Evaluation

Evaluation of the AmplifyPF Regional Project

Phase 2

November 2023

USAID FROM THE AMERICAN PEOPLE

DATA FOR impact

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Phase 2

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Abstract

Data for Impact conducted a performance and impact evaluation of the USAID-funded AmplifyPF project, which was implemented from 2018–2023, focusing on its impact on modern contraceptive prevalence and reproductive health services in Burkina Faso, Côte d'Ivoire, Niger, and Togo.

The evaluation, building on Phase 1 results, employs a mixed-methods approach using secondary and primary data, including a data validation workshop. Evaluation questions spanned the extent of AmplifyPF's impact on access to family planning services, sustainability of quality assurance systems, localization, scale-up, and adolescent reproductive health.

AmplifyPF's impact on family planning services varied across countries, but overall, the project's community-centric approach positively influenced family planning outcomes. Community leaders' commitment, adaptability, and training enhanced health workers' skills, contributing to sustainable gains. Collaboration with the private sector faced challenges but showed potential. The RIA Technical Support Committee (CTAR) approach facilitated horizontal and national scale-up of High Impact Practices (HIPs), with youth engagement as a notable success. Challenges in adolescent reproductive health included financial barriers and social norms.

Recommendations include broader project implementation, sustained community engagement, and youth involvement. For governments, continuing free family planning (FP) services and task sharing are emphasized.

AmplifyPF has catalyzed positive changes in perception and behavior, particularly among youth and parents, emphasizing the importance of community involvement and awareness-raising. While the project represents progress, there is a need for ongoing efforts to ensure comprehensive access to reproductive health services in the region.

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Abbreviations

CHW	community health worker
CPS	*comité préfectoral de santé* (prefectural health committee)
CTAR	*comité technique d'appui aux RIA* (RIA technical support committee)
DHIS	district health information system
DID	difference-in-difference
FGD	focus group discussion
FP	family planning
GPS	global positioning system
HIP	High Impact Practice
IDI	in-depth interview
ILN	integrated learning network
ISBC	*Identification systématique des besoins des clients* (systematic identification of client needs)
IRB	institutional review board
KII	key informant interview
mCPR	modern contraceptive prevalence rate
MII	method information index
MOH	Ministry of Health
OP	Ouagadougou Partnership
PAFP	post-abortion family planning
PMA	Performance Monitoring for Action
PPFP	postpartum family planning
RHO	Regional Health Office
UNFPA	United Nations FP Agency
USAID	United States Agency for International Development
WABA	West Africa Breakthrough Action
WHO	World Health Organization
WRA	women of reproductive age

Executive Summary

Evaluation Purpose and Background

West Africa has the lowest modern contraception use worldwide, with a total fertility rate of 5.4 children per woman. This, coupled with a high adolescent fertility rate and low child and maternal mortality rates, contribute to high population growth rates.

Nine francophone West African country governments, along with their technical and financial partners, launched the Ouagadougou Partnership in February 2011 to expand access to contraception and accelerate the use of family planning services in achievement of their national goals and to increase the number of modern contraceptive method users across the region by at least 3.2 million additional women by 2020.

In 2018, USAID awarded Pathfinder International the AmplifyPF project, which aimed to strategically and deliberately support and influence replication and scale-up of key family planning (FP) High Impact Practices (HIPs) in large urban and peri-urban centers in Burkina Faso, Côte d'Ivoire, Niger, and Togo. The AmplifyPF project also sought to engage local communities and build sustainability and scale of selected HIPs.

Evaluation Questions

This report summarizes the findings of Phase 2 of the performance evaluation of the USAID/West Africa FP and reproductive health projects. The evaluation focused on four research questions:

1. To what extent did AmplifyPF implementation areas show improvement in access to quality FP services compared to non-implementation areas, by country?
2. To what extent did AmplifyPF service sites benefit from project interventions to institutionalize a sustainable and self-regulating system of service quality assurance and monitoring?
    a. What was learned from opportunities and challenges working with public and private sector institutions in terms of program sustainability?
    b. To what extent were elements of localization present throughout AmplifyPF implementation, and what factors contributed to or hindered it?
3. What factors contributed to AmplifyPF's ability to scale programming of HIPs within implementation areas and nationally?
4. To what extent was AmplifyPF able to engage and provide adolescent responsive sexual and reproductive health services? What were the lessons learned?

Methods

This study is built upon Phase 1 evaluation results (Appendix A), and used a mixed methods approach with secondary data, primary data, and a data validation workshop. We used secondary data from the Performance Monitoring for Action (PMA) project's household and facility surveys to estimate the impact that was attributable to AmplifyPF in implementation areas relative to comparison areas that did not receive AmplifyPF support.

We calculated the values in both years separately for AmplifyPF and comparison and estimated a

difference-in-difference (DID) model to assess the impact of AmplifyPF on the following outcomes of interest:

- modern contraceptive prevalence for women of reproductive age and youth
- method information index for women of reproductive age and youth
- percentage of facilities in which contraception is discussed just after birth or during the first postnatal visit
- percentage of facilities in which contraception is discussed just after abortion or during the first post-abortion visit
- percentage of facilities that offer methods during post-abortion visits
- percentage of primary facilities in which community health workers distribute methods
- percentage of primary facilities that offer methods to unmarried youth
- percentage of secondary facilities that offer methods to unmarried youth
- percentage of primary facilities that have at least 3 modern methods of contraception available (observed) on day of assessment
- percentage of secondary facilities that have at least 5 modern methods of contraception available (observed) on day of assessment
- percentage of facilities that have select methods in stock on the day of the survey

The model produced an estimate of the impact of the project in excess of any changes that would have happened in its absence. Due to limitations in the global positioning system data used to identify intervention and comparison areas, some observations may have been incorrectly assigned, diluting the impact of AmplifyPF that we were able to detect.

A qualitative evaluation approach was implemented in Togo and Côte d'Ivoire for Phase 2 of AmplifyPF evaluation. In-depth interviews, key informant interviews and focus groups discussions were conducted in three selected AmplifyPF implementation districts and one comparison district per country. Data were collected in-person and audio recorded by a team of male and female researchers. The researchers coded the data and conducted a thematic analysis with the help of the qualitative data management software Dedoose.

Preliminary results were presented in September 2023 during two data validation workshops, one in Togo and one in Côte d'Ivoire. The workshops brought together Ministry of Health representatives, district-level officials, representatives from mayor's offices, Young Champions, USAID implementing partner representatives, and multilateral organization representatives.

Findings

Research Question 1

The AmplifyPF areas in Burkina Faso had significantly higher modern contraceptive prevalence in 2020 compared to 2017 in both WRA (15–49 years) and youth (ages 15–24), and a significant project impact was

found. AmplifyPF areas reported lower performance for several indicators between 2017 and 2020, including community health workers' (CHWs') distribution of methods and facilities having at least three modern methods in stock.

In Côte d'Ivoire, the analysis was stratified into three categories: Abidjan, Gbeke and Haut Sassandra, and Hambol and Marahoue. In Abidjan, the modern contraceptive prevalence rate (mCPR) was significantly lower in 2022 compared to 2018 for both WRA and youth, but higher in comparison areas. The DID model showed a significant program impact on mCPR among WRA in AmplifyPF areas. The percentage of facilities in which contraception is discussed just after birth or during the first postnatal visit was significantly higher in 2022 compared to 2018. We did not detect a program impact for any of the facility-level indicators.

In Niger, GPS data was unavailable for facilities during the selected time frame, so we analyzed only women's data. The mCPR for WRA was slightly lower in 2021 compared with 2018, but not significantly different in comparison areas.

The qualitative findings showed that AmplifyPF implemented a more multifaceted and community-centric approach to FP services compared to the comparison areas.

Research Question 2

Community leaders' commitment and the project's adaptability to local contexts were crucial for sustaining gains. Training enhanced health workers' skills and improved data reporting, and suggestion boxes enhanced quality assurance.

Through RIA Technical Support Committees (CTARs) otherwise known as Comité Technique d'Appui aux RIA (ILN technical support committee), AmplifyPF worked with local governments and private health facilities to improve access and quality of family planning services. AmplifyPF's CTAR approach was designed to rely on pre-existing structures and seek the buy-in of local leadership. It included periodic self-evaluation and the use of the national health information system for monitoring project progress.

Research Question 3

At the national level, HIPs, which focused on task sharing and postpartum and post-abortion family planning, were included in national policies, and extensive preparatory work was done to foster physician support. Knowledge-sharing among providers from the intervention zones and non-intervention zones contributed to national-level scale-up.

At the district level, CTARs mobilized financial resources, facilitated community dialogues, supported health providers, and addressed key issues hindering health services.

Research Question 4

The youth work's most shining success was meaningful engagement with young people and the autonomy given to Young Champions. The project used various approaches to engage adolescents in reproductive health, such as social network content production, film screenings, and referral coupons.

There is still a long way to go to eradicate rumors about the side effects of contraceptive methods, and to achieve full FP adherence among young people, but the AmplifyPF project has helped to improve young people's access to FP methods.

Recommendations

Input from participants in the data validation workshops in Togo and Côte d'Ivoire was synthesized with evaluation results to develop the following set of recommendations for USAID, FP implementing partners in West Africa, and governments/Ministries of Health.

USAID

1. When working with Ministries of Health to select implementation areas, consider investing in saturating entire regions rather than select districts. There are potential synergies and economies of scale when a project is implemented in all health districts within a region rather than a subset of districts. Both AmplifyPF project members and country-level stakeholders participating in the validation workshops highlighted the perceived benefits and need to saturate regions.

2. Invest in impact evaluations, particularly on FP service quality. Where detailed facility-level data is not available, USAID might consider investing in external evaluation activities that can collect it over the course of the project through surveys or medical record abstraction. Routine health information systems typically have data on service volumes only, and PMA data had substantial limitations in its usefulness measuring performance over time.

Implementing partners

1. Prioritize sustainability strategies and institutionalize gains from past projects before initiating new ones. For example, in the context of AmplifyPF, ensure the functionality of project committees, maintain regular community engagement, maintain quality assurance processes, and perform joint supportive supervision.

2. Involve a wide range of stakeholders in program design, implementation, and review. Informants felt that country-level stakeholders were not as involved in the process of designing and implementing AmplifyPF as they would have liked, leading to confusion and reduced engagement.

3. Increase the number of Young Champions for broader awareness coverage and integrate FP into their activities. Provide financial and technical support to increase their number and frequency of activities. Young Champions were a very successful aspect of AmplifyPF, who expressed their own readiness to continue and expand.

4. Continue training health providers in the implementation of HIPs and in the provision of youth-friendly FP services, including training for supportive supervision and re-training to address staff turnover.

5. Expand awareness-raising activities to cover all areas of sexual and reproductive health. Include intergenerational communication, involve parents more closely, and address concerns about side effects of different contraceptive methods.

6. Enhance collaboration between public and private sectors and extend HIPs capacity strengthening to private facilities.

Governments and Ministries of Health

1. Consider continuing free FP services in Togo and expanding free FP services in Burkina Faso, Côte d'Ivoire, and Niger.
2. Ensure availability of FP commodities in health facilities, as this is foundational to any FP program.
3. Consider codifying task sharing in law or policy so that all providers are working from a shared understanding, have legal protection for their scope-of-service, and so that task sharing may be sustainably implemented throughout the country.
4. Include content on HIPs and youth-friendly FP services in pre-service training. While the majority of this training was post-service under AmplifyPF, informants felt that embedding it in providers' initial training programs would help ensure uniformity and sustainability of these practices.
5. Create a reporting system to collect FP service provision data from private pharmacies.
6. Improve support for CHWs. Informants expressed that sufficient numbers of well-trained and well-supported CHW's are crucial for community-based distribution of FP methods. Expedite recruitment, train them in the provision of FP, and motivate them to provide high-quality counseling, referral, and services.

Conclusion

This evaluation presents evidence that AmplifyPF has served as a catalyst and an enabler of an environment that brought about these changes in perception and behavior, on the part of young people and parents alike. The lessons learned from this project highlight the importance of youth and community involvement and awareness-raising in promoting greater understanding of FP and reducing social stigma.

Ultimately, the AmplifyPF project was an important initiative towards sustainably improving the sexual and reproductive health of adolescents and young people in these countries, but there is still work to be done to ensure equitable and comprehensive access to essential services.

Evaluation Purpose and Questions

The purpose of the performance evaluation of the AmplifyPF project was to assess the extent to which the project accomplished its stated results and goals, and to generate learning for use to inform the work plan of a follow-on project. The United States Agency for International Development (USAID)/West Africa Regional Health Office (RHO) wanted to learn what had been accomplished and the lessons learned to improve USAID contribution in the future to maximizing family planning (FP) uptake in the region. It also set to determine whether the AmplifyPF portfolio met its overarching objectives of (1) strengthening and institutionalizing a system for adaptation and replication of key FP HIPs; (2) engaging and leveraging domestic, donor, and West African communities and resources and to build sustainability and scale of selected HIPs; (3) institutionalizing a sustainable and self-regulating system of service quality assurance and monitoring; (4) collaborating and coordinating with other USAID FP and reproductive health partners working on commodity security, demand creation, policy, learning and related health systems.

The target audiences included the USAID/West Africa Front Office; USAID/West Africa RHO; other USAID health offices in the region; USAID/Washington; the governments of Togo, Côte d'Ivoire, Niger, and Burkina Faso; Ministries of Health; Pathfinder International and other USAID-funded implementing partners; donors such as the United Nations Population Fund, the Bill and Melinda Gates Foundation, and the World Health Organization (WHO) in the health sector; as well as stakeholders in FP and reproductive health in West Africa. This evaluation was carried out in two phases. Phase 1 consisted of a rapid appraisal of the projects' implementation and effectiveness at a regional level and was carried out between September and November of 2022 (see Appendix A for an executive summary). This report outlines the process and findings of Phase 2 of this evaluation, which was guided by the following four research questions.

1. To what extent did AmplifyPF implementation areas show improvement in access to quality FP services compared to non-implementation areas, by country?
2. To what extent did AmplifyPF service sites benefit from project interventions to institutionalize a sustainable and self-regulating system of service quality assurance and monitoring?
    a. What was learned from opportunities and challenges working with public and private sector institutions in terms of program sustainability?
    b. To what extent were elements of localization present throughout AmplifyPF implementation, and what factors contributed to or hindered it?
3. What factors contributed to AmplifyPF's ability to scale programming of HIPs within implementation areas and nationally?
4. To what extent was AmplifyPF able to engage and provide adolescent responsive sexual and reproductive health services? What were the lessons learned?

Background

The West Africa region has the lowest modern contraception use worldwide despite recent significant progress. Only 18% of married women of reproductive age are currently using a modern contraceptive method compared to the global average of 56% (Population Reference Bureau, 2019). Consequently, the region has the highest total fertility rate (TFR) estimated at 5.4 children per woman (PRB, 2019). This high level of fertility, with 26% of births unintended (Sedgh et al., 2014), coupled with high adolescent fertility and a persistent decrease in child and maternal mortality rates, contribute to high population growth rates.

Nine governments of francophone West African countries and their technical and financial partners launched the Ouagadougou Partnership (OP) in February 2011 in Ouagadougou, Burkina Faso. This initiative includes the governments of Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo. At the outset in 2011, the national action plans of the nine countries set two objectives: (1) accelerate the achievement of their national goals for modern Contraceptive Prevalence Rate (CPR); and (2) reach at least an additional 3.2 million women by 2020. The current goal of the partnership is to reach at least 6.5 million additional FP method users, bringing the number to 13 million in the nine countries by 2030. These objectives were achieved through government commitments, civil society engagement, and coordinated donor support.

Against this backdrop, and building off the previous project AgirPF, the USAID/West Africa Regional Health Office (RHO) awarded and funded AmplifyPF and Sexual Reproductive Health (AmplifyPF) contract no 72062418CA00003, which is USAID's flagship FP project in francophone West Africa. The life of the project/activity ran from June 26, 2018, to June 25, 2023. Its goal was to mobilize partners to expand access to and utilization of quality family planning (FP) services in four selected West African countries (Burkina Faso, Côte d'Ivoire, Niger, and Togo) through an innovative approach consisting of synergizing all health resources available at the district level in an Integrated Learning Network (ILN). These countries were selected based on the limited presence (Burkina Faso, Côte d'Ivoire, and Niger) or non-presence (Togo) of USAID offices.[1] The ILN was meant to form the incubators for the replication of two selected HIPs: (1) task sharing i.e., provision of injectable contraceptives by community health workers (CHW's) and (2) postpartum/post-abortion FP in the West African countries. The project was implemented by Pathfinder International and its two partners: Population Council and CRESAC (Regional Center for Evaluation in Education, Environment, and Health and for Accreditation in Africa). The RHO also secured buy-ins of global awards such as Breakthrough ACTION for demand generation and social and behavior change to complement AmplifyPF's work. West Africa Breakthrough ACTION (WABA), the buy-in through USAID/West Africa, worked closely with AmplifyPF to contribute to the increased use of FP and increased capacity of national entities to coordinate and oversee quality SBC programming for FP. Evidence of this collaboration is featured throughout this report.

[1] Limited Presence Countries (LPC's, also referred to as USAID Offices) do not have a full USAID Mission, while Non-Presence Countries (NPCs) do not have a USAID Mission or representative.

Program Description

In 2018, USAID awarded Pathfinder the AmplifyPF project, a five-year regional project based in Togo, and working in four countries (Togo, Côte d'Ivoire, Niger, and Burkina Faso).

The AmplifyPF project aimed to strategically and deliberately support and influence replication and scale-up of key FP High Impact Practices (HIPs) by all stakeholders in large urban and peri-urban centers, to sustainably build and scale these approaches within the four target countries and throughout the region. AmplifyPF was intended to be a catalyst, organizer, and unifier of health resources and networks to accelerate FP service delivery and contraceptive uptake within the target countries and across the region.

Pathfinder International used a vertically integrated structure that translated local achievement to national gains to sub-regional impact. AmplifyPF built 19 interdependent networks, called the ILN, using the health district—a collection of public, private and community health resources—as the unit of operation for the implementation of HIPs. They also implemented the "Young Champions" initiative, in which youth are trained and supported to provide information and referrals for sexual and reproductive health services in their communities (Pathfinder International, n.d.).

Figure 1. AmplifyPF results framework

Theory of Change

The theory of change for the AmplifyPF activity was the following:

- IF the project intensified its work in key areas in the AmplifyPF countries—expanding coverage in Togo, leveraging nutritional support for FP work in Niger, the presence of youth groups across the region, and the mainstreaming of DMPA-SC, and;
- IF the potential of USAID programs in other countries could be used to scale up HIPs across the region to support routine FP services in the context of COVID-19, and;
- IF countries could draw on funding to support preparedness and mitigation activities for future outbreaks;
- THEN the target countries could better reach their OP/FP2020 FP commitments through accelerated uptake of FP.

