

safire at steady state

A Report on Results and Insights
from August 2020 to July 2021





"We are just like a mentor to the adolescents because they look at us as someone who can easily share their emotional challenges with, so we mentor young adolescents, we have deep listening skills, then we bring ourselves down to their level, whenever they are sharing their problems."

(Big Sister in Ogun, Nigeria)



"At first when I was recruited as a Mama Champion, I had a negative perception towards abortion but after going through trainings on sexual and reproductive health I changed my perception and started sensitising my fellow mothers to reduce stigma towards girls accessing MA services. Being a Champion in the Safire programme has helped me because as a mother of teenage girls, the knowledge I have gained has enabled me to guide them and other girls."

(Mama Champion in Kiambu, Kenya)



"It's a whole lot of difference, the [training in] quality of care that Safire has afforded me is so enormous. Now I'm able to know what guidelines are, what is expected, the standards, and also, the criteria meaning that the things which I should look out for or not. It helps me to know and guide my practice in so many ways. It has improved my quality of care."

(Vendor in Oyo, Nigeria)



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list of abbreviations

APRHC	African Population and Health Research Center
ASRH	Adolescent Sexual and Reproductive Health
BS	Big Sister
CEEAGA	Centre for Economic Empowerment and Gender Activities
CLIFF	Client Feedback Form
COVID-19	Coronavirus Disease of 2019
CP	Child Protection
CPO	Child Protection Organisation
CRR	Centre for Reproductive Rights
CSA	Centre for the Study of Adolescence
CSO	Civil Society Organisation
DMIS	Data Management Information System
ED	Executive Director
GBP	British Pound Sterling
GIF	Graphics Interchange Format
HCD	Human Centred Design
IDM	Integrated Delivery Model
IPG	Information Pathways for Girls
IP	Implementing Partner
KES	Kenyan Shillings
KMET	Kisumu Medical and Education Trust
LGA	Local Government Area
M&E	Monitoring and Evaluation
MA	Medical Abortion
MATE	Mobile Application Tracking and Engagement
MEL	Monitoring, Evaluation and Learning
MSION	Marie Stopes International Organisation Nigeria
NGN	Nigerian Naira
OCA	Organisational Capacity Assessment
OCAT	Organisational Capacity Assessment Tool
PAFP	Post Abortion Family Planning
PSS	Psychosocial Support
QoC	Quality of Care
RCC	Referral Care Centre
SA	Safe Abortion
SABAS	Stigmatizing Attitudes, Beliefs and Actions Scale
Safire	Supporting Access for Adolescents to Integrated Sexual Reproductive Health Services
SLG	Safire Learning Group
SMA	Stage Media Arts
SMT	Senior Management Team
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STA	Senior Technical Advisor
TL	Team Leader
ToC	Theory of Change
USD	United States Dollars
VCAT	Values Clarification and Attitude Transformation
VSLA	Village Savings and Loans Association
WAEC	West African Examinations Council

foreword

Welcome to Safire's mid-Year 4 report!

The past 12 months have been an extraordinary period for Safire. After a long, iterative process of design experimentation, we have reached a steady state of programmatic delivery. The outstanding results of this period are the best indicators of this achievement: 70% of the **15,367** girls served by Safire with medical abortion in Kenya and Nigeria since we started to deliver services in August 2018 were reached over the last one year. Safire Big Sisters have reached **75,768** girls with sexual and reproductive health information since the beginning of the programme, of which 76% were reached over the last 12 months. While service delivery figures have stabilised, scale-up plans already underway point to the potential for further growth before we conclude programme activities in 2022.

These impressive results would not have been achieved were it not for the commitment, perseverance and ambition of our partners. In Kenya, the Kisumu Medical and Education Trust, the Centre for the Study of Adolescence, Repro-drive and Stage Media Arts, and in Nigeria, Marie Stopes International Organisation in Nigeria, the Center for Economic Empowerment and Gender Activities, Family Health and Population Committee, Gender Development Initiative and Rays of Hope Community Foundation in Oyo and in Ogun, as well as Options teams in both countries, have all demonstrated exceptional dedication to the programme, despite facing constant challenges. The hundreds of Big Sisters, Champions, vendors

and partner staff members involved in Safire put themselves at risk every day to reach adolescent girls in their communities. Our success can only be attributed to the resilience and determination of all individuals and organisations involved in this pioneering programme. I take this opportunity to thank them all for delivering such outstanding results this year, despite having to continue to work in the context of the COVID-19 pandemic.

As we prepare to enter Safire's fifth and last year of implementation, through this report we invite you to join us in reflecting about the programme's legacy for the future. Together we have learned many lessons about how to reach girls with safe and quality information and services, but important questions remain about how to sustain Safire's sensitive work beyond this programmatic phase. This report marks an important inflection point in our journey, at a time when Safire partners reflect on the past to imagine the future. As ever, I have no doubt that through our powerful collaboration we will continue to deliver outstanding results for girls and will craft an even more ambitious vision for the years to come. I hope this report will inspire you to dream with us!



Denise Stuckenbruck
Safire Team Leader
Options Consultancy Services

introduction

About Safire

Started in 2018, Supporting Access for Adolescents to Integrated Sexual Reproductive Health Services (Safire) is a pioneering programme: it seeks to increase utilisation of safe abortion services for girls in Kenya and Nigeria, in particular Medical Abortion (MA) and information on Post Abortion Family Planning (PAFP) choices from Safire trained vendors in Kenya and Nigeria. We do this by seeking to achieve three key outcomes by January 2023:

- **Increased access:** every girl is empowered to access safe abortion services and obtain correct safe abortion information and support.
- **Increased quality:** all vendors trained by Safire to provide quality safe abortion services and care that is responsive to girls' needs.
- **Increased capacity:** improved organisational capacity to manage programme activities and safe abortion services.

Safire's technical design is greatly influenced by its Human Centred Design (HCD) approach. As a proof of concept programme, over the past three years we have been exploring different ways

through which these outcomes can be more efficiently achieved, while at the same time protecting girls, partners and all programme actors from preventable risk. As this report will demonstrate, rapid adaptation based on learning from implementation and contextual change has been critical to Safire success, therefore our conceptual design and methods of delivery have morphed significantly since inception.

Options Consultancy Services leads Safire implementation, working in close collaboration with consortium partners Kisumu Medical Education Trust (KMET) in Kenya and MSI Reproductive Choices, who deliver Safire in Nigeria through Marie Stopes International Organisation in Nigeria (MSION). The consortium collaborates with civil society organisations (CSOs) as Implementing Partners (IPs) in both countries, three in Kenya (Stage Media Arts, Reprodrive and the Centre for the Study of Adolescence) and five in Nigeria (Center for Economic Empowerment and Gender Activities, Family Health and Population Committee, Gender Development Initiative and Rays of Hope Community Foundation in Oyo and in Ogun)¹.

About this Report

This report outlines Safire achievements from 2018 to date, with a focus on the 12 months between August 2020 and July 2021. It summarises the main activities undertaken during this period, key insights emerging from implementation and their implications for our approach as the programme enters its final year. For the first time this report is structured around eight programmatic components instead of three technical workstreams and supportive strategies. This new structure emerged from the work done by Safire for the programme's costing analysis conducted in early 2021 and supports a clearer conceptual understanding of how the programme is presently delivered. While the workstream structure will continue to be used for operational reasons (including for planning and budgeting, and, as a result, for financial reporting), we opted to organise this progress report around the components to enable a deeper, more holistic analysis of results and insights emerging from implementation.

¹ One of the CSOs with whom Options partners in Nigeria (Rays of Hope Community Foundation) has two branches operating as independent Safire partners. In Kenya, Safire had four CSO partners until April 2021, when one of the IPs was terminated from the programme.

