-based providers and increase access for women in more rural areas.

We trained CHEWs to provide contraceptive implants, conducted operations research to assess the feasibility of task-shifting the provision of implants to the community level in Cross River State and Kaduna State, and provided support to the government of Cross River State to develop and implement a task-shifting and task-sharing scale-up strategy—with a particular focus on contraceptive implant provision. A critical aspect of our work involved helping establish a state-level resource team<sup>13</sup> whose job it was to guide and implement an effective scale-up strategy based on the WHO/ExpandNet Nine-Step approach.<sup>14</sup>

11 Trends in Maternal Mortality 2000 to 2017: Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division.

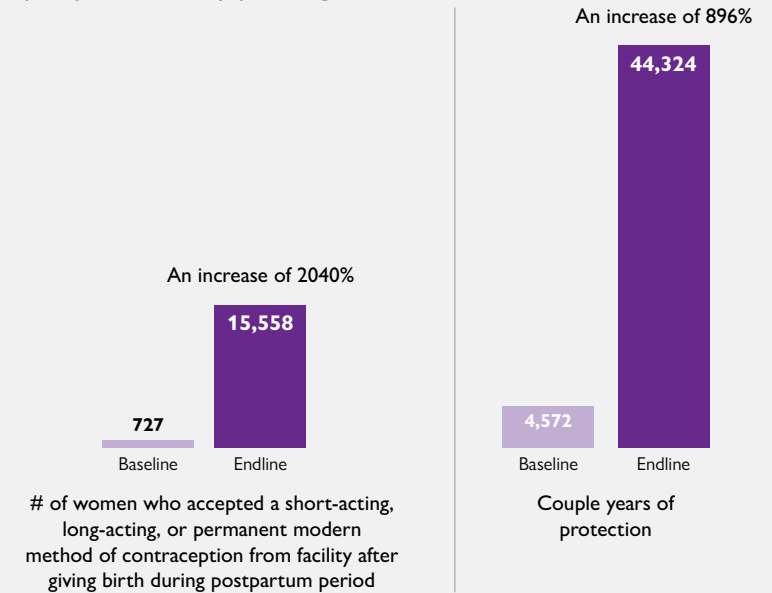
12 Saving Mothers, Giving Life (SMGL), 2012–2017, was a U.S. government-led public-private partnership that used a systems approach at the district level to reduce maternal and newborn mortality in Uganda and Zambia. SMGL aimed to reduce maternal and newborn mortality by ensuring every pregnant woman has access to quality, respectful care during pregnancy, labor, and delivery, and, in the event of a complication, life-saving care within two hours. Between 2015 and 2019, E2A implemented a Merck for Mothers-funded expansion of SMGL in Nigeria’s Cross River State.

13 ExpandNet’s conceptual framework identifies a scale-up resource team (RT) as “individuals and organizations that seek to promote and facilitate wider use of an innovation.”

14 WHO/ExpandNet, *Nine Steps for Developing a Scaling-Up Strategy*, 2010.

## DELIVERING RESULTS

**OVER THE PERIOD CHEWS WERE TRAINED TO PROVIDE IMPLANTS, we saw a four-fold increase in implant acceptors in local government areas and an 869% increase in couple years of protection from baseline. That means more women were able to get the comprehensive services they needed, including postpartum family planning.**



**ULTIMATELY, through task-shifting, task-sharing of family planning—as part of the comprehensive SMGL model that effectively addressed the three delays in getting lifesaving care for mothers and newborns—more women in Cross River State survived.**

Indicator	Baseline 1	Endline 2	% Change	
			Actual	Target
Facility maternal mortality ratio per 100,00 live births	313	106	-66%	-25%



“

Task-shifting/task-sharing is very important and appropriate at this time—when we have a dearth of health care workers ... We cannot expect that because we don't have enough doctors and nurses, we will not train the personnel we have to handle cases, or that our mothers should die.

—HEALTH POLICYMAKER, STATE MINISTRY OF HEALTH, NIGERIA

SAFE  
DELIVER  
KIT  
USAID



**PARTNERS**

Nigeria Ministry of Health; Government of Cross River State; Government Of Kaduna State; Saving Mothers, Giving Life; Society of Obstetrics and Gynecology of Nigeria (SOGON); Pediatric Association of Nigeria (PAN); Nigerian Society of Neonatal Medicine (NISONM); the Association of General and Private Medical Practitioners of Nigeria (AGMPN); Center for Health Works Development and Research Initiative; Association of Grassroots Counsellors of Health and Development Nigeria; Merck for Mothers; and the Greater Hands Foundation.



## Scaling Up Community-Based Family Planning

**Fifty years of family planning programs in Africa have enabled many women and girls to exercise contraceptive choice and make decisions about their futures. But these programs continue to face challenges in moving from pilot to scale, leaving some of the poorest and most vulnerable communities behind. E2A set out to break this pattern in the DRC—shifting emphasis from a narrow pilot project approach to the use of systematic strategies to scale-up.**

### SETTING THE STAGE FOR SCALE

From 2008–2013, Pathfinder implemented a pilot project<sup>15</sup> to respond to the urgent needs of a largely transient population—refugees, returnees, and internally displaced people, many of whom were survivors of rape used as a weapon of war—living in a post-conflict area of DRC’s South Kivu Province. The project supported community health workers, retired nurses, and skilled health providers to deliver integrated community-based family planning and primary health care to some of the country’s most underserved populations.

Based on the success of the pilot, which reached over 30,000 households, USAID approached E2A to implement similar integrated services on a wider scale—expanding to 51 health areas within 15 priority rural health zones across three new provinces. Using the *Beginning with the End in Mind* tool<sup>16</sup> and recognizing the importance of engaging stakeholders in the process, we got down to work.

### LOCAL OWNERSHIP IN ACTION

We engaged DRC’s National Reproductive Health Program, which enthusiastically assumed ownership of the scale-up process, even though it meant they had to substantially adjust their existing workplans and negotiate with other ministry of health programs to secure their commitment and participation.

The National Reproductive Health Program established a national Technical Advisory Group that also included representatives from DRC’s Adolescent Health Program and the Integrated Child Health Program. All three programs shared a common interest: using community-based distributors for the delivery of community-based health care.

Regular communication between the Technical Advisory Group and the provincial and zonal health authorities ensured integration of project activities into their operational plans. On a semi-annual basis, this multidisciplinary team conducted field visits to the provinces and health zones to observe project implementation and provide feedback, thereby playing an instrumental role in ensuring community-based family planning and basic childcare interventions were integrated and effectively delivered.

Before long, the government took the lead, and E2A’s role largely shifted to that of facilitator and documenter. We focused on communication and exchanging up-to-date information among donor, government, and other implementing partners. And we provided leadership and targeted support in areas where gaps remained, based on the government’s requests.



DRC Pathfinder DRC

<sup>15</sup> The Flexible Family Planning, Reproductive Health and Gender-Based Violence Services for Transition Situations (Flex-FP) Project was funded by USAID and implemented by Pathfinder.

<sup>16</sup> *Beginning with the End in Mind*, developed by WHO/ExpandNet, was used to adapt and scale up community-based family planning interventions in the DRC. The guide offers 12 recommendations on how to design projects and small-scale programmatic interventions with successful scale-up in mind. The most relevant recommendations were: (1) engage in a participatory process involving key stakeholders, (2) ensure the relevance of the proposed innovation, (3) tailor the innovation to the sociocultural and institutional settings, and (4) test the innovation under routine operating conditions.



# DELIVERING RESULTS

Through a participatory process with the government in the lead, as well as other key strategies for adapting the South Kivu model to new contexts,<sup>17</sup> we achieved significant results scaling up to three new provinces:

**327,125**

people accepted modern contraceptive methods for the first time

AND

the project generated a total of

**200,609**

couple years of protection.

In addition to horizontal scale-up, key components of our intervention were institutionalized—such as the provision of long-acting family planning methods by nurses in community outreaches and provision of DMPA-SC by trained community-based distributors—through the revision of national norms and guidelines.

<sup>17</sup> Due to substantial differences between South Kivu and the three new provinces (Lomami, Lualaba, and Kasai Central), the following adaptations were necessarily for scale-up: shifting to engagement of existing nurses and midwives for FP outreach, integrating other health services with FP during outreaches, incorporating community health cuts into the model, and emphasizing women's and youth leadership.



DRC Felix Masi

### PARTNERS

DRC Ministry of Public Health; National Reproductive Health Program; Flexible Family Planning; Reproductive Health and Gender-Based Violence Services for Transition Situations (Flex-FP) Project; and Integrated Health Project (IHP)/Projet de Santé Intégré.





UGANDA Jake Lyell

UGANDA / 2012–2015

# Launching an Improvement Collaborative to Save the Lives of Mothers and Newborns

**Advancing peer-to-peer learning and local adaptation of interventions through quality improvement approaches led to notable family planning and maternal and child health results in a short time.**

In 2012, to address Uganda’s high unmet need for family planning, high maternal and neonatal mortality ratios, and low contraceptive prevalence rate, the Strides for Family Health (STRIDES) project<sup>18</sup> and E2A collaborated to introduce an Improvement Collaborative—to advance quality and scale-up of lifesaving interventions at public health facilities.

In 10 facilities, we partnered with the government to introduce a package of high-impact family planning, reproductive health, and maternal and neonatal health best practices utilizing the Improvement Collaborative methodology. This involved working with health service delivery teams in a structured approach over a period of 12–24 months to achieve significant gains in the integration of family planning with postpartum and postabortion care services, as well as specific neonatal care, essential obstetric care, and infection prevention practices.

## LEARNING TOGETHER TO SCALE-UP LIFESAVING HEALTH CARE

The goal of this Improvement Collaborative was to accelerate both the pace and geographic spread of the technical package, even in the context of health systems facing severe material and human resource constraints. This initiative showed the great potential for collaborative efforts of health facility teams that learn together, rather than individual sites working on their own.

To support the Improvement Collaborative, E2A provided the following technical assistance:

- Developing standards of quality for the selected best practices.
- Training facility- and central-level quality improvement teams in the clinical aspects of the Improvement Collaborative package.
- Developing supervision and documentation tools, job aids, and checklists, while STRIDES worked with the government to ensure the availability of medical supplies to project sites.
- Working with emerging local leaders to support the implementation of Improvement Collaborative changes and supporting quarterly learning sessions.
- Co-facilitating baseline data collection at facility level, followed by monthly data collection related to the selected best practices.

**With E2A/STRIDES support, the initiative was scaled up by government teams—from two to 46 health facilities—in 10 districts of Uganda.**

<sup>18</sup> STRIDES for Family Health (STRIDES) was a USAID-funded project implemented in Uganda from 2009 to 2015, led by E2A partner Management Sciences for Health.



## EXPANDING TO COMMUNITIES

Based on the success of this initiative, as well as findings from an E2A assessment of family planning services in new Ugandan geographies, E2A and STRIDES, with assistance from Makerere University, introduced a community-level Improvement Collaborative in two new districts.

This adaptation—from facility to community settings—involved the formation of new community-based quality improvement teams, composed of community health volunteers from village health teams, facility-based providers, and district health officials, to generate demand for and increase uptake of postpartum family planning services. This community phase of our work resulted in 2,622 women counseled on family planning within the 5-month intervention period.

## DELIVERING RESULTS

**Our results<sup>19</sup> revealed the positive impact of the Improvement Collaborative approach. We saw marked improvements in nearly all indicators, including:**

- Increase in the use of a partograph, an effective, low-tech tool that supports early detection of maternal and fetal complications, as a routine part of monitoring every delivery—from 11% to 76%.<sup>20</sup>
- Increase in the application of active management of the third stage of labor (AMSTL), a critical intervention for the prevention of postpartum hemorrhage—from 48% to 86%.<sup>21</sup>
- Increase in the application of essential newborn care (ENC)—from 30% to 70%.<sup>22</sup>
- Increase in percentage of women receiving counseling for postpartum family planning—4% to 62%.<sup>23</sup>

<sup>19</sup> The Improvement Collaborative demonstration phase was introduced in two groups: Group I in March 2012 and Group II in June 2012. Group I included 10 facilities from two districts. Group II included 36 facilities from eight districts. Facilities submitted data from January 2012 to June 2013.

<sup>20</sup> Group I facilities increased partograph use from 11% at baseline (for the month of January 2012) to 76% at endline (for the month of March 2013). Group II facilities also showed progress with a baseline measurement of 33% (April 2012) that increased to 75% (June 2013) at endline.

<sup>21</sup> Group I facilities increased AMSTL application from 51% at baseline (January 2012) to 77% at endline March 2013). Group II facilities increased AMSTL application from 48% at baseline (April 2012) to 86% at endline (June 2013).

<sup>22</sup> Group I facilities experienced a marked increase in the application of ENC, from 45% at baseline (January 2012) to 76% at endline (March 2013). The Group II facilities in-creased ENC application from 30% at baseline (April 2012) to 70% at end-line (June 2013).

<sup>23</sup> Group I facilities increased the amount of PPF taking place from 1% of women being counseled at base-line (January 2012) to 28% at endline (March 2013). The Group II facilities also showed a marked increase in PPF counseling from 4% at baseline (April 2012) to 62% at endline (June 2013).



UGANDA | Jake Lyell

**PARTNERS**

Uganda Ministry of Health and STRIDES for Family Health.



## Planning for the Systematic Scale-Up of Postabortion Family Planning for Adolescents and Youth

**A 13-year-old girl was in distress. She arrived at Mbacké Health Center in Senegal after having an unsafe abortion. “Like other young clients I’ve encountered as a health provider,” said Ndeye Fanta Camara, the facility’s Head Midwife, “this girl needed educational counseling free from judgment. She needed quality postabortion care—including management of any postabortion complications, counseling, and the provision of voluntary family planning—tailored to her needs as an adolescent.”**

In 2018, E2A supported Senegal’s Ministry of Health and Social Action to make postabortion family planning for adolescents and youth (PAFP-AY) a reality.

### CONDUCTING ASSESSMENTS ACROSS WEST AFRICA

In multiple countries, we brought attention to postabortion family planning (PAFP)—a finely focused and underutilized high-impact practice. Proactively providing voluntary contraceptive counseling and services when and where women receive facility-based postabortion care (PAC) has great potential to break the cycle of repeat unintended pregnancies and reduce the consequences of unsafe abortions.<sup>24</sup>

From 2012–2013, to generate evidence that would inform improvements to PAC in West Africa, E2A assessed the state of PAC programs in Burkina Faso, Guinea, Senegal, and Togo<sup>25</sup>—with a specific focus on PAFP. Then we collaborated with various ministries of health and other local partners to turn our evidence into action.

E2A supported PAFP pilot projects in Togo<sup>26</sup> and Senegal that resulted in increased uptake of voluntary family planning. The Togo model, which was piloted and scaled up with support from E2A,<sup>27</sup> specifically focused on improving providers’ attitudes toward young clients and integrated gender considerations into skills development to provide voluntary PAFP-AY.

**During the 6 months following E2A’s quality-improvement training in Togo, the percentage of PAC clients accepting voluntary family planning rose from 25% to 68%. Nearly 50% of PAC clients were ages 12–24, and of these young people, 87% accepted a contraceptive method.**

### DESIGNING PAFP-AY WITH SCALE-UP IN MIND

In 2018, E2A partnered with IntraHealth’s Neema Project to support Senegal’s Ministry of Health and Social Action (MSAS) to adapt the Togo model to the Senegalese context. Together, we advanced the provision of PAFP-AY services, documented and disseminated results of the model, and planned for scale-up. This scale-up objective was an integral part of our PAFP-AY implementation strategy and necessitated deliberate efforts that included setting up and building the capacity of a scale-up resource team.<sup>28</sup>



BURKINA FASO Tagaza Djibo

Using lessons learned from both the quantitative data analysis and the qualitative documentation outcomes, the resource team drew from the WHO/ExpandNet *Nine Steps for Developing a Scaling-Up Strategy* tool—to identify areas in need of improvement and actions required to enhance the scalability of PAFP-AY to other settings. As a result of this process, the Diourbel Medical Region decided to extend the approach to eleven

additional service delivery points in one district and six health centers in another, this time with the integration of a community component. And to ensure sustainability beyond the pilot phase, members of the PAFP-AY resource team agreed that their team’s activities should be embedded in the national community health interventions scale-up committee.