Figure 2. AmplifyPF theory of change*

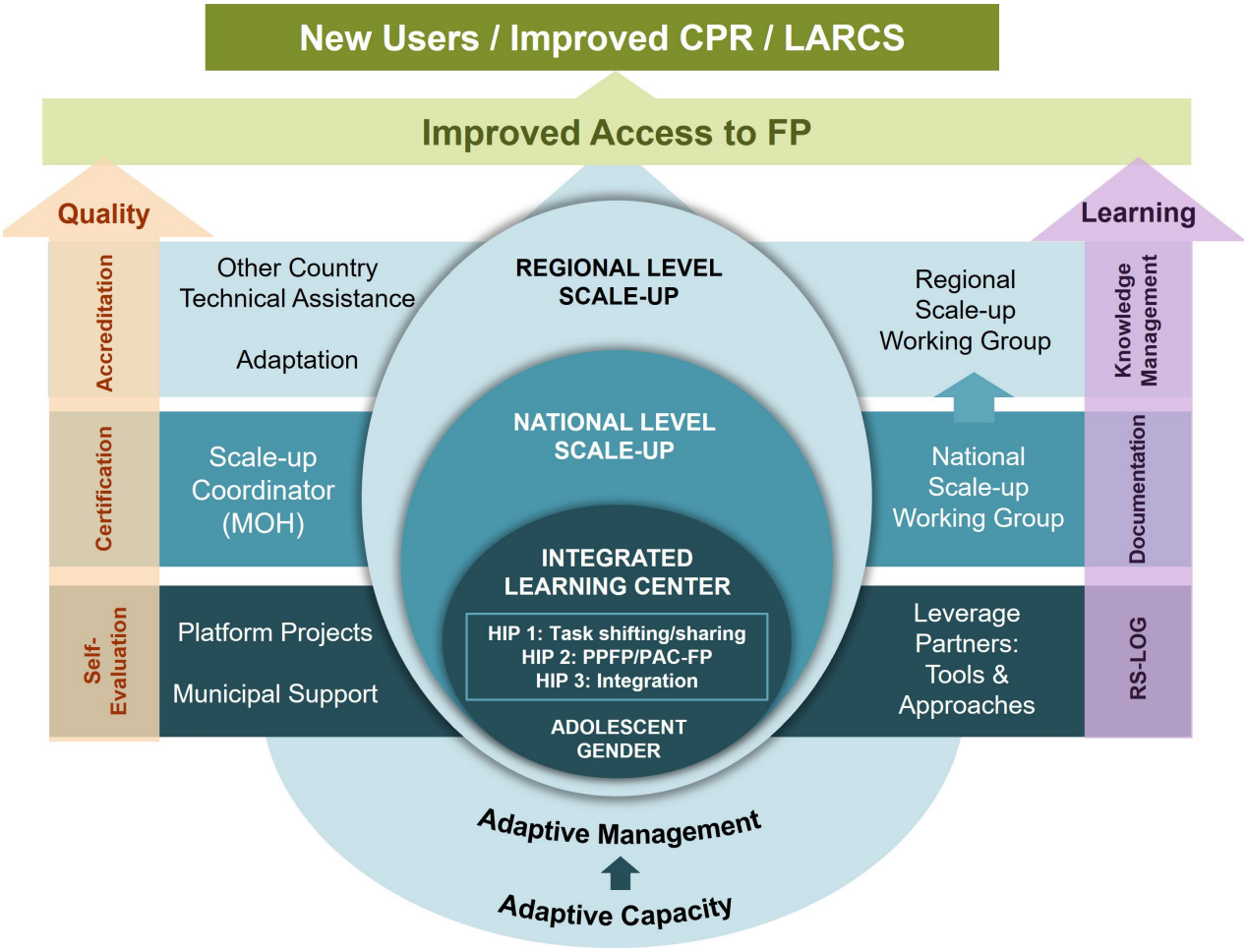


*Figure 2 adapted from the theory of change graphic in "DRAFT STATEMENT OF WORK - PHASE 1 Performance Evaluation for USAID/West Africa/Regional Health Office AmplifyPF Regional Project."

Methods and Limitations

Evaluation Design

This study is built upon Phase 1 evaluation results, conducted between September and November 2022 (see Appendix A for an executive summary of Phase 1 findings). For Phase 2, a mixed methods approach was used to answer evaluation questions, consisting of a quantitative component using secondary data, a qualitative component involving primary data collection, and a data validation workshop with local stakeholders that contributed to data interpretation, held in September 2023 with stakeholders in Togo and Côte d'Ivoire.

Quantitative Approach

The impact evaluation (Research Question 1) employed a quasi-experimental design in which we estimated the impact that was attributable to AmplifyPF in implementation areas relative to comparison areas that did not receive AmplifyPF support.

We used secondary data from the Performance Monitoring for Action (PMA) project's surveys of facilities and women of reproductive age (WRA) for Burkina Faso (2017 and 2020), Côte d'Ivoire (2018 and 2020), and Niger (2018 and 2021). PMA did not collect any data in Togo, which was therefore excluded from the quantitative component of this study. Approval for data use was granted by the program country's Principal Investigator(s) and/or PMA's coordinating center in Baltimore, Maryland. The PMA datasets were mapped to shape files of AmplifyPF districts and the observations from these datasets were assigned to AmplifyPF intervention and comparison areas. The outcome indicators comprised eighteen FP indicators.[2]

For each indicator, we calculated the values in both years separately for AmplifyPF and comparison areas. We then estimated a difference-in-difference (DID) model to assess the impact of AmplifyPF on the outcomes of interest. The approach compared changes in outcomes between populations and health facilities located in areas undergoing an intervention (the intervention group) and those located in adjacent areas without the intervention (the comparison group) using time points before and after the start of the intervention or as close as possible to those dates using the data available. This produces an estimate of the impact of the project in excess of any changes that would have happened in its absence.

This approach was chosen because it leveraged existing data, which is a lower-cost, more timely approach compared to the collection of primary quantitative data.

Qualitative Approach

Methodology

A qualitative evaluation approach for Phase 2 of the AmplifyPF evaluation was implemented in Togo and Côte d'Ivoire only. Qualitative data collection methods included in-depth interviews (IDIs), key informant interviews (KIIs) and focus groups discussions (FGDs). Data collection took place in three selected AmplifyPF implementation districts and one comparison district per country. See Table 1 for a description of the qualitative sample.

[2] Two indicators that we originally planned to include could not be included. The question related to facilities offering postpartum FP was not asked in both rounds of data collection. Method Information Index+ could not be calculated, as the fourth component, "at that time, were you told that you could switch to another method if you wanted to or needed to?" was not present in the data sets.

In Togo, the AmplifyPF districts sampled were Agoènyivé, Gulf and Blitta, and Kozah was selected as the comparison district. In Côte d'Ivoire, the AmplifyPF districts selected for sampling were Yopougon West Songon, Port-Bouet Vridi, Bouaké North-West, while the comparison district selected was Bouaké Sud.

A total of 21 interviews were carried out in Côte d'Ivoire and 31 in Togo, and a total of three FGD were held, two with youth and one with RIA Technical Support Committee (CTAR) members, per country.

Table 1. Qualitative sample description

Type of data	Target	Côte d'Ivoire (n)		Togo (n)	
		By gender	Total	By gender	Total
In-depth interviews	FP service provider or health center supervisor	M=3 F=3	**6**	M=3 F=7	**10**
	Active members of the *RIA Technical Support Committee* (CTAR)	M=3 F=3	**6**	M=4 F=3	**7**
	Prefectural Health Committee (CPS)	M=1 F=1	**2**	M=2 F=2	**4**
Key informant interviews	Occupy a management position within the Ministry of Health or local governance structures	M=4 F=3	**7**	M=6 F=4	**10**
Total individual interviews		**M=11 =1 0**	**21**	**M=15 F=16**	**31**
Focus Group Discussions	Active member of CTAR	M=2 F=4	**6**	M=5 F=1	**6**
	Young people (15–19 years)	M=6 F=6	**12**	M=5 F=17	**22**
Total focus groups participants		**M=8 F0**	**18**	**M=10 F=18**	**28**

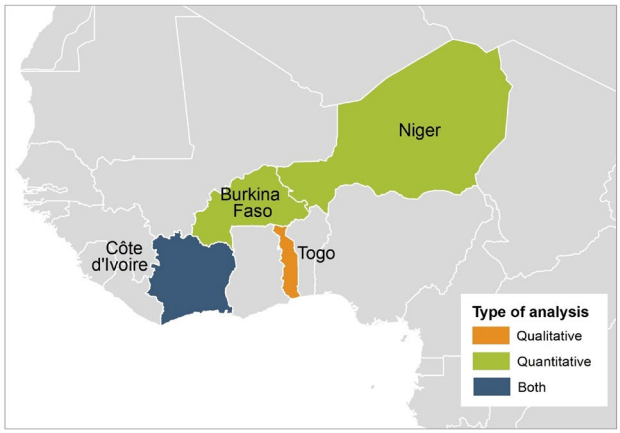
Data Collection

Data were collected in-person and audio recorded by a team of male and female researchers. Gender matching was not considered necessary for IDIs, KIIs and FGDs with CTAR members. For logistical reasons, FGDs with youth were not gender disaggregated, thus paired facilitators (male and female) shared roles in notetaking and facilitation to address potential sensitivity concerns. Data collectors were trained for two days in research ethics, evaluation objectives, qualitative research methods, and effective use of data collection tools. Youth focus group facilitators received specialized training to navigate power dynamics within mixed-sex youth groups, adopting a role-alternating approach to promote equal participation among both female and male youth. Data collection took place in July 2023.

Interviews and focus groups were transcribed in Togo by the research team and in Côte d'Ivoire by a transcription firm. In both Côte d'Ivoire and Togo, the transcripts were validated by the data collectors. The research team in each country conducted a preliminary review of transcripts to develop a codebook using both inductive and deductive approaches. Once the codebook was completed, the research team proceeded to code all data and conduct a thematic analysis with the help of qualitative data management software Dedoose.

Preliminary results were presented in September 2023 during two data validation workshops designed to engage with local stakeholders, present preliminary findings, interpret findings collectively and propose recommendations based on findings. The two workshops were held on September 19th and 21st, 2023, in Togo and Côte d'Ivoire respectively. They brought together 39 stakeholders in Togo and 30 in Côte d'Ivoire, including Ministry of Health (MOH) representatives, district-level officials, representatives from mayor's offices, Young Champions, USAID implementing partners, and multilateral organization representatives. Notes and observations from these meetings are incorporated throughout the results, and recommendations put forth during these meetings are included in the Recommendations section of this report.

Figure 3. Map showing AmplifyPF implementation countries and evaluation data sources



Ethical approval was obtained from Institutional Review Boards in Côte d'Ivoire and Togo. The Institutional Review Board in the United States (Tulane University) determined that the study was not human subjects research (Application # 2023-591). The Burkina Faso and Niger institutional review boards (IRBs) did not need to review the study, since the data was limited to publicly available, de-identified, secondary data.

Research Team Positionality

The research team was composed of research members in the United States, Togo, and Côte d'Ivoire, all contributing to the findings presented in this report. The United States team included three female-identifying public health researchers: a white-American researcher, a Mexican immigrant researcher, and a Kenyan international PhD student at Tulane University. The Togo team consisted of six male-identifying and one female-identifying Togolese sociology researchers. The Côte d'Ivoire team comprised of three female-identifying Ivorian sociologists. The three-country team shared responsibility in developing research tools, while the Togolese and Ivorian teams were responsible for collecting data. Data coding was led by Togolese and Ivorian teams, and interpretation was shared among all teams.

Limitations

The quantitative analysis had several limitations. First, PMA data was unavailable for the pre-period with the exception of Burkina Faso, for which we had data from 2017. Further, the second wave of data was collected prior to the end of AmplifyPF. Therefore, the quantitative results may understate the program impact.

Due to limitations in the global positioning system (GPS) data used to identify intervention and comparison areas, we made the assumption that if the GPS point was within an AmplifyPF district, the observation was also within that district. This may have led to some observations being incorrectly assigned, diluting the impact of AmplifyPF that we were able to detect. Lastly, as households and facilities were not randomly assigned to the AmplifyPF or comparison group, we cannot account for systematic differences between the two areas that may have influenced FP indicators. While not a methodological limitation, the lack of data from Togo means that the full impact of AmplifyPF cannot be assessed quantitatively.

Study limitations for the qualitative component included the lack of generalizability of findings to populations outside of study participants. To ensure robustness of the qualitative inquiry process we used triangulation of data collected from multiple informants as well as analyst triangulation through weekly meetings to establish consistency in data coding and interpretation processes.

Results

This section presents results from the quantitative and qualitative analyses.

Research Question 1: To what extent have AmplifyPF implementation areas shown improved access to quality FP services compared to non-implementation areas?

Quantitative Findings

Results of the quantitative analysis, conducted using PMA2020 data, are displayed by country. "Women of reproductive age" are defined as women/girls ages 15–49, and "youth" are women/girls ages 15–19. "Primary facilities" are public and private health centers and clinics, and "secondary facilities" are hospitals and surgery centers. Pharmacies and dispensaries are excluded from the analysis.

Burkina Faso

The AmplifyPF areas in Burkina Faso consisted of Boucle du Mouhoun, Centre Nord, and Haut Bassin regions, all of which contained ILNs. The comparison areas were the regions of Cascades, Nord, and Sud Ouest, which did not contain ILNs but were located in the same super-regions as the AmplifyPF regions (Black Volta and North). Tables 2 and 3 show the sample sizes in the women and facility data sets. The women's data was collected as part of PMA's household survey.

Table 2. Women's sample, Burkina Faso (PMA2020)

Intervention area	Age group	2017	2020
AmplifyPF	WRA	1,833	5,124
	Youth	750	2,119
Comparison	WRA	1,025	1,786
	Youth	401	792

Table 3. Facility sample, Burkina Faso (PMA2020)

Intervention area	Facility type	2017	2020
AmplifyPF	Total	69	70
	Primary	19	15
	Secondary	15	54
Comparison	Total	21	31
	Primary	11	11
	Secondary	10	20

Table 4 shows the percentage point difference in individual-level indicators between 2017 and 2020 in Burkina Faso. Modern contraceptive prevalence rate (mCPR) among WRA (15–49 years) was significantly higher in 2020 compared to 2017 in both AmplifyPF areas and comparison areas. There was no significant project impact detected by the DID model. Among youth (ages 15–24), the mCPR was significantly higher in 2020 in AmplifyPF areas, and a significant project impact was found.

The Method Information Index (MII) is calculated as the percentage of current users of modern contraception who answer affirmatively to three questions: *Were you informed about other methods? Were you informed about side effects? Were you told what to do if you experienced side effects?*

The MII for WRA was significantly lower in AmplifyPF intervention areas in 2020 compared to 2017. We detected significant negative program impact on MII for WRA and youth in AmplifyPF supported areas.

Table 4. Woman-level indicators, Burkina Faso (PMA2020)

Indicator	Intervention area	2017	2020	PP diff	DID
Modern contraceptive prevalence: WRA	AmplifyPF	12.0	16.5	4.5***	<-0.01
	Comparison	10.7	14.5	3.8***	
Modern contraceptive prevalence: Youth	AmplifyPF	7.9	13.0	5.1***	0.04*
	Comparison	10.5	11.6	1.1	
Method Information Index: WRA	AmplifyPF	50.5	36.9	-13.5***	-0.25***
	Comparison	32.7	44.0	11.3**	
Method Information Index: Youth	AmplifyPF	37.3	30.9	-6.4	-0.26**
	Comparison	19.1	39.1	20.1**	

Note: Significance is considered at *p<0.1, **p<0.05, ***p<0.01.

Table 5 shows results for the facility-level indicators. AmplifyPF areas reported significantly lower performance for several indicators between 2017 and 2020, including CHWs' distribution of methods, and having at least three modern methods in stock on the day of the survey. It should be noted that the small sample sizes in the facility data set mean that small changes in absolute numbers can translate to large percentage point differences.

Table 5. Facility-level indicators, Burkina Faso (PMA2020)

Indicator	Intervention area	2017	2020	PP Diff	DID
Percentage of facilities in which contraception is discussed just after birth or during the first postnatal visit	AmplifyPF	100.0	98.4	-1.6	0.02
	Comparison	100.0	96.6	-3.5	
Percentage of facilities in which contraception is discussed just after abortion or during the first post-abortion visit	AmplifyPF	96.7	96.8	0.1	0.98
	Comparison	100.0	92.9	-7.1	
Percentage of facilities that offer methods during post-abortion visits	AmplifyPF	100.0	98.4	-1.6	-0.02
	Comparison	100.0	100.0	0.0	
Percentage of primary facilities in which community health workers distribute methods	AmplifyPF	42.1	0.0	-42.1***	-0.33**
	Comparison	9.1	0.0	-9.1	
Percentage of primary facilities that offer methods to unmarried youth	AmplifyPF	100.0	73.3	-26.7	-0.27**
	Comparison	100.0	100.0	0.0	
Percentage of secondary facilities that offer methods to unmarried youth	AmplifyPF	100.0	96.3	-3.7	-0.04
	Comparison	100.0	100.0	0.0	
Percentage of primary facilities that have at least 3 modern methods of contraception available (observed) on day of assessment	AmplifyPF	100.0	80.0	-20.0**	-0.11
	Comparison	100.0	90.9	-9.1	
Percentage of secondary facilities that have at least 5 modern methods of contraception available (observed) on day of assessment	AmplifyPF	92.9	74.1	-18.8	0.11
	Comparison	100.0	70.0	-30.0*	
Percentage of Facilities that have the following methods in stock on the day of the survey: Male condoms	AmplifyPF	97.0	84.1	-12.9*	-0.05
	Comparison	95.2	87.1	-8.1	
Female condoms	AmplifyPF	81.8	60.9	-21.0**	-0.11
	Comparison	81.0	71.0	-10.0	
Implantable hormonal contraceptives	AmplifyPF	93.9	89.9	-4.1	0.01
	Comparison	95.2	90.3	-4.9	
Injectable hormonal contraception	AmplifyPF	93.9	89.9	-4.1	0.06
	Comparison	100.0	90.3	-9.7	
IUDs	AmplifyPF	84.9	72.5	-12.4	-0.17
	Comparison	66.7	71.0	4.3	
Oral hormonal contraceptives	AmplifyPF	97.0	91.3	-5.7	0.04
	Comparison	100.0	90.3	-9.7	

Note: Significance is considered at *p<0.1, **p<0.05, ***p<0.01.

Côte d'Ivoire

In Côte d'Ivoire, the analysis was stratified into three categories. The first was Abidjan, which received AmplifyPF support but, as the main large urban area in the country, did not have a suitable comparison area. The second was the other regions that received AmplifyPF support, Gbeke and Haut Sassandra. The last was a comparison area consisting of regions adjacent to other AmplifyPF regions, Hambol and Marahoue. Table 6 and Table 7 show the sample sizes for the women's and facility analyses.

Table 6. Women's sample, Côte d'Ivoire (PMA2020)

Intervention area	Age group	2018	2022
Abidjan	WRA	1,561	2,811
	Youth	557	1,005
Other AmplifyPF	WRA	668	1,158
	Youth	299	465
Comparison	WRA	280	435
	Youth	104	162

Table 7. Facility sample, Côte d'Ivoire (PMA2020)

Indicator	Facility type	2018	2022
Abidjan	Total	38	53
	Primary	24	42
	Secondary	14	11
Other AmplifyPF	Total	12	25
	Primary	9	19
	Secondary	3	6
Comparison	Total	7	13
	Primary	4	9
	Secondary	3	4

In Abidjan, mCPR was significantly lower in 2022 compared to 2018 for both WRA and youth (Table 8). In contrast, the other AmplifyPF areas had significantly higher mCPR in 2022. The comparison areas were not significantly different between 2018 and 2022 in terms of mCPR. The DID model, which compared changes in other AmplifyPF with changes in comparison areas, showed a significant program impact on mCPR among WRA in AmplifyPF areas.

MII among WRA was not significantly different in Abidjan or other AmplifyPF areas between 2018 and 2022,

although it was significantly higher in comparison areas in 2022. Among youth, MII was significantly higher in 2022 in Abidjan and comparison areas. We did not detect a program impact for MII among WRA or youth.

Table 8. Woman-level indicators, Côte d'Ivoire (PMA2020)

Indicator	Intervention area	2018	2022	PP Diff	DID+
Modern contraceptive prevalence: WRA	Abidjan	15.8	12.9	-2.9***	
	Other AmplifyPF	6.7	11.1	4.4***	0.05*
	Comparison	12.9	12.4	-0.4	
Modern contraceptive prevalence: Youth	Abidjan	19.4	12.9	-6.5***	
	Other AmplifyPF	5.4	10.8	5.4***	<0.01
	Comparison	11.5	16.1	4.5	
Method Information Index: WRA	Abidjan	22.8	22.3	-0.5	
	Other AmplifyPF	17.8	29.5	11.7	-0.01
	Comparison	11.1	35.2	24.1**	
Method Information Index: Youth	Abidjan	9.3	16.9	7.7*	
	Other AmplifyPF	6.3	24.0	17.8	-0.03
	Comparison	0.0	30.8	30.8**	

Note: Significance is considered at *p<0.1, **p<0.05, ***p<0.01.
+The DID compares the "Other AmplifyPF" and "Comparison" groups.

The analysis showed that, in Abidjan, the percentage of facilities in which contraception is discussed just after birth or during the first postnatal visit was significantly higher in 2022 compared to 2018 (Table 9). This was also the case for the percentage of primary facilities in which CHWs distribute methods in other AmplifyPF areas. We did not detect a program impact for any of the facility-level indicators in Côte d'Ivoire. It should be noted that the small sample size of facilities means that small changes in the absolute number of facilities translate to large changes in percentage point differences.

Table 9. Facility-level indicators, Côte d'Ivoire (PMA2020)

Indicator	Intervention area	2018	2022	PP Diff	DID+
Modern contraceptive prevalence: WRA	Abidjan	15.8	12.9	-2.9***	
	Other AmplifyPF	6.7	11.1	4.4***	0.05*
	Comparison	12.9	12.4	-0.4	
Modern contraceptive prevalence: Youth	Abidjan	19.4	12.9	-6.5***	
	Other AmplifyPF	5.4	10.8	5.4***	<0.01
	Comparison	11.5	16.1	4.5	

Indicator	Intervention area	2018	2022	PP Diff	DID+
Method Information Index: WRA	Abidjan	22.8	22.3	-0.5	
	Other AmplifyPF	17.8	29.5	11.7	-0.01
	Comparison	11.1	35.2	24.1**	
Method Information Index: Youth	Abidjan	9.3	16.9	7.7*	
	Other AmplifyPF	6.3	24.0	17.8	-0.03
	Comparison	0.0	30.8	30.8**	

Note: Significance is considered at *p<0.1, **p<0.05, ***p<0.01.