The Safire integrated Delivery Model



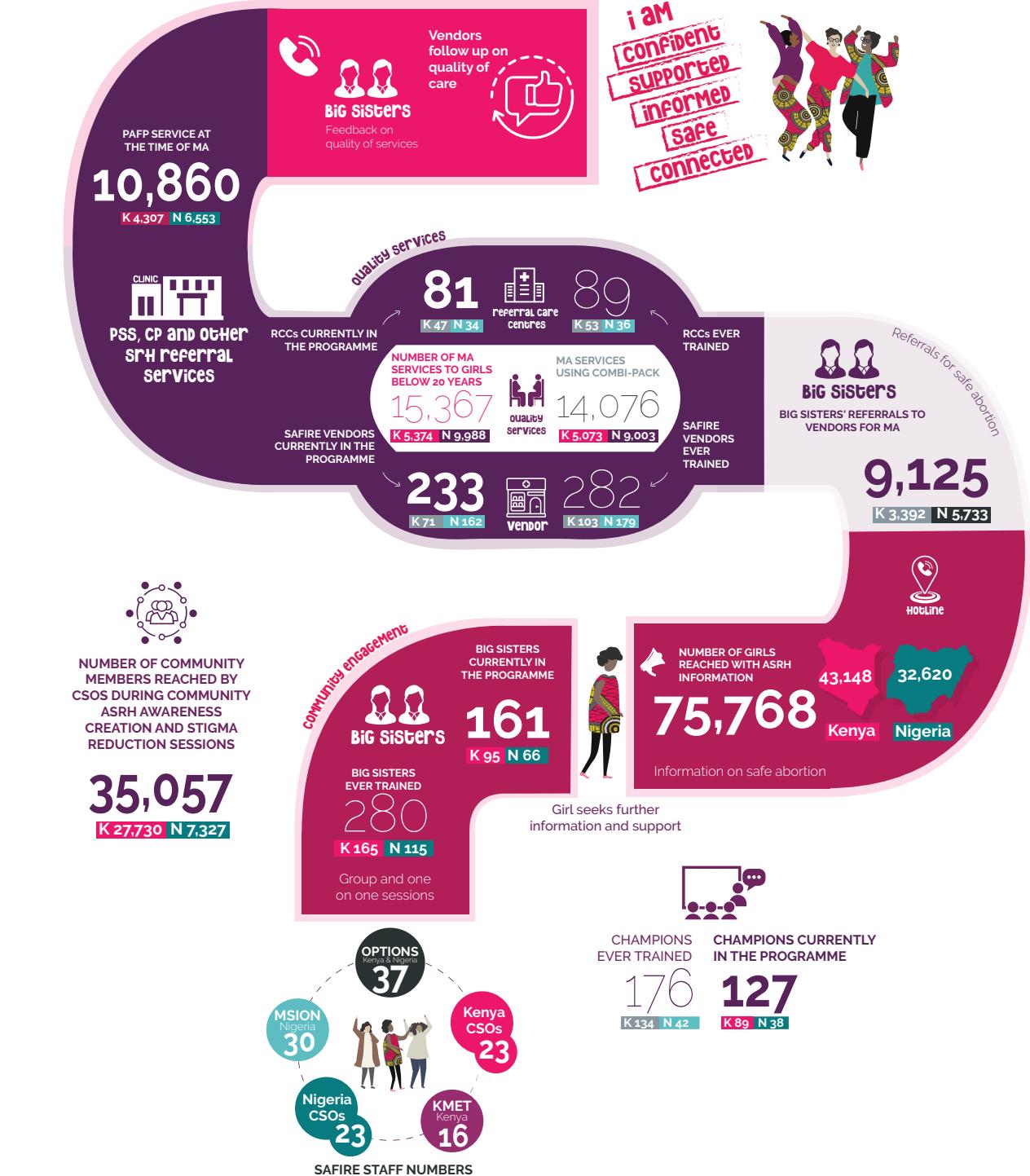
The Safire Integrated Delivery Model (IDM) adopted in December 2019 was originally composed of three implementation workstreams: Information Pathways for Girls, Community Engagement and Quality Services. Each workstream is described in a comprehensive strategy, which explain how the interventions under each workstream are implemented and how they align with our Theory of Change and Results Framework. In addition to these workstreams, the IDM design includes a Monitoring, Evaluation and Learning (MEL) system as well as a range of Supportive Strategies that enable the delivery of results during and beyond this phase of the programme. The IDM was rolled-out by partners from March 2020, when Safire implementation began in earnest.

Following programme adaptation during the first period of IDM implementation, the

Community Engagement and Information Pathways for Girls (IPG) workstream strategies were updated in July 2020 and the Quality Services Workstream strategy was updated in January 2021. Reflecting on almost 18 months of IDM implementation, during the Learning Summit held in August 2021 consortium partners concluded that the Safire model has been successful in enabling the programme to achieve its intended results.

As an adaptive programme, Safire is unlikely to ever arrive at a 'final model', but partners agree that over the past year the programme has reached stability and that its main components have been largely defined, as this report will further describe. Before expanding on the past year's achievements, we share the latest adjustments to the Safire model design.

Girl's Journey



Safire's wide network of partners and community-based actors creates a dynamic and supportive ecosystem that enables adolescent girls' access to safe, high-quality sexual and reproductive (SRH) information and services. Our reach extends much beyond the girls directly served by our partners and transforms beliefs and practices that commonly prevent the realisation of women's and girls' sexual and reproductive health rights.

Design refinements

Information Pathways for Girls

The IPG workstream was designed to ensure girls are provided with accurate information to empower their decision making and choices when facing unintended pregnancy.

As part of its HCD process, Safire developed various prototypes aimed at sharing accurate and friendly SRH information with girls. This included two printed assets targeting girls, the LovElla comic book and the DIY Guide booklet. These prototypes were discontinued in an early phase of the programme due to the risk girls could face while handling printed material that made explicit reference to safe abortion methods.

Two digital assets developed during HCD were further explored, the LovElla and Orente Knows Facebook pages, in Kenya and Nigeria respectively. It was envisaged that these platforms could be a safer, more cost-effective approach to improving girls' access to information and services. By the second half of 2020 these Facebook pages had not taken off because of the challenges in identifying organisations who both had the capacity and interest to securely host and manage them before they could be handed over to Safire IPs. The Safire digital platforms were therefore discontinued; in their place, IPs were encouraged to leverage their institutional social media platforms to disseminate information on adolescent sexual reproductive health (ASRH).

As a result of these changes, by the start of Year 4 the only two interventions left in the IPG workstream were Big Sisters (BSs) and Hotlines. The BS intervention originally straddled two workstreams, IPG and Community Engagement, due to the comprehensive role they play in the girls' journey. Over time it became clear that BSs have a pivotal role in the programme design and are central to the attainment of Safire results. In fact, they contribute to the achievement of all workstream objectives. As a result of this evolution, the Safire team decided that, to facilitate operational management, the BS intervention was best placed only under the Community Engagement workstream. Managing the BS intervention is a key function of Safire IPs, alongside their other, complementary community engagement activities.

In the original design of the IPG workstream, hotlines (or a call centre, as it is referred to in Nigeria) manned by KMET and MSION were conceptualised as complementary interventions to reach adolescent girls with information and refer those needing services to vendors and Referral Care Centres (RCCs). As will be seen later in this report, despite the relatively low uptake in both countries, because of girls' preferences hotlines still play an important role in counselling them on various SRH issues and 'on demand' information sharing. They are also sporadically accessed by BSs and vendors when they need more information on various SRH matters. While they are not deemed to be a critical component of the Safire model, considering both hotlines' relatively low

maintenance cost, the programme has concluded that it is desirable to retain them as a long-term support channel to ensure that reliable information is always available to Safire clients and actors. Much like the BS intervention, the hotlines have evolved to contribute to all original Safire workstream objectives. Following the decision made in relation to BSs, the programme team decided that the hotline intervention too should be moved to the Community Engagement workstream, because their primary function is to ensure all girls and Safire actors in the communities we work in can access SRH information on demand.

As a result of these changes, in early September 2021 the Safire team decided to formally close the IPG workstream. This was a natural and long anticipated outcome, given the way the programme has evolved over time.

Community Engagement

Safire's Community Engagement workstream has remained largely unaltered since its original conceptualisation. Its objective is to ensure girls find friendly, safe and supportive entry points to discuss their ASRH needs and in order to facilitate timely access to quality services. In addition to it now housing the KMET hotline and the MSION contact centre, another notable addition to the workstream has been the onboarding of Child Protection (CP) referral partners by IPs. Big Sisters, vendors and other

Safire integrated delivery Model



programme actors can refer girls who may have experienced some form of abuse, violence or exploitation to these partners for specialised case management.

Other minor adjustments have taken place over time to improve the effectiveness of Safire's community engagement interventions. This report will later expand on how insights emerging from programme delivery have informed such adaptations.

Options leads the delivery of this workstream by working closely with IPs and other consortium partners.

Quality Services

The purpose of the Quality Services workstream continues to be to ensure that quality safe abortion services are available and affordable to adolescent girls experiencing unwanted pregnancy. As expected, adjustments have been made on how the programme delivers these services based on lessons learned over time. One important adjustment made to the way this workstream has been delivered in Kenya during the past year relates to the decision to work with a cohort of regional commodity wholesalers to supply Safire vendors, operationalised in Q3 of Year 3. One year later this supply model is already under review, aiming to improve efficiencies of scale and affordability of products to girls.

During the period, greater emphasis was given to onboarding vetted Referral Care Centres (RCCs) with whom all Safire vendors have now been linked. This became particularly critical in Kenya, where in early 2021 the programme decided that vendors must procure a prescription from RCCs before dispensing MA to

Safire clients. Furthermore, over the past 12 months Psychosocial Support (PSS) services were made available to all Safire clients and actors via KMET in Kenya and referral partners in Nigeria.

KMET and MSION lead on the delivery of this workstream in Kenya and Nigeria, respectively, working closely with Options and IPs to ensure coherent and coordinated programme delivery.

Monitoring, Evaluation and Learning

Safire's MEL system continues to operate as originally designed. Over the past 12 months, great emphasis was placed in transitioning all routine data collection from paper forms to the programme's unique Data Management Information System (DMIS). Concerted efforts were invested in embedding quantitative and qualitative data analysis in routine programmatic activities, instigating reflection and learning among partners to regularly inform programme adaptation. Building on the recommendations from two Country Learning Summits held in early 2021, the production of eight Learning Series Papers to document Safire insights and instigate discussions about model refinements during the second programme Learning Summit were key achievements at the end of this period.

Options oversees the implementation of Safire's MEL system, and works closely with all partners to ensure collective ownership of data collection, quality assurance and, moreover, of reflection and analysis to inform iterative programme adaptation.