24 Huber D, Curtis C, Irani L, Pappa S, Arrington L. Postabortion care: 20 years of strong evidence on emergency treatment, family planning, and other programming components. *Glob Health Sci Pract*. 2016;4(3):481-494.

25 E2A’s multi-country evaluation focused on four West African countries that participated in the Virtual Fostering Change for PAC program.

26 Under the leadership of Togo’s Division of Family Health, E2A worked to increase access to family planning services during PAC. This included expanding method choice to include LARCs—namely, implants and IUDs—through IntraHealth’s Optimizing Performance and Quality (OPQ) systematic approach to quality improvement at 5 health care facilities. The project delivered significant results from baseline to endline: increase in PAC clients counseled—from 31% to 91%; increase in PAC clients who were counseled and accepted a method—37% to 60%; and significant increase in uptake of implants—from 4% to 27%.

27 In Togo, E2A worked to ensure that its PAC/FP pilot was locally owned—a key to sustainability and scale-up—by engaging MOH divisions in project planning and management. Togo’s Division of Family Health has adopted the training materials used for this intervention as the national PAC training curriculum.

28 Senegal’s resource team comprised actors and institutions that facilitated the implementation and promotion of PAFP-AY to enable its adoption at different levels of the MSAS, utilizing WHO/ExpandNet tools and concepts—the scale-up systematic framework and *Beginning with the end in mind*. As a flagship activity of the resource team, and in line with the systematic planning mindset, a scale-up strategy development workshop was held and attended by a wide range of actors, including the Diourbel Medical Region; the participating districts and facilities managers; representatives of the Family Planning, Adolescent/Youth Reproductive Health Division; the Mother and Newborn Health Divisions; the Community Health Unit (GEXCOM); and IntraHealth, E2A, and ExpandNet experts.





#### FOSTERING A SCALE-UP MINDSET AT EVERY LEVEL

At Senegal's Mbacké Health Center, Head Midwife Ndeye Fanta Camara said, "I had the opportunity to participate in a strategic scale-up process of our pilot project. As a provider, this experience motivated me. I was glad to see how much focus was put on the importance of effective management of postabortion care."

**Within 9 months, Mbacké Health Center saw a 78% voluntary family planning adoption rate among postabortion care clients, compared to just 17% at the start of the project.<sup>29</sup>**

"Our health center enhanced our youth-friendly counseling," said Head Midwife Ndeye. "We set up a youth-friendly room. We developed sensitization materials—posters and flyers—on the benefits of adopting PAFP. We reinforced these messages by involving decision-makers, such as partners and other relatives ... When I look at our results, I think of the 13-year-old girl who arrived at our doorstep in distress. Thanks to this project, we knew exactly how to help her. Now all women and girls in Senegal must have access to these lifesaving options."

<sup>29</sup> From November 2018 to July 2019, a total of 1,257 postabortion cases were reported at the three project sites in Senegal. Mbacké Health Center served 190 PAC clients during implementation, compared to 66 in the three months prior to implementation.



#### PARTNERS

Togo Division of Family Health, Senegal Ministry of Health and Social Action, Burkina Faso Ministry of Health, and Guinea Ministry of Health.



# Leading the Community of Practice on Systematic Approaches for Scale-Up of Family Planning and Reproductive Health Best Practices

**As secretariat, E2A leveraged our significant scale-up experience in multiple countries to engage those who want to help countries take proven innovations to scale—to sustainably benefit more people in more places.**

In 2012, in partnership with the Implementing Best Practices (IBP) Initiative and E2A core partner ExpandNet, E2A helped establish the Community of Practice (COP) on Systematic Approaches for Scale-up of Family Planning/Reproductive Health Best Practices. For nearly a decade, this COP learning platform has provided opportunities for meaningful country-, regional-, and global-level exchanges of knowledge to increase the use of “deliberate efforts to increase the impact of innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and program development on a lasting basis.”<sup>30</sup>

<sup>30</sup> Systematic scale-up as defined by E2A partner ExpandNet.

## ADVANCING INTELLECTUAL EXCHANGE AND LESSONS FROM IMPLEMENTATION

From 2012 to 2020, E2A, under the technical leadership of ExpandNet, chaired this COP, driving the conceptual and logistical development of more than a dozen webinars, as well as in-person and virtual technical consultations and workshops with program designers, implementers, policymakers, researchers, and donors.

Guided by a resource team comprising representatives of 27 organizations working on scale-up, the COP fostered discussions on cutting-edge approaches, evidence, and insights on a range of topics with the potential to advance our field. Highlights include:

- Financing scale-up of family planning programs
- Lessons from scale-up of youth-friendly services
- Fostering a scaling up mindset
- Institutionalizing the population, health, and environment approach for sustainable development
- Scaling up norms-shifting interactions for AYSRH
- The role of adaptation in scaling up & sustaining successfully tested interventions
- Scale-up learnings from CHEW task-sharing
- Research gaps in scale-up of family planning and reproductive health
- Synthesis of scale-up lessons from E2A

## LEARNING, SHARING, AND ADAPTING TOGETHER

Under E2A and ExpandNet’s leadership, the COP produced a Bibliography of Systematic Approaches for Scale-Up of Best Practices that includes a selection of published articles and gray literature addressing theories, concepts, and experiences related to applying systematic approaches to scale-up. The bibliography is a living document that will continue to expand as additional relevant articles are identified, whether through further literature reviews or through other mechanisms, including suggested articles by members of the COP.

## SUSTAINING THE COP INTO THE FUTURE

In September of 2020, E2A transitioned the role of secretariat to another global project funded by USAID—Research for Scalable Solutions (R4S), led by FHI360. To join this COP, visit [IBP Network](#).



We know that we can only achieve our ambitious global family planning goals if we share our successes and challenges with scale-up as widely as possible. Those of us who work on scale-up are a unique sort, and we are fully dedicated to sharing what we learn—to advance the science and practice of scale-up.

—DR. SADA DANMUSA, MIDSPACE CEO AND COP PRESENTER



As the co-founders and co-chairs of the multi-sector/thematic Scaling Up Community of Practice, we were delighted when E2A agreed from the beginning six years ago to have the Community of Practice on Systematic Approaches to Scale-Up for Family Planning and Reproductive Health Best Practices join our effort. In effect, the FP/RH COP served as the working group on scaling up health interventions, along with eight other sectoral and thematic working groups in our scaling up community of practice. The close collaboration of E2A with ExpandNet in running their health COP/working group resulted in excellent work on scaling up health interventions and served as an example that others of our working groups could benefit from.

—LARRY COOLEY, MANAGEMENT SYSTEMS INTERNATIONAL/BROOKINGS INSTITUTION, AND JOHANNES LINN, BROOKINGS INSTITUTION





côte d'ivoire Courtney Boudreau

E2A gained significant experience applying systematic scale-up approaches in multiple country contexts. In collaboration with E2A partner ExpandNet, our work in scale-up has generated

6

peer-reviewed articles

AND

19

technical reports and briefs

FROM ACROSS

14

countries.

Here are some highlights.



FEBRUARY 2020

**Government Ownership and Adaptation in Scale-Up: Experiences from Community-Based Family Planning Programme in the Democratic Republic of the Congo (African Journal of Reproductive Health)**

Learn how E2A used WHO/ExpandNet's *Beginning with the End in Mind* tool to systematically scale up an integrated package of family planning and primary health care services in the DRC.



SEPTEMBER 2020

**Planning for Systematic Scale-Up of Immediate Postpartum Family Planning in the Agneby-Tiassa-Mé Health Region of Côte d'Ivoire**

Learn how E2A partnered with the Ministry of Health and Public Hygiene of Côte d'Ivoire to take a successful immediate postpartum family planning intervention to scale.



OCTOBER 2017

**Applying ExpandNet's Systematic Scale-Up Approach to an Integrated Population, Health and Environment Project in East Africa (Social Sciences)**

Learn how E2A applied ExpandNet's systematic scale-up approach to an integrated population, health, and environment project in the Lake Victoria Basin of Uganda and Kenya.



SEPTEMBER 2020

**Planning for the Scale-Up of Postabortion Family Planning for Adolescents and Youth in Senegal**

See how E2A designed a postabortion family planning for adolescents and youth (PAFP-AY) intervention with scale-up in mind—and supported the establishment of a critical in-country PAFP-AY resource team.



DECEMBER 2019

**Pioneering Tools for Adapting Family Planning and Reproductive Health Interventions in Complex, Dynamic Environments**

How can we systematically identify needs for adaptation? What are the best ways to implement these adaptations? And how will we monitor the changes? Explore how E2A partnered with Syntegral to develop a set of tools to answer these questions.



JULY 2019

**Facilitators and Barriers to Systematically Scaling-up Family Planning Task-Shifting and Task-Sharing of Contraceptive Implants in Cross River State, Nigeria**

See how E2A supported the government of Nigeria in scaling up the Task-Shifting and Task-Sharing Policy for Emergency Obstetric and Newborn Care Services to allow community health extension workers to provide contraceptive services.



# 03

## Expanding Contraceptive Method Choice

As USAID's global flagship for strengthening family planning and reproductive health service delivery, E2A was fiercely committed to expanding access to a full range of contraceptive options with special attention to the promotion of client-centered, voluntary, and informed choice.





**Family planning is one of the best and most cost-effective investments in international development. Supporting women and couples to freely decide whether and when to have children provides more than just immediate health and family life benefits. It also helps countries achieve stability, increase economic and social opportunity, expand the civic space to include more women, and promote social accountability between governments and civil societies.**

Ensuring easy access to a wide range of contraceptive options was at the heart of E2A's efforts to strengthen voluntary family planning services around the globe. To reduce unmet need for contraception, we worked across a constellation of service-delivery outlets—communities, universities, and health facilities—where skilled providers and counselors were ready to offer a range of methods.

Nearly all of our projects dealt with some aspect of method choice:

- Increasing individuals' knowledge about contraceptive options through our programs for young first-time parents in Burkina Faso, Nigeria, and Tanzania.
- Enhancing couples' communication and joint decision-making—to choose a method that best supports their reproductive intentions and lifestyles—through our work on couple-focused interventions.
- Promoting quality of care and counseling through our study in Mozambique that tested the feasibility of including long-acting reversible contraceptive (LARC) removal indicators in national family planning registers.
- Advancing integration and increasing service delivery points through our postpartum and postabortion family planning projects in Senegalese health facilities.
- Bringing more family planning options to more places through our support for the effective scale up of community-based distribution in the DRC.



BURKINA FASO Tagaza Djibo

- Advocating to address inequities of access and method choice through our leadership on the Global Consensus Statement on Expanding Contraceptive Choice for Youth.
- Providing global technical leadership as secretariat of key learning groups, including the Method Choice Community of Practice.
- And many other activities [you can read about here](#).

E2A's work took many forms. Across 17 countries, through our family planning programs, scale-up initiatives, and strategic partnerships across the globe, we infused method choice into everything we did. We believe method choice is a reproductive right: everyone should have access to contraceptives that will help them achieve their reproductive intentions.



ETHIOPIA Sala Lewis





GLOBAL / 2014–2021

## Overcoming Barriers to Ensure Informed Choice for Youth

**E2A advanced evidence, programs, and policies that expanded method choice for young people to include LARCs.**

Since 2015, more than 50 of the world’s leading nongovernmental organizations, professional associations, and donors have taken a stand with and for young people. Together, we have fought to remove significant barriers that keep adolescents and youth from accessing and using an expanded range of contraceptive methods. This includes some of the most effective, discreet, and long-lasting options available—LARCs.

E2A played a lead role in developing the “Global Consensus Statement for Expanding Contraceptive Choice for Adolescents and Youth to Include Long-Acting Reversible Contraception.”<sup>31</sup> And as a member of the LARCs for Youth Working Group, we co-hosted numerous knowledge-sharing events and provided resources and technical support to turn consensus into action.<sup>32</sup> LARCs are more than just an appropriate, safe, and acceptable voluntary option of contraception for young people. They also have great potential to reduce unmet need for contraception and prevent unintended pregnancies, resulting in fewer unsafe abortions and maternal deaths, as well as increased opportunities for young people to finish school, pursue employment, and help shape the future they want for themselves, their families, and their communities.

31 [This Global Consensus Statement](#) was developed by E2A, Pathfinder International, FHI360, Marie Stopes International, and Population Services International.

32 In Togo, to ensure youth accessibility to PAC-FP, E2A and the ministry of health trained providers in youth-friendly, gender-sensitive services and contraceptive technology, including the Global Consensus Statement. This led providers to become aware of their own biases against adolescent clients—a critical step toward improving the quality of their care. When this project began, only pills and condoms were available; but E2A pilot sites subsequently added implants, injectables, and IUDs.



In addition to driving our work in global policy, our commitment to expanded method choice for youth was at the forefront of E2A's country-level implementation activities. We worked across diverse contexts to promote strong and sustainable health systems that can provide the widest range of contraceptive options, including LARCs, to young people.

**TESTING A SERVICE DELIVERY MODEL FOR OFFERING LARCS TO YOUTH IN ETHIOPIA**

In Amhara and Tigray regions of Ethiopia, E2A teamed up with the USAID Integrated Family Health Program Plus (IFHP+) project<sup>33</sup> to test a model for strengthening youth-friendly services by providing expanded contraceptive method choice, including LARCs.

From 2008–2017, IFHP+ worked with Ethiopia's Ministry of Health to provide tailored, confidential, youth-friendly sexual and reproductive health services at more than 240 sites within Ethiopia's health centers, hospitals, and university clinics. These services were delivered through providers (health officers, nurses, or midwives) within existing health facilities and through a volunteer cadre of peer educators. At the outset of IFHP+'s support, youth-friendly service providers were not specifically trained to offer contraceptive implants or intrauterine devices (IUDs) to young clients; neither were peer educators trained to dispel myths and misconceptions about LARCs.

"IFHP played a key role in supporting Ethiopia's Ministry of Health to introduce and scale-up youth-friendly services across the country," said Dr. Mengistu Asnake, Pathfinder's Senior Country



ETHIOPIA. Kora Images

Director in Ethiopia. "But we saw a potential gap. We wanted to know—'If we made sure youth-friendly services offered a full range of contraceptive options, would more young people choose to use LARCs?' E2A helped us answer this question." Together, E2A and Pathfinder conducted a study through which we improved youth-friendly service providers' counseling and skills for LARCs insertion and removal; in partnership with the government, we conducted competency-based skills training on LARCs insertion, removal, and infection control. We also conducted refresher training for young peer educators to counsel clients on safety and effectiveness of LARCs and refer them for services.



After the implementation of [the LARC study], the utilization of long-acting family planning methods, which was common among the older women, has also increased among younger women. And the overall coverage of long-acting family planning methods has also increased.