Niger

In Niger, GPS data was unavailable for facilities during the needed time frame, so the analysis was limited to the women's data. Table 10 shows the sample sizes for WRA and youth in 2018 and 2021.

Table 10. Women's sample, Niger (PMA2020)

Intervention area	Age group	2018	2021
AmplifyPF	WRA	1,336	1,330
	Youth	476	560
Comparison	WRA	1,356	1,563
	Youth	561	666

In AmplifyPF areas, the mCPR for WRA was slightly lower in 2021 compared with 2018, while it was not significantly different in comparison areas (Table 11). The MII was significantly higher for both WRA and youth in 2021 in AmplifyPF areas, while it was not significantly different in comparison areas. We did not detect any program impacts in Niger.

Table 11. Woman-level indicators, Niger (PMA2020)

Indicator	Intervention area	2018	2021	PP diff	DID
Modern contraceptive prevalence: WRA	AmplifyPF	10.8	8.7	-2.1*	-0.02
	Comparison	10.0	9.8	-0.2	
Modern contraceptive prevalence: Youth	AmplifyPF	5.5	5.0	-0.5	0.01
	Comparison	6.6	5.0	-1.5	
Method Information Index: WRA	AmplifyPF	34.0	46.1	12.1**	-0.01
	Comparison	28.9	39.9	11.0*	
Method Information Index: Youth	AmplifyPF	34.6	57.1	22.5*	0.02
	Comparison	27.0	33.3	6.3	

Note: Significance is considered at *p<0.1, **p<0.05, ***p<0.01.

Qualitative Findings

Results from the qualitative data, which were collected in Côte d'Ivoire and Togo, illustrate the ways in which AmplifyPF has contributed to improvements in access to quality FP services in the following domains. When possible, comparisons to non-implementation areas are made.

A. Introduction of HIPs and Capacity-Building for Providers

Findings show that the project's training of health providers on HIPs has increased their competency in administering FP methods. Their comments show that the introduction of three HIPs (postpartum family planning [PPFP], post-abortion family planning [PAFP], and task shifting), as well as the Systematic Identification of Patient Needs (ISBC)—a strategy developed by a Bill and Melinda Gates Foundation investment—has led to increased demand for contraception in the health facilities in the intervention districts.

> *"High-impact interventions also include training for providers in ISBC and PFPP, i.e., postpartum FP. They've trained providers on all the high-impact intervention themes, so apart from what I said, we've got ISBC, PPFP, abortion management; so, we've had training on all the themes, and that's helped improve services with the aim of reducing maternal and infant mortality. I think they [AmplifyPF] also trained on SONU B [BEmONC] last year. It's like they trained some people on SONU B last year, so we had different ranges of training and refresher courses for providers, which helped improve services."* (District focal point, Togo)
>
> *"They have helped improve FP services through coverage already or when we take, for example, especially postpartum planning, ...I can say that it has helped improve. Contraceptive coverage has increased, while those [facilities] who haven't adopted [HIPs] are falling short of expectations."* (Deputy focal point for reproductive health, Togo)

In addition, training had assisted health providers in improving their reception of FP clients, which, in the informants' views, had contributed to increased utilization of FP.

> *"We can also identify women's needs in terms of FP, because when a woman comes to the health center, for example, I can tell that she's come for a problem with illness or malaria. When we finish solving her problem there, we go and look for her FP needs, and we also do immediate postpartum and post-abortion planning."* (Health provider, Côte d'Ivoire)

B. Provision of FP Equipment and Commodities

Informants explained that the AmplifyPF project had provided health facilities with materials and equipment. FP services were provided with materials and inputs for the administration of contraceptive methods. Health centers in Côte d'Ivoire have benefited from the construction of warehouses, and the rehabilitation and equipping of rooms dedicated to FP. In Togo, maternity units were provided with FP equipment, sterilization equipment, and rooms were renovated and equipped with teaching materials for young people.

In addition to this material support, AmplifyPF supported access to FP methods through the subsidy of consumables during Special FP Days. Informants in Côte d'Ivoire reported that the provision of FP equipment and supplies has improved service quality and reduced patient complaints.

C. Free Contraceptive Methods in Côte d'Ivoire

Informants felt that the project enabled contraceptive methods to be provided free of charge on an

ongoing basis in the AmplifyPF-supported areas in Côte d'Ivoire, leading to increased use of FP services. In the comparison area, free contraception was only available from mobile clinics. As participants mentioned, commodities continued to be a challenge in Côte d'Ivoire.

> *"Yes, you really have to take your hat off to AmplifyPF. Thanks to AmplifyPF, today the district, through its health centers, offers modern contraceptive methods free of charge to the population. There's still the problem of inputs, but we're in the process of mobilizing resources through the Ministry to see how we can make this totally free. Otherwise, all these methods are free in the Bouaké North-West health district. So, in all the Bouaké North-West health centers, we're making sure that when a woman comes for an FP consultation, there's no financial link between the client and the provider."* (FP provider, Côte d'Ivoire)
>
> *"No, with us it's not free, it's only gradual, but since the 24th we've been in the countryside, and when we're in the countryside, we give free in all the centers everywhere. So, when you look at the figures, you can see an improvement. It's moved and I'm expecting it to, it's 10 days it's gone up because of the free service."* (District health committee member (comparison area), Côte d'Ivoire)

D. Revitalization of CTARs

To establish the added value of AmplifyPF in supporting the health ecosystem at the district level, we compared the CTAR's roles in AmplifyPF implementation areas with those of the Comité Préfectoral de Santé (CPS) in the control districts. This comparison revealed several similarities: on the one hand, informants expressed that these two bodies bring together a diversity of key players in their respective areas. Informants explained that both types of entities contribute to solving health-related problems in the district, involving all sections of the population.

> *"...when we say responsible, responsibility is shared in this case; because we can't say that the Prefect can solve everything, being head of the commune, (...) of the community group, or the Mayor can solve everything; (...) we need (...) everyone to bring [their stone to] the edifice to be able to (...) solve the community's problem."* (CPS member, Togo)

However, the data, as illustrated in the following comments, show that the AmplifyPF project has helped to revitalize CTAR operations. As a result, CTAR members are more actively involved than CPS members. CTAR members' dynamism can be seen, among other things, in their willingness to take part in the many meetings to which they are invited, even beyond FP-related meetings.

> *" ... I would say that the meetings are also the monitoring and supervision mechanism. Yes, we have quarterly meetings, but we've done more than that ... I'll take an example: the other time there was another meeting because the mosquito nets had arrived, so we'd already held a meeting, you see it was quarterly, but we do more than that in the quarter we hold 2 or 3 meetings."* (CTAR member, Togo)

Overall, the findings suggest that the operation of the CPS, with its provider-centered approach, was not as dynamic as that of the CTAR. The CTAR's specific strategies (inclusion of community and youth leaders within the CTAR, support of the Young Champions initiative, participation in community dialogues) enabled communities to take part in decision-making processes concerning the resolution of health-related problems. Informants explained that through this more inclusive community/provider approach, the CTAR enabled a real involvement of different population groups in the search for solutions to health problems.

"I know that during CTAR meetings, there's the mayor's office taking part, there are members of the framework team taking part, there are members of the community, religious leaders, traditional leaders, youth leaders taking part and some members of the district framework team. So, here are a few entities, women, women's leaders and all that." (FP provider, Côte d'Ivoire)

E. Community Feedback and Involvement in Decision-Making

Informants explained that CTARs were designed to ease the mistrust between communities and health centers, and to encourage attendance at health centers and the use of various services, particularly FP. The inclusion of community leaders as members of the CTARs was viewed as a positive factor in resolving health-related problems in the community. Informants felt that community leaders were the health facilities' liaisons with the community, explaining that health centers rely on their leadership in the community to identify the population's health needs, and to gather the community's input as to how to address them.

To solicit feedback, CTAR members participated in and facilitated community dialogues between health centers and the local population. Participants included a range of people including community leaders, religious leaders, women's and youth's association leaders and traditional chiefs. Informants suggested that the community dialogues have helped to establish communication between the health center and the population, enabling the community to express its views on the actions to be taken by the health facilities to improve the quality of care.

"No, for example, when they present a problem, together with the population we don't say we're going to do this, together with the population we decide what needs to be done to make it work, and together we find a common ground. When we go out into the community or with the Mayor, it's not us who say let's do this, it's together with the population that we manage to find a common ground. It's what we want together that we decide. Yes, if we do this, it will work, if we do that, it's fine. It's together with the community. We don't go and dictate the laws" (Maternity supervisor, Togo)

In addition to holding community dialogues, the AmplifyPF project has given people the opportunity to point out shortcomings in service provision by placing suggestion boxes in health facilities. Informants stated that input from the suggestion boxes has led to the acquisition of materials and improvements in service quality.

"...In this sense, we have suggestion boxes that are regularly opened and we, there's a small committee in the center here that takes into account what's been said, we have radio broadcasts that we do on open air every Tuesday on themes, health themes, so when we go out there, there are people who call in to express what they have deep down, and it's as a result of this that, what we find as failures at our level we correct..." (Midwife supervisor, Togo)

F. Social and Behavior Change among Providers

The gathering and consideration of the community's suggestions for improving FP services, which AmplifyPF facilitated, has led to an increased awareness among providers of their professional role in resolving FP-related conflicts. Informants stated that providers feel they have a responsibility to intervene in the resolution of FP problems, promoting better understanding between spouses.

"The woman goes home, and she has problems, so I have to be able to help her solve that problem. (...)

the obstacles linked to her FP decision, I have to be there to help her, not to solve the problem for her, but to help her solve her problem. Maybe it's the husband's lack of understanding, and most often the husband says she didn't ask his permission ...." (Maternity Supervisor, Togo)

G. Mobilization of Funds

Committees in both the AmplifyPF-supported areas (CTARs) and the comparison areas (CPSs) carried out fundraising activities, but the CTARs employed more specific strategies. CTAR members were specifically trained in fundraising and advocacy.

"The CTAR has trained its members (...) let's say that the project has trained CTAR members in mobilization and advocacy (...) this capacity-building helps them to mobilize resources internally; and this is what has helped us to mobilize resources. If I take [district], they bought a lot of medical and technical equipment for the center; and it was the students, the community, who mobilized. If I take [district] too, they started by building the pediatric ward, it was the community that mobilized to be able to erect this building up to the slab level, and the commune continues, this year they will, God willing, finalize it." (CTAR member, Togo)

CTARs also involved community leaders in soliciting funds from well-resourced individuals, organizations, and businesses. These strategies enabled them to mobilize resources more effectively for health facilities, which they used to purchase equipment and renovate health centers.

"I think it's a very good thing for the community. Because we can see that CTAR is encouraging people to take an interest in the very environment of the health centers. Well, for example, CTAR has carried out a number of actions in the health centers, improving these conditions. I think that if CTAR wasn't there, people wouldn't know what was really going on in these centers. So, after the visits of the CTAR members, we can see that these members are going to alert the populations to say that there is danger, there is a need, there are things to be done in these centers. CTAR members mobilize funds to help these centers. (CTAR member, Côte d'Ivoire)

The comparison district committee played a less active role in fundraising. In Côte d'Ivoire, it relies on the health facility's *Comité de Gestion des Centres de Santé* (Health Center Management Committee) to address the community's health needs. In Togo, the CPS encourages community leaders to reach out to nationals abroad to support their communities.

"It (fundraising) is part of the objective, but it's a rare action. This committee isn't very developed, but otherwise, we know that it's part of the objective (...) to support funds. That's what we call community financing, but everyone contributes in their own way. Relationships can be *established. From one to the next, we solve certain problems, but financing is an objective."* (District health committee member (comparison area), Côte d'Ivoire)

Informants explained that the CTARs' advocacy has helped to persuade their local municipalities to include the improvement of health infrastructures in their budgets. This is a strategy that members in the control district in Togo would like to emulate.

"Uhum! By the way, they advocate, ...our town halls now, they don't have the necessary means to say I'm going to be able to start this sanitary activity such and such. But they do advocacy so that...at least they can find certain means, raise awareness, hold special days [free FP] and so on…." (CPS member, Togo).

Research Question 2: To what extent have AmplifyPF service sites benefited from project interventions to institutionalize a sustainable, self-regulating system of service quality assurance and monitoring?

Informants highlighted two factors that they viewed as key to the sustainability of the gains related to service quality assurance and monitoring that the AmplifyPF project brought about. The first was the commitment of community leaders. The second was the adaptation of the project's approach to local contexts. One key informant put it this way:

> *"[The project] respected the contexts because the HIPs were not imposed on the community. I think that before this project was implemented, there were meetings to get the opinion of the community itself, because we live in a community where we have our own realities...."* (Youth representative, Togo)

Findings revealed several strategies developed to promote self-regulation of a quality assurance system for health services in the AmplifyPF project areas.

A. In-service Training

As a first step to institutionalizing a service quality and monitoring system, AmplifyPF trained facility-based providers and CHWs in the provision of FP services. This training strengthened their skills in the administration of contraceptive methods (particularly long-acting methods), to administer FP services adapted to young people, to identify individual clients' unique needs, to provide proper counseling, and help to resolve FP-related conflicts among couples, while improving person-centered welcoming treatment at these services. This capacity strengthening has improved the quality of the services provided, leading, in the informants' view, to greater use of the services by young people and greater satisfaction among clients with the administration of their methods.

> *"I know that health workers were involved in this project. These agents also came with the [youth] champions to raise awareness among the population. So, I think these agents also received a certain amount of training, which made it easier for them to receive the youth. In other words, when the young people come to them, instead of judging them, they receive them well, they take care to help them and address their concerns."* (Youth, Côte d'Ivoire)
>
> *"Well, the health workers have been trained. I was trained at ... what do you call ... at the town hall for IUDs, implants, and others. All the midwives have been trained. Now here too, they rotate with me, so I continue to train the new people who come. We also identify women's FP needs. For the delegation of tasks, CHWs have been trained to act as FP relays in the community."* (FP provider, Côte d'Ivoire)
>
> *"I am a midwife. I've been trained by the AmplifyPF project on several occasions in FP, postpartum FP. I've also been trained on ISBC, and I've also been trained by the AmplifyPF project on, um, youth and adolescent health. I'm involved in FP and young people's health, as well as filling in ISBC forms to identify women who need planning, so for the AmplifyPF project we work more on FP."* (Maternity supervisor, Togo)

B. Improved Data Reporting and Use

Informants observed improvements in data reporting which they attributed to the training and support that AmplifyPF provided. Informants pointed out that prior to AmplifyPF, some health workers had difficulty filling in the data reporting tools. They were of the opinion that the capacity strengthening that

AmplifyPF provided, together with on-site coaching, enabled better data reporting and improved the quality of transcribed data.

> *"By explaining to the providers how to complete the report, how to report the data to have quality data, also by doing on-site coaching for the new [providers]."* (District focal point, Côte d'Ivoire)
>
> *"Today, we realize that the quality of the data, whether in terms of promptness, completeness, or reliability of the data we have in the system, in DHIS2, we realize that there has been an improvement, an improvement in terms of the quality of the data reported in the system. (Implementing partner representative, Togo)*

AmplifyPF ensured that PPFP/PAFP and task shifting were included in (District Health Information System-2 (DHIS2) data collection tools. The project supported the review of district activities and the formulation of recommendations for the improvement of performance related to FP indicators.

> *"(...) during our mentoring and data analysis meetings, this enables us to see the indicators (...) leads us to make decisions regarding certain health facilities, especially those that have benefited from these skills, if the indicators are not really being met, we provide feedback or return to the health facility to see how things are going." (District focal point, Togo)*

C. Institutionalized Mechanisms for Quality Assurance and Monitoring

According to stakeholders, the project has enabled the establishment of institutionalized mechanisms for self-evaluation, district supervision and community feedback. For example, community needs and shortcomings in service provision to beneficiaries are periodically identified during community dialogues and guided site visits. The community dialogues, which sometimes result in action plans for implementation, have helped to improve service delivery. Similarly, guided tours have facilitated action plans and the mobilization of resources and established a relationship of trust between providers and the community.

The introduction of suggestion boxes was also seen as a quality assurance factor, insofar as the system encouraged health facilities to self-assess and respond to suggestions from patients attending health centers.

> *"…last year we talked, when we presented the data, it came out that there was a problem of reception in health training. So, we looked for someone—our SMC president, who's a journalist—who trained us in person-centered welcoming treatment. He trained all the providers in reception. I can even say that the whole district was trained in reception to improve it, because we had found that the real problem was the reception in the health facilities, which meant that our indicators were being hampered...we also had problems with blood pressure monitors and scales. Before, we didn't even have suggestion boxes, so we set up a suggestion box so that the population could put in what they appreciated about the center's activities. We set up two suggestion boxes and the population can assess when they come to the center whether it's good or not, they write and put in the suggestion box, and when we read it, we try to see what's wrong so that we can correct it, and as I also said, we had also been paid, since we were talking about queuing, since when we were talking about reception, they were saying that people were waiting so long—people come at 7 a.m. they leave at 2 p.m. —we had found that it was the lack of equipment, the blood pressure monitor that didn't exist meant that we weren't taking blood pressure quickly, so it was as a result of this that we were given a blood pressure monitor and a scale."* (Maternity supervisor, Togo)

D. District and CTAR Involvement in Quality Assurance

In AmplifyPF-supported areas, district-level personnel carried out supervisions which enabled them to monitor the progress made and the quality of services, as well as the strengthening and use of existing local system.

> *"At the center here, we are supervised (...). Now there's also supervision at district level, which comes to check after training that the recommendations given (...) have been applied. These are (...) formative supervisions (...) They 'don't come to blame you (...). They come to help you solve certain problems. And then there's project supervision. The project also does supervisions from time to time to see how things are going in the health units."* (Maternity supervisor, Togo)

In addition to the district, CTAR members have played a key role in ensuring the quality of services. Involving the local authorities, the CTAR also monitors and evaluates FP services in the health facilities. This role has enabled the weak points identified during supervision to be improved, helping to ensure the quality of service.

> *"Sometimes we make unannounced visits to see how the work is being done, and during these visits we ask questions of the people who manage this project and the different products they have at their level, how the work is being done. We check all that out."* (CTAR member, Togo)
>
> *"After supervision or meetings, there are strengths and weaknesses that need to be improved. When we come back, we inform them. We even send the report so they can look at it, read it and ask questions where they 'don't understand, and at the monthly meetings we try to discuss it and try to improve everyone's understanding."* (Reproductive health focal point, Togo)

Research Question 2a: What has been learned about the opportunities and challenges of working with public and private sector institutions in terms of program sustainability?

A. The CTAR's Multisectoral Collaboration and Coordination Strategy

The data suggests that the strategies implemented by CTARs to support the health ecosystem have improved coordination and direct support to service delivery points. The CTARs have collaborated with several sectors, including public and private institutions and civil society organizations in the various districts where the AmplifyPF project was being implemented, to help solve health-related problems. The public sector's role was providing local-level leadership in coordination. The private contribution was less evident, but informants felt that the collaborative strategy devised by the CTARs, aimed at bringing together several players around the health ecosystem, has made it possible to equip FP rooms with specialized equipment in certain health centers in the project's intervention zone.

Several testimonies to this effect were gathered in the field, ranging from the rehabilitation of certain health centers to the provision of specialized health equipment.

> *"(...) in [district], the women who smoke fish have refurbished the center. And as this center is near the port area, I think there's also a company there that offered beds and medicines to this health facility... in [district], we got a blood pressure monitor, a timetable, a hand washer. We even received a sum of money in the meantime that enabled us to refurbish the center."* (District focal point, Togo)
>
> *"The project has enabled certain town halls to make certain decisions. Before there were no such decisions, it was when the project came along that it enabled certain town halls, certain mayors, to make certain decisions. If we're building the [district] pediatrics today, it's the project that's doing that, before that if it's not because of the project, there weren't any."* (Youth representative, Togo).

The private sector's efforts in implementing the project are also seen in capacity strengthening, with technical assistance to public sector entities through the development of training modules for providers. Collaboration and coordination has also been demonstrated in the facilitation of (free) FP days and in the revision of private facilities' policies, standards and protocols for maternal and child health services, including FP. Documents reviewed also highlighted the development of a joint strategic planning framework with the World Alliance for Breastfeeding, close collaboration with UNFPA, and task shifting in FP services which has been replicated by the United Nations Children's Fund (UNICEF) in Togo.

B. Collaboration with the Public Sector

Findings indicate that the cohesion between the various entities in the public sector has been strengthened with the support of the AmplifyPF project. Informants felt that this was a result of the highly effective coordination of the CTAR, which brings together almost all the community's social strata. The involvement of local leadership in the resolution of health-related problems has been an essential lever for the success of this project, especially as regards the population's support for the project's activities.