Supportive Strategies

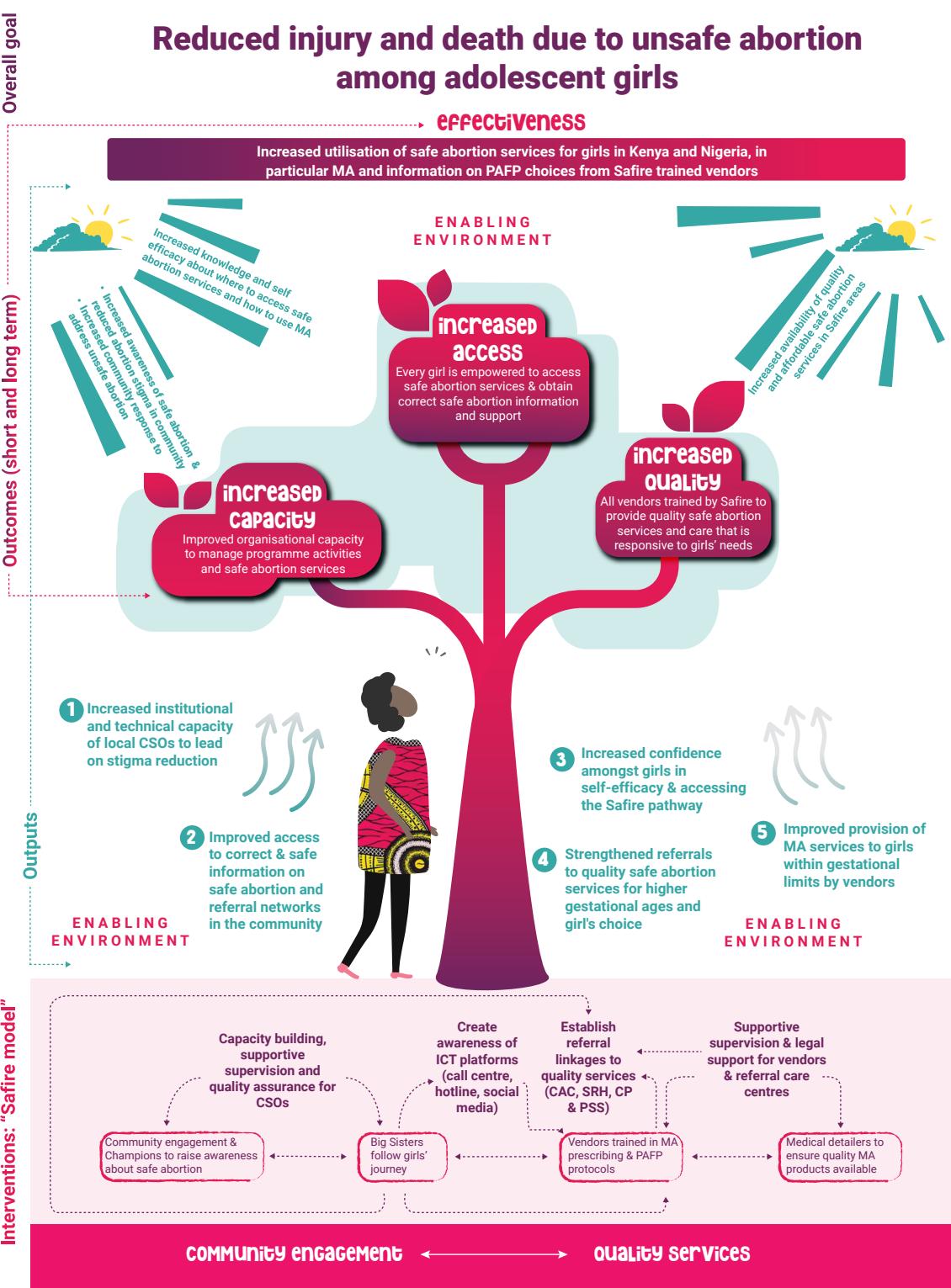
Counting on a stable consortium of partners and having integrated Quality Assurance throughout all aspects of programme delivery, during the past 12 months Supportive Strategies related to Risk Management and Safeguarding, as well as Feasibility and Sustainability were further refined. Safire invested a great amount of resources and efforts to increase all partners' capacity to monitor and respond to risks, especially those related to safeguarding and Do No Harm. The programme undertook an exercise to better understand what it costs to implement the IDM at a steady state of delivery and continued to invest in developing the capacity of IPs as a long-term sustainability strategy. A critical decision for Safire's sustainability was made in late 2020, when partners agreed to invest in KMET as the prospective programme lead in Kenya. This was followed by the design and delivery of a capacity development programme aimed at priming KMET to eventually lead Safire and informed the production of a new Strategy for Strengthening Local and National Leadership in Safire in mid-2021. Once endorsed by all partners, this Strategy is expected to greatly influence how Safire will be delivered during the last year of the current phase of implementation.

Consortium partners work very closely together to ensure Supportive Strategies are integrated throughout all aspects of programme delivery.

Theory of Change

To reflect the refinements described earlier, the Safire Theory of Change (ToC) was updated in September 2021. In addition, the long-term outcome originally titled "Increased Efficiency" was revised to read "Increased Capacity" to better reflect the expected results of Safire capacity development activities.

The Safire ToC and IDM structure as described earlier will continue to be used to organise Safire teams and workflows and will continue to underpin programme plans and budgets. However, to allow for more in-depth, cross-programmatic technical analysis and learning, the eight components around which this report is structured will be increasingly used to conceptually explain how Safire is designed and delivered.



PROGRESS AGAINST PRIORITIES AND CHANGES IN THE OPERATING CONTEXT

Progress against Years 3 and 4 priorities

Here is a brief summary of our progress against the Years 3 and 4 priorities outlined in our Year 3 semi-annual report submitted in September 2020. This document will provide further evidence and insights in relation to the progress made by the programme in these and other areas in the past year.

Priorities for the remainder of Year 3 as of September 2020

Status as of September 2021, at mid-Year 4

Collect more information about the profile of the girls reaching Safire, especially those 'most vulnerable' (e.g. those unable to pay, in rural areas, without access to phones, of a younger age). This will allow us to understand the vulnerabilities being presented, before implementing tailored responses.

Improve our capacity to refer girls to complementary services, especially those related to child protection, psychosocial support and wider ASRH services. Prioritise referring girls to external, vetted service providers in the community where possible.

Conduct a more thorough assessment of the capacity and profile of current RCCs to prioritise working with those that are ready to engage with us and can offer quality services with minimal engagement from the programme. Tighten criteria to onboard new RCCs.

Options conducted a rapid analysis of Safire clients' socioeconomic profile in January 2021. The conclusion was that Safire reaches girls whose profile closely matches that of their coverage population. Only a small minority of girls might be left out from the programme due to inability to pay. The programme has organically developed mechanisms to reach girls who cannot afford services, so a decision was made not to introduce a subsidy scheme. Such a scheme was considered too complex a mechanism to reach a potentially small cohort of girls.

Child protection organisations (CPOs) and PSS networks have been identified and onboarded as referral partners to cover all Safire geographies in Kenya and Nigeria.

In Nigeria, the RCCs selected are health facilities already trained by MSION and Ipas to guarantee their competency. In Kenya, initially, KMET selected their RCCs and provided training and equipment to facilitate referral and provision of services to girls. To prevent the burden of training RCCs from falling on Safire partners, the programme developed robust criteria for selecting new RCCs to onboard. This was rolled out in October 2020 and is now being used in both countries. In line with our risk management protocols, MSION and KMET train RCCs on safeguarding and vendor prescription guidelines.

Collect more data about the cost-efficiency of the hotline and contact centre, and better assess the role they are playing in the Safire model, to inform future discussions about their relevance to the girls' journey.

Continue to improve our risk management and safeguarding capacities, including providing legal support to all partners, vendors and BSs.

Boost the organisational and technical capacity building of IPs, with a particular focus on community-based ASRH programming, stigma reduction, communications and resource mobilisation.

Understand effectiveness of partnership with Triggerise in Kenya.

Integrate learning agenda in routine implementation.

We have been collecting data on the use of the hotline and contact centre (see section on Provision of and referral to support services later in the report). This data has shown that although the hotline and contact centre are not serving their original expected purpose as a source of referral for MA, they still play a key role in counselling and reassuring girls along their MA journey, providing an alternative youth friendly channel for girls to access ASRH information. The cost analysis conducted in early 2021 confirmed their relatively low running cost, so the programme has decided to retain them as part of the model (see earlier section about Design refinements)

MSION provides legal support to partners in Nigeria.

Between late 2020 and early 2021, the Centre for Reproductive Rights (CRR) provided legal training and support to IPs, BSs and vendors in Kenya. From October 2021, legal support will be provided via KMET in Kenya.

A tailored Safire Safeguarding Framework was adopted by all partners in August 2020. Safeguarding capacity has greatly improved across the partnership thanks to ongoing training and coaching.

During the period, Safire IPs underwent an intense process of capacity development in a range of areas. These included programme and financial management, communications, resource mobilisation, community engagement and stigma reduction. Increased capacity of IPs has been demonstrated through improved Organisational Capacity Assessment (OCA) scores, strengthened financial and programme management processes and increased confidence of IPs to undertake community dialogue sessions and engage in the ASRH space. More than half of our IPs have secured future funding for ASRH work. For more detail, please refer to the section on Local partner technical and institutional capacity building.

Our collaboration with Triggerise was terminated prematurely in April 2021 due to concern that proceeding with the pilot project would expose both Safire and Triggerise to government backlash, and potentially jeopardise both programmes. Discrepancies between data from the Triggerise's Tiko platform and our data collection system meant that Safire did not use data from the Tiko platform to reflect the status of service delivery in Bungoma county.