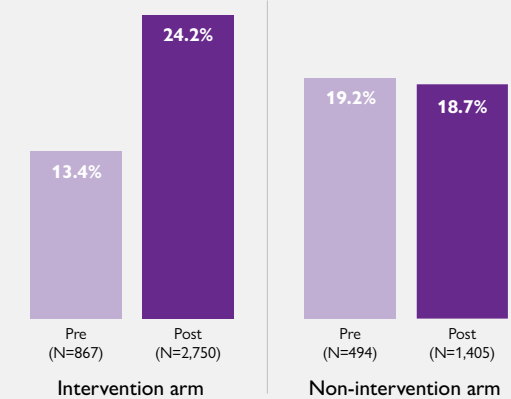
—DIRECTOR OF A HEALTH CENTER SUPPORTED BY IFHP+/E2A

# DELIVERING RESULTS

**COMPARING RESULTS** from 10 intervention sites with 10 non-equivalent sites that continued to offer IFHP+'s routine AYSRH services with no additional training or supportive supervision beyond what was routinely scheduled, we were able to determine if our activities led to an increase in the uptake of LARCs.

The proportion of new LARCs acceptors (versus other short-acting methods of family planning) increased significantly over time at intervention facilities, but not at comparison facilities. Training youth-friendly service providers to offer quality counseling and provide all contraceptive methods—including LARCs—in a "one-stop shop" unit resulted in higher voluntary LARCs uptake for all sexually active young women, including those planning on delaying their first pregnancy in Ethiopia's Amhara and Tigray regions.

Percentage of family planning acceptors who chose LARCs



Pre-intervention phase: June-Aug 2014; post-intervention phase: Sept 2014–April 2015. p-value: <0.0001

<sup>33</sup> IFHP+ was a USAID-funded program promoting an integrated model for strengthening family planning; reproductive health; and maternal, newborn, and child health services for rural and underserved populations. IFHP was implemented in 301 woredas across four major regions of Ethiopia by Pathfinder and John Snow, Inc., in partnership with local implementing partner organizations.





Based on the findings of the intervention assessment, we revised our training package for youth-friendly services to integrate LARCs training. We held value clarification sessions on LARCs with youth-friendly services providers. We also engaged in advocacy—to increase the availability of LARCs at youth-friendly service sites and in other dedicated services for youth at health facilities.

—DR. MENGISTU ASNAKE, SENIOR COUNTRY DIRECTOR, PATHFINDER ETHIOPIA



### FEATURED RESOURCE



JULY 2015

#### Global Consensus Statement for Expanding Contraceptive Choice for Adolescents and Youth to Include Long-Acting Reversible Contraception

Join E2A, 50+ endorsing organizations, and 400+ supporters in the global call to action for young people's right to access a full range of contraceptive methods.

### PARTNERS

Ethiopia Ministry of Health, dedicated research teams in research teams in Amhara and Tigray, IFHP+, Relief Society of Tigray, and Transform: Primary Health Care Project.



# Bringing Opportunities for Self-Management of Family Planning through Injectables to Communities

**By de-medicalizing and decentralizing family planning services, E2A helped more women access more methods, including subcutaneous depot medroxyprogesterone acetate (DMPA-SC)—which can be self-administered with proper training.**

The World Health Organization describes self-injectable DMPA-SC as a safe and effective family planning method,<sup>34</sup> and studies in Malawi<sup>35</sup> have demonstrated improved DMPA continuation among women who self-inject, compared with women who received the injection by a trained provider.

As the COVID-19 pandemic highlights gaps in access to services within the health system, the ability for women to choose and access family planning counseling and methods in their own communities is more important than ever. E2A's work, in collaboration with numerous ministries of health and local partners, advanced task-sharing and other community-based innovations that increased access to injectables as part of a full range of contraceptive options, and created opportunities to

further task-shift DMPA-SC to the family planning user herself. E2A's efforts marked an important step on the road to universal self-injection and self-care, which increases a woman's ability to select and eventually administer her chosen method.

## SCALING UP COMMUNITY-BASED COUNSELING AND DISTRIBUTION OF DMPA-SC IN THE DRC

From June 2014–September 2020, in rural areas of the DRC where access to health facilities and qualified health personnel are often limited, E2A built upon existing systems, plans, and partnerships to implement scalable community-based family planning (CBFP) and maternal and child health services.

In close collaboration with the DRC's Ministry of Health and other key stakeholders, E2A expanded the provision of a range of methods—including DMPA-SC—at the community level. We achieved this by advancing community-based distribution (CBD), facility outreaches, community–facility linkages, and awareness and demand for voluntary contraceptive services in targeted communities, as well as health systems strengthening through training and supervision of providers, data collection and reporting, work planning, and management.

In the DRC, the scale-up of E2A-supported cascade training of facility providers and CBD agents to 51 rural health areas in four provinces showed the feasibility of scaling up CBFP that includes DMPA-SC in the method mix and offering a greater choice of methods to women at the community level.

## PROMOTING INSTITUTIONALIZATION AND CHARTING THE WAY FORWARD

DRC's government recognizes the potential of this approach; DMPA-SC provision by non-clinical CBD agents is now included in the country's national DMPA-SC scale-up strategy.<sup>36</sup> As evidenced by E2A's work, CBD agents have strong community ties and a demonstrated record of effective service delivery and counseling. Their expertise can and should be leveraged to further task-shift DMPA-SC provision to clients—by training women to self-inject DMPA-SC.

In May 2020, following finalization of national guidelines for self-injection of DMPA-SC and the establishment of a central pool of family planning trainers, DRC's National Reproductive Health Program pretested its curriculum with E2A's support. Then, through the PATH-led Access Collaborative,<sup>37</sup> Pathfinder continued to support the ministry of health to conduct cascade orientations to trainers and health care providers on self-injection of DMPA-SC, covering 257 health zones in 15 of the country's 26 provinces. Before

this training cascade approach was extended to new geographies, it was first tested in E2A-supported health zones.

Ultimately, E2A's experience in the DRC shows that competent, non-clinical community health workers were able to safely provide DMPA-SC to women and also train women to self-inject it. Clients increasingly selected this self-care option and reported satisfaction with the services they received from CBD agents. Our results show the importance of strong commitments toward CBD and self-injection of DMPA-SC as part of national-level family planning policies and decentralization programs as a critical step on the road to self-care, de-medicalization, and women's control of their contraceptive choice.

**Over the life of E2A's community-based family planning program in DRC, 327,125 women became new acceptors of modern family planning. Of these women, 13,303 used DMPA-SC for the first time.**

34 WHO consolidated guideline on self-care interventions for health: sexual and reproductive health and rights. Geneva: World Health Organization; 2019.

35 Burke HM, Chen M, Buluzi M, Fuchs R, Wevill S, Venkatasubramanian L, Dal Santo L, Ngwira B. Effect of self-administration versus provider-administered injection of subcutaneous depot medroxyprogesterone acetate on continuation rates in Malawi: a randomised controlled trial. *The Lancet Global Health* 6, no. 5 (2018): e568–e578.

36 In 2018, PNSR, with the Access Collaborative, developed a plan to guide the sustainable scale-up of DMPA-SC in the DRC, which complemented the DRC's 2014–2020 National Strategic Plan for Family Planning and defined an implementation process to ensure that DMPA-SC was available to FP clients throughout DRC as part of a full range of methods. Reflecting on the country's low availability of DMPA-SC at facility level—and considering evidence from E2A's CBFP project in DRC—the government made a decision to include CBD in the national DMPA-SC scale-up strategy, thereby institutionalizing it within national policy.

37 Led by PATH in partnership with John Snow, Inc., the Access Collaborative provides data-driven technical assistance, coordination, and tools to ensure that women in Family Planning 2020 countries have increased access to self-injection as one contraceptive option, delivered through informed choice programming.



**In multiple countries, E2A applied high-impact practices to expand access to injectables.**

We generated evidence toward changing or operationalizing policies to improve access to DMPA across East and West Africa.

**BURUNDI**

In three of Burundi's rural provinces with the lowest contraceptive prevalence rates and highest unmet need for family planning, E2A worked with the National Reproductive Health Program and UNICEF- and UNFPA-funded projects, led by Pathfinder, to scale up CBFP services. We trained community health worker supervisors, through an existing task-sharing strategy, to offer DMPA.

From July–December 2015, 100,000 people were reached with family planning messages through E2A-supported community health workers in Burundi. Community health worker supervisors provided 922 injectables.

**MOZAMBIQUE**

An E2A-supported study in northern Mozambique explored the safety and effectiveness of training two cadres of community health workers—traditional birth attendants (TBAs) and Agentes Polivalentes Elementares (APEs)—to administer DMPA. Our results provided evidence to policymakers that CBD of injectable contraceptives in areas where TBAs and APEs are present can effectively bring voluntary family planning to a large group of women who previously had limited access.

From February 2014–April 2015, 1,432 Mozambican women enrolled in our study had either a TBA or APE administer an injectable. Of these women, 63% to 66% were new acceptors. 81.1% continued with the DMPA after three injections.



NIGER Tagaza Djibo

**NIGERIA**

In response to Nigeria's passage of a national task-sharing policy in 2014 and the country's abundance of CHEWs—who outnumber nurses and midwives six to one—E2A worked with the Akwa Ibom State Ministry of Health to train CHEWs in two local government areas to provide DMPA in facilities, and increase demand through community-based outreaches. Our activities produced evidence that was used to encourage the government and other partners to operationalize the task-sharing policy at the state level.

From October 2015–September 2016, 1,989 injectables were provided by E2A-trained CHEWs in Akwa Ibom, Nigeria.

BURUNDI Sala Lewis



**PARTNERS**

(DRC) DRC Ministry of Health; National Reproductive Health Program; Adolescent Health Program; Integrated Child Health Program; Flexible Family Planning, and Reproductive Health and Gender-Based Violence Services for Transition Situations. (Burundi) Burundi Ministry of Health, National Reproductive Health Program, and Maternal and Child Health Project. (Mozambique) Mozambique Ministry of Health, UCLA's Bixby Center, and the Mozambique Obstetric and Gynecologists' Association. (Nigeria) Akwa Ibom State Ministry of Health, Local Government Service Commission, Society for Family Health in Nigeria, and health authorities in Ikot Abasi and Eket.



# Tracking Removals of LARCs to Improve Quality of Care

With partners in Mozambique, E2A demonstrated that collecting, synthesizing, and interpreting data about long-acting reversible contraceptive (LARC) removals in a national health management information system (HMIS) is feasible and useful for strengthening the delivery of family planning services.

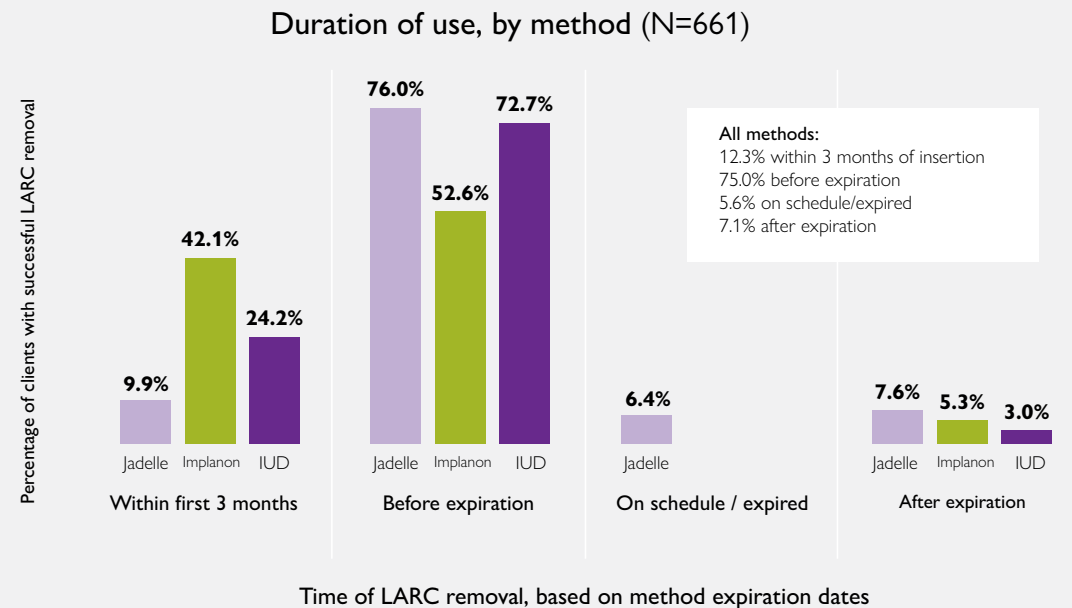
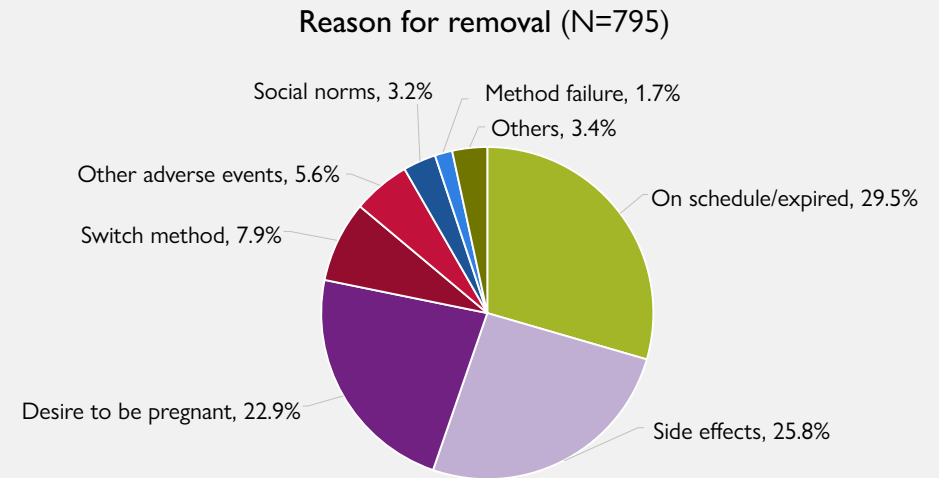
Few countries monitor the number of LARC removals. Even fewer track reasons for removal, duration of use, and method switching. Capturing this data would assist countries in bolstering their family planning programs to ensure services are more responsive to clients’ diverse needs—and also support women in making an informed, voluntary contraceptive choice to discontinue use or switch contraceptive methods, as aligned with their reproductive intentions.

Under E2A’s leadership, the data subgroup of the Implant Removal Task Force<sup>38</sup> advocated for the collection, reporting, and analysis of LARC removal indicators within the national HMIS for family planning. In 2018, E2A, in collaboration with the USAID-funded Integrated Family Planning Project (IFPP) in Mozambique, conducted a study to test the introduction of LARC removal indicators into Mozambique’s national family planning register and HMIS. The five indicators included in the

Mozambique study were (1) reason for seeking removal, (2) duration of use, (3) removal outcome, (4) reason for referral, and (5) whether the client received family planning counseling and whether she adopted another modern method post removal.

Our study provided encouraging insights that contribute to the knowledge base in Mozambique and globally. Findings underscore the importance of robust, quality family planning counseling at all points of contact, including at pre-insertion of LARCs and at the time of removal, particularly with regard to side-effects and use-effectiveness periods of LARCs to help women make informed method choices.

“These study findings triggered our action,” said Dr. Adalgisa Viola Ronda, Clinical Services Director for Pathfinder International Mozambique. “IFPP expanded the topic of implant removals in the family planning training curriculum and revised the counseling module to incorporate more in-depth information and discussions about side-effects. We involved the ministry in all phases of the study at central, provincial, and district levels. The ministry showed great interest and commitment to using study findings to improve the national family planning program. While the COVID pandemic delayed our dissemination of findings to the ministry of health and other partners; we will continue advocating with the government to include LARC removal indicators in the national family planning register.”



**14% of LARC removal clients opted to keep their method after receiving counseling.**

38 The Implants Removals Task Force was initiated in 2015 by the Implants Access Group—organizations collaborating to make contraceptive implants more available—to increase access to quality implant removal services and called attention to data, research, and programming needs.