> *"You can see in our committees how things work when the leader is at the forefront of the scene, the people more easily support the chief and I think that, at the level of the [district] CTAR for example, the involvement of the prefect personally is a much-appreciated asset. Everything I've seen, even in terms of*

activities in the prefecture, the prefect has been out in front, and I think that's really been one of the reasons for the success of this project, so these community leaders who are with us [um] it's always good to be able to put them in front today. The communes are also there, the mayors because of their involvement, the village chiefs and the canton chiefs when all these people are with you, the message gets across easily at community level and so all the health projects come out of it with a lot of results." (Prefectorial health director, Togo)

"(...) everyone knows that when it comes to the public, we have the capacity to reach even the smallest in our corner. And this partnership has actually been very important. And why is that? Because, for example, to go to certain meetings, if people know that you have the authorization of the prefect, it's easier. But if they have the impression that you've just come on your own, right away you'll see that it's sparse and then it's gone." (CTAR member, Togo)

On the other hand, in the public sector, the Ministry of Health's staff rotation system represents a major impediment to the sustainability of the program. Frequent transfers mean that providers who have received specific training from the AmplifyPF project may be abruptly moved from the health center where they received capacity strengthening. This situation results in the dispersal of qualified staff, which, informants believed, increased the workload of the remaining qualified staff at the health facility.

"... this can constitute an obstacle insofar as there is a very competent human resource trained somewhere else who is then transferred elsewhere and creates a vacuum, so if high impact practice is provided there it can have a blow and if the health facility doesn't have this speed to be able to immediately replace that person you understand that the implementation of high impact practice can have a problem...." (Prefectorial health director, Togo)

Additionally, according to some informants, the introduction of indicators pertaining to HIPs in the health reporting system increased staff workloads, added to staff shortages, and may adversely influence the quality of the service provided. Reconciling the providers' workload with their participation in the health information ecosystem at district level is therefore a persistent challenge to the sustainability of the quality assurance self-regulation system.

"There's a lack of staff, the staff who were there to do the same work are now doing twice as much, so that puts a strain on some people and above all not everyone is into the new practices especially on the reporting side to change the new cards, (...) the new adoptions, there that makes some people overloaded." (Maternity supervisor, Togo)

C. Collaboration with the Private Sector

Collaboration between the public and private sectors to solve health-related problems remains a challenge. However, the contribution of the AmplifyPF project and the multi-sectoral collaboration system coordinated by CTAR has achieved some positive results. The project has contributed to strengthening collaboration between the various public structures (health centers, schools, state radio and television stations, the national press) in relaying communication and facilitating awareness-raising activities.

"We've learned a lot from private partnership. We're learning a lot because it's the same field. We all talk about health. The private sector, even if it's for-profit, supports the government in the area of health. So, this collaboration enables us to harmonize practices and share experiences. This allows us to share best

practices. What's done in the private sector, and we find it's a good thing, we implement it in the public sector and vice versa. So, the public sector will also provide its support, techniques and expertise to the private sector." (Deputy focal point for reproductive health, Togo)

In Côte d'Ivoire, data show evidence of effective private sector collaboration in one health district, Bouaké North-West. In this health district, by involving private health establishments in their various activities, CTAR members succeeded in establishing a genuine collaboration. In the other two Ivoirian districts in which data was collected (Port-Bouët/Vridi and Yopougon Ouest Songon), private sector collaboration appeared to be non-existent.

"(...) now we know that we really have to negotiate through CTAR. We've learned how to negotiate and make a plea. Before, with private clinics, it's true that they intervene in the health sector, but they don't feel accountable to the district. But since we've invited them to CTAR meetings, they know that even as private structures, they must refer to the health district. So now, when we carry out activities, we invite them, we share our results with them, and we demand that they also hand over their data to us." (District focal point, Côte d'Ivoire)

In Bouaké North-West health district, public-private-community supported organization collaborations with the CTAR mobilized financial and material resources, while benefiting from the expertise and operational efficiency of NGOs. Informants felt that this has had a significant impact on the quality of health services, ensuring that health facilities have the resources they need to meet patients' FP and other health care needs. In addition, collaboration with NGOs has enabled facilities to broaden the scope of outreach activities and provide more comprehensive support to the community.

Although the AmplifyPF project has achieved positive results through its multi-sectoral system of collaboration, this has not been without difficulties. Public and for-profit private entities have fundamentally different objectives. A primary goal of private-sector institutions is to maximize profits. In contrast, the AmplifyPF project, like the public sector, aims to serve the public interest and make sustainable change. Informants described a reluctance on the part of private sector institutions to share sensitive or confidential business information that is specific to them, and a lack of consideration of private-sector interests on the part of AmplifyPF.

"In the private sector, it's true that collaboration is a little difficult. It's difficult in the sense that ... private companies operate as autonomous entities. As they're autonomous, it's difficult to get access to, um... whether it's data or service providers; even to strengthen the skills of service providers, to have service providers available in the private sector, it's difficult, it's very, very difficult." (District focal point, Togo)

"...often when we talk about data in the private sector, they always tend to think that we want to see how things are going, especially in their kitchens and so on... it's often difficult to collaborate in this way." (District focal point, Togo)

Project implementers also reported having limited influence in the accessibility and use of FP services for populations in areas served by private facilities. For instance, Special FP days and Systematic Identification of Client Needs were not carried out in private health centers.

"... Now, it's also true that the AmplifyPF project didn't take on all the health facilities in the districts, especially the private ones. So that's why not all the facilities, not all the providers, have been able to

benefit from this skills enhancement. Secondly, as I was saying, for the provision of methods to reduce women's unmet need for FP, the organization of open days [Special FP days] where we offer methods free of charge really enabled us to reach a large target group, but the health facilities where we couldn't do it, we couldn't really reach these, these, these clients who are, who are loyal to these health facilities where the project didn't reach especially in the private sector since today the private sector occupies an important place especially in the Greater Lomé region and especially in the [district ....] We have many, many private...." (District focal point, Togo)

D. Collaboration with NGO's

Pathfinder, in implementing AmplifyPF, collaborated with other non-governmental organizations (NGOs) working in supported countries. Informants suggested that this collaboration was important to their success. Informants specifically mentioned the cooperation between WABA and AmplifyPF; between WABA and Health Policy Plus; and between AmplifyPF and LHPLA in activities such as mobile consultations, guided tours, and community dialogues.

Research Question 2b: To what extent were localization elements present throughout the AmplifyPF implementation, and what factors helped or hindered it?

A. Evidence of Localization

The data showed several aspects of localization were present within the AmplifyPF project.

The CTARs, which were built on CPS (a pre-existing structure), have fostered collaboration between health workers and the community. This approach involved consultation with the community, municipality, and districts to determine their real needs, take account of their realities and opinions, and enable the experiences of clients and young people to take center stage. Through community dialogues and site walkthroughs, this dynamism was established by the diversity of participation (different communities, different religious denominations, and different professions). In addition, CTAR carried out evaluation activities to ensure community satisfaction.

> *"After making visits and finding structures that were in a state of bankruptcy, we were trained to look for ways to take charge of ourselves and help our authorities in one way or another. The state can't do everything, we need the involvement of the population and the responsible people that we are, the opinion leaders.* (Community leader, Côte d'Ivoire)

Informants also discussed the ways in which various stakeholders (religious leaders, community leaders, community members and FP service providers) worked together to find effective solutions to health-related problems. In implementing AmplifyPF activities, CTAR succeeded in involving community and religious leaders so that they could participate in bringing about change in their own communities. These leaders were viewed as having significant influence over the population.

> *"I told you earlier you can tell your wife to pray from 6 a.m. to 7 p.m., later she'll say she's hungry; but her pastor will tell her to fast, 1 month even she'll do, she'll listen to him. They really have a big impact on our women. They are listened to a lot; because when the religious guide speaks there it's God who has spoken, they listen to that."* (Maternity supervisor, Côte d'Ivoire)

Among the factors favorable to the project's sustainability, some respondents emphasized the capacity for periodic (monthly) self-evaluation, both internally and among stakeholders, of the evolution or improvement in the use of FP services. The use of the national health information system (SNIS) for periodic monitoring of the project's progress was also a determining factor in the project's sustainability, as evidenced by the words of one informant interviewed on the subject:

> *"The steering committee for this project is made up of the heads of the institutions, so after the [end of the] project the institutions will take over."* (CTAR member, Togo)
>
> *"Since here at home, we work with a prefectural director of health. And through the health focal points and even through the prefect eh the colonel prefect who leads us here in our prefecture ... So, all these people, at their level, are doing what they can to make our communities feel involved in what's being done. Yes, we're always involved."* (CTAR member and religious leader, Togo)
>
> *"At the end of the month, the health facilities carry out activities, they have to report on the work they have done, so now they have to report on the activities they have carried out in the area of planning, especially when we receive inputs from the project, we have to justify, we have to show how it was traced*

> *to the beneficiary, and now we have to show the project's share to say, here are the inputs the project gave us, here they are, ... here is what it has achieved."* (SNIS focal point, Togo)

B. Factors Hindering Localization

Informants mentioned several factors that, in their view, hindered localization with the AmplifyPF project. According to study participants, when the community was involved in activities, it facilitated relationships and created dynamism. However, when they were invited to participate but their proposals were not taken into account in decisions that concerned them, their engagement and trust was lost. This remains a major challenge that needs to be addressed. This challenge was corroborated by the following statement from a community leader interviewed:

> *"When people make decisions, they're never advised. So, as a result, there are always conflicts."* (Community leader, Côte d'Ivoire)

Administrative slowness and the circulation of information were also raised as potential barriers to shifting resources and power to local actors. Service providers perceived little prior communication about project activities in their zone, which often resulted in overloading service providers with tasks, which was compounded by staff shortages.

> *"There's a lack of staff, the staff who were there to do the same, the same work are now doing double work so that puts a strain on some people and especially that not everyone is involved in, in the new practices especially on the reporting side for the change to do the new forms, to do the, well the new adoptions there that means that some people are overloaded."* (Birth attendant supervisor, Togo)

Findings from both Togo and Côte d'Ivoire revealed the circulation of misinformation around FP methods, including rumors about unproven side effects, as well as a reluctance of spouses and certain religious leaders to support FP. There was also difficulty of covering the remote and the entire intervention areas for both Togo and Côte d'Ivoire, hindering the implementation of certain activities.

C. Particularities in Côte d'Ivoire

In Côte d'Ivoire, data revealed three different implementation profiles. Each district in which the AmplifyPF project was implemented in Côte d'Ivoire had its own particularities in terms of how it managed and implemented the project's three main activities (improving the quality of services, building the capacity of young people and adolescents in FP and rights, setting up the CTAR, etc.).

The particularity of the Yopougon district lies in the absence of a head office, which hampered the optimal operation of the CTAR, as it should normally have been housed on the district's premises. This constraint limited the CTAR's exercise. However, the positive impact of the Young Champions was significant in marking the project's action in the district. They succeeded in motivating young people to take up FP, particularly as contraceptive services and methods were free of charge.

The Port-Bouët Vridi district developed the CTAR particularly well, thanks to the community's extensive involvement in managing the needs and problems of the health centers, with the support of the WABA project. CTAR succeeded in mobilizing substantial funds thanks to its involvement and advocacy, which enabled major improvements to be made to the health centers. This also enhanced the quality of FP services and strengthened community participation.

In the Bouaké North-West Health District, particular emphasis was placed on improving the quality of FP services. This resulted in a significant increase in the use of FP services in the intervention district, compared with the control district. The impact of this strategy was seen in the increase in FP service use, which testifies to the effectiveness of the AmplifyPF project's "improving service quality" axis. This success also aroused the interest of the control district, which now wishes to receive the AmplifyPF project.

Research Question 3: What factors contributed to AmplifyPF's ability to scale-up programming of HIPs at the district and national level?

A. National Scale-Up

Results revealed a few examples of scale-up at the national level. HIPs were codified in national policy, which were discussed within the Ministry of Health before the launch of AmplifyPF. Significant preparatory work was done to gain physicians' support for HIPs, particularly task sharing.

Informants described knowledge sharing between providers in the AmplifyPF project intervention zone and with their colleagues from non-intervention zones at regional meetings.

> *"We have regional, sub-regional meetings in relation to our operational action plans and during these meetings, we present the content of our operational action plans and by presenting this content, we eventually share ideas. experience so that when we go elsewhere, we look at what they do well to copy. In the same way when others come to us, or we find ourselves in much larger settings, we expose all these new interventions that give us added value, added value and that we expose to each other and there now people are also pulling what they are going to pull in to implement."* (Prefectorial health director, Togo)

B. Horizontal (District) Scale-Up through HIPS

Both Togo and Côte d'Ivoire intensified implementation of the ISBC occurred in implementation districts.

> *"Also, we identify the needs of women in terms of FP, because when a woman comes to the health center. For example, I can say that she came for a problem with illness, malaria. When we finish solving our problem there, we will look for our FP needs. Even when she comes to vaccinate her child, we can see her, she is pregnant, she has a baby under 2 years old, we know that this woman has a need. When we ask her if she knows about FP, if she says yes, we ask her if she [is] on a method. If she says no that she doesn't know, we speak to her briefly and tell her that it (FP) is done here, and we guide her towards the FP room."* (FP focal point, Côte d'Ivoire)

CTAR's and Community Role in Horizontal Scale-up Mechanism

In both Togo and Côte d'Ivoire, CTAR members played a key role in the horizontal scale up of HIPs. Business leaders, local authorities, town halls and people with purchasing power were included in the CTAR for greater mobilization of financial resources. Informants described their various activities in the health centers, including the mobilization of funds to support the health centers, and mediation between health centers and the community and positioning itself as a guarantor of the interests of the community within the health centers. The CTARs supported the districts in implementing activities as a community representative to address key issues that may have hindered health services, and supported health providers in the organization of Special FP Days. They raised awareness in the community by intensifying community dialogue between health structures and populations.

Continued Training and Supervision of Health Providers

AmplifyPF trained providers from Togo and Côte d'Ivoire on the various FP methods in each health facility in the intervention zone. Those trained providers shared the knowledge gained with other providers from the project's non-intervention zone.

> "*Even at the level of health structures, the gains will be sustained. Because midwives who are already*

trained behave well. The new(midwives) that will come will be obliged (to do well). They will copy from the old ones." (CTAR member, Côte d'Ivoire)

The training will be continuous since it is already in our action plan" (FG, CTAR Côte d'Ivoire)

"...And for each [AmplifyPF] training session, we send a midwife or a midwife for a week. So practically all my staff were trained, I think. Eèh... maybe the ones who are, because with the changes in assignments, we can have people on site who aren't trained. But until the end of 2022, all the staff were trained. It's the movements of... of October and January 2023 that brought in other figures from other centers where AmplifyPF isn't there that means we still have some, but all those who are there on site have been briefed, especially the new ones, because before we didn't have... immediate postpartum planning. So, in the meantime, the midwife is doing her job in such a way that the midwife who is trained would be paired with a midwife who has just arrived, so that she also knows. So, the untrained midwife will learn anyway, will be trained on the job; and that's what was done." (Maternity supervisor, Côte d'Ivoire)

C. District-Level Factors

Young Champion Initiative

Findings from both Togo and Côte d'Ivoire showed that the actions of Young Champions in raising awareness on FP for adolescents and young people in school, those who dropped out of school, and those who never attended school, led to increased use of FP services.

"Yes, today I think that speech is liberalized since in the awareness raising with the Young Champions, they said that there was no taboo subject today, they lifted this point of veil there, young people are no longer afraid, there were no more taboos because there were subjects that we could not approach before. Today, young people can express themselves and give their opinions on certain centers. There has been a positive change in fact because it has allowed young people to feel within themselves the freedom of expression, the freedom of go to the information and then learn to apply what the information teaches us." (Youth, Côte d'Ivoire)

Research Question 4: To what extent was AmplifyPF able to engage and provide adolescent responsive sexual and reproductive health services? What were the lessons learned?

A. Improved Access to and Quality of Services for Young People

Accessibility is understood not only as the ability to access sexual and reproductive health services geographically and financially, but also in terms of the uptake and effective use of these services by young people and adolescents. The impacts of the project are presented under three aspects of accessibility, namely: (1) Accessibility to information on FP services; (2) Geographical and financial accessibility of FP services; and (3) Use and utilization of FP services by young people/adolescents.

The project adopted creative approaches to FP demand through the production of content on several social networks, film screenings and discussions, and the introduction of referral coupons to FP services. This approach, which required the involvement of parents, saw a significant commitment from young people/adolescents and enabled the Young Champions to carry out their own evaluation of their activities by tracking use of the coupons. The creation of digital platforms facilitated young people's access to information on FP services.

Accessibility to information was a particular focus of attention in the design of the AmplifyPF project, which through its awareness-raising activities, notably through special FP days, mass media awareness-raising and targeted awareness-raising, has raised awareness of sexual and reproductive health services and brought FP services significantly closer to the population in general and adolescents in particular.

> *"... the cost is reduced during these [special] days, which now encourages young people to visit these health centers to benefit from these services during the special FP days that AmplifyPF organizes ... and we at our level or at the level of the Young Champions, AmplifyPF has put in reference coupons, so that when we distribute these reference coupons during our sensitizations, the proximity days, the educational talks, we try to distribute these and we also try to direct these young people towards these centers that host these special FP days, and afterwards we do all the follow-up to see if these good reference coupons that we had distributed, we do two types of follow-up... At workshop level, the boss is aware that we have given this or that coupon to his or her apprentice, so it's up to her to find a time slot to let them go there and benefit from FP services, and at health training level, when they arrive, they are registered, and the vouchers are also filed. At any time, we can come and see if the number of young people we have referred here have actually responded."* (Youth coordinator, Togo)

In addition to mass media awareness-raising campaigns and special days organized in collaboration with the Young Champions, AmplifyPF conducted targeted awareness-raising campaigns. Coupled with the distribution of FP kits, this activity led by the Young Champions was used in apprenticeship workshops and schools and had the advantage of reaching a particularly young target group (pupils and apprentices).

To provide youth-friendly services, AmplifyPF focused on skills development for both healthcare providers and Young Champions.

> *"We have trained our providers to care for young people and adolescents, and in almost all the district's 8 health facilities where AmplifyPF operates, staff have been trained to care for young people and adolescents."* (District focal point, Togo)

Furthermore, there is evidence that young people are more likely to seek FP services if they feel comfortable and confident. Providing welcoming and understanding services creates an environment in which young people are more likely to ask questions, share concerns and receive advice.

> *"So, when young people come here, I receive them. Because instead of going there, there are lots of students, there are lots of girls. When it comes to FP, young people who don't want to be stigmatized, who don't want to... Because there are people who will say: 'You're small like that, you're already doing everything.' Children go where they feel comfortable. (...) So, when they come here, I take them well."* (FP focal point, Côte d'Ivoire)

The project's essential approach to meeting young people's reproductive health needs, preventing unwanted pregnancies and promoting the use of effective FP methods was welcomed by the young people themselves. According to them, the services are increasingly understanding and take their FP choices into account without judgement.

> *"I know that health workers were involved in this project. These agents also came with the Young Champions to raise awareness among the population. So, I think that these agents also received a certain amount of training, which made it easier for them to receive the youngsters. In other words, when young people come to them, instead of judging them, they receive them well, they take care to help them and take their concerns on board."* (CTAR member, Côte d'Ivoire)

> *"... with the special PF days organized by AmplifyPF, it enabled a large number of young people to use this service, and with the awareness-raising activities that we, as Young Champions, carried out in the field, we explained the importance of its services, and I think it was after that that we saw a slightly positive impact."* (Youth representative, Togo)

AmplifyPF has also provided health facilities with equipment and has helped to set up FP CHWs for community distribution, to bring FP services closer to clients. Data analysis reveals that the refurbishment of certain FP rooms in line with the needs expressed by young people; and the installation of suggestion boxes in health centers, to collect complaints from the community constitute concrete actions by the AmplifyPF project in its objective to implement services adapted to adolescents.

B. Significant Involvement of Young People

AmplifyPF project encouraged the active and meaningful involvement of young people in project activities. The Young Champion initiative was hailed by young people as having succeeded in creating an environment conducive to educating young people about FP, reducing unwanted pregnancies, and improving reproductive health. The Young Champions played an essential role in promoting FP among their age group.

Among their activities, the Young Champions were able to pass on information on sexuality, FP and reproductive health in a way that was accessible and understandable to young people. They have been able to provide ideas on approaches and messages through the most effective communication channels for reaching their age group (social networks, etc.). They were seen as role models for their peers and played an essential role in raising awareness among young people, whether in or out of school.