Consortium-wide Safire Learning Groups (SLGs) have been instrumental in driving forward the Safire Learning Agenda. This has involved reviewing and collating findings from programme documentation, filling data gaps through key informant interviews, and holding focus group discussions with Safire actors. SLGs were responsible for the production of eight programme learning papers in July 2021, which in turn informed the discussions and deliberations held during the second Learning Summit held in August 2021.

Priorities for Year 4 as of September 2020

Promote a systematic 'learning culture' between partners, ensuring rapid adaptation of implementation.

Accelerate service delivery based on refined model and test some new components of the design, while ensuring it remains girl centred.

Make decisions about critical model interventions and geographical coverage, based on robust data from implementation and financing.

Status as of September 2021, at mid-Year 4

After a first successful all-consortium Learning Summit in September 2020, Country Learning Summits were held in February 2021. A second consortium Learning Summit took place in August 2021. Partner reporting templates were adapted to integrate a section on strategic lessons and insights from each quarter of implementation, encouraging partners to demonstrate how these informed programme adaptations.

The Safire consortium worked intensely to refine the delivery model until the end of Year 3, based on the experiences of the first year of IDM implementation and the recommendations emerging from the first Learning Summit. The number of girls reached with ASRH information has continued to increase during Year 4. After a significant rise in the number of referrals for MA prior to August 2020, the figures have stabilised at the higher level. Scale up plans are underway to increase our geographical coverage and are expected to result in an increase in the average number of girls reached monthly by the programme by the end of Year 4.

Suggestions for further minor refinements to the model were made during the Learning Summit in August 2021. These are already being followed-up by partners.

Regular data monitoring prompted the need for a remapping exercise in Nigeria, to improve the ratio of BSs to vendors within Safire geographies, ensuring efficiency in referrals. This remapping led to an increase in service uptake in Nigeria. A similar exercise is currently being undertaken in Kenya.

The selection of new geographies for scale up in Nigeria and Kenya was based/will be based on examining demographic and socioeconomic data, anticipated BS and CSO performance in a range of potential new locations, as well as capacity of KMET and MSION to expand vendor and RCC coverage.

Support partners to expand scope of alliances and funding for the future.

Invest in stronger collaboration between consortium members and IPs to increase effectiveness of the model.

Develop key 'Legacy Toolkits' based on successful interventions.

Position for Year 5: prepare to hand over a refined model to local partners and share expertise externally.

In Kenya, all partners have been members of the Health Non-Governmental Organisation Network county chapters since October 2019, which they continue to leverage to further the ASRH agenda in their respective counties. In Nigeria, with our support, all IPs registered with the Society for Adolescent and Young People's Health in Nigeria in November 2020. MSION are further supporting IPs to develop an engagement strategy, helping them to build networks and relationships with other partners and government stakeholders.

Since February 2021, with Safire technical support, two IPs in Kenya and one IP in Nigeria have secured funding to implement Sexual and Reproductive Health and Rights (SRHR)-related programmes. All IPs in both Kenya and Nigeria have been linked to Amplify Change funding opportunities and, as of September 2021, are awaiting feedback on submitted proposals. For more details, see the report on progress towards building local partners' capacities in the ASRH field in Annex 2.

We have continued to strengthen collaboration between partners through strategic consortium meetings, partner and joint programme review meetings. These meetings have facilitated discussions around programme progress and implementation challenges, using evidence to build consensus on programme adaptation and course correction where necessary.

With the approval of the no-cost extension, the production of the Safire Legacy Toolkits has been postponed to the start of Year 5, as one of the strategies to support programme handover to local partners.

The Strategy to Strengthen Local and National Leadership drafted during Q2 of Year 4 will guide our work on supporting local partners to progressively take over programme implementation in the future.

The drafting of eight learning series papers consolidated learning in different programme areas, setting the foundation for upcoming Legacy Toolkits and sharing knowledge with others when appropriate.

Changes in the operating context

Adapting to COVID-19

Safire programme activities have largely continued according to plan in close observance of governments' COVID-19 guidelines. Nevertheless, the following modifications to programme delivery have been made:

- All international travel and meetings have been cancelled since March 2020 and have not resumed to date.
- Meetings between partners now take place virtually where possible.
- Consultants have been asked to deliver training and coaching sessions remotely.
- The frequency of supportive supervision trips by consortium partners to IPs and vendors has been reduced and these are conducted remotely where possible.
- Caps on the number of people meeting in one place have meant that, for example, face-to-face BS sessions have had to be split in two.

Although our ability to reach an increasing number of girls despite the pandemic is a remarkable achievement, we continue to face several challenges while implementing the programme in the context of the global pandemic, including:

- Limited use of mobile phones and poor internet connectivity at times hindered partners' engagement with BSs, vendors and RCCs, and communications between these actors and girls. As a result,

increased efforts had to be placed by everyone engaged in Safire to ensure activities were completed in a timely manner and with the expected quality.

- The inability to meet in person and to undertake frequent visits to implementation sites has contributed to an increase in the number of virtual meetings across all Safire teams, enhancing everyone's already significant workload.
- Virtual trainings may have been less effective than expected (see section on Local partner technical and institutional capacity building).
- Lack of face-to-face oversight of IPs may have contributed to and delayed identification of the alleged fraud by a Kenyan IP.



PHOTO: SAFIRE VENDORS IN NIGERIA DURING A VENDORS REVIEW MEETING

Policy environment

In May 2021, the Nigerian Federal Ministry of Health approved a National Guideline on Self-Care for Sexual, Reproductive, and Maternal Health 2020 and the plan to launch the document is underway. The main purpose of the guideline is to standardise guidance on self-care for sexual, reproductive and maternal health, including creating an enabling environment for implementation across Nigeria. This is based on the World Health Organisation's Consolidated Guideline on Self-Care Interventions for Health. One of the recommendations included in the Nigeria Guideline is the

community distribution of misoprostol. Although this will not directly impact implementation of Safire, it is a positive change in the safe abortion field in Nigeria. The recommendation will create an opportunity for IPs to make a case for task-shifting combi-pack dispensing to beyond just medical professionals. It also encourages young people to use Family Planning products on their own, especially Sayana press.

In Kenya, The Reproductive Healthcare Bill, 2019, which provides a framework governing access to family planning, safe

motherhood, termination of pregnancy, reproductive health of adolescents, and assisted reproduction has not yet been passed at the senate. It remains a bone of contention because of the strong opposition, especially from religious groups. Consultations are ongoing with various stakeholders to build consensus. The pending bill will continue restricting an enabling environment to deliver safe abortion services, meaning programmes like Safire will continue to face opposition and be subject to varied legal interpretations from local authorities.

Geographical coverage

Having stabilised service delivery in the majority of areas where they are operating, Safire partners have agreed to start expanding their presence in the counties and states where they work, in Kenya and Nigeria respectively. A range of criteria have been used to guide decisions on where and by how much to expand, including population data showing SRH needs (i.e. high teenage pregnancies, low contraceptive use, the first sexual debut being lower than 15 years), availability of qualified vendors, Big Sisters' performance over the past 12 months, IP performance, and socioeconomic factors within the scale-up localities. Options, KMET, MSION and IPs have agreed to pursue a phased scale-up approach of the model as illustrated by the maps below. The ambitious figures shared here demonstrate partners' confidence and appetite for growth. The extent to which we will be able to meet these aims will be determined by a range of factors such as the status of the COVID-19 pandemic in each country, the availability of vendors that meet the criteria for selection and our ability to rapidly identify, onboard and monitor the performance of vendors and BSs in each new locality.