MOZAMBIQUE | Kendra Herbert

**OS DEZ PASSOS DAS NORMAS DE CORTESIA**

1. Tratar aos outros como gostaria de ser tratado.
2. Ter sempre um sorriso no rosto.
3. Apresentar-se com agrado.
4. Saber escutar.
5. Falar com um tom de voz que demonstre respeito, educação, amabilidade e paciência.
6. Ser sempre pontual.
7. Cuidar para que as condições de iluminação, temperatura e ambiente sejam adequadas.
8. Assegurar a segurança e a privacidade dos utentes.
9. Explicar os procedimentos que se vão realizar.
10. Utilizar palavras de cortesia e "obrigado".

**Normas de Cortesia**

Bons profissionais do Sistema Nacional de Saúde seguem estas normas.

**Pathfinder INTERNATIONAL**

**PARTNERS**

Integrated Family Planning Project (IFPP); Mozambique Ministry of Health; and Provincial and District Health Directorates in Nampula and Sofala, Mozambique.



## Leading the Community of Practice on Method Choice

**As secretariat and contributing thought leader, E2A engaged experts in the field of family planning practice, policy, and research to advance conceptual leadership, exchange evidence, and build global consensus about method choice.**

In 2019, members of what was then called the Long-Acting Reversible Contraceptive and Permanent Method COP voted overwhelmingly to expand its global learning platform to be inclusive of all contraceptive methods. As a result, the COP on Method Choice was born. As secretariat, E2A enthusiastically supported the exchange of technical information to advance quality family planning programming on the full range of contraceptive options with special attention to the promotion of client-centered voluntary, informed choice. And in a short time, we made meaningful progress. We developed terms of reference, highlighting the COP's new mission, purpose, objectives, and structure. With the energetic, dedicated collaboration of recognized experts with policy-relevant knowledge in the field of reproductive health, we advanced critical conversations around method choice.

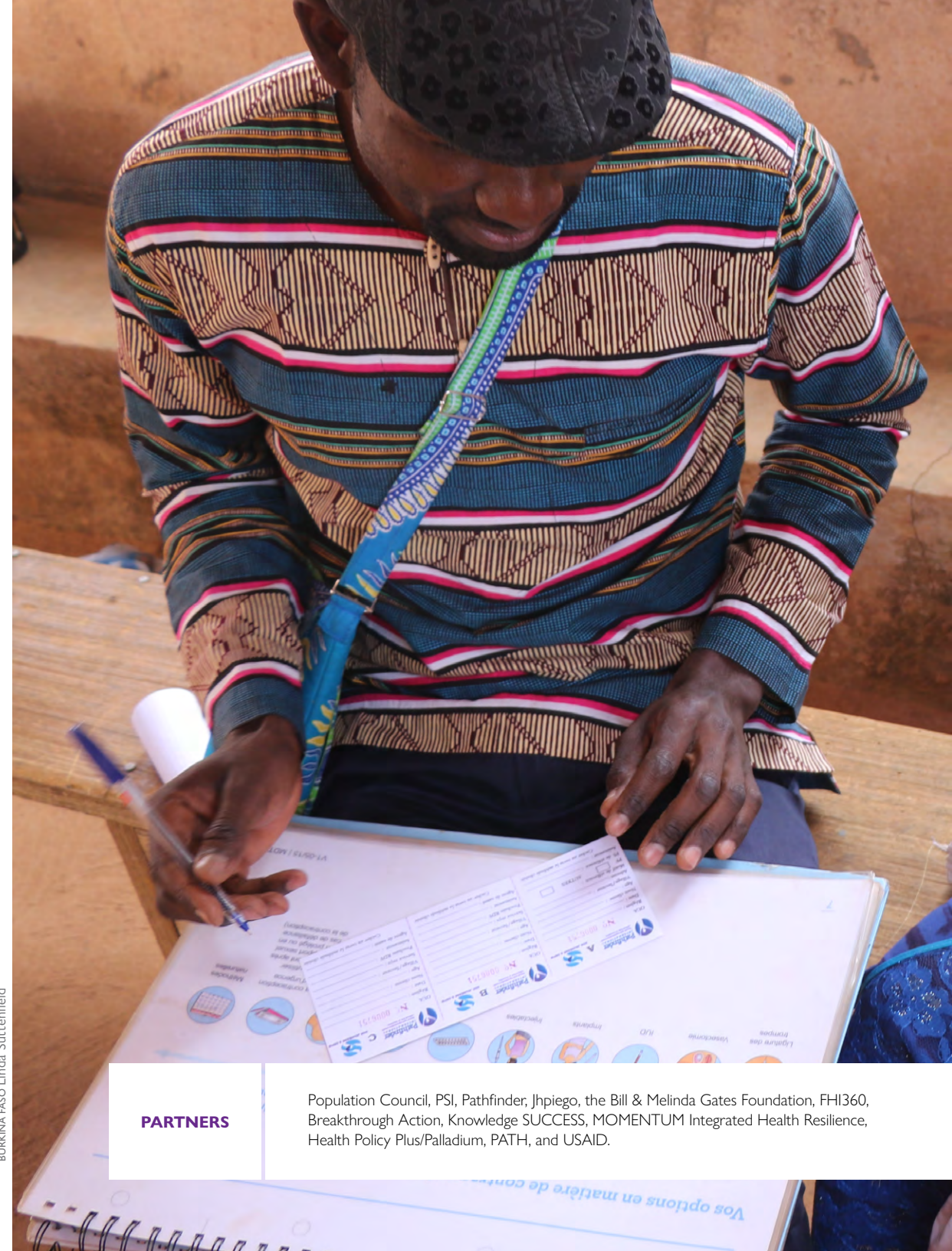
As secretariat, E2A prioritized keeping the COP's focus on technical rigor and experience-sharing (and minimizing process issues) to promote enthusiastic participation and new ideas. We leveraged this unique COP platform for technical

exchanges on issues that cut across a range of contraceptive methods, from gender dynamics to service delivery approaches, such as self-care. We teamed up with method-specific working groups, including the Hormonal IUS Access Group and Vasectomy Working Group, to advance thinking and understanding that can impact all of our work.

Through substantial contributions of the COP's technical advisory group, we continued to define method choice and its contours. After reviewing several existing method choice conceptual tools, which proved either too limiting or too broad—sometimes covering the entire gamut of what constitutes quality family planning programming—we began to develop a new framework.

### PROPOSING A NEW CONCEPTUAL FRAMEWORK

Convening periodically, a small technical working group of COP members developed the Contraceptive Choice Framework in response to COP concerns and in alignment with current public health and social science thinking. The Framework recognizes method choice as a series of decisions and influences across space and time—beginning with the individual and including couples, households, peer influences, diverse service modalities (including self-care or self-management), and the cultural and policy context. The Framework also incorporates the notion of reproductive autonomy, which recognizes both contraceptive utilization and intentional behaviors to achieve conception as valid choices that should be counted as successes in family planning programming. A draft of the Framework is currently being shared with global partners for review and revision. With the ending of E2A, the secretariat of the COP on Method Choice has transitioned to Jhpiego and Population Services International (PSI), who are leading global USAID-funded MOMENTUM initiatives.



BURKINA FASO Linda Sutfenfeld

### PARTNERS

Population Council, PSI, Pathfinder, Jhpiego, the Bill & Melinda Gates Foundation, FHI360, Breakthrough Action, Knowledge SUCCESS, MOMENTUM Integrated Health Resilience, Health Policy Plus/Palladium, PATH, and USAID.





NIGER ADAMA Ali Zourkaleimi

Ensuring access to the full range of contraceptive options is at the heart of E2A's mission to strengthen family planning around the globe. Our work in bolstering service delivery, advancing community-based family planning, and creating models for effective integration has generated

5

peer-reviewed articles

AND

23

technical reports and briefs

FROM ACROSS

15

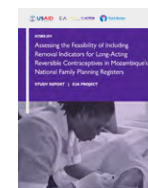
countries.

Here are some highlights.



**MARCH 2021**  
**Scaling-Up Community-Based Counseling and Distribution of DMPA-SC in the DRC**

See how E2A expanded the provision of quality family planning and maternal and child health services and methods—including DMPA-SC—at the community level.



**OCTOBER 2019**  
**Assessing the Feasibility of Including Removal Indicators for Long-Acting and Reversible Contraceptives in Mozambique's National Family Planning Registers**

Learn how E2A teamed up with the Integrated Family Planning Program in Mozambique to test the feasibility of including five removal indicators in the country's national family planning register and health management information system.



**APRIL 2018**  
**The Training Resource Package (TRP) for Pre-Service Education in Family Planning and AYSRH**

Use E2A's TRP for pre-service education to harmonize and strengthen family planning and AYSRH training for nurses and midwives—by actively involving students in the learning process through use of competency-based training methods.




**AUGUST 2017**  
**Expansion of Family Planning Method Mix through the Introduction of Community-Based Provision of Standard Days Method Using CycleBeads in Shinyanga Region of Tanzania**

Get findings and results from E2A's study of community-based provision of the Standard Days Method as part of a wider contraceptive method mix in five districts of Shinyanga, Tanzania.



**SEPTEMBER 2016**  
**Improving the Quality of Postabortion Care Services in Togo Increased Uptake of Contraception**

Discover how E2A, in partnership with Togo's Division of Family Health, worked to increase access to contraception during postabortion care—most notably, through expanding method choice to include LARCs.

 **Access the full catalog of E2A method choice publications**



# 04

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## Broadening the Impact of Family Planning

We seized opportunities to create synergistic and mutually beneficial partnerships across sectors, close evidence gaps, address emerging health threats, and engage stakeholders who are often left behind.





**The 2030 Sustainable Development Agenda recognizes the transformative benefits of voluntary family planning—for people, the planet, and prosperity. When women and couples can exercise their right to freely decide whether, when, and how many children they want to have, the whole world benefits.**

Universal access to family planning contributes to broader development goals, including women’s and girls’ empowerment, gender equality, poverty reduction, and environmental sustainability. And, as demonstrated by E2A’s work across Africa to define, refine, apply, and scale up family planning best practices, we have learned how to focus family planning resources to have the greatest impact.

While the global development community has made significant contributions to support the realization of reproductive rights for all people, we are still far from achieving global family planning goals. This is especially true in low- and middle-income countries where:

- Nearly half (49%) of pregnancies—111 million annually—are unintended.<sup>39</sup>
- Adolescents have an estimated 21 million pregnancies each year, 50% of which are unintended.<sup>40</sup>
- The COVID-19 pandemic has now disrupted contraceptive use for an estimated 12 million women.<sup>41</sup>

More needs to be done. The status quo is leaving too many people behind. That is why E2A seized opportunities to broaden the impact of family planning. To see what happens when a global family planning program says, “No more missed opportunities,” keep reading.

39,40 Sully EA et al., *Adding It Up: Investing in Sexual and Reproductive Health 2019*, New York: Guttmacher Institute, 2020.

41 Data from UNFPA and Avenir Health, appearing in “Impact of COVID-19 on Family Planning: What we know one year into the pandemic” and updated as of March 11, 2020, estimates that this disruption has led to nearly 1.4 million unintended pregnancies during 2020 across 115 low- and middle-income countries.



NIGER Adama Ali Zourkaleini





BURKINA FASO & BEYOND / 2019–2021

## Providing Conceptual and Programmatic Leadership to Advance Couple-Focused Interventions

**E2A pointed the way to future programming that recognizes the essential role both women and men play in reproductive and family health.**

While our global reproductive health community has made significant progress—to advance family planning, reduce maternal deaths, and effectively respond to the AIDS epidemic—inequities of access, utilization, and outcomes persist between and within countries. To achieve the Sustainable

Development Goals, we need new and innovative strategies to continue our progress.

E2A's baseline research indicated that couple-focused interventions (CFIs) have the potential to address adverse reproductive health outcomes, improve gender equity, and welcome men as a constituent part of reproductive health. Yet, CFIs were neglected in reproductive health policy, programs, and research. We set out to understand why and to help fill systemic gaps in information about this highly effective approach.

### WHY AND HOW TO IMPLEMENT CFIS

In 2019, E2A conducted an extensive literature review, identifying the ways in which CFIs were just as effective or, very often, more effective than interventions that target a single member of the couple. We also examined principal global policies—related to family planning, maternal health, and HIV—that guide reproductive health implementation around the world. Our policy analysis revealed couples are almost wholly missing

from these documents and that the analytic frameworks of the policies affect the degree to which men are considered an important component of reproductive health.

Next, to understand this gap between the effectiveness of CFIs and their absence from important policies, E2A interviewed eight leaders across the global reproductive health professional and academic community. Chief among the factors highlighted by key informants—as limiting the uptake of research into sexual and reproductive health policy and the implementation of CFIs—were the logistical and ethical implementation complexities of CFIs, including assuring the reproductive rights of both women and men, and a lack of demand for couple-focused data.

For E2A, it was important to show not only why we should be doing this type of work, but also how.

### PIONEERING A THEORY OF CHANGE AND TESTING ITS FEASIBILITY

E2A developed a theory of change for CFIs (see page 52) that highlights the process through which couples make decisions and suggests concrete programmatic interventions at every step. Then our team conducted a qualitative study in Burkina Faso to assess the feasibility and acceptability of this kind of programming in a particular cultural setting.<sup>42</sup> The study leveraged interviews with key stakeholders, including clients and non-clients of family planning services, health providers, and ministry of health officials—and showed CFIs would be feasible and acceptable, and that informants perceived CFIs would be very effective.<sup>43</sup>

Ultimately, E2A's work on CFIs made two important contributions: (1) beginning to shift the individualistic focus of behavioral theories of

change and indicators to show how a focus on couples is achievable, effective, and measurable, and (2) revealing the varied nature of relationships and couples from society to society, requiring tailored, context-specific CFIs (and in some cases, CFIs may not be appropriate).

“

I think it's going to benefit a lot. When we put the couple in front of their problems, I think everyone will know how they are going to make life better. There are couples where they don't know exactly what their role is. But if there is an intervention, understanding everyone's role in the couple, even in relation to children—what the man should do, what the woman should do—will be beneficial for the whole population.

—DISTRICT MANAGER, KAYA, BURKINA FASO

<sup>42</sup> E2A's technical report “Exploring Couple Dynamics with First-Time Parents in Burkina Faso and Acceptability of Couple-Focused Interventions to Improve Their Sexual and Reproductive Health” provides insights on the relationship dynamics and gender and social norms that influence young parents' health and wellbeing, and shares the perspectives from health providers about how CFIs can be effective in both facility and community settings to meet the sexual and reproductive health needs of first-time parents.