> *"Yes, today I think that speech has been liberalized, because in the awareness-raising session with the Young Champions, they said that there was no such thing as a taboo subject today. Today, young people can express themselves and give their opinions."* (Youth, Côte d'Ivoire)

Also, the involvement of young people in awareness-raising activities, mobilizations and community dialogues strengthened the credibility and impact of these initiatives among their peers, as they could speak to young people in an authentic and convincing way.

In addition, collaboration between project staff and CTAR members also had a beneficial effect on young people's access to FP services. Indeed, according to one of its members, CTAR helped to improve access to FP services for young people and adolescents through awareness-raising, workshops and discussions within health districts. Participants in Côte d'Ivoire specifically noted that the meaningful engagement of Young Champions in Yopougon Ouest-Songon health district, unlike the other health districts selected by the project, led to their integration into the Yopougon CTAR, allowing them to participate in district-level decision making and elevating the voices of young people. This finding was unique to this district and provides an example of how integrating the Young Champions into the CTAR can be an effective strategy for boosting CTAR activities at district level.

C. Social and Behavior Change Among Young People

According to participants, the activities carried out by the Young Champions led to a change in behavior among teenagers and young people. The activities carried out by the Young Champions provided adolescents and young people with clear and accessible information on FP. Young people were better informed about the different contraceptive methods available, their advantages and disadvantages, and how to use them correctly. This awareness-raising has made young people more open to FP, helping them to make informed decisions about FP.

> *"Awareness-raising with Young Champions has had a positive impact, because it has enabled young people to feel freedom of expression and freedom to access information, and to learn how to apply what information teaches us."* (Youth, Côte d'Ivoire)

D. Challenges Related to Engagement and Service Delivery

In terms of barriers to the uptake and use of FP services by young people, four main obstacles were mentioned: (1) financial difficulties in accessing even reduced fee services, (2) poor or unwelcoming reception by providers, (3) challenges arising from gendered social norms, and (4) youth involvement.

For the young and adolescent apprentices interviewed during the group discussions, the cost of accessing FP services was cited as a barrier to FP use, despite the availability of FP special days where services were offered at reduced cost. Additionally, despite the project's capacity and efforts, there were still areas for improvement in the provision of youth-friendly services at all levels of need and in all centers. Participants mention the lack of a welcoming environment they encountered in the centers offering these services, which interferes with their ability to express their FP needs on their own. Thirdly, according to participants, contraception was still perceived as a woman's business, and therefore women, not men, should be more concerned about FP.

> *"I think it's for the woman who comes the most, because when the man goes, the midwife or the nursing staff will say you're the man, do you need this? That it's the woman who should come or you should come with the woman. So, I think it's easier for the woman to go and get the information, because people think that since she's the one carrying the pregnancy, she should be the one to come and soak up the realities so that she... will the man come and will he take into consideration what they're going to tell him, or... so*

I think it's the woman who's more appropriate." (Youth, Côte d'Ivoire)

Also, there was a persistent double standard that stigmatizes young women, preventing them from participating in FP decision-making.

"I think it's much easier for men in this respect. In today's society, women and sexuality are very sensitive issues. What does a woman think? If she goes to a health center and asks around, people will call her a pervert or a prostitute. So, it's a bit complicated." (Youth, Côte d'Ivoire)

Lastly, one of the difficulties faced by young people, which made it harder for them to use contraceptives, was parental hostility to the use of FP methods by adolescents and young people. This attitude was due to a lack of awareness of the benefits of contraception, which may stem from a variety of factors, including cultural and religious beliefs and social stereotypes.

"(...) it's also true. We need to raise awareness among parents, especially DIOULA parents, who didn't even go to school." (Youth, Côte d'Ivoire)

According to informants, raising awareness among parents was crucial to breaking down myths and misconceptions about contraception.

E. Lessons Learned from Implementing Youth-Friendly Health Services

An analysis of the data revealed a number of project implementation challenges and experiences that should be capitalized as lessons learned. These lessons relate in particular to perceived social norms and the provision of youth-friendly services.

Lessons Learned about Social Norms

There remained a need to emphasize programming seeking to shift social norms. Respondents described a persistent double standard that stigmatized young women for seeking, discussing or using FP services, which contrasted to the perception that girls should be more implicated in anything related to FP. Gender norms and parental hostility remained factors hindering adolescents' and young people's access to these essential services. By addressing these challenges through education, awareness-raising and open communication, informants felt it would be possible to foster greater understanding of FP and significantly reduce social prejudice and stereotypes.

"When the two young people go to buy the condom, if it's a boy who goes, we find it logical, we say to ourselves, he's a boy, he has the right, whereas if it's a girl we'll say, you're a girl, you're already adopting this behavior at this age! So, I don't think the treatment is the same." (Youth, Togo)

"I think it's a good project, because teachers don't have the courage to talk to us about it at school for fear that parents will come and reprimand them, because that's not why they sent their child to school, but they did have the courage to come and talk to us about it and explain things to us. When we did the dialogue as children and when I took part with my mother, her behavior changed afterwards. She talked to us more." (Youth, Togo)

Lessons Learned about Provision of Youth-Friendly Services

The costs associated with services were cited as an obstacle to FP uptake and use by youth, as are inflexible clinic hours. Young people's experience with health services could be enhanced by the existence of a FP space dedicated solely to young people, away from the gaze of other patients. Lastly, Young

Champions were not able to conduct multiple visits to the same locations due to the limited team. With a larger group of trained Young Champions, the team would be able to saturate communities with repeat visits and increase their impact.

Discussion

The AmplifyPF project aimed to strategically and deliberately support and influence replication and scale-up of key FP HIPs by all stakeholders in large urban and peri-urban centers, to sustainably build and scale these approaches within the four target countries and throughout the region.

To what extent did AmplifyPF implementation areas show improvement in access to quality FP services compared to non-implementation areas, by county?

Although the quantitative data had limitations that likely understated the impact of AmplifyPF, we detected significant program impact in several indicators. AmplifyPF was shown to have a positive impact on mCPR among youth in Burkina Faso. There are at least two possible explanations for the negative program impact on MII for WRA and youth. First, if a highly successful program was operating in comparison areas, one could see this result. However, none of the data in interviews indicate that this was the case. Second, if a predecessor project had been particularly strong in promoting the MII compared to AmplifyPF, a negative program impact could result. As this evaluation does not include data from the predecessor project (AjirPF), this cannot be confirmed or ruled out.

A significant positive impact on mCPR was also detected among WRA in Côte d'Ivoire. The MII increased significantly in comparison areas for WRA, and in Abidjan and comparison areas for youth. The MII increased but not statistically significantly in other AmplifyPF areas. This may be a result of increased support for the MII at the national level in addition to the support provided by AmplifyPF.

In Niger, mCPR among WRA and youth decreased in both AmplifyPF and comparison areas, while MII increased in all areas, but most substantially in AmplifyPF areas. While qualitative data was not collected in Niger, one explanation could be that AmplifyPF's behavior change showed early signs of success, while supply chain challenges impacted mCPR.

As detailed in the Methods section, the quantitative analysis could not be carried out for Togo.

The qualitative findings showed that AmplifyPF implemented a more multifaceted and community-centric approach compared to the more provider-centered and less dynamic strategies in the comparison areas, and that stakeholders viewed this approach as largely positive for FP outcomes in the target countries.

To what extent did AmplifyPF service sites benefit from project interventions to institutionalize a sustainable and self-regulating system of service quality assurance and monitoring?

Informants emphasized the crucial role of community leaders' commitment and the project's adaptability to local contexts for sustaining gains. In particular, informants felt that training enhanced health workers' skills, leading to increased satisfaction among clients, especially youth. The project also contributed to improved data reporting and included FP indicators in data collection tools. Furthermore, institutionalized mechanisms for self-evaluation, district supervision, and community feedback were established, with suggestion boxes enhancing quality assurance. CTAR involvement played an important role in monitoring and evaluating services, ensuring the quality of care in AmplifyPF-supported areas.

What was learned from opportunities and challenges working with public and private sector institutions in terms of program sustainability?

AmplifyPF and the WABA project collaborated very closely, to the point where many stakeholders were not able to distinguish between the two projects. Fostering collaboration between future projects and other USAID projects in the country may be a model for increasing the impact of USAID's portfolio.

Through the CTARs, AmplifyPF involved local governments in supporting health services. Collaboration with the national level was more challenging due to frequent staff turnover.

CTARs brought private health facilities to the table in attempts to collaborate on improving access and quality of FP services. This proved challenging due to the disparate priorities of public and private organizations. More work needs to be done to improve trust with private organizations.

To what extent were elements of localization present throughout AmplifyPF implementation, and what factors contributed to or hindered it?

An emphasis on localization was not explicit in the original design of AmplifyPF. However, there are strong elements to build on for future investments. AmplifyPF's CTAR approach was designed to rely on pre-existing structures; the project revitalized and enhanced these bodies and sought the buy-in of local leadership. The CTARs foster collaboration between health workers and the community, involving diverse participation in community dialogues and site walk-throughs, and raising funds. AmplifyPF included periodic self-evaluation and the use of the national health information system for monitoring project progress. Hindrances to localization were community disengagement when their suggestions and feedback were overlooked, administrative slowness, and insufficient communication about project activities, leading to health facility staff overload.

What factors contributed to AmplifyPF's ability to scale programming of HIPs within implementation areas and nationally?

At the national level, HIPs were included in national policies, and extensive preparatory work was done to foster physician support, especially for task sharing. Knowledge-sharing among providers from the intervention zones and non-intervention zones at regional meetings also contributed to national-level scale-up. While informants in comparison areas expressed interest in AmplifyPF's CTAR model, we did not find evidence of that approach spreading to non-supported areas. Future projects could provide technical support to Ministries on how to revitalize a CTAR, so that the approach could be replicated throughout countries.

At the district level, CTARs played a crucial role in horizontal scale-up, involving business leaders, local authorities, and town halls to mobilize financial resources. CTAR members facilitated awareness through community dialogues, supported health providers, and addressed key issues hindering health services. Health providers were trained and supervised, and trained individuals shared their knowledge with others. The Young Champion initiative was instrumental in raising awareness among young people. A critique of the scale-up strategy was that AmplifyPF did not saturate full regions but rather selected districts. Informants felt that approaches were not sufficiently spreading from implementation districts.

To what extent was AmplifyPF able to engage and provide adolescent responsive sexual and reproductive health services? What were the lessons learned?

The youth work's most shining success was meaningful engagement with young people and the autonomy given to Young Champions, which broke precedent of tokenistic engagement. The involvement of young people in project activities, especially through the "Young Champion" initiative, was highlighted for successfully creating an environment conducive to educating young people about FP. AmplifyPF used various approaches to engage adolescents in reproductive health, such as social network content production, film screenings, and referral coupons.

On the supply side, the project emphasized skills development for healthcare providers to ensure youth-friendly services. Public commitment to free FP services continues to play a large role in sustaining gains in youth FP service utilization.

Challenges in engaging and providing adolescents with sexual and reproductive health services were related to financial barriers, unwelcoming service environments, gender norms, and parental hostility. Lessons were learned, particularly in addressing social norms and providing youth-friendly services, with a focus on the importance of free services, flexible clinic hours, dedicated spaces for young people, and increased Young Champion participation.

Many reproductive health programs have been working for years to make FP information and services accessible to young people. Although there is still a long way to go to eradicate rumors about the side effects of contraceptive methods, the evaluation of this AmplifyPF project shows that young people are increasingly interested in sexual and reproductive health services. The involvement of young people, especially girls, in FP service activities is well established.

However, although some of the AmplifyPF project's objectives and activities have helped to improve young people's access to FP methods, the persistent fear of financial difficulties in accessing FP services remains an undeniable reality. Similar projects are needed to strengthen the capacity to mobilize funds and subsidize inputs for continued accessibility of FP services by young people.

Country-Level Differences

Although the AmplifyPF project has had an appreciable impact, variations in implementation in the two countries have affected the intensity of the project's success. In Togo, the project was smoothly implemented in each of the intervention districts. The AmplifyPF regional office was located in Togo. It had a strong technical team with stable human resources, and relationships with government and district stakeholders were good. In Côte d'Ivoire, structural and organizational obstacles hampered the progress of the intervention package. However, within the different models of the project's implementation in Côte d'Ivoire was evidence that the projects' objectives can be achieved if the approach is tailored to the local context. The lessons learned from the differences in implementation are valuable for the future of FP in other regions and countries.

Although we did not collect qualitative data in Burkina Faso in Phase 2 of the evaluation, it should be noted that AmplifyPF was unable to work with the public sector in that country after the coup d'état in January 2022.

Recommendations

Input from participants in the data validation workshops in Togo and Côte d'Ivoire was synthesized with evaluation results to develop the following set of recommendations for USAID, implementing partners of FP projects in West Africa, and governments/Ministries of Health.

USAID

1. When working with Ministries of Health to select implementation areas, consider investing in saturating entire regions rather than select districts. There are potential synergies and economies of scale when a project is implemented in all health districts within a region rather than a subset of districts. Both AmplifyPF project members and country-level stakeholders participating in the validation workshops highlighted the perceived benefits and need to saturate regions.

2. Invest in impact evaluations, particularly on FP service quality. Where detailed facility-level data is not available, USAID might consider investing in external evaluation activities that can collect it over the course of the project through surveys or medical record abstraction. Routine health information systems typically have data on service volumes only, and PMA data had substantial limitations in its usefulness measuring performance over time.

Partners

1. Prioritize sustainability strategies and institutionalize gains from predecessor projects before initiating new ones. For example, in the context of AmplifyPF, ensure the functionality of project committees, maintain regular community engagement, maintain quality assurance processes, and perform joint supportive supervision.

2. Involve a wide range of stakeholders in program design, implementation, and review. Informants felt that country-level stakeholders were not as involved in the process of designing and implementing AmplifyPF as they would have liked, leading to confusion and reduced engagement.

3. Increase the number of Young Champions for broader awareness coverage and integrate FP into their activities. Provide financial and technical support to increase their number and frequency of activities. Young Champions were a very successful aspect of AmplifyPF, who expressed their own readiness to continue and expand.

4. Continue training health providers in the implementation of HIPs and in the provision of youth-friendly FP services, including training for supportive supervision and re-training to address staff turnover.

5. Expand awareness-raising activities to cover all areas of sexual and reproductive health. Include intergenerational communication, involve parents more closely, and address concerns about side effects of different contraceptive methods.

6. Enhance collaboration between public and private sectors and extend HIPs capacity strengthening to private facilities.

Governments and Ministries of Health

1. Consider continuing free FP services in Togo and expanding free FP services in Burkina Faso, Côte d'Ivoire, and Niger.
2. Ensure availability of FP commodities in health facilities, as this is foundational to any FP program.
3. Consider codifying task sharing in law or policy so that all providers are working from a shared understanding, have legal protection for their scope of service, and so that task sharing may be sustainably implemented throughout the country.
4. Include content on HIPs and youth-friendly FP services in pre-service training. While the majority of this training was post-service under AmplifyPF, informants felt that embedding it in providers' initial training programs would help ensure uniformity and sustainability of these practices.
5. Create a reporting system to collect FP service provision data from private pharmacies.
6. Improve support for CHWs. Informants expressed that sufficient numbers of well-trained and well-supported CHW's are crucial for community-based distribution of FP methods. Expedite recruitment, train them in the provision of FP, and motivate them to provide high-quality counseling, referral, and services.

Conclusion

This evaluation presents evidence that AmplifyPF has served as a catalyst and an enabler of an environment that brought about changes in perception and behavior related to reproductive health on the part of young people and parents alike. The lessons learned from this project highlight the importance of youth and community involvement and awareness-raising in promoting greater understanding of FP and reducing social stigma.

Ultimately, the AmplifyPF Project is an important initiative towards sustainably improving the sexual and reproductive health of adolescents and young people in these countries, but there is still work to be done to ensure equitable and comprehensive access to essential services.

References

Institut National de la Statistique de la Côte d'Ivoire (INS-Côte d'Ivoire); La Direction de Coordination du Programme National de Santé de la Mère et de l'Enfant (DC-PNSME); and the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. Performance Monitoring and Accountability 2020 (PMA2020) Côte d'Ivoire Round 2: Household and Female Survey (Version #), PMA2018/CI-R2-HQFQ. 2018. Abidjan, Côte d'Ivoire and Baltimore, Maryland, USA . https://datalab.pmadata.org/dataset/doi:1034976716t-1697

Institut National de la Statistique (INS) du Niger; the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health; and Jhpiego. (2021). Performance Monitoring for Action (PMA) Niger Phase 1: Household and Female Survey (Version #), PMA2021/NE-P1-HQFQ. Niamey, Niger and Baltimore, Maryland, USA. https://datalab.pmadata.org/dataset/doi%3A103497654yf-e521

Institut Supérieur des Sciences de la Population (ISSP); Université Joseph Ki-Zerbo, Ouagadougou, Burkina Faso; and the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. (2019). Performance Monitoring and Accountability 2020 (PMA2020) Burkina Faso Round 6: Service Delivery Point Survey (Version 1.0), PMA2019/BF-R6-SQ. Ouagadougou, Burkina Faso and Baltimore, Maryland, USA. https://datalab.pmadata.org/dataset/doi%3A1034976xm89-2j95

Institut Supérieur des Sciences de la Population, Université Joseph Ki-Zerbo, Ouagadougou, Burkina Faso, & The Bill & Melinda Gates Institute for Population and Reproductive Health at The Johns Hopkins Bloomberg School of Public Health. (2017). Performance Monitoring and Accountability 2020 (PMA2020) Survey Round 5, PMA2017/Burkina Faso-R5 Snapshot of Indicators. Ouagadougou, Burkina Faso, and Baltimore, Maryland, USA. https://www.pmadata.org/countries/burkina-faso/burkina-faso-indicators/pma2017burkina-faso-round-5-indicators/

Institut Supérieur des Sciences de la Population (ISSP); Université Joseph Ki-Zerbo, Ouagadougou, Burkina Faso; the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health; and Jhpiego. (2020). Performance Monitoring for Action (PMA) Burkina Faso Phase 1: Service Delivery Point Survey (Version 1.0), PMA2020/BF-P1-SQ. Ouagadougou, Burkina Faso and Baltimore, Maryland, USA. https://datalab.pmadata.org/dataset/doi%3A1034976h9ms-rj45

L'ecole Nationale Supérieure de Statistique et d'Economie Appliquée (ENSEA); the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health; and Jhpiego. (2020). Performance Monitoring for Action (PMA) Côte d'Ivoire Phase 1: Household and Female Survey (Version #), PMA2020/CI-P1-HQFQ. Abidjan, Côte d'Ivoire and Baltimore, Maryland, USA. https://datalab.pmadata.org/dataset/doi%3A1034976e3wj-pf59

Pathfinder International. The Young Champions Initiative [Internet]. Pathfinder International; [accessed December 20, 2023]. Available from: https://www.pathfinder.org/impact-stories/the-young-champions-initiative/

Performance Monitoring for Action. (2021). Niamey Institut National de la Statistique. Niger.

Population Reference Bureau. (2019). Family Planning Data Sheet 2019. Baltimore, MD: PMA2020, Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins Bloomberg School of

Public Health. Retrieved from https://www.prb.org/wp-content/uploads/2019/09/fp-data-sheet-2019.pdf

Sedgh, G., Singh, S., & Hussain, R. (2014). Intended and Unintended Pregnancies Worldwide in 2012 and Recent Trends. *Studies in Family Planning*, *45*(3), 301–314. https://doi.org/10.1111/j.1728-4465.2014.00393.x

Thomas, J.C., Reynolds, H., Bevc, C. *et al.* Integration opportunities for HIV and family planning services in Addis Ababa, Ethiopia: an organizational network analysis. *BMC Health Serv Res* **14**, 22 (2014). https://doi.org/10.1186/1472-6963-14-22

United States Agency for International Development. (2020). Global health. [Online]. Retrieved from https://www.usaid.gov/global-health

Appendix A. Phase 1: Executive Summary

AmplifyPF was a five-year regional project funded by USAID and implemented by Pathfinder in partnership with the Population Council in Togo, Burkina Faso, Niger, and Côte d'Ivoire. The project aimed to strategically and deliberately support and influence replication and scale-up of key family planning (FP) High Impact Practices (HIPs), namely postpartum and post-abortion FP (PPFP/PAFP) and task-shifting.

The overall aim of Phase 1 of the evaluation, conducted from September to December 2022 during the project's fourth year of implementation, was to inform the design of a project follow-on award. Research questions guiding Phase 1 of the evaluation included:

1. What **cross-cutting contextual factors** positively or negatively influenced FP programming, implementation and achievement of results across the four countries?
2. How effective was AmplifyPF in addressing the gaps in sexual and reproductive health knowledge, behaviors, access to and uptake of services among **youth**?
3. How and to what extent have AmplifyPF's interventions been **institutionalized** at national, district, and community levels?
4. What were the successes and challenges of the **partnership between AmplifyPF and the USAID Missions and Ministries of Health**?
5. What was AmplifyPF's **added value to the USAID Missions and government stakeholders** in health programming?
6. How do Missions and Ministries of Health want to be **engaged in the future**, based on lessons from the partnership?
7. To what extent did the project **achieve its overall objectives** in delivering desired/planned results?