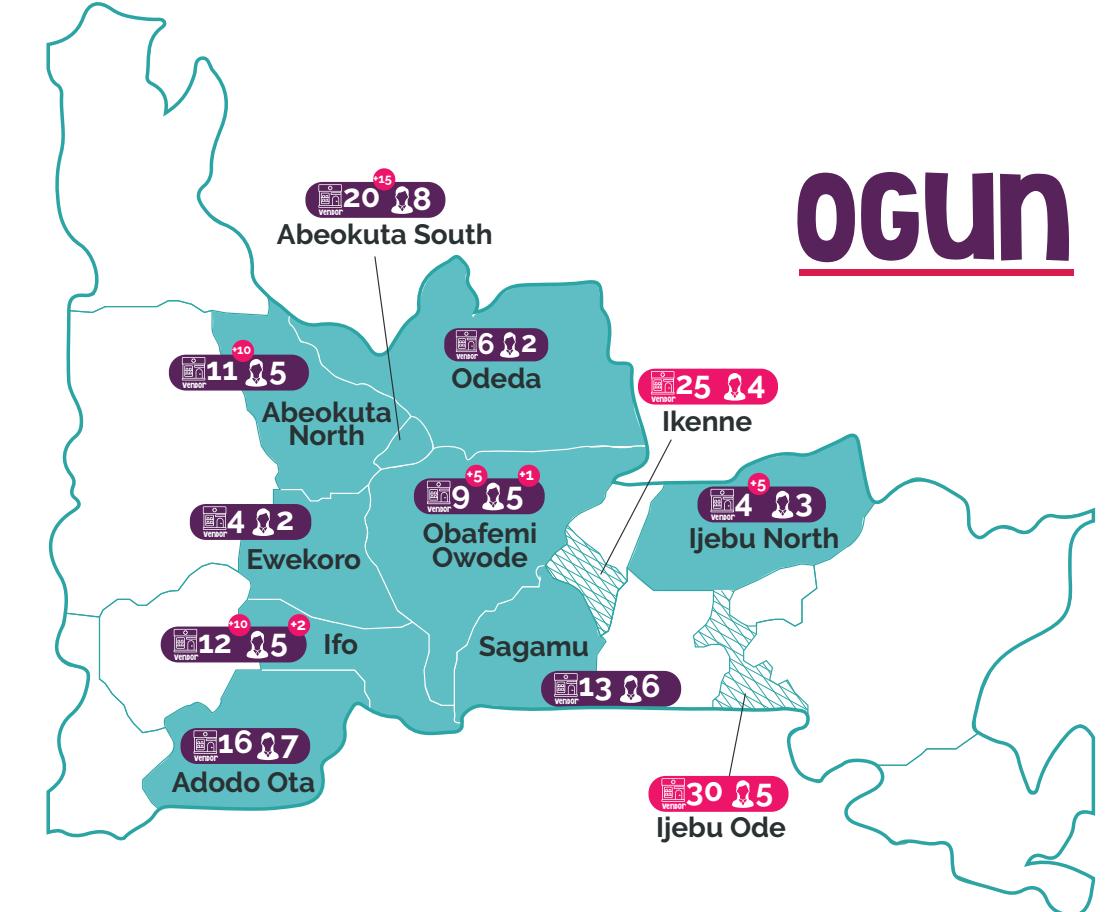
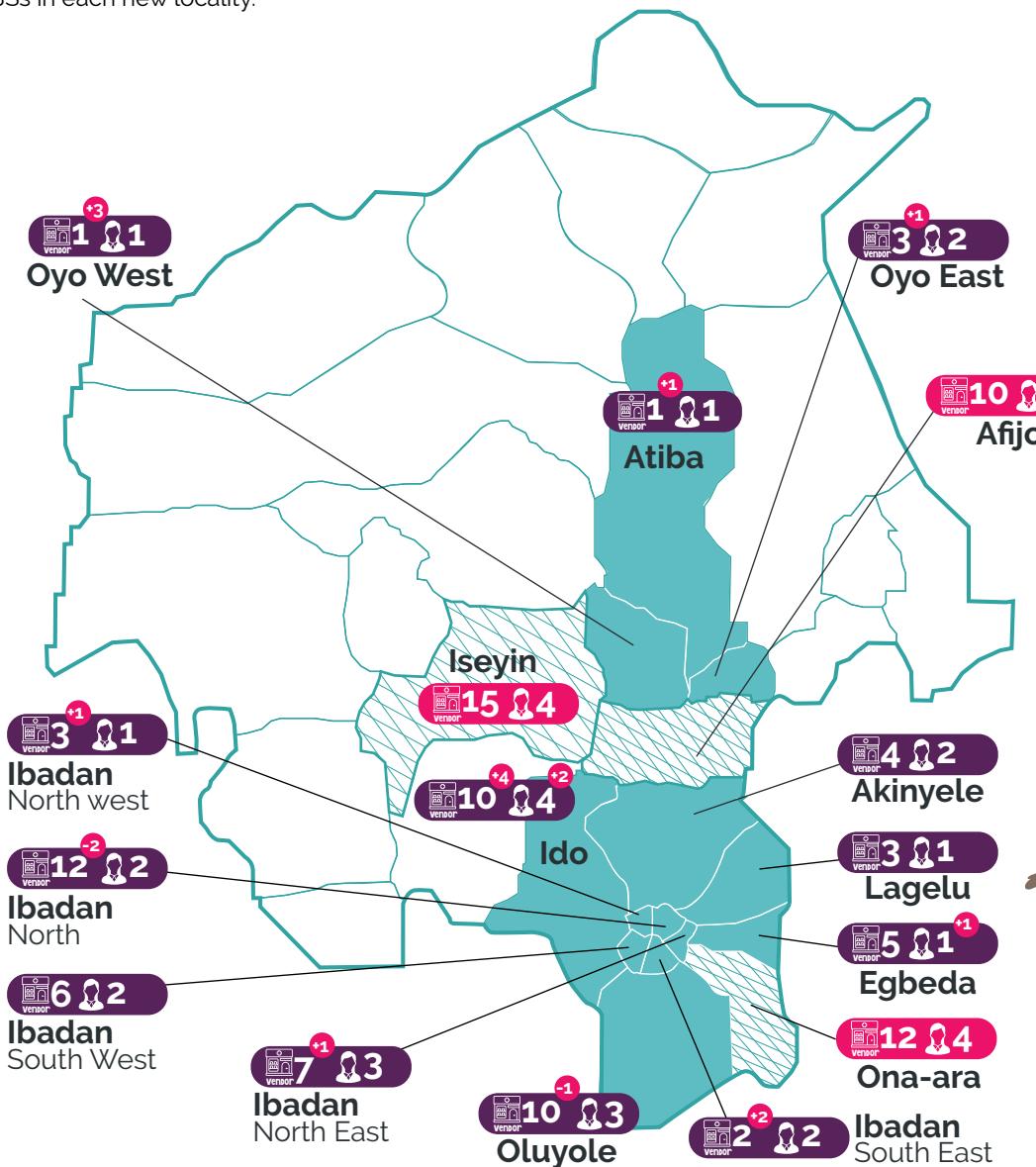
Nigeria

Between July 2020 and July 2021, Safire has expanded its coverage in Nigeria from 17 to 22 Local Government Areas (LGAs). In Oyo state the LGAs have increased from nine to 13 and in Ogun state they have increased from eight to nine. Over the next six months, by January 2022, we plan to scale up further in Nigeria to work in an additional five LGAs (two in Ogun and three in Oyo). This will take Safire presence to 27 LGAs within the two states.

The number of vendors has increased from 156 to 162 between July 2020 and July 2021, while the number of BS positions has

Oyo

increased from 53 to 68 over the same period. It should be noted that these are the total available positions for vendors and Big Sisters, the actual numbers fluctuate in any given month due to a continuous process of attrition and replacement. Actual numbers are discussed later in the report. In line with this move into new geographies in Nigeria, the number of vendors and BSs will increase, including in a few of the LGAs we already work in. After this scaling up, the total number of vendors in Nigeria is expected to reach 309, and the total number of BSs to reach 95.



OGUN



Legend	
	LGAs we were working in by end of July 2021 and will remain in until the end of the programme
	Additional LGAs we plan to be present in by end of January 2022 (end of Y4)
	Projected increased/decreased number of Big Sisters and vendors between July 2021 and January 2022
	No. of vendors per LGA
	No. of BSs per LGA
	No. of projected vendors per LGA
	No. of projected BSs per LGA