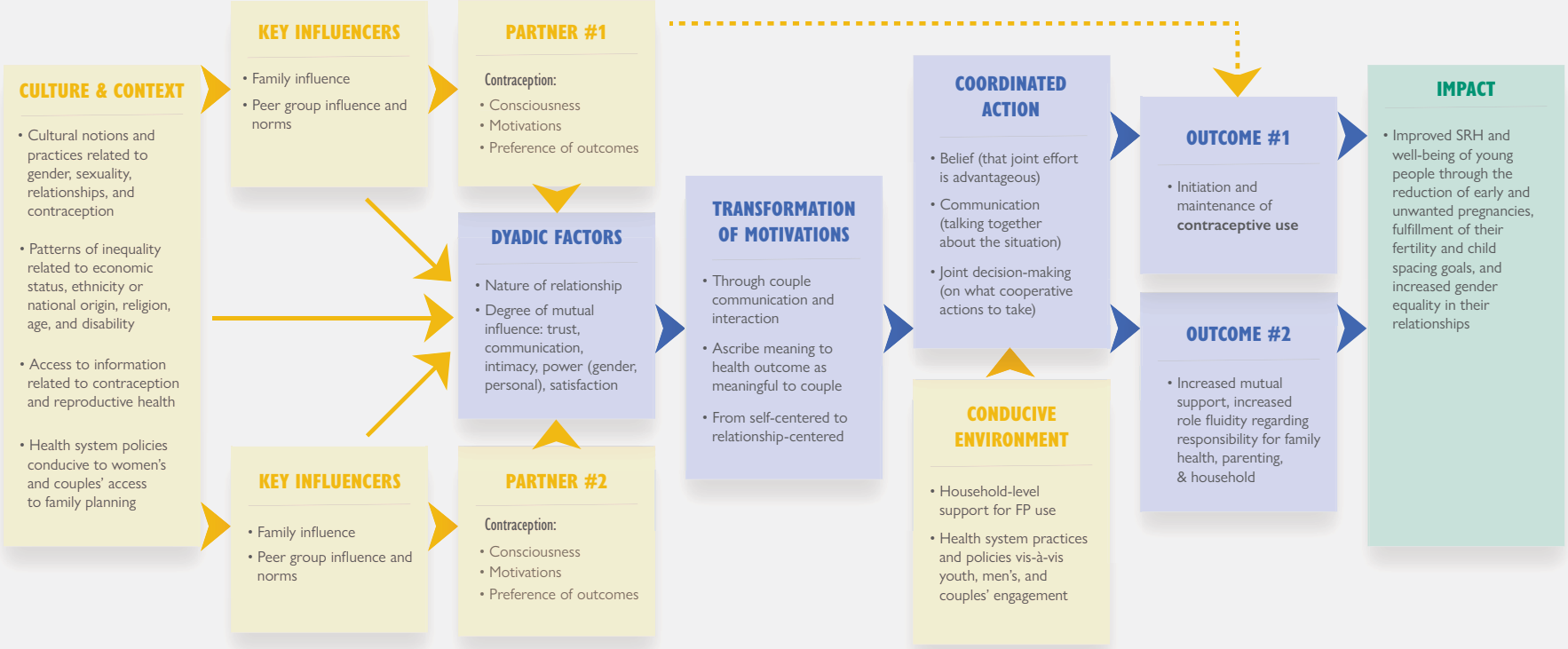
<sup>43</sup> All health care providers interviewed were unanimous on the potential benefits associated with implementing CFIs. These benefits go beyond the couple and reach all aspects of family life.



# SUSTAINING PROGRESS

TO UTILIZE AND SUSTAIN THIS WORK, Pathfinder has committed to investing in couple-based approaches into the future—advancing both implementation and research. In addition, USAID’s MOMENTUM suite of awards, focused on improving global reproductive and family health, have strong family planning components. Thus, they represent appealing and natural opportunities for the design and implementation of CFIs to have a significant impact.

## E2A’s Couple-Focused Interventions Theory of Change



### FEATURED RESOURCES



MARCH 2021

#### Couple-Based Approaches in Reproductive Health: Implications for Global Policy, Practice, and Research

This extensive technical report and summary brief comprises three core components—a literature review, a global reproductive health policy analysis, and key informant interviews.

#### Couple-Focused Interventions: A Theory of Change

Explore E2A's portfolio of resources on CFIs, including an extensive technical report that features a literature review, a global reproductive health policy analysis, and key informant interviews, as well as a theory of change that delves into what program implementation at suggested intervention points might look like.

#### Exploring Couple Dynamics with First-Time Parents in Burkina Faso and Acceptability of Couple-Focused Interventions to Improve Their Sexual and Reproductive Health

Gain insights on the relationship dynamics and gender and social norms that influence young parents' health and wellbeing, and hear from health providers in Burkina Faso about how CFIs can be effective in both facility and community settings to meet the SRH needs of FTPs.



“

Couple-focused interventions have the potential to address gendered power dynamics, such as couple communication and joint decision making in relationships. They also offer an opportunity to help to shift the paradigm around engaging men in family planning/ reproductive health and engage them to improve family planning and gender equality outcomes for women, men and couples. E2A's work on couple-focused interventions has the potential to address these outcomes in contexts where behavior change relies heavily on interpersonal and interdependent relationships and/or in contexts where power dynamics rest firmly in men's hands.

—AFEEFA ABDUR-RAHMAN, SENIOR GENDER ADVISOR, OFFICE OF POPULATION & REPRODUCTIVE HEALTH, USAID

“

E2A's work around couple-focused interventions has highlighted couple dynamics as an important component of family planning decision-making in many contexts. E2A has also illustrated key lessons learned around HOW to implement couples-based approaches. This work marks a shift in family planning/reproductive health programming and will have a lasting positive legacy.

—CAITLIN THISTLE, TECHNICAL ADVISOR, OFFICE OF POPULATION & REPRODUCTIVE HEALTH, USAID



**PARTNERS**

Burkina Faso Ministry of Health and the Ministry of Women, National Solidarity, Family, and Humanitarian Action.



## Building Resilience for People and the Planet

From the shores of Africa’s largest lakes to the dwindling pastures of the Sahel, E2A supported vulnerable communities, health and environmental experts, and governments to create a more sustainable future.

Right now, countless families around the world face mounting threats to their health, livelihoods, and ability to feed and educate their children. Each threat compounds another. And the climate crisis exacerbates these challenges—hitting chronically vulnerable communities hardest.

While the interconnectedness of these challenges can feel overwhelming, the linkages may also give us hope—if we seize opportunities to develop integrated solutions that can transform people’s lives in multiple ways.

“Health does not exist in a vacuum,” said Dr. Sani Aliou, Country Director of Pathfinder Niger. “Healthy timing and spacing of pregnancies has implications for gender equity, nutrition, family finances, education, natural resources management, and more. That’s why our team looks beyond just the health sector. We’ve seen the results of integrated, cross-sectoral approaches with our own eyes.”

<sup>44</sup> RISE-FP focused on health and brought E2A and Pathfinder’s expertise in multisectoral integration to the table, while REGIS-ER focused on conservation farming.

In the face of rapid changes unfolding in some of the most fragile contexts in the world, E2A and our partners prepared families to take on future challenges:

### NIGER | Integrating Farming and Family Planning

E2A implemented the Building Resilience through Strengthening and Integrating Reproductive Health and Family Planning in Niger (RISE-FP) project, in partnership with Pathfinder and the Resilience and Economic Growth in Sahel-Enhanced Resilience (REGIS-ER), led by NCBA-CLUSA. For nine months, across 13 hard-to-reach communities in Niger’s Zinder region, E2A and REGIS-ER sought to strengthen the resilience of Nigerien households by increasing information about and the availability of health services, including family planning and nutrition, as well as agriculture services.<sup>44</sup> By integrating health and agriculture, we were able to engage both women and men. Men who came to learn about conservation farming stayed for information on contraceptive methods. Women who were counseled on reproductive health and nutrition for their children also learned conservation farming techniques.



If you have a hectare, you do conservation farming, and you only have four children because you space births, you can feed them well and enroll them in school and do other things in your life.

—CONSERVATION FARMER LEADER FROM BANDÉ, ZINDER



E2A/Pathfinder and REGIS-ER developed a single, integrated job aid on conservation farming, family planning, and nutrition; cross-trained each other’s staff; and developed shared messaging.



## KENYA & UGANDA | Scaling Up a Successful Population, Health, and Environment Project

Today, our global development community widely affirms the importance of approaches that integrate population, health, and environment (PHE)—to protect the health of people and the natural resources they depend on. We see the potential for PHE to build better synergies for people and the planet than a single sector could accomplish alone. And our field is increasingly calling for the scale-up of PHE approaches to benefit more people in more fragile geographies. But how exactly is this accomplished?

Simply put—there is just not enough practical experience and evidence about how to systematically and sustainably scale up PHE approaches. E2A set out to change this.

In Uganda and Kenya, we provided technical support to a PHE project called Health of People and Environment-Lake Victoria Basin (HoPE-LVB).<sup>45</sup> Led by Pathfinder in partnership with local communities, governments, and experts in conservation,<sup>46</sup> HoPE-LVB reduced threats to biodiversity and ecosystems, while simultaneously increasing access to voluntary family planning and reproductive health care.

From day one, HoPE-LVB was designed to be sustainable, scalable, and replicable. And with the support of our E2A partner ExpandNet, the project maintained a deliberate and systematic focus on scale-up throughout. HoPE-LVB applied the WHO/ExpandNet approaches of *Beginning with the End in Mind* and *Nine Steps for Developing a Scaling-Up Strategy* to ensure that sustainable capacity would remain in the communities HoPE-LVB served and that advocacy efforts would yield supportive changes all the way up to the national and regional levels.

Through our collective efforts, influential community and government stakeholders became PHE champions and, ultimately, trainers. Intergovernmental organizations became invaluable partners and scale-up leaders, institutionalizing PHE approaches across East Africa.<sup>47</sup>

**What began as a small PHE project in just four pilot sites expanded to reach a population of more than 300,000 people with activities that delivered results:**

- Increased quality and use of family planning and maternal health services.
- Expanded water, sanitation, and hygiene practices and access to sanitation facilities.
- Improved natural resource management practices that led to increased food security and reduced deforestation.
- Additional family income through eco-friendly alternative livelihood activities.

## TANZANIA | Addressing the Climate Crisis and Needs of First-Time Parents

E2A teamed up with global leaders in reproductive health and environmental conservation to implement groundbreaking projects in rural Tanzania. In partnership with the Government of Tanzania, The Nature Conservancy, Pathfinder and other partners, E2A integrated PHE interventions to address challenges facing communities in the Greater Mahale Ecosystem and the Northern Rangelands of Tanzania. In both areas, remote and rural villages face high rates of poverty, limited access to health services and modern contraception, and environmental challenges such as overfishing, poaching, limited access to productive land, and lack of safe drinking water. Rather than addressing any combination of these challenges on their own, E2A and our partners

pursued a holistic approach accounting for health, economic wellbeing, and the environment in order to address the root causes of these interconnected issues that resulted in:

- Increased access to quality family planning and reproductive health services for women and youth, including young first-time parents.
- Improved capacity of local government and community institutions to address concerns related to the interconnected areas of population, health, and the environment.
- Increased participation of women and youth in community decision-making platforms, community conservation banks, and management of natural resources.

To complement these efforts, E2A also worked in partnership with the University of Dar es Salaam and Tanzania's Ministry of Finance and Planning to develop and implement activities focused on the demographic dividend. This advocacy work promoted family planning and other key development sectors as critical to helping Tanzania attain its demographic dividend in the coming decades.

“One of the major achievements of our work,” said Josaphat Mshighati, Pathfinder's Regional Technical Advisor for Women-led Resilience for Eastern and Southern Africa, “is helping people understand the connection between their health and the health of their environment. People need a healthy ecosystem to survive, and an ecosystem is more sustainably managed when supporting healthy communities. When people understand this, they adopt more positive behaviors to protect their health and use resources more sustainably. This is what ultimately makes them more resilient to challenges they face from climate change.”

# DELIVERING RESULTS



**Reached 21,098 clients in 55 Tuungane-supported villages** with family planning counseling and methods through community health workers and integrated outreach services

**Supported 40 community conservation banks** to increase savings and loan capacity and expand funding for sustainable environmental interventions, such as use of energy-saving stoves



**Increased contraceptive use** among key populations—for example, voluntary family planning use increased from 50% to 73% among first-time mother peer group members supported by E2A

45 The first two phases of HoPE-LVB were funded by the David and Lucile Packard Foundation and the John D. and Catherine T. MacArthur Foundation, with additional support from the United States Agency for International Development (USAID) via the Evidence to Action, IDEA, PACE, and BALANCED projects, and the Winslow and Barr Foundations.

46 In Phase I, Pathfinder implemented HoPE-LVB with partners Ecological Christian Organization (ECO), Osiyala, and Conservation through Public Health (CTPH); Phase II was implemented by Pathfinder with ECO and Nature Kenya.

47 PHE wins in East Africa include: the creation of a regional PHE strategy by the East African Community (Kenya, Rwanda, South Sudan, Tanzania, and Uganda); the development of national PHE policies in Kenya, Uganda, and Tanzania; the establishment of 60+ community by-laws on PHE across the Lake Victoria Basin; and new PHE curricula rolled out by East African universities.



## FEATURED RESOURCES

DECEMBER 2019



### Resilience in the Sahel: Findings from an Integrated Pilot Project in Zinder, Niger



Get insights from E2A's experience working across sectors to increase information about and access to health services—including family planning and nutrition, as well as conservation farming—preparing some of the world's most chronically vulnerable households to withstand changes to their social, economic, and environmental systems.

APRIL 2017



### HoPE-LVB Toolkit

Explore a unique collection of resources that guide the way to a “complete status of wellbeing” for individuals and families through integrating activities related to population, health and environment.



MAY 2014



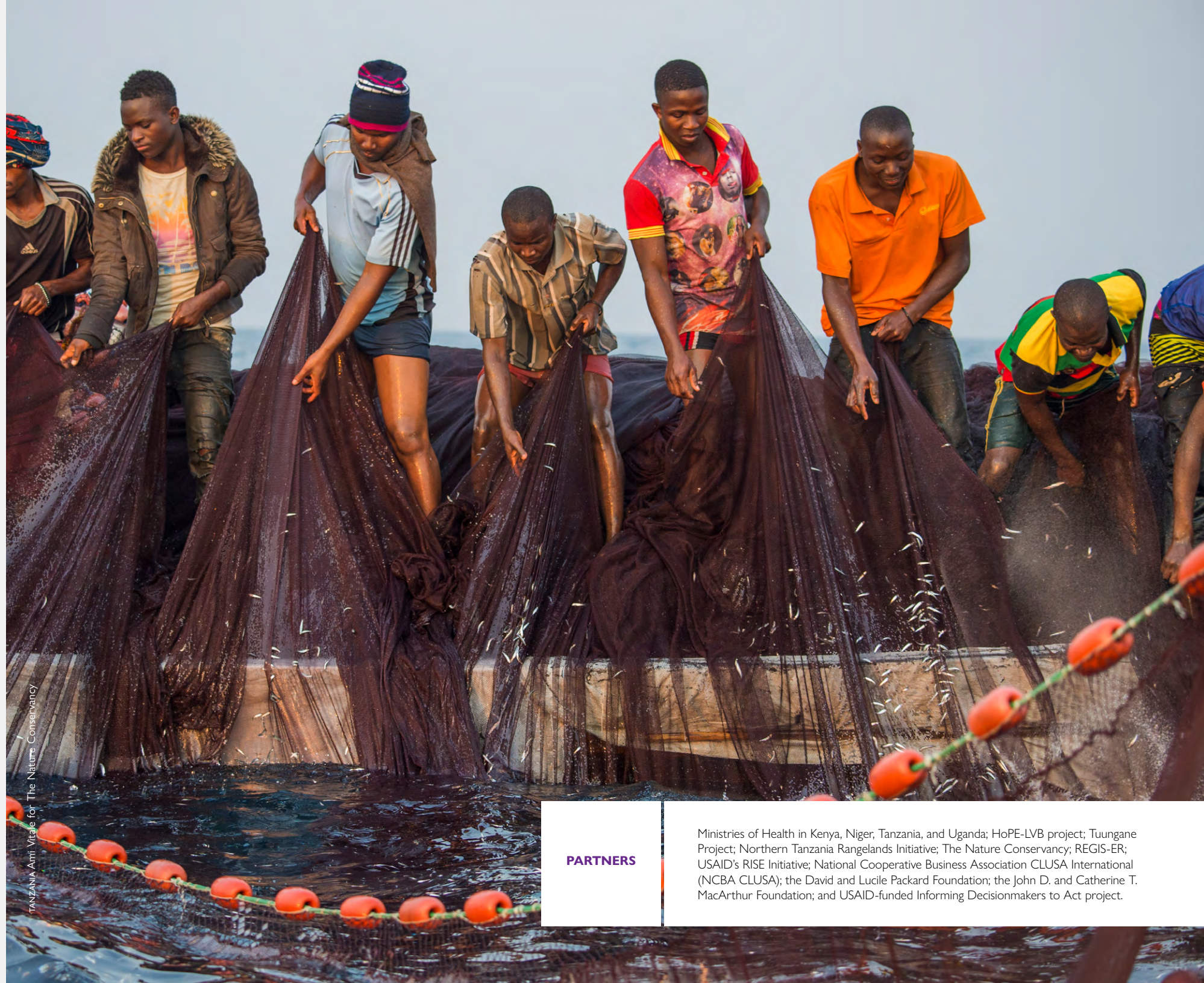
### Beginning with Sustainable Scale Up in Mind: Initial Results from a Population, Health and Environment Project in East Africa



Get results from E2A's experience taking a population, health, and environment pilot program to scale in the Lake Victoria Basin of Kenya and Uganda—by using ExpandNet's approach to systematic scale-up to engage stakeholders throughout program design and implementation.