Study methods included a review of project documentation (i.e., baseline data, performance management plan, quarterly and annual reports, DHIS data dashboards), external public data sources (i.e., DHS, PMA, FP2030) and research reports from other USAID-funded implementing partners (i.e., West Africa Breakthrough Action Research). Additionally, a total of 11 key informant interviews were conducted across all four AmplifyPF project countries. Interviews with AmplifyPF regional team members, Togo, Burkina Faso, and Côte d'Ivoire were conducted via Zoom, and interviews in Niger were conducted in-person by a local consultant. All interviews were recorded, transcribed, and thematically analyzed.

Table A1. Sample sizes by informant type

	Regional	Togo	Burkina Faso	Niger	RCI	Total
AmplifyPF	3 (m)	1 (f)				4
USAID Mission/Country staff			1 (m)		1 (f)	2
MOH FP		1 (m)				1
District lead		1 (m)		1 (f)		2
Youth Ambassadors			1 (f)	1 (m)		2

Contextual factors positively or negatively influenced programming, implementation, and achievement of results across the four countries

Several AmplifyPF respondents spoke about flexibility that their teams were able to demonstrate as a positive influence on program implementation, as well as the flexibility inherent in being in a cooperative agreement. There are several examples of instances where the project as a whole was able to adapt to either changing expectations or changing circumstances. Examples include: (1) pivoting to equip facilities once AmplifyPF leadership realized that basic equipment was missing in implementation districts, (2) shifting the project team's understanding of the project from one of coordination to one of service delivery, and (3) shifting from planning and designing an ILN accreditation process to then pivoting towards a facility accreditation one. Secondly, participants highlight that Data Quality Improvement, although a very challenging goal across the project, served as a means to enhance motivation for stakeholders at the district and facility levels to continue engaging with the project. Once the local stakeholders saw a real benefit brought about by the project in their facilities and districts, they gained more trust in the project. Thirdly, a crosscutting positive influence named was that of collaboration, which happened at multiple levels. The project's role as the coordination mechanisms with regional and national USAID implementing partners was helpful in ensuring coordination and collaboration. The collaboration with WABA was particularly noted as a successful one, although not exempt from challenges particularly at the beginning. Shared office space in Togo between the two projects enhanced communication. At the district level, stakeholders in Niger noted that the integration of AmplifyPF work plans into local implementation plans promoted stakeholder ownership. Lastly, both the Comité Technique d'Appui aux RIA (CTAR) and the site walk throughs of health facilities by community leaders were mentioned as innovations to capitalize on the engagement with community organizations and leaders, having a positive influence on the project implementation as a whole.

Negative influences on program implementation identified by interviewees included USAID's internal structure, communication, and staff turnover. Multiple key informants mentioned there are challenges with USAID's internal communication, namely between the regional and country missions or offices, which on several specific occasions left the implementing partner with the task of mediating between USAID regional and country actors. From the implementing partner perspective, interviewees voiced discomfort at having to mediate conflict between USAID regional and country levels, and USAID interviewees also mention that coordination efforts between regional and country missions may be insufficient. Secondly, the change of the regional USAID team midway through the project brought certain challenges associated with one team designing the project with a specific vision in mind, which may not have been fully shared by the team replacing them. Perceptions of a top-down approach surfaced multiple times as a negative influence on project implementation, both within country-level planning and regionally, resulting in a lack of flexibility when developing work plans. District-level stakeholders noted they had limited ability to influence the work planning process. The Niamey district head respondent mentioned the work planning process has become more rigid as the project has progressed, which was an unwelcome change for them.

Additional challenges discussed by participants include commodity stockouts in health facilities, high Ministry of Health staff turnover, loaded work plans and intensification of project activities that threaten the achievement of project activities in a timely fashion, and a lack of a clear sustainability strategy.

As was to be expected, two contextual factors surfaced when exploring negative influences on

programming and implementation: the COVID-19 pandemic and the coup d'état and related insecurity in Burkina Faso. However, both of these contextual factors also contributed to innovations in project implementation and monitoring, such as virtual monitoring of activity implementation and stock issues via video calls.

Youth knowledge, behaviors, access to and uptake of services

Key informants unanimously agree that the approach has been successful in reaching and engaging youth, with over 200% of targets achieved in terms of the number of adolescents and young people reached by sensitization activities supported by the project. But probably more important is the perceptions of young participants themselves, who viewed this project as a truly empowering one, set apart from previous iterations or even ongoing initiatives such as the OP's *Jeunes Ambassadeurs de la PF* (Young Ambassadors of FP). Young people were given the opportunity to lead in the design, coordination and execution of youth activities, and were not used in tokenistic ways. The project also engaged both male and female youth, contributing to setting the foundations for the coming generation to have a more gender equitable engagement with FP as a topic.

Challenges mentioned with the relation to the implementation of the youth approach include the need to improve collaboration among youth groups, as well as ensuring that youth activities are sufficiently funded so that they are viewed by community members as serious and legitimate activities. One participant noted that adults in particular do not take youth activities seriously if they do not have a budget for a proper venue. Challenges related to program activity reach among youth also remain, and were voiced, as many youth were being missed with the current approaches. Lastly, the Togo MOH key informant mentioned the continued need to improve accessibility of services for young people, because even if young people were convinced to seek FP services, structural factors such as hours of operation made for a very limited access.

Institutionalization of interventions at national, district, and community levels

Project-wide and across countries, key informants talked about ISBC as an extremely successful strategy, well received and fully integrated into services, to the extent that participants found it hard to imagine ISBC disappearing even without project support. ISBC is described as easy to sustain where it has been implemented and also easy to scale up.

On the other hand, the CTAR is considered a welcome and successful innovation for district-level coordination, but stakeholders had varied perspectives on how sustainable it could be, speculating that in some contexts it might be difficult to maintain momentum without project support. Community engagement activities, such as site walk throughs were perceived as requiring low investment, but also probably tied with how well the CTARs can maintain their momentum. Likewise, the Young Champion initiative was dependent on excited and invested youth but would need to be integrated into national strategies to ensure sustainability.

Cross Cutting issues for sustainability include country governments' willingness and ability to allocate funding towards sustaining inputs needed to secure high quality FP services. Eventually, basic equipment procured by the project will need to be replaced, staff turnover will require that new healthcare providers need to be trained, and both data quality and service quality must be monitored. The capacity to sustain this is currently in place, but it is perceived as precarious until and unless the states are willing to continue

the investment. Incorporating project activities within the MOH budget is key to sustainability but has yet to be broadly achieved.

Concerning data quality assurance, AmplifyPF interviewees highlighted their development of standard operating procedures at the request of stakeholders, which laid the groundwork for institutionalization. However, the district-level interviewee from Niger did not feel confident that the capacity was at a point where data quality assurance could be sustained without the project's support.

There are marked differences in perceptions of what has been most successfully attained and with highest potential for sustainability by country. In Burkina Faso, stakeholders expressed the perception that more ground had been gained in institutionalizing task sharing, with guidelines for CHW developed, although also with challenges related to supervision and continued resistance for medical doctors. On the other hand, PPFP is perceived as having gained less ground, with particular need to address provider behavior change. In Côte d'Ivoire, the interviewee referred to USAID's historical underinvestment in FP, which is seen as having hindered the institutionalization of HIPs. Although task sharing policies are in place, behavior change is slow due to the medicalized nature of the health care system.

In Niger, PPFP, through the ISBC strategy, is seen as well-established, and sustainable due to its simplicity. Task-sharing is perceived as further behind, primarily due to the fact that Niamey district does not hire midwives. They engage as unpaid volunteers. Togo stakeholders have high hopes for both PPFP and task sharing equally, with documented standard operating procedures and regulations that provide clarity for providers' roles and responsibilities. A quarterly supervision structure is in place to ensure supervision beyond the project's and without external support. However, participants highlight that incorporating both of these HIPs in pre-clinical and clinical training is essential to ensure sustainability.

Partnership successes and challenges between AmplifyPF and the USAID Missions and Ministries of Health

In general, the partnerships were described in very positive terms by all interviewees. They all recognized that the project introduced an innovative approach to working at the district level, which required an initial period to ensure buy-in, which was perceived as initially challenging, but which also was eventually successfully embraced. The Togo participants in particular spoke of the longstanding relationships the various actors had, which enabled them to quickly understand each other and embrace the work ahead.

The challenges that district and USAID partners express pertain to the perceived limited opportunity to influence work plans, in what is perceived as a top-down approach to work plan development.

AmplifyPF's added value to the USAID Missions and government stakeholders

The added value mentioned as most obvious was related to the actual improvements seen in district-level performance in key indicators. Stakeholders mentioned that implementation districts gained notoriety for their improvements, with other districts reaching out to request information or assistance on how to achieve similar improvements. Secondly, the community engagement approach is seen as a great value add, not only to mobilize funding, but also increase mutual accountability from the community to the facility and vice versa. Lastly, an added value to countries included work done to harmonize indicator definitions as well as the improvement in the availability of high-quality data.

Stakeholder recommendations for future engagement based on lessons learned from the partnership with AmplifyPF include:

1. USAID RHO must ensure mission involvement in regional project development as well as an open discussion to reach a common understanding of who should lead project developments that are funded by the regional office but implemented in certain countries.
2. USAID and its implementing partners must engage early and continuously with country level MOH and district-level actors, ensuring engagement happens during project development and not once plans are finalized to ensure local buy-in and meaningful engagement. Another suggested role for USAID in early engagement with country-level stakeholders includes a more direct role in advocating for changes or inclusions in DHIS2, which was a particular pain point for AmplifyPF.
3. USAID must ensure that future projects continue covering entire districts, preferably expanding to cover entire regions. Interviewees were advocating to discontinue the practice of cherry-picking implementation areas in favor of covering administrative regions in their entirety.
4. Implementing partners and USAID should increase transparency around decision-making during work plan development, explaining to national counterparts what motivated decisions when refining a work plan.
5. Ministries of Health should incorporate Young Champions to national strategies in a similar way that Community Health Workers have been integrated, including budgeting for a stipend or incentives to act in these roles.
6. USAID should continue to integrate FP service delivery and SBC investments much as AmplifyPF and WABA were integrated, with particular attention to increasing investment in PBC. Activities that improve infrastructure and training are viewed as essential yet insufficient to improve FP quality and integration with SBC approaches are needed.
7. Implementing partners should incorporate accountability mechanisms towards the community within health facilities. Accountability mechanisms are crucial to promote trust and continued engagement between community actors and the health facilities, particularly when the funds invested are going to large or less tangible investments.

Phase 1 Evaluation PowerPoint Presentation

The Phase 1 Evaluation presentation “Performance Evaluation for USAID/West Africa/Regional Health Office AmplifyPF Regional Project: Phase 1” can be accessed here.

Appendix B. Country Reports

Burkina Faso

Background

AmplifyPF is a USAID-funded project aiming to strategically and deliberately support and influence replication and scale-up of key family planning (FP) high impact practices (HIPs) in select urban and peri-urban areas, between 2018–2023. Data for Impact conducted a performance evaluation of the USAID-funded AmplifyPF project, focusing on its impact on modern contraceptive prevalence and reproductive health services in Burkina Faso, Niger, Togo, and Côte d'Ivoire.

Select AmplifyPF project activities:

- District-level coordination and community engagement through Integrated Learning Networks (ILN or CTAR in French)
- Capacity strengthening in HIPs and Quality Assurance
- Free distribution of contraceptive methods through *Journées Spéciales*

Methodology

Performance Monitoring for Action (PMA) data was employed to estimate the impact attributable to AmplifyPF in implementation areas compared to non-implementation areas. For Burkina Faso, the PMA project's surveys of facilities and women of reproductive age (WRA) for the years 2017 and 2020 was used. The difference-in difference (DID) model assessed the projects' impact on outcomes. The PMA datasets were aligned with shape files of AmplifyPF districts, with observations categorized into AmplifyPF intervention and comparison areas. These data were contextualized with eleven stakeholder interviews at the regional level conducted during Phase 1 of the evaluation.

Findings

In Burkina Faso, the AmplifyPF areas showed a significant increase in modern contraceptive prevalence in 2020 compared to 2017 among youth (15–24 years) while the control areas did not, indicating a significant project impact. However, the proportion of women of reproductive age and youth who reported being informed about the contraceptive methods, side effects, and what to do if they experienced side effects (Method Information Index) diminished in AmplifyPF areas between 2017 and 2020 yet grew in comparison areas. Additionally, there were lower reported performances in several public facility-level indicators between 2017 and 2020, including Community Health Workers' distribution of methods and the availability of at least three modern contraceptive methods in stock on the day of the survey.

As was to be expected, two contextual factors surfaced when exploring negative influences on programming and implementation: the COVID-19 pandemic and the coup d'état and related insecurity in Burkina Faso. However, both of these contextual factors also contributed to innovations in project implementation and monitoring, such as virtual monitoring of activity implementation and stock issues via video calls.

In Burkina Faso, stakeholders expressed the perception that more ground had been gained in institutionalizing task sharing, with guidelines for Community Health Workers (CHWs) developed, although also with challenges related to supervision and continued resistance for medical doctors. On the other hand, post-partum family planning (PPFP) is perceived as having gained less ground, with particular need to address provider behavior change.

AmplifyPF recruited Young Champions and implemented outreach initiatives throughout ILNs/CTARs. The project meaningfully engaged Young Champions to co-develop and monitor their own activities, and by providing work equipment.

Collaboration between AmplifyPF with other stakeholders including the Health Directorate, ILN/CTAR, Family Health Division, and Young Champions, ensured the availability of contraceptive products in private health facilities and for distribution by CHWs. The Scale-Up Coordinator played a crucial role in assisting with the drafting of a new national family planning plan for the period 2021–2025. This support involved the revision, multiplication, and dissemination of normative documents related to HIPs.

Notably, AmplifyPF was unable to work with the public sector following the coup d'état in January 2022 and had to pivot to a strategy of engaging only the private sector facilities within the implementation district.

Recommendations

General recommendations related to AmplifyPF are presented below.

Implementing Partners

1. Prioritize sustainability strategies and institutionalize gains from predecessor projects before initiating new ones. For example, in the context of AmplifyPF, ensure the functionality of project committees, maintain regular community engagement, maintain quality assurance processes, and perform joint supportive supervision.
2. Involve a wide range of stakeholders in program design, implementation, and review. Informants felt that country-level stakeholders were not as involved in the process of designing and implementing AmplifyPF as they would have liked, leading to confusion and reduced engagement.
3. Increase the number of Young Champions for broader awareness coverage and integrate FP into their activities. Provide financial and technical support to increase their number and frequency of activities. Young Champions were a very successful aspect of AmplifyPF, who expressed their own readiness to continue and expand.
4. Continue training health providers in the implementation of HIPs and in the provision of youth-friendly FP services, including training for supportive supervision and re-training to address staff turnover.
5. Expand awareness-raising activities to cover all areas of sexual and reproductive health. Include intergenerational communication, involve parents more closely, and address concerns about side

effects of different contraceptive methods.

6. Enhance collaboration between public and private sectors and extend HIPs capacity strengthening to private facilities.

Government and Ministry of Health

1. Consider expanding free FP services throughout the country.
2. Ensure availability of FP commodities in health facilities, as this is foundational to any FP program.
3. Consider codifying task-sharing in law or policy so that all providers are working from a shared understanding and have legal protection for their scope-of-service so that task-sharing may be sustainably implemented throughout the country.
4. Include content on HIPs and youth-friendly FP services in pre-service training. While the majority of this training was post-service under AmplifyPF, informants felt that embedding it in providers' initial training programs would help ensure uniformity and sustainability of these practices.
5. Create a reporting system to collect FP service provision data from private pharmacies.
6. Improve support for CHWs. Informants expressed that sufficient numbers of well-trained and well-supported CHWs are crucial for community-based distribution of FP methods. Expedite recruitment, train them in the provision of FP, and motivate them to provide high-quality counseling, referral, and services.

Côte d'Ivoire

Select AmplifyPF project activities:

- District-level coordination and community engagement through Integrated Learning Networks (ILN or CTAR in French)
- Capacity strengthening in HIPs and Quality Assurance
- Free distribution of contraceptive methods through *Journées Spéciales*

Background

AmplifyPF is a USAID-funded project aiming to strategically and deliberately support and influence replication and scale-up of key FP HIPs in select urban and peri-urban areas, between 2018-2023. Data for Impact conducted a performance evaluation of the USAID-funded AmplifyPF project, focusing on its impact on modern contraceptive prevalence and reproductive health services in Burkina Faso, Niger, Togo, and Côte d'Ivoire.

Methodology

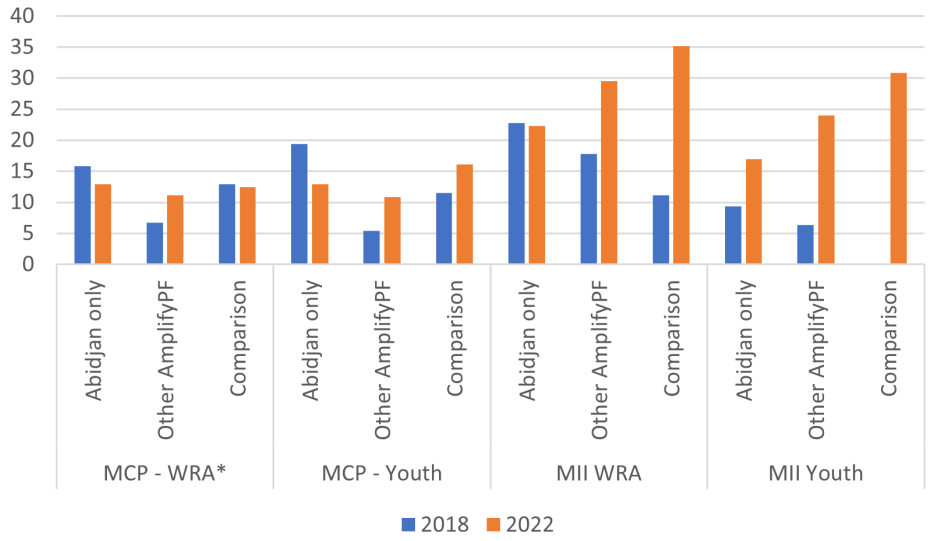
The evaluation used a mixed methods approach consisting of primary and secondary data sources and a results validation workshop. Performance Monitoring for Action (PMA) data was employed to estimate the impact attributable to AmplifyPF in implementation areas compared to non-implementation areas. For Côte d'Ivoire, the PMA project's survey of facilities and women of reproductive age (WRA) for the years 2018 and 2022 was used. In Côte d'Ivoire, the analysis was stratified into three categories. The first was Abidjan, which received AmplifyPF support, but, as the main large, urban area in the country, did not have a suitable comparison area. The second was the other regions that received AmplifyPF support, Gbeke and Haut Sassandra. The last was a comparison area consisting of regions adjacent to the "other AmplifyPF" regions, Hambol and Marahoue. The DID model assessed the projects' impact on outcomes. The PMA datasets were aligned with shape files of AmplifyPF districts, with observations categorized into AmplifyPF intervention and comparison areas.

A qualitative evaluation approach included in-depth interviews, key informant interviews and focus groups discussions. The AmplifyPF districts sampled were Yopougon West Songon, Port-Bouet Vridi, Bouaké North-West, while the comparison district selected was Bouaké Sud. A total of 21 interviews and 2 focus groups were carried out, one with youth and one with members of the *Comité Téchnique d'Appui au RIA* (CTAR). Preliminary results were presented in a data validation workshop with diverse stakeholders on September 21, 2023.

Findings

Quantitative findings show a program impact on Modern Contraceptive Prevalence (MCP) among Women of Reproductive Age (WRA) in AmplifyPF areas. However, the Method Information Index (MII), consisting of women who reported being informed about the contraceptive methods, side effects, and what to do if they experienced side effects, showed no significant difference in Abidjan or other AmplifyPF areas between 2018 and 2022, and it was significantly higher in comparison areas in 2022. Among youth, MII was significantly higher in both Abidjan and comparison areas in 2022 but also significantly increased in the comparison area. Therefore, there is no observed program impact.