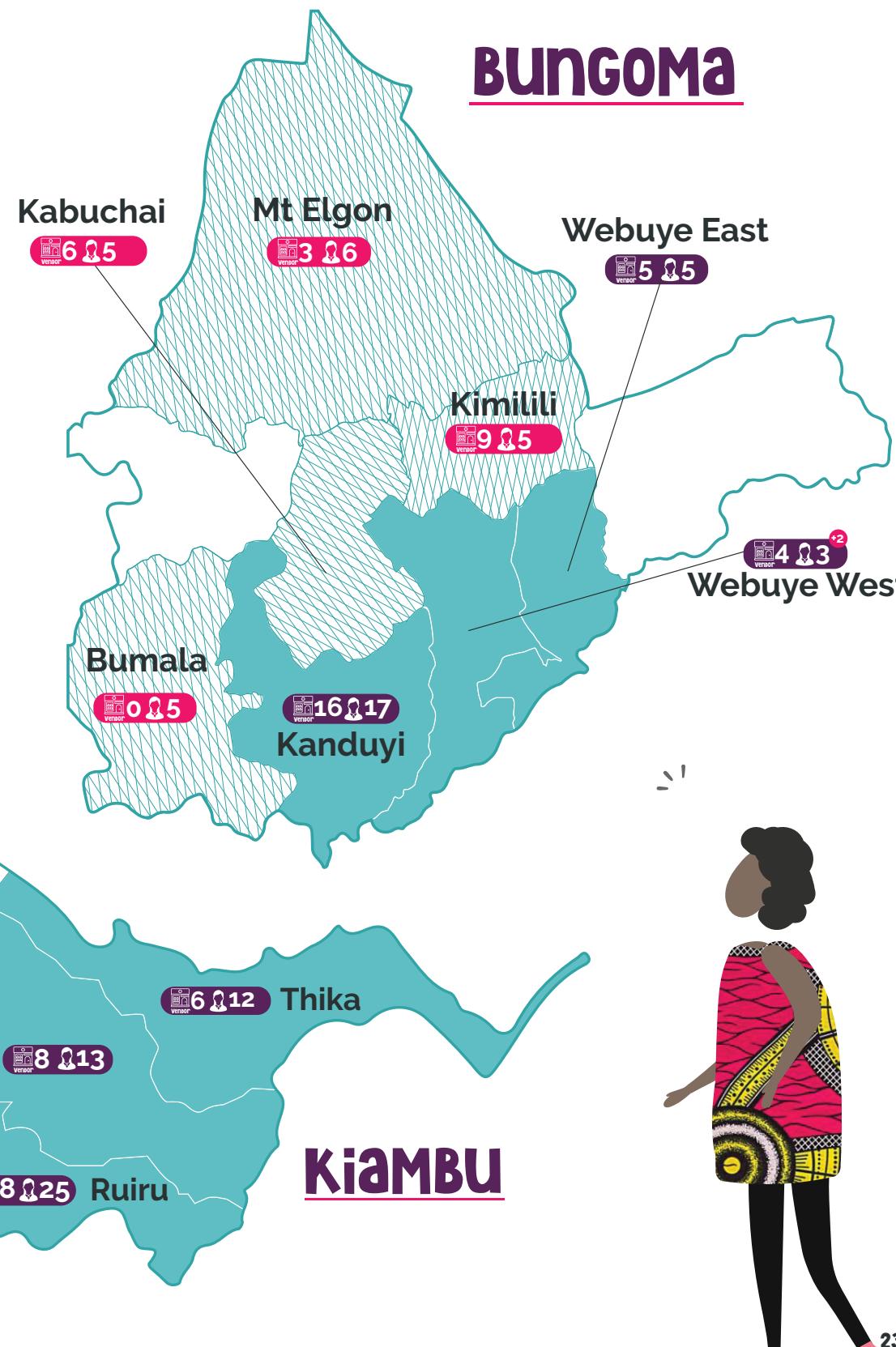
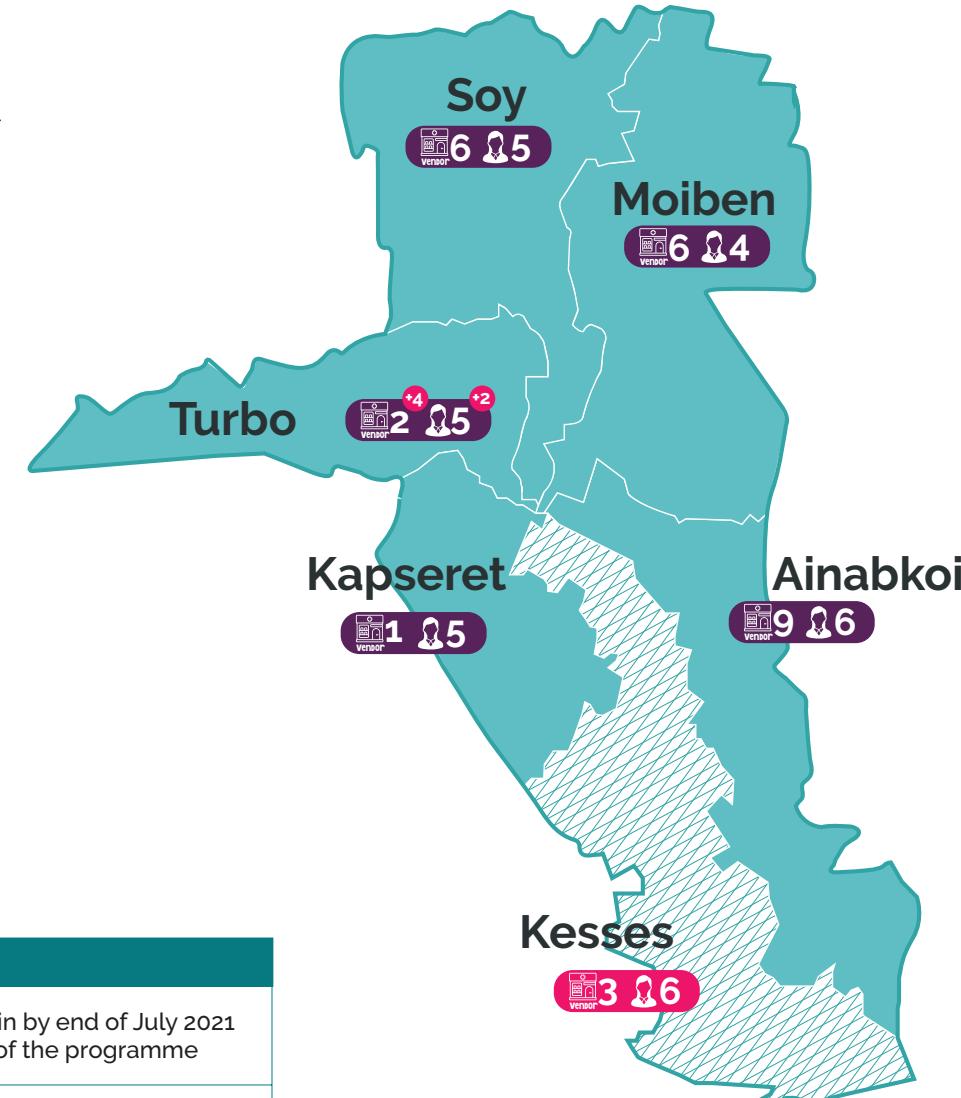
Kenya

In July 2020 Safire was working in nine sub-counties across Kenya: three in Bungoma, three in Uasin Gishu and three in Kiambu. Over the last year we have expanded to work in a further two sub-counties, both in Uasin Gishu. By the end of Year 4 (end of January 2022), we plan to be present in an additional eight sub-counties (four in Bungoma, three in Kiambu and one in Uasin Gishu).

During the last 12 months, we have increased the number of vendors from 44 to 71 and the number of BSs from 39 to 100. As with the Nigeria figures, these are the available positions for BSs. By October 2022 we plan to have increased the number of vendors to 112 and the number of BSs to 165. This expansion will mean working in new sub-counties, but also moving into new wards and villages and increasing the number of BSs and vendors in the sub-counties where we already work.

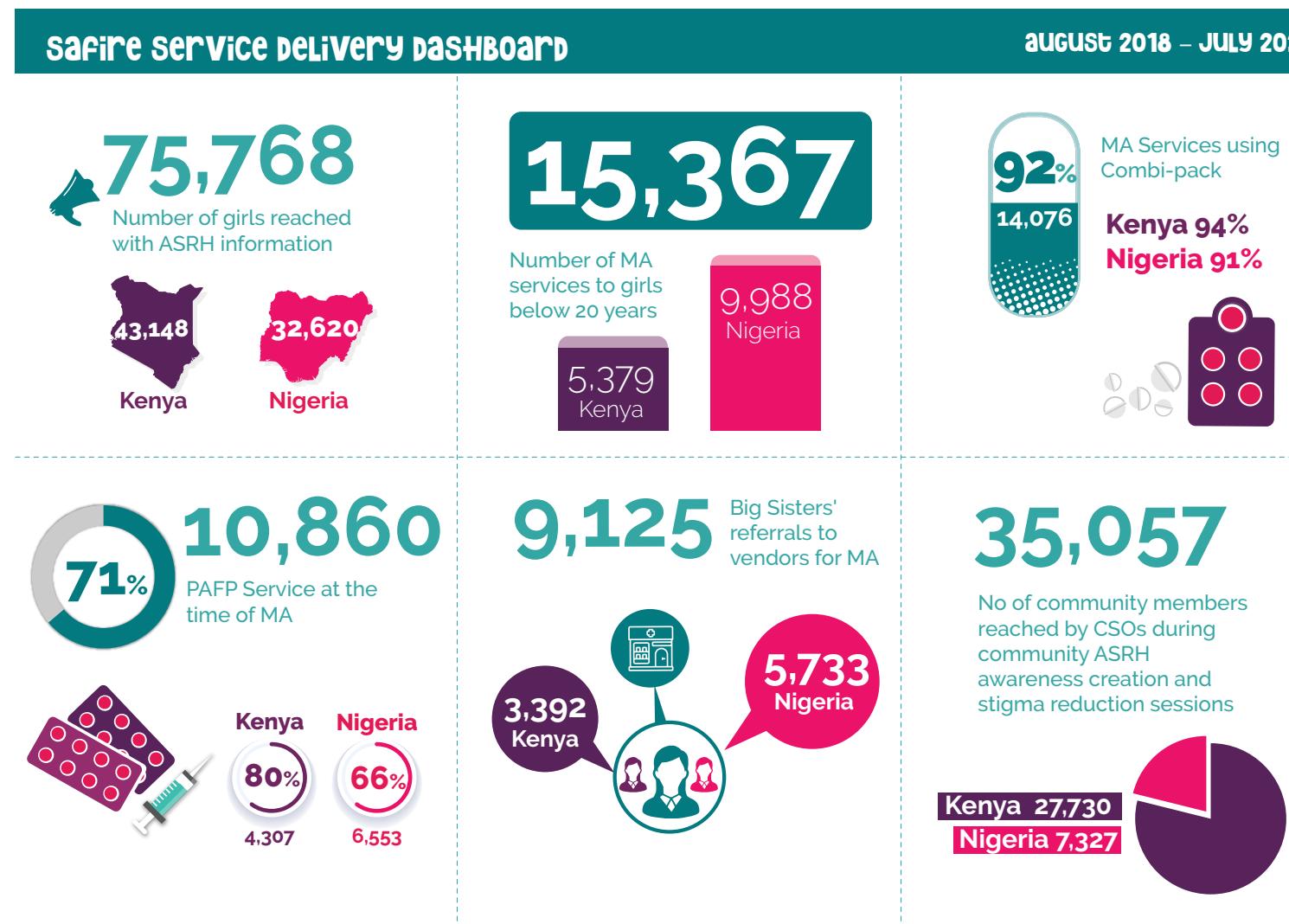
Legend	
	Sub-counties we were working in by end of July 2021 and will remain in until the end of the programme
	Additional sub-counties we plan to be present in by end of January 2022 (end of Y4)
	Projected increased/decreased number of Big Sisters and vendors between July 2021 and January 2022
	No. of vendors per sub-county
	No. of projected vendors per sub-county
	No. of BSs per sub-county
	No. of projected BSs per sub-county

UASIN GISHU



RESULTS AND EMERGING INSIGHTS

Since starting in 2018 Safire has progressively increased its capacity to reach girls and community members in Kenya and Nigeria with accurate SRH information and quality services. The cumulative reach figures summarised in the dashboard below and in the detailed data analysis presented in the following sections of this report demonstrate the acceleration of programme delivery over the past 12 months. As the programme design matured through constant adaptation, partners' increased capacity and confidence in implementing Safire interventions were translated into a broader and better-quality offer of services to adolescent girls.