### Access the full catalog of E2A publications on broadening the impact of family planning



TANZANIA: Amri Vitale for The Nature Conservancy

## PARTNERS

Ministries of Health in Kenya, Niger, Tanzania, and Uganda; HoPE-LVB project; Tuungane Project; Northern Tanzania Rangelands Initiative; The Nature Conservancy; REGIS-ER; USAID's RISE Initiative; National Cooperative Business Association CLUSA International (NCBA CLUSA); the David and Lucile Packard Foundation; the John D. and Catherine T. MacArthur Foundation; and USAID-funded Informing Decisionmakers to Act project.



## SUPPORTING FIELD PARTNERS

**E2A's core partners brought more than just diverse perspectives and a wealth of experience to the table. The consortium provided opportunities to leverage each member's on-the-ground presence, strong relationships, and established infrastructures and systems. This made E2A a powerful conduit for transferring best practices to an array of global, regional, and national partners and impacting the lives of millions of people. The examples that follow illustrate just some of the strong results from E2A's support to partners in the field.**



BURUNDI Sala Lewis

### **Burundi | 2013–2014**

**PROJECT:** The Burundi Maternal and Child Health Program, led by Pathfinder

**GOAL:** Increase the utilization of quality maternal and child health services.

**FEATURED RESULTS:** Improved child health services through supervision and monitoring of health centers on integrated management of childhood illnesses, group meetings, and home visits conducted by community health workers, as well as various activities in support of immunization. Enhanced provider capacity on clinical and community action to address postpartum hemorrhage, provision of Jadelle implant contraceptives, and neonatal services. Promoted community-based distribution of family planning, including injectables.

### **Cameroon | 2014–2016**

**PROJECTS:** West Africa Project (Advancing Postpartum Family Planning Among Youth in Cameroon), led by MSH

**GOAL:** Prevent unintended and closely-spaced pregnancies through the first 12 months following childbirth.

**FEATURED RESULTS:** For the first time, four hospitals supported by the project offered immediate postpartum family planning. 15,358 women received family planning and reproductive health counseling, 633 postpartum women accepted a family planning method immediately after delivery, and 4,027 postpartum women accepted a family planning method within 12 months of delivery.



CAMEROON Pathfinder Cameroon





DRC Felix Masi for PATH

### DRC | 2015–2018

**PROJECT:** The Integrated HIV/AIDS Project in the Democratic Republic of the Congo (ProVICplus), led by Elizabeth Glaser Pediatric AIDS Foundation and PATH

**GOAL:** Increase access to quality HIV and AIDS services, integrate HIV/family planning/reproductive health/maternal and child health services, and strengthen the capacity of the ministry of health at provincial and health zone levels.

**FEATURED RESULTS:** 59,234 individuals were counseled and tested for HIV in two quarters of FY15—2,632 of whom tested HIV positive. 1,515 adults with HIV and 2,017 children under 19 with HIV were enrolled in treatment. 18,817 women were counseled on family planning.

**PROJECT:** Integrated Health Program Plus/ PROSANIplus, led by MSH

**GOAL:** Provide essential health services to populations affected and displaced by conflict at over 70 health facilities, spread across 187 health areas and 23 health zones.

**FEATURED RESULTS:** Approximately 2.3 million mothers of children under two years of age counseled about proper nutrition. More than 1 million women provided access to assistance from skilled birth attendants. More than 500,000 people provided access to improved drinking water sources. Nearly 1.2 million newborns were provided with essential neonatal care. Approximately 1.1 million clients accepted a modern contraceptive method.



DRC Sarah Ramey for MSH



ETHIOPIA Sala Lewis

### Ethiopia | 2012–2017

**PROJECT:** Integrated Family Health Program Plus, led by Pathfinder and John Snow, Inc.

**GOAL:** Increase use of high-impact family planning, maternal, newborn, and child health practices, products, and services across six regions.

**FEATURED RESULTS:** 10.3 million people reached with key messages on a range of health topics in their communities. 88 new youth-friendly sites established. Young people made more than 4.5 million visits for sexual and reproductive health services, and more than 12 million young people received health information from project-trained peer educators. More than 18 million CYP were generated through project-supported family planning services, of which 12 million CYP were from long-acting family planning methods, contributing to a significant increase in modern contraceptive use in Ethiopia—27.3% in 2011 to 35.3% in 2016.

### Niger | 2019–2020

**PROJECT:** Primary Health Care - Kariya, led by Pathfinder

**GOAL:** Increase demand for and access to quality integrated primary health services, with a focus on family planning and maternal and child health at all levels.

**FEATURED RESULTS:** Established a network of 162 members of the community structures, including 140 community-based distribution agents and 22 community relays in order to strengthen knowledge and change practices. 1,811 new users of family planning, among whom 13% chose a long-acting method and 59% were women under 25 years of age. Leveraged collaboration with World Vision to construct autonomous water supply stations, a borehole, and water extensions and connections at project-supported facilities; monitor water supply quality; and electrify health huts.



NIGER Adama Ali Zourkaleini



## Senegal | 2016–2018

**PROJECT:** E2A Project Support to the National Hygiene Service for Ebola Response, led by IntraHealth

**GOAL:** Contribute to the implementation of a national response plan for the prevention of Ebola Virus Disease outbreaks in Senegal by strengthening the national hygiene service.

**FEATURED RESULTS:** 310 community relays, 330 “daaras serines” (Koranic teachers), and 100 teachers from the ministry of national education trained on a general overview of Ebola, prevention methods, definition of suspected cases, and community-level actions to be taken; community messaging for Ebola Viral Disease prevention; and safe burial practices. 20,100 home visits, 1,035 talks with imams and mortuary washmen, and 675 awareness raising talks at loumas and bus stations conducted to raise awareness about Ebola and preventive measures. Conducted pilot project on biomedical waste management in the Diourbel Region.



SENEGAL IntraHealth



SOUTH SUDAN IntraHealth

## South Sudan | 2018–2021

**PROJECT:** Key Population HIV Activity, led by IntraHealth

**GOAL:** Build upon work of the USAID-funded LINKAGES project to reduce HIV transmission among key populations and their sex partners and increase their enrollment and retention in HIV treatment services.

**FEATURED RESULTS:** 12,372 HIV tests conducted among female sex workers (FSWs) and 7,768 among clients of FSWs. 1,060 FSWs and 248 clients of FSWs were referred and linked to treatment in the 13 facilities. 52 peer educators and 17 peer navigators were trained on HIV prevention services and outreach. Each peer educator served an average of 154 peers with prevention and testing services. Each peer navigator served 107 people living with HIV (peers) with psychosocial and adherence support. Provided a range of contraceptives to FSWs based on informed choice and counseling by the project nurses. A total of 898.45 couple years of protection were provided to FSWs.

**PROJECT:** Accelerating Quality Family Planning Access and Use in South Sudan, led by IntraHealth

**GOAL:** Build upon work of the USAID-funded LINKAGES project to increase uptake of modern contraceptives in nine high-volume health facilities in Central, Eastern, Western Equatorial, and Western Bahr el Ghazal States of South Sudan.

**FEATURED RESULTS:** 28,366 people reached with one-on-one and small group family planning health education sessions conducted at health facilities and household levels. Achieved 20,536 couple years of protection for the 14-month period. After the pandemic began, key COVID-19 prevention messages were integrated into education sessions.



SOUTH SUDAN IntraHealth



TANZANIA Sala Lewis

## Tanzania | 2012–2021

**PROJECTS:** Family Planning Advocacy and Communicating the Demographic Dividend, led by Pathfinder

**GOALS:** Ensure sustained commitment and impactful funding for family planning and maternal, newborn, and child health services by the Government of Tanzania and advance the Demographic Dividend (DD) agenda at national, regional, district, and community levels.

**FEATURED RESULTS:** Facilitated Tanzania's DD modeling exercise and developed a report with the Department of Economics of the University of Dar es Salaam and the African Institute for Development Policy. Built capacity of government staff, universities, 186 District and 20 Regional Planning Officers, and 53 civil society organizations on DD. Partnered with the Media Council of Tanzania to develop and orient journalists on a new DD guide. Supported capacity building sessions with committees responsible for developing Tanzania's National Five-Year Development Plan and National Population Policy.



# FINANCIALS

**E2A was a 10-year cooperative agreement with a \$290 million award ceiling (SEE TABLE 1 FOR A BREAKDOWN OF FUNDING BY ELEMENT). Over the life of the project, E2A core funds comprised 15%, and field support comprised 85% of total funding (SEE FIGURE 1).**

Out of the 15% core funds, 97.3% was allocated to family planning and reproductive health, 1.2% to HIV/AIDS, 0.6% to maternal and child health, 0.6% to pandemic influenza and other emerging threats, 0.1% to nutrition, 0.1% to other public health threats, 0.1% to malaria, and 0.1% to tuberculosis (FIGURE 2).

In the context of field support funding by program element, maternal and child health received the highest share with 37% (FIGURE 3). As for field support funding by country, DRC received the highest share of funding among countries with 52% (FIGURE 4).

TABLE 1. E2A Funding by Program Element

	FP/RH	MCH	HIV/AIDS	Malaria	Tuberculosis	Clean Water & Sanitation	Nutrition	Ebola	PDL	PIOET	Other Public Health Threats	Total
Cumulative Obligation	\$113,503,921	\$85,436,172	\$28,727,729	\$16,266,005	\$11,647,401	\$10,976,784	\$4,487,989	\$1,101,000	\$717,409	\$255,672	\$32,139	\$273,152,122

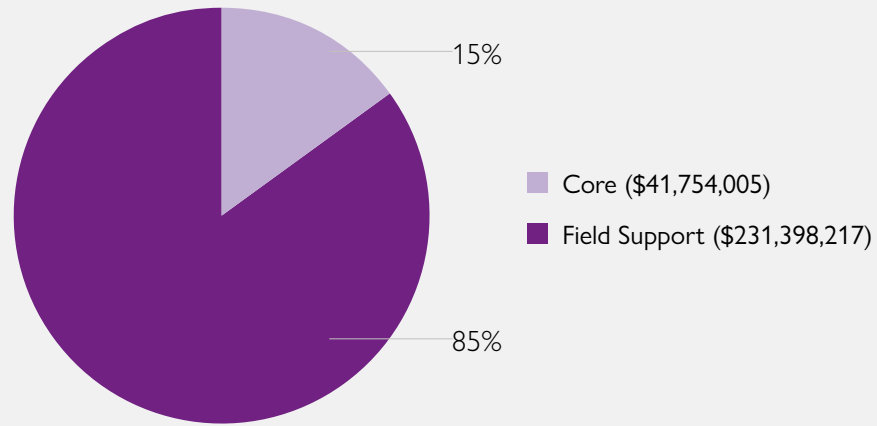
FP/RH=Family Planning and Reproductive Health; MCH=Maternal and Child Health; PDL=Program Design and Learning; PIOET=Pandemic Influenza and Other Emerging Threats

TABLE 2. E2A Cost Share Summary

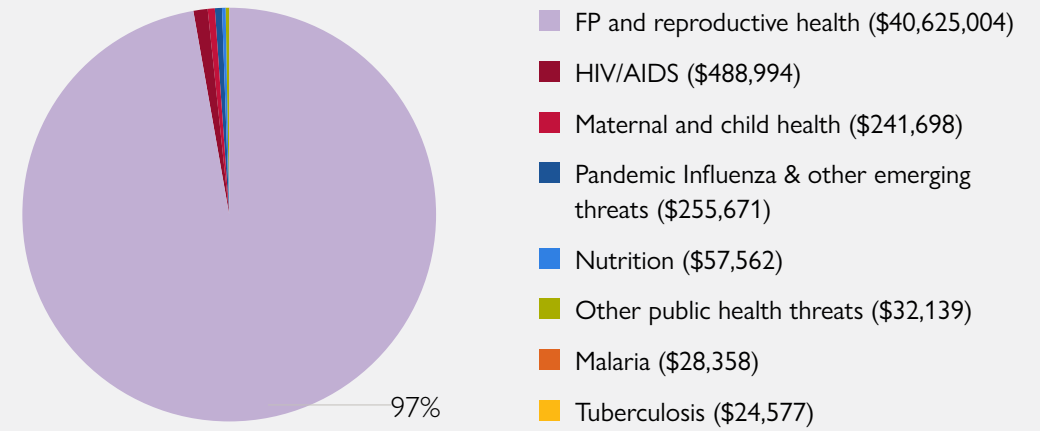
Recipient Share	Cumulative Through 3/31/2021
Total recipient share required	\$38,047,222
Recipient share of expenditures	\$38,047,222
Remaining recipient share to be provided	\$0



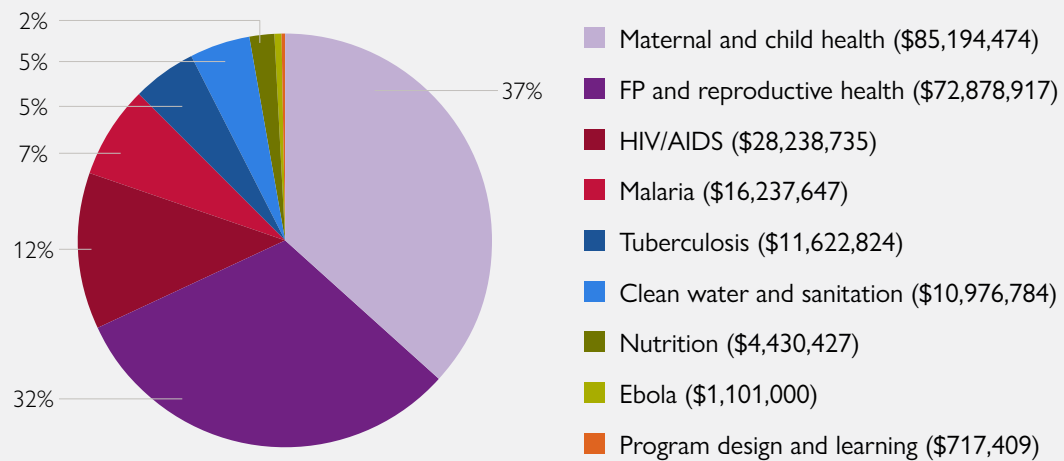
**FIGURE 1. E2A Core vs. Field Support Funding**