Figure B1. Modern contraceptive prevalence and method information index by age intervention area, 2018 and 2022, Côte d'Ivoire (Data source: Performance Monitoring for Action)



Qualitative findings in Côte d'Ivoire show that the AmplifyPF project ensured ongoing provision of free contraceptive methods in supported areas, leading to increased utilization of family planning services. This contrasts with the comparison area, where free contraception was only accessible through mobile clinics. Notably, private sector collaboration was successful in the health district of Bouaké North-West, where CTAR members mobilized resources to address patients' contraceptive and healthcare needs. This collaboration with NGOs expanded outreach activities and enhanced support to the community. However, challenges, including structural and organizational obstacles, hindered the progress of the intervention package, particularly in Port-Bouët/Vridi and Yopougon Ouest Songon districts. The evaluation findings indicate the presence of misinformation circulating about family planning methods, including rumors about unproven side effects, necessitating continued work. Additionally, challenges such as reluctance from spouses and certain religious leaders to support FP were identified. The difficulty of reaching remote and entire intervention areas posed obstacles to the implementation of certain activities.

Young Champions were meaningfully engaged and collaborated with CTARS to raise awareness about reproductive health and family planning in the community, focusing on traders and shopkeepers through educational talks and sensitization events in markets and other community engagement events.

Recommendations

Input from participants in the data validation workshops in Côte d'Ivoire was synthesized with evaluation results to develop the following set of recommendations for implementing partners of FP projects in West Africa and governments/Ministries of Health.

Implementing Partners

1. Prioritize sustainability strategies and institutionalize gains from predecessor projects before initiating new ones. For example, in the context of AmplifyPF, ensure the functionality of project committees, maintain regular community engagement, maintain quality assurance processes, and perform joint supportive supervision.
2. Involve a wide range of stakeholders in program design, implementation, and review. Informants

felt that country-level stakeholders were not as involved in the process of designing and implementing AmplifyPF as they would have liked, leading to confusion and reduced engagement.

3. Increase the number of Young Champions for broader awareness coverage and integrate FP into their activities. Provide financial and technical support to increase their number and frequency of activities. Young Champions were a very successful aspect of AmplifyPF, who expressed their own readiness to continue and expand.
4. Continue training health providers in the implementation of HIPs and in the provision of youth-friendly FP services, including training for supportive supervision and re-training to address staff turnover.
5. Expand awareness-raising activities to cover all areas of sexual and reproductive health. Include intergenerational communication, involve parents more closely, and address concerns about the side effects of different contraceptive methods.
6. Enhance collaboration between public and private sectors and extend HIP capacity strengthening to private facilities.

Government and Ministry of Health

1. Consider expanding free FP services throughout the country.
2. Ensure the availability of FP commodities in health facilities, as this is foundational to any FP program.
3. Consider codifying task-sharing in law or policy so that all providers are working from a shared understanding, have legal protection for their scope-of-service, and so that task-sharing may be sustainably implemented throughout the country.
4. Include content on HIPs and youth-friendly FP services in pre-service training. While the majority of this training was post-service under AmplifyPF, informants felt that embedding it in providers' initial training programs would help ensure uniformity and sustainability of these practices.
5. Create a reporting system to collect FP service provision data from private pharmacies.
6. Improve support for CHWs. Informants expressed that sufficient numbers of well-trained and well-supported CHW's are crucial for community-based distribution of FP methods. Expedite recruitment, train them in the provision of FP, and motivate them to provide high-quality counseling, referral, and services.

Niger

Background

AmplifyPF is a USAID-funded project aiming to strategically and deliberately support and influence replication and scale-up of key FP HIPs in select urban and peri-urban areas, between 2018–2023. Data for Impact conducted a performance evaluation of the USAID-funded AmplifyPF project, focusing on its impact on modern contraceptive prevalence and reproductive health services in Burkina Faso, Niger, Togo, and Côte d'Ivoire.

Select AmplifyPF project activities:

- District-level coordination and community engagement through Integrated Learning Networks (ILN or CTAR in French)
- Capacity strengthening in HIPs and Quality Assurance
- Free distribution of contraceptive methods through *Journées Spéciales*

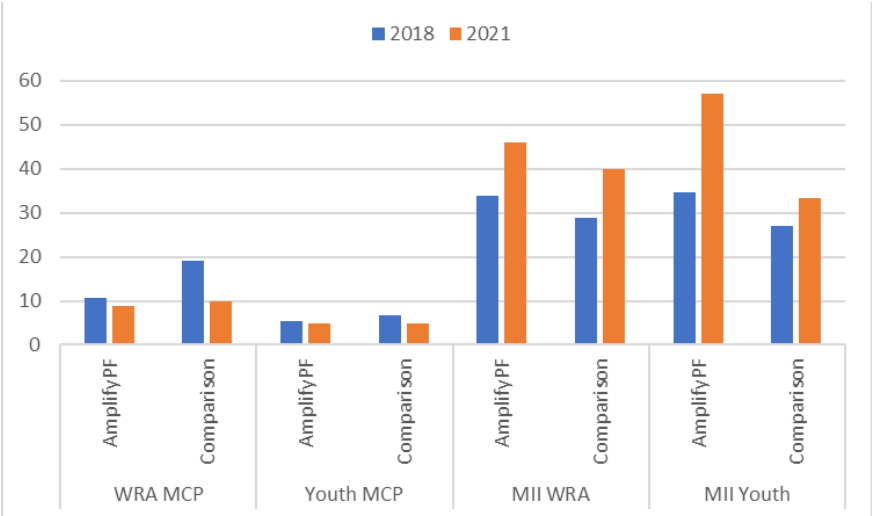
Methodology

Performance Monitoring for Action (PMA) data was employed to estimate the impact attributable to AmplifyPF in implementation areas compared to non-implementation areas. For Niger, the PMA project's survey of women of reproductive age (WRA) for the years 2018 and 2021 was used. The DID model assessed the projects' impact on outcomes. The PMA datasets were aligned with shape files of AmplifyPF districts, with observations categorized into AmplifyPF intervention and comparison areas. These data were contextualized with 11 stakeholder interviews at the regional level conducted during Phase 1 of the evaluation.

Findings

In Niger, the AmplifyPF areas showed a significant decrease in modern contraceptive prevalence in 2021 compared to 2018 among WRA while the comparison area remained the same. The proportion of women who reported being informed about the contraceptive methods, side effects, and were told what to do if they experienced side effects (Method Information Index or MII) was significantly higher for both WRA and youth in 2021 in AmplifyPF areas, with no significant difference in comparison areas. However, these differences were not statistically significant. No program impacts were detected in Niger.

Figure B2. Modern contraceptive prevalence and method information index by age intervention area, 2018 and 2021, Niger (Data source: Performance Monitoring for Action)



At the district level, stakeholders in Niger noted that the integration of AmplifyPF work plans into local implementation plans promoted stakeholder ownership. Both the *Comité Téchnique d'Appui aux RIA* (CTAR) and the site walk throughs of health facilities by community leaders were mentioned as innovations to capitalize on the engagement with community organizations and leaders, having a positive influence. Despite great gains in data quality assurance driven by AmplifyPF, the district-level stakeholder interviewee from Niger did not feel confident that the capacity was at a point where data quality assurance could be sustained without the project's support. Postpartum family planning, through the Systematic Identification of Patient Needs (ISBC) strategy, is seen as having revolutionized their practice in a way that can be sustained due to its simplicity. On the other hand, task-sharing is perceived as further behind in implementation and potential for scale-up, primarily since Niamey district does not hire midwives but rather engages them as unpaid volunteers.

Stakeholders mentioned that implementation districts gained notoriety for their improvements, with other districts reaching out to request information or assistance on how to achieve similar improvements. Secondly, the community engagement approach is seen as a great value addition, not only to mobilize funding but also to increase mutual accountability from the community to the facility and vice versa. Lastly, an added value to countries included work done to harmonize indicator definitions as well as the improvements in the availability of high-quality data.

Recommendations

General recommendations related to AmplifyPF are presented below.

Implementing Partners

1. Prioritize sustainability strategies and institutionalize gains from predecessor projects before initiating new ones. For example, in the context of AmplifyPF, ensure the functionality of project committees, maintain regular community engagement, maintain quality assurance processes, and perform joint supportive supervision.
2. Involve a wide range of stakeholders in program design, implementation, and review. Informants felt that country-level stakeholders were not as involved in the process of designing and implementing AmplifyPF as they would have liked, leading to confusion and reduced engagement.
3. Increase the number of Young Champions for broader awareness coverage and integrate FP into their activities. Provide financial and technical support to increase their number and frequency of activities. Young Champions were a very successful aspect of AmplifyPF, who expressed their own readiness to continue and expand.
4. Continue training health providers in the implementation of HIPs and in the provision of youth-friendly FP services, including training for supportive supervision and re-training to address staff turnover.
5. Expand awareness-raising activities to cover all areas of sexual and reproductive health. Include intergenerational communication, involve parents more closely, and address concerns about side effects of different contraceptive methods.
6. Enhance collaboration between public and private sectors and extend HIPs capacity strengthening to private facilities.

Government and Ministry of Health

1. Consider expanding free FP services throughout the country.
2. Ensure availability of FP commodities in health facilities, as this is foundational to any FP program.
3. Consider codifying task-sharing in law or policy so that all providers are working from a shared understanding, have legal protection for their scope-of-service, and so that task-sharing may be sustainably implemented throughout the country.
4. Include content on HIPs and youth-friendly FP services in pre-service training. While the majority of this training was post-service under AmplifyPF, informants felt that embedding it in providers' initial training programs would help ensure uniformity and sustainability of these practices.
5. Create a reporting system to collect FP service provision data from private pharmacies.
6. Improve support for CHWs. Informants expressed that sufficient numbers of well-trained and well-supported CHW's are crucial for community-based distribution of FP methods. Expedite recruitment, train them in the provision of FP, and motivate them to provide high-quality counseling, referral and services.

Togo

Background

AmplifyPF is a USAID-funded project aiming to strategically and deliberately support and influence replication and scale-up of key FP HIPs in select urban and peri-urban areas, between 2018-2023. Data for Impact conducted a performance evaluation of the USAID-funded AmplifyPF project, focusing on its impact on modern contraceptive prevalence and reproductive health services in Burkina Faso, Niger, Togo, and Côte d'Ivoire.

Select AmplifyPF project activities:

- District-level coordination and community engagement through Integrated Learning Networks (ILN or CTAR in French)
- Capacity strengthening in HIPs and Quality Assurance
- Free distribution of contraceptive methods through *Journées Spéciales*

Methodology

The evaluation in Togo used a qualitative evaluation approach, including in-depth interviews, key informant interviews, and focus group discussions. The AmplifyPF districts sampled were Agoènyivé, Gulf, and Blitta; and Kozah was selected as the comparison district. A total of 31 interviews and three focus groups were carried out, two with youth and one with members of the *Comité Téchnique d'Appui au RIA* (CTAR). Interviews and focus groups were transcribed in Togo by the research team. Preliminary results were presented in a data validation workshop with diverse stakeholders on September 19, 2023.

Findings

In Togo, maternity units received support in the form of family planning (FP) equipment, sterilization equipment, and renovated rooms equipped with teaching materials for young people. Additionally, the project facilitated easy access to FP methods by subsidizing inputs during *Journées Spéciales*.

The AmplifyPF project, beyond community dialogues, established suggestion boxes in health facilities to allow people to highlight service shortcomings, which resulted in enhancing service quality. The involvement of community leaders and CTARs was seen as beneficial for resolving health-related issues in the community. Community leaders act as liaisons between health facilities and the community, playing a crucial role in identifying health needs and gathering community input to address them.

AmplifyPF implemented several strategies for self-regulation in quality assurance. In-service training for facility-based staff and CHWs in family planning services enhanced their skills in administering contraceptive methods, catering to young people, addressing individual client needs, offering effective counseling, and resolving FP-related conflicts. This capacity strengthening improved service quality, leading to higher utilization and increased client satisfaction, particularly among young people. Incorporation of PPFP, PAFP, and task shifting into District Health Information System-2 (DHIS2) data collection tools has improved data reporting and use. The task-shifting approach in particular has been replicated by the United Nations Children's Fund (UNICEF) in Togo.

AmplifyPF project's regional office, located in Lome Togo, played a pivotal role in the project's country-level results, boasting a robust technical team, stable human resources, and positive relationships with government and district stakeholders.

Recommendations

Input from participants in a data validation workshop in Togo produced the following set of recommendations for implementing partners of FP projects in West Africa and governments/Ministries of Health.

Implementing Partners

1. Prioritize sustainability strategies and institutionalize gains from predecessor projects before initiating new ones. For example, in the context of AmplifyPF, ensure the functionality of project committees, maintain regular community engagement, maintain quality assurance processes, and perform joint supportive supervision.
2. Involve a wide range of stakeholders in program design, implementation, and review. Informants felt that country-level stakeholders were not as involved in the process of designing and implementing AmplifyPF as they would have liked, leading to confusion and reduced engagement.
3. Increase the number of Young Champions for broader awareness coverage and integrate FP into their activities. Provide financial and technical support to increase their number and frequency of activities. Young Champions were a very successful aspect of AmplifyPF, who expressed their own readiness to continue and expand.
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5. Expand awareness-raising activities to cover all areas of sexual and reproductive health. Include intergenerational communication, involve parents more closely, and address concerns about side effects of different contraceptive methods.
6. Enhance collaboration between public and private sectors and extend HIPs capacity strengthening to private facilities.

Government and Ministry of Health

1. Consider continuing free FP services.
2. Ensure availability of FP commodities in health facilities, as this is foundational to any FP program.
3. Consider codifying task-sharing in law or policy so that all providers are working from a shared understanding, have legal protection for their scope-of-service, and so that task-sharing may be sustainably implemented throughout the country.
4. Include content on HIPs and youth-friendly FP services in pre-service training. While the majority of this training was post-service under AmplifyPF, informants felt that embedding it in providers' initial training programs would help ensure uniformity and sustainability of these practices.
5. Create a reporting system to collect FP service provision data from private pharmacies.
6. Improve support for CHWs. Informants expressed that sufficient numbers of well-trained and well-supported CHW's are crucial for community-based distribution of FP methods. Expedite recruitment, train them in the provision of FP, and motivate them to provide high-quality counseling, referral, and services.

Data for Impact

Work Plan

AMPLIFY PF regional project evaluation (Phase 2)

April – November 2023

Submitted: March 3, 2023

Resubmitted: April 14 and 17, 2023

Approved: April 18, 2023

D4I-WA-001: AMPLIFY PF regional project evaluation

Activity Lead: Wisniewski, Janna

USAID Primary Backstop: Rawlins, Barbara

Y5 Budget: $250,247

Needs Statement

The purpose of the Performance Evaluation for Amplify Family Planning and Reproductive Health project (Amplify PF) is to assess to what extent the project has accomplished its stated results and goals, to increase our knowledge about the performance of the Amplify PF activity in Togo, Côte d'Ivoire, Niger and Burkina Faso, and to use project evaluation learning to inform the design of a follow-on project. The USAID/West Africa Regional Health Office (RHO) wants to learn what has been accomplished and what are the lessons learned to improve USAID contributions in the future to maximizing FP uptake in the region. This assignment serves as a performance evaluation of the Amplify PF project to determine the extent to which the Amplify PF portfolio has met its overarching objectives of: strengthening and institutionalizing a system for adaptation and replication of key family planning HIPs; engaging and leveraging domestic, donor and West African communities and resources and to build sustainability and scale of selected HIPs; institutionalizing a sustainable and self-regulating system of service quality assurance and monitoring; collaborating and coordinating with other USAID FP/RH partners working on commodity security, demand creation, policy, learning and related health systems. This evaluation will complement any evaluation efforts already implemented as part of the Amplify PF project's PMP. The target audiences for the Amplify PF performance evaluation are the USAID/West Africa Front Office; USAID/West Africa RHO; other USAID health offices in the region, USAID/Washington, the Governments of Togo, Côte d'Ivoire, Niger and Burkina Faso Ministries of Health, the implementing partner Pathfinder International and other donors i.e. UNFPA, Bill and Melinda Gates Foundation and WHO in the health sector as well as stakeholders in family planning and reproductive health in West Africa.

Work Plan

Despite recent progress in reducing unmet need, the West Africa region has the lowest prevalence of modern contraceptive use in the world. Amplify PF, USAID's flagship FP project in francophone West Africa, works to mobilize partners to expand access to and utilization of quality FP services in four countries: Burkina Faso, Côte d'Ivoire, Niger, and Togo. The project operates in urban and peri-urban areas of selected cities, establishing Integrated Learning Networks (ILNs) to support the replication of task sharing (i.e., provision of injectable contraceptives by community health workers) and post- partum/post-abortion FP. Activities are designed to strengthen capacity for ILN Technical Support Committees, health providers, community health workers and others; integrate FP into nutrition services; provide needed medical equipment and supplies, complete health facility data quality audits, scale up youth leadership, support participation in regional forums, and more.

USAID/West Africa/RHO has requested that D4I conduct a performance evaluation of Amplify PF in two phases. Phase 1 consisted of a desk review of project documents and relevant quantitative data sources, as well as interviews with representatives from USAID, the Ministries of Health, Districts, and youth. The evaluation team presented the results of Phase 1 to USAID in December 2022. In Phase 1, the evaluation team found that the project was generally viewed as successful, particularly in the areas of postpartum family planning, youth demand-creation, and district-level coordination. It was also concluded that program monitoring data and publicly available datasets were insufficient for evaluating the impact of Amplify PF. In a subsequent meeting,

USAID expressed a desire for Phase 2 to assess sustainability, barriers, and facilitators to the success of specific aspects of the program, and the impact of the program using DHIS2 data.

The second phase, described in this work plan, will include an analysis of PMA data from Burkina Faso, Côte d'Ivoire, and Niger, a desk review of project documents, and qualitative data collection in Côte d'Ivoire and Togo. The evaluation questions are as follows:

1.To what extent have Amplify PF implementation areas shown improvement in access to quality services compared to non-implementation areas, by country?

2.To what extent have Amplify PF service sites benefited from project interventions to institutionalize a sustainable and self-regulating system of service quality assurance and monitoring?

a. What has been learned from opportunities and challenges working with public and private sector institutions in terms of program sustainability?

b. To what extent were elements of localization present throughout AmplifyPF implementation, and what factors contributed to or hindered it?

3.What factors contributed to Amplify PF's ability to scale programming of HIPs?

a. Within implementation districts

b. Nationally

4.To what extent was Amplify PF able to engage and provide adolescent responsive sexual and reproductive health services? What were the lessons learned?

Included in Phase 2 are:

1) an evaluation of changes in FP outcome indicators from the PMA that compares supported and non-supported areas in the three countries in which PMA data is available,

2) a desk review of Amplify PF's quarterly and annual reports; and

3) in-depth interviews, key informant interviews, and focus groups conducted with stakeholders in Côte d'Ivoire and Togo. Interviews and focus groups will use semi-structured guides, designed to encourage candor, and accommodate emergent findings. Recordings will be transcribed using an automated transcription service, then reviewed and corrected as needed to ensure accuracy. We will conduct the following in two countries (Côte d'Ivoire and Togo): three focus groups with district health committee (CTAR) members; two focus groups with youth; a maximum of fifteen in-depth interviews with District health officials, community stakeholders, Amplify PF country staff, and representatives from USAID; and a maximum of fifteen key informant interviews with heads of health facilities and/or Amplify PF point people within facilities. Ethical approval will be sought from Institutional Review Boards in the USA, Côte d'Ivoire, and Togo.

The evaluation team will sub-contract a Togo-based research firm to conduct the qualitative data collection in both countries (Togo and Côte d'Ivoire). The evaluation team will hold a virtual training session with the firm prior to data collection. The firm will also assist with coding and analysis and will be present at the dissemination meetings.

Prior to this work plan, in March 2023, the evaluation and USAID held an in briefing meeting. The evaluation team also obtained the PMA data and shapefiles for all three counties in March/April 2023. The evaluation team will hold a mid-term briefing with the Amplify PF AOR and D4I AOR as applicable with the Pathfinder team on the status of the evaluation at the midpoint of data collection to address potential challenges, emerging opportunities, and data quality. The team will also provide the USAID Amplify PF evaluation AOR/manager

with periodic briefings and feedback on the team's findings, as agreed upon during the in-briefing. The team will hold an out-briefing at the end of the evaluation.

The evaluation team will hold in-person presentations in Côte d'Ivoire and Togo once the period of data collection has ended. This presentation will be scheduled as agreed upon during the in-briefing. The team will also produce a Phase 1 summary report, Phase 2 report, and four individual country reports.

Gender Considerations

A key objective of Amplify PF is expanded access to and utilization of quality FP services among women of reproductive age. The evaluation will focus on women as the primary consumers of FP services. D4I will include gender norms and gender dynamics as cross-cutting contextual factors that may positively or negatively influence programming, implementation, and results achievement. When feasible, D4I will aim for gender balance in interview and focus group participants. Gender equity is a key component of program sustainability and will be reflected in assessment elements designed to understand progress toward institutionalizing Amplify PF interventions.