As mentioned in the introduction of this report, the Safire team developed and is now working with a new way of conceptualising the programme as an interdependent suite of eight components. These components allow us to frame the IDM in a way that is more fine-grained than the three workstreams but not as detailed as the interventions included in each workstream. They cover both the interventions Safire delivers but also the supportive strategies that enable those interventions to happen and be sustained over time. Due to their cross-programmatic nature, it is not possible to map these eight components to IDM workstreams and supportive strategies with precision. However, an approximate fit could be understood as follows:

Original Integrated Delivery Model	Components
Information Pathway for Girls workstream (closed)	None
Community Engagement workstream	1. Girls' journey companion: Big Sisters 2. Community-led awareness raising and stigma reduction 3. Local partner technical and institutional capacity building
Quality Services workstream	4. Private sector engagement and service delivery 5. Provision and referral to support services
MEL system	6. Monitoring, evaluation and learning
Supportive strategies	7. Risk monitoring and safeguarding 8. Programme governance and management

This section of the report, describing the results that have been achieved and the technical insights that have emerged over the past year, is structured around these eight components. When delivered together, they contribute to the achievement of Safire's goal and the short- and long-term outcomes as designed in the programme's Theory of Change.

1 Girls' journey companion: Big Sisters

Safire Big Sisters are a network of trained, near-peer educators who have a dedicated and specific role in supporting multiple touch points in the adolescent girl's pathway to access safe quality services and information. They provide girls with correct information about ASRH and disrupt myths and inaccurate information that have the potential to result in negative health outcomes (such as the use of unsafe abortion methods). Beyond awareness raising, they play a key role in referring girls to their local vendors and RCCs, and ensure that vendors are safe, discreet, affordable and confidential.

Big Sisters also play a role in the follow up of girls after accessing services from Safire vendors. They are a unique cadre, with critical roles and responsibilities in the quality delivery of services to the girl; supporting her journey, informed choices, service needs and follow up. As such, they are distinct from typical youth peer educators or mobilisers, whose roles often end at the point of education or referral into a health service.² BSs are recruited, trained, mentored and monitored by Safire IPs.

By end July 2021 we were working with 161 trained BSs (95 in Kenya and 66 in Nigeria). There are small discrepancies between the numbers presented here and the numbers presented above in the Geographical Coverage section. The numbers



PHOTO: BIG SISTER CONDUCTING A SESSION ON PUBERTY AND MENSTRUATION WITH GIRLS IN NIGERIA

presented earlier in the report refer to the number of available BS positions whereas the numbers presented here are the actual number of active BSs at the end of July 2021. The actual number is lower due to the continuous attrition and replacement of BSs. Since the beginning of the programme, 119 BSs (70 in Kenya and 49 in Nigeria) have exited, representing an attrition rate of 43% (42% in Kenya and 43%). The main reasons for attrition have been relocation, which can be to further their education, to get married, or move to a permanent home, or to search for jobs.

The BS role has evolved into a critical and multifunctional role in Safire:

- 1 Providing information to girls through the BS sessions and counselling girls one-to-one.
- 2 Acting as an onward referral point for other information resources such as hotlines, or services such as RCCs, CPOs or PSS counsellors.
- 3 Accompanying girls who want extra support to access services at vendor sites.

Kemi's experience with Safire³

Kemi was training to be a tailor and preparing for her West African Examinations Council (WAEC) exams when she was approached at a local shop by a Big Sister and invited to attend a Big Sister session. On attending the session, she learnt about sexually transmitted infections (STIs) and how to protect herself against them, things she had no knowledge of before. When the Big Sister ran through some symptoms of STIs she recognised that she had been noticing them in herself recently so after the session she privately messaged the Big Sister. The Big Sister then referred her to a vendor. When she went to the vendor, she was asked about the last time she saw her period. She couldn't remember so the vendor counselled her, and she did a pregnancy test. She discovered that she was three weeks' pregnant and burst into tears. Once she was counselled by the vendor, she made the decision to take MA, after which her termination was completed safely. She is now continuing her training as a tailor and is preparing for her WAEC exams.

75,768

Number of girls reached with ASRH information



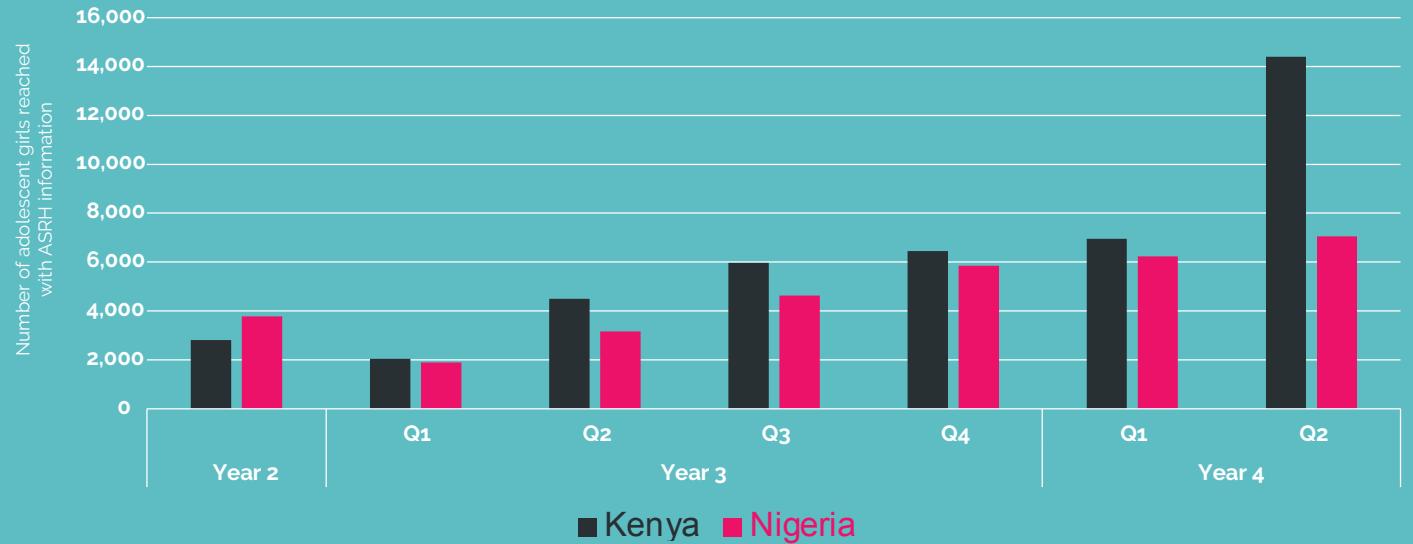
Last 12 months

Kenya: 33,795 Nigeria: 23,771

Girls reached with ASRH information

Big Sisters have reached 75,768 girls with ASRH information since the beginning of the programme, and 57,566 over the last 12 months. They have done this through their educational sessions with girls (on average each BS conducts four per month) and one-to-one counselling. In Year 3 COVID-19 restrictions forced BS sessions to move from face-to-face to online, bringing challenges around internet connectivity, risk of data security breach, and phone access. For these reasons, the programme took a hybrid approach combining online and offline sessions in Year 4 but with enhanced COVID-19 prevention measures (groups limited to 10 or 15 girls and use of face masks and personal hygiene).

adolescent girls reached with asrh information⁴



The number of adolescent girls reached has continued to rise each quarter of programme implementation in both countries, with a noticeable rapid increase in Kenya over the last quarter. Year 3 was affected by COVID-19 restrictions that have been somewhat relaxed in Year 4. The significant rise in the number of girls reached in Kenya in mid-2021 is due to the substantial deployment of BS in Kenya in Year 4. During the first quarter, new BSs were being inducted. By the second quarter, they were running sessions and proactively offering counselling to girls. As the programme expands into new localities and the number of BSs and vendors increases, Safire partners expect the total number of girls reached across both countries with ASRH information to surpass 180,000 by the end of the programme.



PHOTO: BIG SISTER CONDUCTING A SESSION WITH GIRLS IN KENYA

Recruiting girls for Big Sister sessions

How is it done?

- As part of their community entry process, IPs conduct dialogue sessions with community leaders and introduce BSs and Champions to them. When done well, this generates buy-in of key stakeholders, who sometimes go on to recruit girls to the sessions too.
- Big Sisters describe the programme in a way that will make local stakeholders comfortable and more willing to support BS activities. They emphasise less contentious messages to describe their sessions, such as 'supporting girls to understand their bodies during puberty' or 'helping girls with their menstruation issues'. These are used as entry points to discuss broader ASRH topics, including safe abortion.
- Big Sisters encourage girls that participate in a session to reach out to more girls and refer them to BSs for sessions.
- By freely sharing their telephone numbers and business cards, BSs make it easier for girls and interested stakeholders to reach them for information. As a risk prevention measure, BSs in both countries use encrypted phones provided by the programme.



"When you refer girls, and they are served well, they share my information with their friends who require Big Sister support and services. They then get to call me and this way girls in my community can learn about my work."