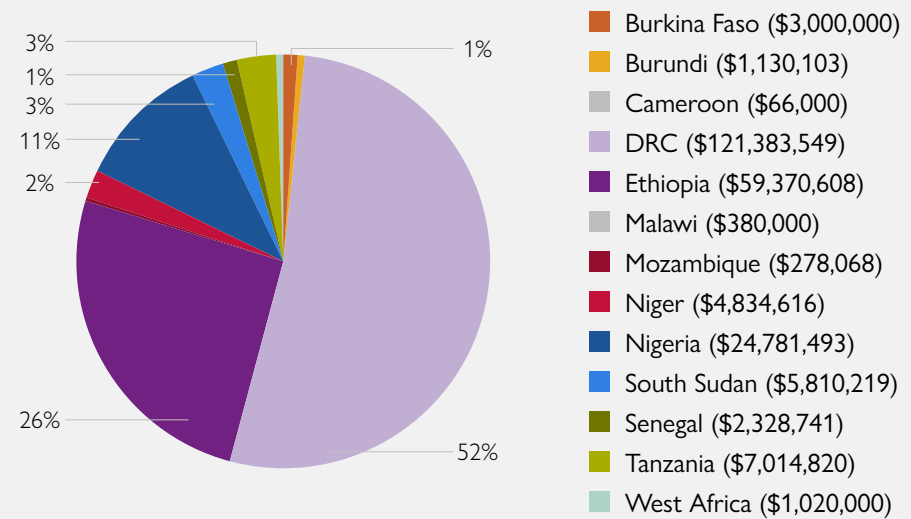
**FIGURE 2. E2A Core Funding by Program Element**



**FIGURE 3. E2A Field Support Funding by Program Element**



**FIGURE 4. E2A Field Support Funding by Country**







TANZANIA Sala Lewis

## A MESSAGE FROM USAID'S PROGRAM MANAGEMENT TEAM

**E2A was designed by USAID to scale up evidence-based and high-impact practices (HIPs) to improve the quality of family planning and reproductive health service delivery for women and girls.**

Over the life of the project, which spanned 10 years and 17 countries, E2A creatively adapted several family planning HIPs to local country contexts and specific populations. E2A integrated innovations and utilized, updated, generated, and disseminated new evidence about both the application and adaptation of the HIPs and the process of systematically scaling them up. E2A built a legacy of intertwined and mutually reinforcing themes focused on adolescent- and youth- responsive programming, contraceptive method choice, and scale-up of high-impact practices and innovations. The new evidence E2A generated across countries demonstrates real improvements in quality of care, voluntary family planning use, gender transformation, and positive youth development, and is a significant contribution to the global evidence.

Meeting the needs of adolescents and youth was a central focus for E2A—at both facility and community levels. Through E2A, services became more youth-friendly and health systems more youth-responsive, ensuring the availability of a broad range of contraceptives, including LARCs. E2A engaged youth as first-time mothers/parents, peer leaders, community health workers, researchers, and advocates in the participatory development and implementation of programs, designed to meet their unique family planning and reproductive health needs. At the same time, the project built young people's sense of agency, strengthened their

leadership skills, and supported gender equality and transformation.

E2A has been a trusted and respected partner of host country governments, international technical agencies, donors, and implementing partners, especially in areas of youth programming, enhanced method choice, and scale-up. Convening in-country, multi-country, and multi-organization meetings and workshops; leading and participating in communities of practice; and spearheading a global consensus statement to expand adolescent and youth access to a wide range of contraceptives, including LARCs, E2A did more than just demonstrate the depth and breadth of its thought leadership across its legacy themes. E2A also built strong and lasting partnerships with host countries, resulting in institutionalized programs and enhanced impact.

It has been a privilege to lead USAID's project management team to support the work of E2A staff and partners, who brought their creativity, talent, and dedication to collaborating closely with countries to achieve significant results.

At the close of this 10-year journey, E2A offers several tools and publications that will be relevant for years to come, as well as forward-looking thoughts on new frontiers to continue adapting, innovating, and meeting the family planning and reproductive health needs of women and girls around the world.

Thank you, E2A, for all your contributions!

—PATRICIA MACDONALD AND THE USAID PROGRAM MANAGEMENT TEAM





## RECOMMENDATIONS

**In E2A’s final years, we worked to ensure the project’s legacy—evidence, insights, resources, and programmatic efforts—would continue to lay the groundwork for future programming by others, even after E2A officially drew to a close. To achieve this, we promoted the utilization of many of E2A’s tools and research.**

We developed and implemented a transition plan to ensure E2A’s learnings and evidence-informed practices could be easily accessed and used by others. Most importantly, we took advantage of opportunities, like this report, to share some of the overarching lessons we learned throughout our decade of implementation. In addition to the experiences we shared on the preceding pages, below are six key recommendations for program designers, implementers, funders, governments, and other key stakeholders. It is our hope that you can use these insights to inform future programming across a range of diverse settings.



# 1

**Use the principles of Positive Youth Development<sup>48</sup> to dramatically increase the likelihood that peer youth leadership efforts will be successful.**

Upon completion of E2A's University Leadership for Change/Community Leadership for Change (ULC/CLC) evaluation, we asked ourselves, 'When so many other youth peer programs fail every year, why was the ULC/CLC youth peer education and leadership program successful?' This question led us to examine the cultural and programmatic specifics of ULC/CLC, and we discovered these projects employed many, if not all, of the principles of positive youth engagement. Here are some things to consider:

- Invest in knowledge- and capacity-building for young people to enable them to be successful.
- Provide spaces for youth to meaningfully engage with and contribute to expanded access to sexual and reproductive health services.
- Foster opportunities for young people to gain a sense of purpose—that they can contribute beyond the bounds of the project and see themselves as agents of change—by connecting with other youth and becoming a source for guidance and knowledge among their peers and wider communities.
- Foster social and professional mobility for young people.
- Consider the unique benefits of engaging university students. For example, youth in Niger had long-term ties to the university, enabling them to have a long-term association with our ULC/CLC program.

# 2

**Address the unique needs of priority youth populations, particularly first-time parents, through programs that apply deliberate life-course and socio-ecological lenses.**

When designing a program to intentionally meet the needs of a specific youth population, first understand their unique concerns. For example, in E2A's programs for young first-time parents, we understood that first-time parents face uncertainty and rapid change in nearly every aspect of their lives, which makes them uniquely receptive to information for planning their future with intention. Thus, we applied life-course and socio-ecological lenses to our program design. Through the life-course lens, we saw first-time parents at a unique period of time—how they arrived at this moment in their reproductive lives and how their experiences could shape their futures. The socio-ecological lens focused first-time parents within their social space—identifying the people, organizations, and norms that affect who they are and what they do.

Taken together, the framework helped E2A form a multi-dimensional understanding of first-time parents and their main concerns. From there, we were able to acknowledge and address the myriad factors that contribute to positive reproductive outcomes: individual knowledge and skills, the couple relationship, household influencers, community outreach, youth-friendly facilities, and policies that influence young lives.

# 3

**Adopt a health systems perspective to meaningfully engage men and couples in family planning and reproductive health programming.**

Implementing couples-focused interventions requires system-wide change. For example, facilities must be prepared to greet and welcome men, and social and behavior change materials should communicate the expectation of men's involvement. This has real, practical implications, like updating signage and adding a chair for each member of the couple in consulting rooms. Providers should be trained to offer gender-transformative couple-focused counseling. From the facility to the national level, policies should normalize men's involvement in adopting positive reproductive health practices. Facilities should collect data on men's and couple's engagement in health services. National and global stakeholders should support demand for data regarding men and couples.



DRC ISAAC Bintodi



UGANDA Maren Yespia

<sup>48</sup> YouthPower's Positive Youth Development Framework.





KENYA David Cooper

## 4

**When implementing couples-focused interventions, use a systematic approach that recognizes the importance of strengthening relationships as a key strategy for improving family planning and reproductive health outcomes.**

While many theories of change exist to explain why and how individuals change their behavior to adopt positive health practices, there is a dearth of literature to explain why and how couples do the same. Theories of change help program implementers approach an intervention systematically by mapping out how various program components might work together. They also guide program implementers in defining and prioritizing strategies to support the mechanisms of action. Finally, they assist in monitoring and evaluating specific interventions. Based on our extensive research, E2A developed a theory of

change for couple-focused interventions that accomplishes all of the above. In addition, our theory of change's standout feature is the acknowledgment of the role that quality of the relationship plays in the adoption of positive family planning and reproductive health behaviors. E2A's Couple-Focused Interventions Theory of Change helps programmers move a greater number of couples through the process of positive family planning and reproductive health behavior change.

## 5

**We must consider method choice integral to everything we do in family planning.**

Method choice is not a one-time, one-location, finite choice. Through our programming and research, we discovered that method choice takes

place across time and space; it comprises a series of events, influences, and decisions that begin with the individual and radiate out to include the relationship, household influencers, health facilities, communities, and policies, which are all further encompassed by cultural values and norms regarding sexuality, gender, the family, and family planning. Women's and couples' desires, needs, and experiences evolve throughout their lifetimes, which then impacts what they will need—or not need—from health systems. Therefore, it is important to remember that whether we are working to increase individuals' knowledge and skills about specific methods, promoting parent-child communication about sexuality, increasing the availability of commodities, improving the quality of counseling, or working on demand creation, we are all working directly or indirectly to improve method choice.

## 6

**Increase attention to and investment in resource teams as a critical element for achieving systematic scale-up of family planning and reproductive health interventions.**

A resource team comprises local stakeholders who own, lead, and support scale-up processes.<sup>49</sup> ExpandNet, E2A's lead partner on scale-up, identifies key attributes of resource teams that contribute to scale-up success, including: effective leadership with authority and credibility; ability to generate financial and technical resources to

support the resource team and scale-up process; understanding of the political, social, and cultural environments in which scale-up takes place; technical, advocacy, management, research, and monitoring skills; stability; and a long-time horizon. Although E2A had many scale-up successes, we often felt that the challenges we encountered could have been prevented with increased attention to the resource teams from the start of the intervention. More investment in training of resource team members, increased attention to the strategic selection of members, and careful ongoing supportive management by project staff can make all the difference in sustainable scale-up.

This is just a selection of insights and recommendations from E2A that we hope is useful to you in your own work. This entire report reflects not only the learnings of the E2A team, but also the effort of our many dedicated partners—from ministries of health, community organizations, and youth advocates, to NGOs, donors, and others key stakeholders. E2A expresses our heartfelt appreciation to everyone who helped bring this project's work to life over 10 years and across 17 countries. Together, we have effectively increased global support, synthesized and expanded knowledge, and applied and scaled up family planning and reproductive health best practices to deliver stronger, higher quality health services where they are needed most. As a result, more women, men, and young people around the world can achieve their reproductive intentions and aspirations, improve their health, and create brighter futures for themselves, their families, communities, and nations.

<sup>49</sup> In *Nine Steps for Developing a Scaling-up Strategy*, WHO/ExpandNet define a resource team as "individuals and organizations that seek to promote and facilitate wider use of the innovation. A resource team may be formally charged with promoting the innovation or may act informally in this role."



# ANNEX 1: FIELD SUPPORT

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## Burkina Faso

**PROJECT:** Supporting Reproductive Health Services for Young First-Time Parents in Burkina Faso

**DATE:** 2018–2020

**CORE PARTNER:** Pathfinder International

**GOAL:** Increase access to and use of quality family planning and maternal, newborn and child health services for first-time parents and their children in the Eastern and Center North regions of Burkina Faso.

**PROJECT:** Building Resilience through Strengthening and Integrating Reproductive Health and Family Planning (RISE)

**DATE:** 2018–2020

**CORE PARTNER:** Pathfinder International

**GOAL:** Accelerate the use of and access to quality family planning services in Burkina Faso's RISE area.

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## Burundi

**PROJECT:** Maternal and Child Health Program

**DATE:** 2013–2014

**CORE PARTNERS:** Pathfinder International with Management Sciences for Health

**GOAL:** Support Burundi's Ministry of Health to improve maternal and child health outcomes in two northern provinces.

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## Cameroon

**PROJECT:** West Africa Project: Support to Advancing Youth, Postpartum, and Community Family Planning Promotion and Service Delivery

**DATE:** 2013–2016

**CORE PARTNER:** Management Sciences for Health

**GOAL:** Advance quality voluntary family planning services to prevent unintended and closely-spaced pregnancies through the first 12 months following childbirth.

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## DRC

**PROJECT:** Community-Based Family Planning Program in the DRC (Phase I)

**DATE:** 2014–2018

**CORE PARTNER:** Pathfinder International

**GOAL:** Strengthen integrated health service delivery to ensure family planning and maternal and child health services achieve desired outcomes at community level.

**PROJECT:** Community-Based Family Planning Program (Phase II and III)

**DATE:** 2019–2020

**CORE PARTNER:** Pathfinder International

**GOAL:** Strengthen community-based services and linkages to facility delivery by integrating family planning and maternal and child health in all existing health zones in Kasai Central, Lomami, and Kasai Oriental provinces of the DRC.

**PROJECT:** Integrated Health Program Plus/PROSANIplus and Supply Chain Management System

**DATE:** 2015–2018

**CORE PARTNER:** Management Sciences for Health

**GOAL:** Provide essential health services to populations affected and displaced by conflict at over 70 health facilities, across 187 health areas and 23 health zones in the DRC.

**PROJECT:** The Integrated HIV/AIDS Project in the Democratic Republic of the Congo (ProVICplus)

**DATE:** 2015–2017

**CORE PARTNER:** PATH

**GOAL:** Increase access to quality HIV and AIDS services, integrate HIV and family planning/reproductive health and maternal and child health services, and strengthen the capacity of the ministry of health at provincial and health zone levels.

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## Ethiopia

**PROJECT:** Acting on the Call

**DATE:** 2015–2017

**CORE PARTNER:** Pathfinder International

**GOAL:** Support the organization of the 2017 Acting on the Call Summit, bringing together ministers of health, key country stakeholders, NGOs, private sector representatives, and donors to share best practices and commit to actions to accelerate reductions in child and maternal deaths.

**PROJECT:** Integrated Family Health Project Plus

**DATE:** 2012–2017

**CORE PARTNER:** Pathfinder International

**GOAL:** Increase the use of high-impact family planning, maternal, newborn, and child health practices, products, and services across six regions of Ethiopia.

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## Malawi

**PROJECT:** National Assessment of Youth-Friendly Health Services

**DATE:** 2013–2015

**CORE PARTNER:** Pathfinder International

**GOAL:** Assess coverage, quality, and achievements of the Malawi Youth-Friendly Health Services program.

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## Mozambique

**PROJECT:** Community-Based Access to Injectable Contraceptives in Two Districts in Mozambique

**DATE:** 2014–2015

**CORE PARTNER:** Pathfinder International

**GOAL:** Develop a safety and feasibility assessment of a community-based distribution program of DMPA and explore the effectiveness of training two groups of community health workers—agentes polyvalentes elementares and traditional birth attendants—to administer DMPA.



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## Niger

**PROJECT:** West Africa Project: Support to the University Leadership for Change in Sexual and Reproductive Health Initiative

**DATE:** 2013–2016

**CORE PARTNER:** Pathfinder International

**GOAL:** Reduce unmet need for family planning and unintended pregnancies and prepare young women—with the support of young men and their communities—to make and act on informed decisions about delaying sexual debut, delaying the first pregnancy, and spacing and limiting their pregnancies in order to ensure the healthiest outcomes.

**PROJECT:** Primary Health Care - Kariya

**DATE:** 2019–2021

**CORE PARTNER:** Pathfinder International

**GOAL:** Increase demand for and access to quality integrated primary health services, with a focus on family planning and maternal and child health at all levels.