Assumptions

This work plan assumes that PMA data and shapefiles will be provided in a timely manner and that the quality will be sufficient for the purposes of this evaluation and that there will be a sufficient sample size of observations from Amplify PF implementation areas, that IRB approval will be received expeditiously, and that stakeholders will make themselves available for interviews.

Benchmarks

Benchmark	Estimated Completion Date*
Contract with local partner signed.	April 2023
IRB applications submitted to USA, Côte d'Ivoire, and Togo	April 2023
Local partner trained.	April 2023
Qualitative data collection completed.	May 2023
Desk review completed.	May 2023
Interview and focus group data transcripts translated	May 2023
Mid-briefing meeting held.	June 2023
Analyses completed.	July 2023
Phase 2 presentation slides drafted.	August 2023
Report drafted: Burkina Faso.	August 2023
Report drafted: Côte d'Ivoire.	August 2023

Benchmark	Estimated Completion Date*
Report drafted: Niger.	August 2023
Summary report drafted: Phase 1.	August 2023
Report drafted: Phase 2.	August 2023
Report drafted: Togo.	August 2023
Out-briefing meeting held.	September 2023
Phase 2 presentation in Côte d'Ivoire conducted.	September 2023
Phase 2 presentation in Togo conducted.	September 2023

*These dates assume a work plan start date of April 18, 2023. If delays in work plan approval or the receipt of funding delay the start date, these dates will be automatically adjusted to account for the delay.

Deliverables

Deliverable	Estimated Completion Date*
Evaluation protocol	April 2023
IRB approval: Côte d'Ivoire	April 2023
IRB approval: Togo	April 2023
IRB approval: USA	April 2023
Phase 2 presentation slides	September 2023
[3]Country report: Burkina Faso	November 2023
Country report: Côte d'Ivoire	November 2023
Country report: Niger	November 2023
Country report: Togo	November 2023
Phase 1 summary report	November 2023
Phase 2 report	November 2023

*These dates assume a work plan start date of April 18, 2023. If delays in work plan approval or the receipt of funding delay the start date, these dates will be automatically adjusted to account for the delay.

The report and presentation will inform the design of the next regional family planning project in West Africa.

[3] Note that USAID approved the change from four country reports to one evaluation report on October 23, 2023.

Annual Performance Targets

The objective of the D4I award is to increase capacity for rigorous evaluation. To that end, the project has three IRs. The work performed under this work plan is expected to contribute to project indicators under three of the project IRs as follows:

- IR1: Evidence generated
    - Assessments/evaluations completed
- IR2: Capacity strengthened
    - Local organizations engaged for collaborative implementation of an assessment or evaluation
- IR3: Data communication and use
    - Data visualization and/or communication products/resources developed and shared with stakeholders
    - Instances of data used for program or policy decision(s)

International Travel

From	To	Quarter	Primary Purpose	# Travelers
New Orleans, USA	Lomé, Togo and Abidjan, Côte d'Ivoire	Y5Q3	Phase 2 presentation	2

Appendix D. Data Collection and Analysis Tools

Focus Group Discussion Guide with CTAR Members

Facilitator note: this is a discussion guide NOT a questionnaire. The focus should be on probing and encouraging all participants to talk as much as possible about their experiences. It is not necessary to follow all questions in the discussion guide in order, but rather please try to get full experiences and generate discussion.

Thank you and welcome to this discussion. Your opinions are very important, and no opinion is right or wrong; we just want to hear from you.

Role of the CTAR in Sustainability

1. How does the CTAR interact with health facility leadership? Community leadership?
2. In your opinion, who should be responsible for solving health related issues in this community?
3. Describe the individuals or community groups that exercise effective leadership in solving health problems.
    - Why do you say they exercise effective leadership?
    - What does effective leadership entail?
    - What is the CTAR's role in facilitating effective community leadership?
4. Does the CTAR / community have women leaders? What role(s) do they typically play? How are they viewed by other male leaders/constituents in the community?
5. To what extent does the CTAR help ensure that all community members benefit equally from community health activities?
6. In your opinion, are members of this community confident that their voices are heard and they are a part of the decision-making process?
7. What impact do you think the CTAR activities have had on the quality of family planning services offered in this district?
8. Do you think changes brought by CTAR will be sustainable after the program ends?
    - Probe: why or why not?

Community Capacity Strengthening

9. In your opinion, who should be responsible for solving health related issues in this community?
10. How do facilities and CTAR members work together to promote better health and solve health problems?

- How do facilities work together with the communities to promote better health?

11. To what extent do you feel that members of this community can come up with effective solutions for health-related problems?
12. When conflicts regarding health issues arise in the community, how do people deal with them? How do they go about resolving them?
    - How is this different from what was done before involvement with AmplifyPF?
    - Do you perceive conflict resolution as part of your role and if so, to what extent? If not please explain.
    - When such conflicts arise, who (else) in the community gets involved to help resolve issues?
    - Who in the community do you think is best placed to resolve disagreements about health-related issues?

Public / Private Partnership

13. How has the CTAR worked in partnership with other public institutions?
14. How has the CTAR worked in partnership with other private institutions?
15. What are the lessons learned from working with private partnerships?
16. What are the lessons learned from working with public partnerships?

Social Accountability

17. What oversight mechanisms are used to ensure that the support provided by the CTAR to improve the facility's ability to provide high quality health services is effectively utilized?
    - What are facility stakeholders accountable for to the community stakeholders?
    - What are district stakeholders accountable for to the facility and the community?
18. How do community members perceive facility responsiveness to the input / suggestions / actions? How do they perceive district stakeholders' responsiveness to their inputs / suggestions / actions?
19. What are examples of concrete actions that have come about in the facility / district in response to community / CTAR input?

Meaningful Youth Engagement for Youth-Friendly Service Provision

20. How have young people (young men / young women) been engaged in designing strategies, implementing them and deciding how to improve them?
    - Probe for gender differences
21. What training and support have young people (young men / young women) had from the project to facilitate this engagement?
    - Probe for gender differences

22. How would you characterize young people's (young men / young women) opportunity to make decisions that impact the project activities?
    - Probe for gender differences

Focus Group Discussion Guide – Youth

Facilitator note: this is a discussion guide NOT a questionnaire. The focus should be on probing and encouraging all participants to talk as much as possible about their experiences. It is not necessary to follow all questions in the discussion guide in order, but rather please try to get full experiences and generate discussion.

Thank you and welcome to this discussion. Your opinions are very important, and no opinion is right or wrong; we just want to hear from you.

1. How acceptable is it for young people (young men / young women) in this community to go to a health facility to ask questions about family planning?
    a. *Note: probe why to whichever answer they provide*
    b. *Note: probe any differences by gender*
2. How acceptable is it for young people (young men / young women) in this community to go to a health facility to get a family planning method?
    a. *Note: probe any differences by gender*
3. To what extent do young people in your community seek family planning services in health facilities?
    a. *Note: probe any differences by gender*
4. Should young people (young men / young women) have access to family planning? Please explain.
5. Under what circumstances should young people (young men / young women) have access to family planning?
6. Under what circumstances should they not have access to family planning?
7. What do you think are the greatest barriers that young people (young men / young women) face these days in accessing family planning services?
8. What do you think are the greatest difficulties that young women face these days in using family planning? And what about young men?
9. Do you believe that young women and young men face different challenges now than they did previously (three/five years ago)?
10. What do you think makes it easier for young people (young men / young women) to go to a health facility to ask for information / get a FP method?
11. Has anyone in this group, or anyone you know, ever been made to feel unwelcome or judged at a health facility because they wanted to access FP methods? Can you describe what happened that made you / that person feel that way?
12. On the other hand, has anyone in this group, or anyone you know, ever made to feel welcome and well cared for at a health facility when accessing FP services? Please describe.
13. Have you heard of the AmplifyPF project?
14. Do you think this project has had any positive or negative effect on making family planning services more accessible to young people?
15. To what extent do you feel that young people in this community have an opportunity to voice their concerns and influence decisions about how health services should be offered?
16. What could health services do to be more welcoming to young people?

Interview Guide (district health official)

Interviewers note: this is a discussion guide NOT a questionnaire. The focus should be on probing and encouraging the person to talk as much as possible about their experience. It is not priority to finish all questions in the discussion guide in order, but rather please try to get full experiences and generate discussion.

Interviewer: Hello, my name is _____, and I want to thank you for agreeing to share with me some of your thoughts. We have provided the informed consent information to you and you know what this study is about. Do you have any questions before we begin?

Thank you and welcome to this conversation. Your opinions are very important, and no opinion is right or wrong; we just want to hear from you.

Introduction

1. Please describe your current role and your involvement with the AmplifyPF project?
    - How long have you been in this role?
    - How long have you been involved / collaborating with the AmplifyPF project?

Scale Up & Sustainability

2. To what extent have HIPs (PPFP, task shifting, ISBC) been adopted across the district/country?
    - Probe: How do you know this? How do you keep track of HIP implementation?
3. How would you characterize the facilities that have not adopted HIPs within your district/country?
4. What have been the barriers to scaling up HIPs within the entire district/country?
5. Besides AmplifyPF staff, who have been the "champions" for scaling up HIPs in your district/country, and what have they done?
6. To what extent have HIPs (PPFP, task shifting, ISBC) been incorporated into district/national plans? If yes, how did that come about? If not, why?
7. Are there funding mechanisms in place to support HIPs on an ongoing basis within the district/nationally? If yes, how did that come about? If not, why?
8. To what extent have health workers been trained in HIPs throughout the district/country?
    - Is there a mechanism in place to train health workers in HIPs on an ongoing basis? Please describe.
9. To what extent do you think the health system shows flexibility to adapt to change and support new practices?
10. Have any laws or policies been changed to facilitate the adoption of HIPs? Which ones? How did that come about?
11. Are there any laws or policies that remain barriers to the adoption of HIPs? Which ones? What are the barriers to changing them?
12. How have health officials/facility heads/providers/patients reacted to HIPs?
13. If there was resistance, to what extent has it been addressed over the course of the project, and how?
14. To what extent have HIPs been tailored to local contexts? Why or why not?

Role of the CTAR in Sustainability

15. How does the CTAR interact with district leadership?

16. Describe the individuals or community groups that exercise effective leadership in solving health problems.
    - Why do you say they exercise effective leadership?
    - What does effective leadership entail?
    - What is the CTAR's role in facilitating effective community leadership?
17. In your opinion, are members of this community confident that their voices are heard and they are a part of the decision-making process?

Community Capacity Strengthening

18. In your opinion, who should be responsible for solving health related issues in this community?
19. How do facilities and CTAR members work together to promote better health and solve health problems?
    - How do facilities work together with the communities to promote better health?
20. To what extent do you feel that members of this community can come up with effective solutions for health-related problems?

Public / Private Partnership

21. How has the district worked in partnership with other public institutions?
22. How has the district worked in partnership with other private institutions?
23. What are the lessons learned from working with private partnerships?
24. What are the lessons learned from working with public partnerships?

Social Accountability

25. What oversight mechanisms are used to ensure that the support provided by the CTAR to improve the facility's ability to provide high quality health services is effectively utilized?
    - How are the facility stakeholders accountable to the community stakeholders?
    - How is the district accountable to the facility and the community?
26. What are the perceptions of the members of the community regarding the responsiveness of facility and district stakeholders to their input / suggestions / actions?
27. What are examples of concrete actions that have come about in the district in response to community / CTAR input?

Meaningful Youth Engagement for Youth-Friendly Service Provision

28. How have young people (young men / young women) been engaged in designing strategies, implementing them and deciding how to improve them?
    - Probe for gender differences
29. How would you characterize young people's (young men / young women) opportunity to make decisions that impact the project activities?
    - Probe for gender differences

Interview Guide (facility provider / supervisor)

Interviewer note: this is a discussion guide NOT a questionnaire. The focus should be on probing and encouraging the person to talk as much as possible about their experience. It is not priority to finish all questions in the discussion guide in order, but rather please try to get full experiences and generate discussion.

Interviewer: Hello, my name is _____, and I want to thank you for agreeing to share with me some of your thoughts. We have provided the informed consent information to you and you know what this study is about. Do you have any questions before we begin?

Thank you and welcome to this conversation. Your opinions are very important, and no opinion is right or wrong; we just want to hear from you.

Introduction

1. Please describe your current role and your involvement with the AmplifyPF project?
    - How long have you been in this role?
    - How long have you been involved / collaborating with the AmplifyPF project?

Scale Up

2. To what extent have health workers been trained in the two priority HIPs (PPFP, task shifting) throughout the district/country?
    - Is there a mechanism in place to train health workers in each HIP on an ongoing basis? Please describe.
3. Have any laws or policies been changed to facilitate the adoption of HIPs? Which ones? How did that come about?
4. Are there any laws or policies that remain barriers to the adoption of HIPs? Which ones? What are the barriers to changing them?
5. How have health officials/facility heads/providers/patients reacted to HIPs?
6. If there was resistance, to what extent has it been addressed over the course of the project, and how?
7. To what extent have HIPs been tailored to local contexts? Why or why not?

Role of the CTAR in Sustainability

8. How does the CTAR interact with health facility leadership?
9. Describe the individuals or community groups that exercise effective leadership in solving health problems.
    - Why do you say they exercise effective leadership?
    - What does effective leadership entail?
    - What is the CTAR's role in facilitating effective community leadership?
10. In your opinion, are members of this community confident that their voices are heard and they are a part of the decision-making process?
    - *Probe why:* what gives you this impression / how do you know this?

Community Capacity Strengthening

11. In your opinion, who should be responsible for solving health related issues in this community?

12. How do facilities and CTAR members work together to promote better health and solve health problems?
    - How do facilities work together with the communities to promote better health?
13. To what extent do you feel that members of this community can come up with effective solutions for health-related problems?
14. When conflicts regarding health issues arise in the community, how do people deal with them? How do they go about resolving them?
    - Do you perceive conflict resolution as part of your role and if so, to what extent? If not please explain.
    - When such conflicts arise, who (else) in the community gets involved to help resolve issues?
    - Who in the community do you think is best placed to resolve disagreements about health-related issues?

Social Accountability

15. What oversight mechanisms are used to ensure that the support provided by the CTAR to improve the facility's ability to provide high quality health services is effectively utilized?
    - How are the facility stakeholders accountable to the community stakeholders?
    - How is the district accountable to the facility and the community?
16. What are the perceptions of the members of the community regarding the responsiveness of facility and district stakeholders to their input / suggestions / actions?
17. What are examples of concrete actions that have come about in the facility / district in response to community / CTAR input?

Meaningful Youth Engagement for Youth-Friendly Service Provision

18. How have young people (young men / young women) been engaged in designing strategies, implementing them and deciding how to improve them?
    - Probe for gender differences
19. What training and support have young people had from the facility/project to facilitate this engagement?
20. How would you characterize young people's (young men / young women) opportunity to make decisions that impact the project activities?
    - Probe for gender differences

Appendix E. Evaluation Team

Data for Impact

Janna Wisniewski, PhD (evaluation co-lead) is an assistant professor at the Tulane University School of Public Health and Tropical Medicine, a member of the Data for Impact consortium. Dr. Wisniewski focuses her research on health system strengthening and program evaluation, with special interests in service quality and systemic inequities. Dr. Wisniewski led the quantitative and document review components of the evaluation.

Martha Silva, PhD (evaluation co-lead) is an assistant professor at the Tulane University School of Public Health and Tropical Medicine, a member of the Data for Impact consortium. Dr. Silva has over 15 years of experience in international public health in the non-profit sector, academic institutions, and independently as a research and evaluation consultant. Her research focus includes health services research and social and behavior change evidence generation for program and policy improvement. Dr. Silva led the qualitative component of the evaluation.

Miriam Makali (research assistant) is a doctoral student studying international health and sustainable development at Tulane University. She conducted document review and assisted in writing.

CERA Group

Sethson Kassenge (co-investigator) is a sociologist and demographer with over twenty years of experience in social science research in West and Central Africa. He is the Executive Director of CERA Group. He has experience in several health areas, including reproductive health. Mr. Kassenge was in charge of data collection and transcription.

Rebecca Ezouatchi (research associate) has proven expertise on public health issues in Côte d'Ivoire, specifically sexual and reproductive health related to key populations, gender and young people in Côte d'Ivoire, and has solid experience working on these issues with the realization of several bio-behavioral studies in various cities of Côte d'Ivoire with key populations. Ms. Ezouatchi was the country lead for Côte d'Ivoire in this evaluation.

Robert Hugues Yaovi Nagbe (research associate), holds the Second Masters Certificate in Community Development after a Bachelor's degree in Sociology from the University of Benin, Togo. He has acquired expertise in research and evaluation of projects/programs in various fields such as reproductive health, maternal and child health and HIV/AIDS. He was the technical lead for this evaluation.

Dzidzova Kossitsè Apedo, Lorimpo Baboguou, Annie Gauly, Ghislaine Kouame, Farida Moussa, Oroumon Ogoua, and Edoh Léon Soklou are research assistants who conducted interviews and focus groups, coded, analyzed, and synthesized data, and contributed to the writing of the report for this evaluation.

Appendix F. Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Janna Wisniewski
Title	Assistant Professor
Organization	Tulane University
Evaluation Position	☒ Team Leader ☐ Team Member
Evaluation Award Number (contract or other instrument)	Associate award 7200AA18LA00008
USAID Project(s) Evaluated (Include project name(s), implementer name(s), and award number(s), if applicable)	AmplifyPF Regional Project implemented by Pathfinder International
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
If yes answered above, I disclose the following facts: Real or potential conflicts of interest may include, but are not limited to: 1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	Click or tap here to enter text.
I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.	
Signature and Date	Janna Wisniewski 11/29/2023

Name	Martha Silva
Title	Assistant Professor
Organization	Tulane University
Evaluation Position	☐ Team Leader ☒ Team Member
Evaluation Award Number (contract or other instrument)	Associate award 7200AA18LA00008
USAID Project(s) Evaluated (Include project name(s), implementer name(s), and award number(s), if applicable)	AmplifyPF Regional Project implemented by Pathfinder International
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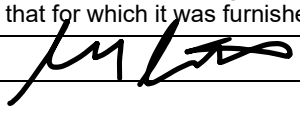
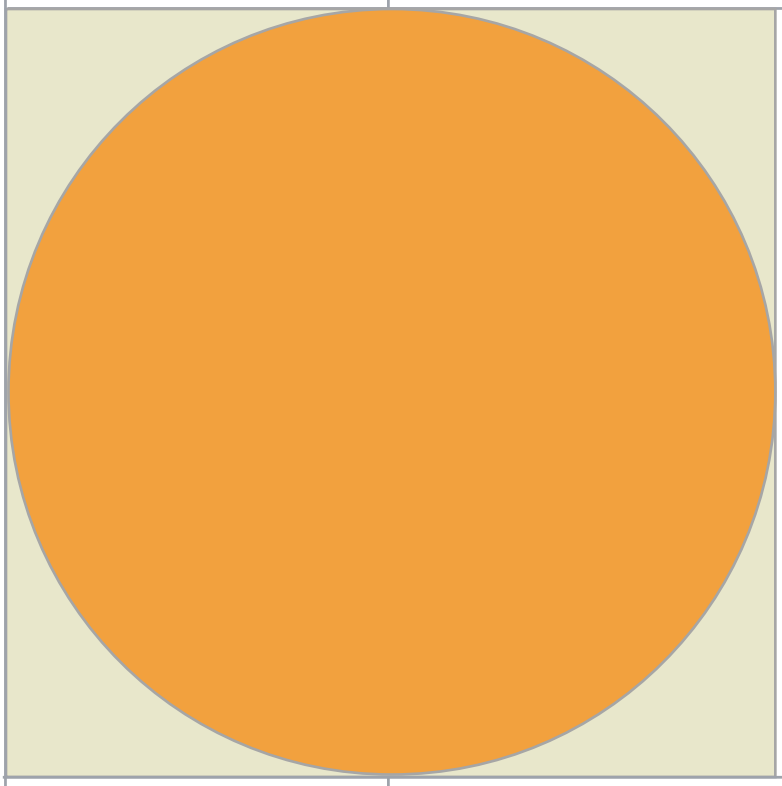
I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.	
Signature and Date	12/1/2023 

Name	Miriam Makali
Title	Research Assistant
Organization	Tulane University
Evaluation Position	☐ Team Leader ☒ Team Member
Evaluation Award Number (contract or other instrument)	Associate award 7200AA18LA00008
USAID Project(s) Evaluated (Include project name(s), implementer name(s), and award number(s), if applicable)	AmplifyPF Regional Project implemented by Pathfinder International
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
If yes answered above, I disclose the following facts: Real or potential conflicts of interest may include, but are not limited to: 1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	Click or tap here to enter text.
I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.	
Signature and Date	Miriam Makali 11/29/2023



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