**PROJECT:** Building Resilience through Strengthening and Integrating Reproductive Health and Family Planning (RISE)

**DATE:** 2017–2021

**CORE PARTNER:** Pathfinder International

**GOAL:** Increase demand for and access to family planning services and contribute to existing efforts to strengthen the health system in three targeted health districts of Niger's Zinder region.

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## Nigeria

**PROJECT:** Strengthening the Response to Gender-Based Violence in Nigeria

**DATE:** 2017–2020

**CORE PARTNER:** Pathfinder International

**GOAL:** Strengthen the response to sexual and gender-based violence by supporting 10 existing Sexual Assault Referral Centers in nine states across Nigeria.

**PROJECT:** Nigeria: Savings Mothers, Giving Life Initiative—Expanding Family Planning

**DATE:** 2015–2019

**CORE PARTNER:** Pathfinder International

**GOAL:** Reduce maternal and newborn mortality in Cross River State, Nigeria, with an emphasis on expanding access to quality contraceptive information and services, including youth-friendly services.

**PROJECT:** Strengthening Program Coordination for Family Planning Activities—Federal Ministry of Health

**DATE:** 2016–2017

**CORE PARTNER:** Pathfinder International

**GOAL:** Contribute to ongoing efforts to strengthen coordination of family planning activities of all implementing partners across the country—to maximize efficiency.

**PROJECT:** Private Sector Prevention of Mother-to-Child Transmission of HIV Plus Project

**DATE:** 2014–2016

**CORE PARTNER:** Pathfinder International

**GOAL:** Prevent mother-to-child transmission of HIV (PMTCT) by providing a standardized package of PMTCT and tuberculosis/HIV services integrated with quality reproductive, maternal and child health services in private health care facilities, and address underlying stigma related to gender, youth, and HIV.

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## Senegal

**PROJECT:** Senegal Youth-Friendly Assessment

**DATE:** 2017–2018

**CORE PARTNER:** Pathfinder International

**GOAL:** Strengthen the provision of youth-friendly sexual and reproductive health services and support the implementation of the Senegalese National Strategic Plan for Sexual and Reproductive Health of Young People (2014–2018) by generating evidence in six target regions related to success levers, bottlenecks, and scale-up.

**PROJECT:** Support to the National Hygiene Service for Ebola

**DATE:** 2016–2018

**CORE PARTNER:** IntraHealth International

**GOAL:** Support the implementation of a national response plan for the prevention of Ebola virus disease outbreaks in Senegal by strengthening the national hygiene service.

**PROJECT:** Senegal Family Planning

**DATE:** 2015–2018

**CORE PARTNER:** IntraHealth International

**GOAL:** Improve delivery of high quality services at all levels of the health system, including within the private sector.

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## South Sudan

**PROJECT:** Accelerating Quality Family Planning Access and Use in South Sudan

**DATE:** 2017–2020

**CORE PARTNER:** IntraHealth International

**GOAL:** Build on the work of the USAID-funded LINKAGES project to increase uptake of modern contraceptives in nine high-volume health facilities

**PROJECT:** Key Populations HIV Activities

**DATE:** 2019–2021

**CORE PARTNER:** IntraHealth International

**GOAL:** Build on the work of the USAID-funded LINKAGES project to reduce HIV transmission among key populations and their sex partners and to increase their enrollment and retention in HIV treatment services.

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## Tanzania

**PROJECTS:** Population, Health, and Environment in the Greater Mahale Ecosystem and Northern Rangelands of Tanzania

**DATE:** 2017–2021

**CORE PARTNER:** Pathfinder International

**GOAL:** Advance the integration of health and family planning activities into ongoing conservation initiatives in the Greater Mahale Ecosystem and the Northern Rangelands of Tanzania.

**PROJECT:** Communicating the Demographic Dividend

**DATE:** 2018–2021

**CORE PARTNER:** Pathfinder International

**GOAL:** Advance the Demographic Dividend agenda at national, regional, district, and community levels.

**PROJECT:** Family Planning Advocacy

**DATE:** 2012–2017

**CORE PARTNER:** Pathfinder International

**GOAL:** Ensure sustained commitment and impactful funding for family planning and maternal, newborn, and child health services by the Government of Tanzania.



**PROJECT:** Expanding Family Planning Method Mix with Standard Days Method in Community-Based Distribution

**DATE:** 2013–2016

**CORE PARTNER:** Pathfinder International

**GOAL:** Support the Government of Tanzania to introduce the Standard Days Method into the family planning method mix as part of its national response to reduce unmet need for contraception.

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## Uganda

**PROJECT:** Uganda Learning Lab

**DATE:** 2019–2020

**CORE PARTNER:** Pathfinder International

**GOAL:** Strengthen the community health system's performance via a government-led consortium to test practices and inform policy.



UGANDA: Maren Vespia



## ANNEX 2: KEY PUBLICATIONS

### Peer-Reviewed Journal Articles

Conde-Agudelo A, Rosas-Bermudez A, Norton MH. Birth Spacing and Risk of Autism and Other Neurodevelopmental Disabilities: A Systematic Review. *Pediatrics*. 2016;137(5).

<https://pubmed.ncbi.nlm.nih.gov/27244802/>

Chandra-Mouli V et al. Invest in adolescents and young people: it pays. *Reproductive Health*. 2013; 10:51.

<https://reproductive-health-journal.biomedcentral.com/articles/10.1186/1742-4755-10-51>

Ghiron et al. Beginning with sustainable scale up in mind: initial results from a population, health and environment project in East Africa. *Reproductive Health Matters*. 2014; 22(43):84-92.

<https://www.tandfonline.com/doi/full/10.1016/S0968-8080%2814%2943761-3>

Jacinto A, Mobaracaly MR, Usta'b MB, Bique C, Blazer C, Weidert K, et al. Safety and acceptability of community-based distribution of injectable contraceptives: a pilot project in Mozambique. *Glob Health Sci Pract*. 2016; 4(3):410-421.

<https://www.ghspjournal.org/content/4/3/410>

Mugore S, Kassouta NTK, Sebikali B, Lundstrom L, Saad A. Improving the quality of postabortion care services in Togo increased uptake of contraception. *Glob Health Sci Pract*. 2016; 4(3):495-505.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5042703/>

Fikree FF, Lane C, Simon C, Hainsworth G, & MacDonald P. Making good on a call to expand method choice for young people—Turning rhetoric into reality for addressing Sustainable Development Goal Three. *Reproductive Health*. 2017; 14(1), 53.

<https://doi.org/10.1186/s12978-017-0313-6>

Fikree FF, Abshiro WK, Mai MM, Hagos KL, Asnake M. Strengthening Youth Friendly Health Services through Expanding Method Choice to include Long-Acting Reversible Contraceptives for Ethiopian Youth. *African Journal Reproductive Health*. 2017; 21(3):37-48.

<https://pubmed.ncbi.nlm.nih.gov/29624927/>

Omimo A, Taranta D, Ghiron L, Kabiswa C, Aibe S, Kodande M, Nalwoga C, Mugaya S, Onduso P. Applying ExpandNet's Systematic Approach to Scaling Up in an Integrated Population, Health and Environment Project in East Africa. *Social Sciences*. 2018; 7(1):8.

<https://doi.org/10.3390/socsci7010008>

Petraglia J, Benevides R, Chau K, and Abdoulaye O. Public health programming to accommodate the heterogeneity of youth and the complexity of behavior change. *Cogent Arts & Humanities*. 2018; 5: 1457763.

<https://doi.org/10.1080/23311983.2018.1457763>

Fikree FF, Abshiro WK, Mai MM, Hagos KL, Asnake M. The effect of peer education in dispelling myths and misconceptions about long-acting reversible contraception among Ethiopian youth. *African Journal of Reproductive Health*. 2018; 22(3): 90-99.

<https://www.ajrh.info/index.php/ajrh/article/view/1510>

Mugore S, Mwanja M, Mmari V, and Kalula A. Adaptation of the Training Resource Package to Strengthen Preservice Family Planning Training for Nurses and Midwives in Tanzania and Uganda. *Glob Health Sci Pract*. 2018, 6(3):584-593.

<https://doi.org/10.9745/GHSP-D-18-00030>

Benevides R, Chau K, Ousseini A, Innocent I, Simmons R. Engaging Students to Improve Sexual and Reproductive Health: A Report of the University Leadership for Change Initiative in Niger. *African Journal Reproductive Health*. 2019; 23(1): 55-64.

<https://www.ajrh.info/index.php/ajrh/article/view/1711>

Mugore S. Exploring Barriers: How to Overcome Roadblocks Impeding the Provision of Adolescent-Friendly Postabortion Care Services in Togo. *Glob Health Sci Pract*. 2019; 7 (Supplement 2): S342-S349.

[https://www.ghspjournal.org/content/ghsp/7/Supplement\\_2/S342.full.pdf](https://www.ghspjournal.org/content/ghsp/7/Supplement_2/S342.full.pdf)

Mai M, Hassen E, Ntabona AB, Bapura J, Sarathy M, Yodi R, Mujani Z. Government Ownership and Adaptation in Scale-Up: Experiences from Community-Based Family Planning Programme in the Democratic Republic of the Congo. *African Journal Reproductive Health*. 2019; 23(4):35-45.

<https://www.ajrh.info/index.php/ajrh/article/view/1976>

Fikree FF, Zerihun H. Scaling Up a Strengthened Youth-Friendly Service Delivery Model to Include Long-Acting Reversible Contraceptives in Ethiopia: A Mixed Methods Retrospective Assessment. *Int J Health Policy Manag*. 2020; 9(2):53-64.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7054650/pdf/ijhpm-9-53.pdf>

Morgan G, Kanesathan A, Akiode A. Effects of a Community-Based Program on Voluntary Modern Contraceptive Uptake Among Young First-Time Parents in Cross River State, Nigeria. *Glob Health Sci Pract*. 2020; 8(4):783-798.

<https://www.ghspjournal.org/content/8/4/783>



Ghiron L, Ramirez-Ferrero E, Badiani R, et al. Promoting Scale-Up Across a Global Project Platform: Lessons from the Evidence to Action Project. *Glob Implement Res Appl*. 2021. <https://doi.org/10.1007/s43477-021-00013-4>

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## Study Reports

“Postabortion Care: Assessment of Postabortion Care Services in Four Francophone West Africa Countries” (April 2014)  
<https://www.pathfinder.org/publications/assessment-of-postabortion-care-services-in-four-francophone-west-africa-countries/>

“Evaluation of Youth-Friendly Health Services in Malawi” (June 2014)  
<https://www.pathfinder.org/publications/evaluation-of-youth-friendly-health-services-in-malawi/>

“Assessing Use of Data to Improve Delivery of Family Planning, Reproductive Health, and Other Health Services at the Community Level in Ethiopia” (July 2014)  
<https://www.pathfinder.org/publications/assessing-use-of-data-to-improve-delivery-of-family-planning-reproductive-health-and-other-health-services-at-the-community-level-in-ethiopia/>

“Sustainability of Management Approaches Supported by the Integrated Family Health Program in Ethiopia” (September 2014)  
<https://www.pathfinder.org/publications/sustainability-of-management-approaches-supported-by-the-integrated-family-health-program-in-ethiopia/>

“Assessing the Effects of mCenas! SMS Education on Knowledge, Attitudes, and Self-Efficacy Related to Contraception in Mozambique” (March 2015)  
<https://www.pathfinder.org/publications/assessing-the-effects-of-mcenas-sms-education-on-knowledge-attitudes-and-self-efficacy-related-to-contraception-among-youth-in-mozambique/>

“Expansion of Family Planning Method Mix Through the Introduction of Community-Based Provision of Standard Days Method Using CycleBeads in Shinyanga Region of Tanzania” (August 2017)  
<https://www.pathfinder.org/publications/expansion-of-fp-method-mix-through-the-introduction-of-community-based-provision-of-sdm-using-cyclebeads-in-shinyanga-region-of-tanzania/>

“Building Evidence to Support the Provision of Implants at Community Level Through Task Sharing in Kaduna and Cross River State, Nigeria” (September 2017)  
<https://www.pathfinder.org/publications/building-evidence-to-support-the-provision-of-implants-at-community-level-through-task-sharing-in-kaduna-and-cross-river-state-nigeria/>

“Summary Report of the Pre-Intervention Health Facility Assessment of Emergency Obstetric Care in Cross River State, Nigeria” (September 2017)  
<https://www.pathfinder.org/publications/pre-intervention-health-facility-assessment-of-emergency-obstetric-care-in-cross-river-state-nigeria/>

“Testing a Service-Delivery Model for Offering Long-Acting Reversible Contraceptive Methods to Youth in Ethiopia” (October 2017)  
<https://www.pathfinder.org/publications/testing-a-service-delivery-model-for-offering-larc-methods-to-youth-in-ethiopia/>

“A Time of Uncertainty and Opportunity: Findings from a Formative Assessment of First-Time Parents in Cross River State, Nigeria” (October 2018)  
<https://www.pathfinder.org/publications/a-time-of-uncertainty-and-opportunity-findings-from-a-formative-assessment-of-ftps/>

“ASSESSMENT OF SCALE-UP | ETHIOPIA: Expanding Voluntary Contraceptive Methods to include LARCs in Youth-Friendly Service Units” (February 2019)  
<https://www.pathfinder.org/publications/testing-a-service-delivery-model-for-offering-larc-methods-to-youth-in-ethiopia/>

“Post-Intervention Health Facility Assessment of Emergency Obstetric & Neonatal Care of the Saving Mothers, Giving Life-Supported Facilities in Cross River State, Nigeria” (June 2019)  
<https://www.pathfinder.org/publications/post-intervention-health-facility-assessment-of-emergency-obstetric-neonatal-care-of-the-saving-mothers-giving-life-supported-facilities-in-cross-river-state-nigeria/>

“Assessing the Feasibility of Including Removal Indicators for Long-Acting and Reversible Contraceptives in Mozambique’s National Family Planning Registers” (October 2019)  
<https://www.pathfinder.org/publications/assessing-the-feasibility-of-including-removal-indicators-for-larcs-in-mozambiques-national-family-planning-registers/>

“Improving Family Planning Outcomes for First-Time Parents in the Greater Mahale Ecosystem of Tanzania” (November 2019)  
<https://www.pathfinder.org/publications/improving-family-planning-outcomes-for-first-time-parents-in-the-greater-mahale-ecosystem-of-tanzania-report/>

“Improving Health and Gender Outcomes for First-Time Parents in Cross River State, Nigeria” (November 2019)  
<https://www.pathfinder.org/publications/improving-health-and-gender-outcomes-for-first-time-parents-in-cross-river-state-nigeria/>

“Linking Family Planning to Resilience in the Sahel: Findings from an Integrated Pilot Project in Zinder, Niger” (December 2019)  
<https://www.pathfinder.org/publications/linking-family-planning-to-resilience-in-the-sahel-report/>

“Senegal Youth-Friendly Reproductive Health Services Assessment in Six Regions” (December 2019)  
<https://www.pathfinder.org/publications/senegal-youth-friendly-reproductive-health-services-assessment-in-six-regions/>

“Lessons Learned from the Systematic Scale-Up of Family Planning Task-Shifting and Task-Sharing in Cross River State, Nigeria” (December 2019)  
<https://www.pathfinder.org/publications/lessons-learned-from-the-systematic-scale-up-of-family-planning-task-shifting-and-task-sharing-in-cross-river-state-nigeria/>

“Addressing the Reproductive, Maternal, and Child Health and Family Planning Needs of Young, First-Time Parents in the Eastern Region of Burkina Faso” (June 2020)  
<https://www.pathfinder.org/publications/addressing-the-reproductive-maternal-and-child-health-and-family-planning-needs-of-young-first-time-parents-in-burkina-faso/>



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