(Big Sister in Kiambu, Kenya)

Big Sister referrals

The cumulative number of girls referred to vendors by BSs is 9,125 (up to July 2021). 7,419 of these referrals (81%) were made in the last 12 months alone. The chart showing the number of BS referrals presents a steady rise in referrals within each quarter of implementation in both countries.

Not all girls referred by BSs take up services at the vendor. During the last 12 months 6,044 of the 7,419 girls referred by Big Sisters received MA from Safire vendors. This translates to a referral conversion rate of 81% (83% in Kenya; 81% in Nigeria).

Big Sister performance

While the number of BSs has increased in both countries, most BSs continue to refer at least one case per month. In July 2021, 75% of BSs in Kenya and 94% of BSs in Nigeria referred at least one MA case. Although the proportion of BSs who refer at least one girl per month has not particularly increased over the last year, the absolute number of BSs referring at least one girl per month has increased over the same period. In the last three months 161 BSs referred an average of 800 girls per month, which means that one BS refers approximately five girls per month. This translates to 60 referrals per year for each BS. These findings suggest that the number of girls reached with MA services is highly dependent on the number of BSs deployed by the programme.

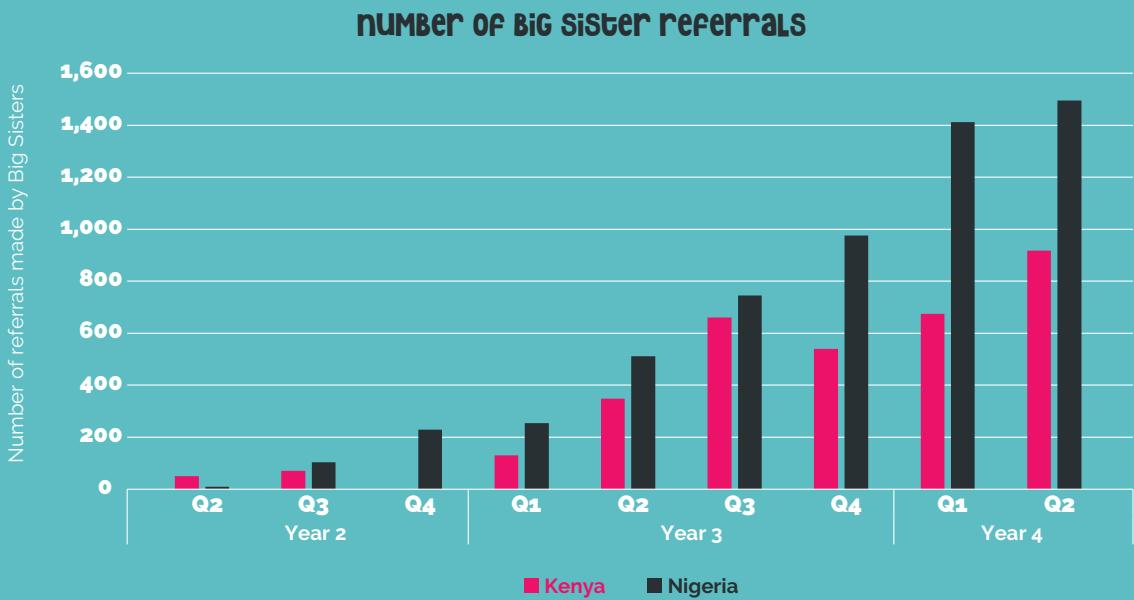


PHOTO: BIG SISTERS IN KENYA AFTER A TRAINING HELD IN MAY 2021

Big Sister motivation and retention

What motivates Big Sisters to perform their roles?



- 1 Passion for the work they are doing for the girls**
- 2 Following up on girls and having their referrals result in MA uptake**
- 3 A sense of community from being a cohort of BSs**
- 4 The opportunity to mentor new BSs**
- 5 Support they get from the CSO partners**
- 6 Counselling services they get from PSS organisations, especially when they feel burdened emotionally by girls' situations**
- 7 The more holistic scope of work they now have**
- 8 The monthly stipend they receive**

One key approach to retain BSs and ensure their work is sustainable beyond the current phase of the programme is to support BSs to become increasingly financially independent. We have begun to support this by organising a Village Savings and Loans Association (VSLA) scheme. This aims to support the wellbeing and livelihood of Safire BSs by offering them access to micro loans as well as lifelong financial skills.

- One hundred BSs have been trained under VSLA since it started in Kenya in March 2020. In Nigeria the scheme will start in September 2021.**
- In Bungoma county 11 BSs have taken loans and started small businesses. All of them remain with the programme.**
- The VSLA has improved BSs' savings culture. In Ruiru sub-county of Kiambu, the BSs have saved a total of approximately KES 25,000 (USD 229).**



"After a successful referral, girls come to me and appreciate the support, and this motivates me and makes me happy about the work I do."

(Big Sister in Bungoma, Kenya)

"Whenever the [girls] respond very well, we have rapport, we share our minds together, they open up to answer my question and recap the previous session, it gives me privilege that they remember what I said last week."

(Big Sister in Oyo, Nigeria)

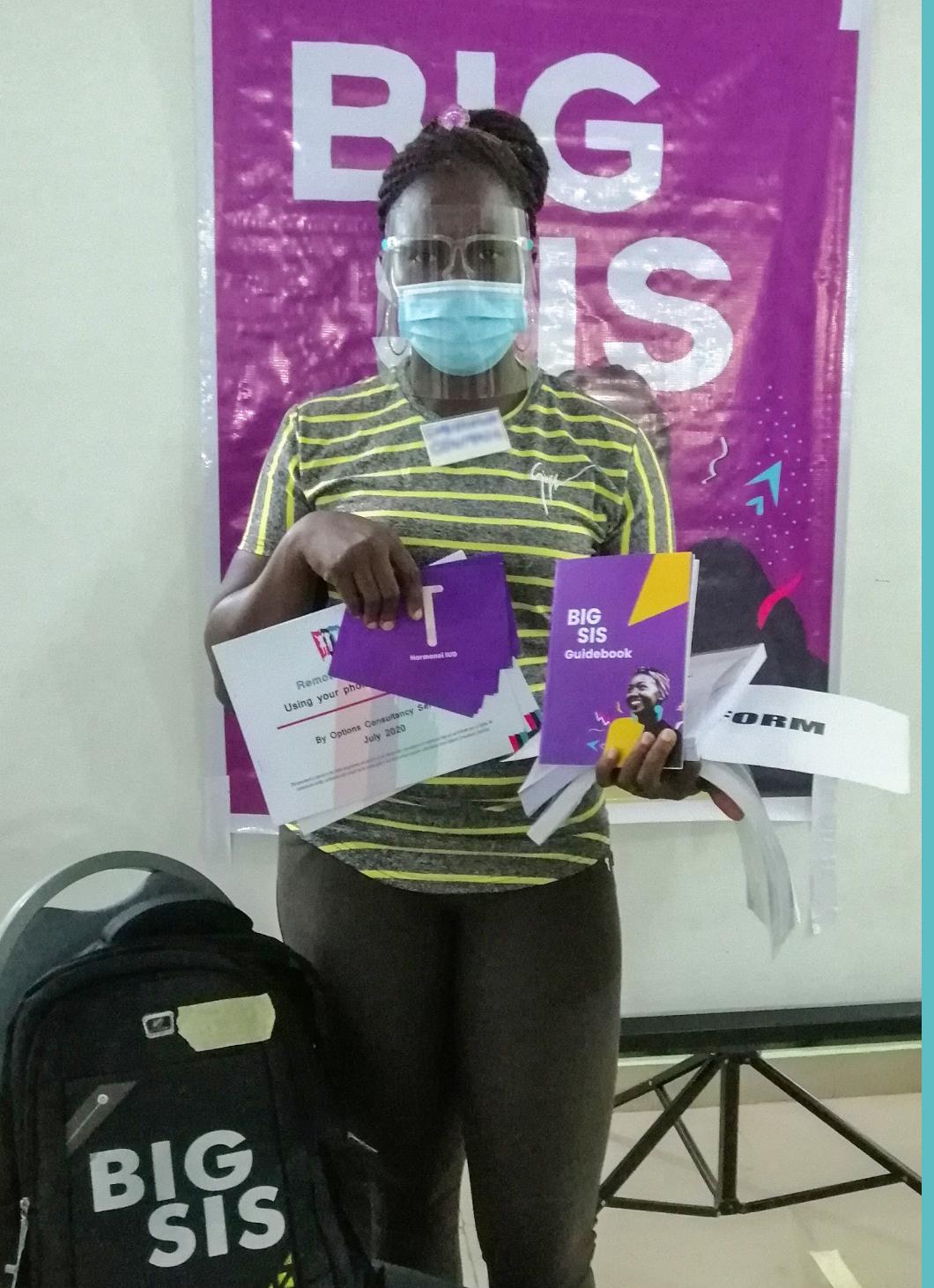


PHOTO: BIG SISTER IN NIGERIA WITH HER 'STARTER PACK': A COLLECTION OF RESOURCES PROVIDING HER WITH EVERYTHING SHE NEEDS TO FULFIL HER ROLE



"VSLA Big Sisters save and loan each other money. It motivates them to be part of the organisation since this will sustain them even in the future."

(Big Sister in Kiambu, Kenya)



PHOTO: SMALL BUSINESS SET UP BY A BIG SISTER IN BUNGOMA

Nekesa's⁵ experience with the Safire VSLA

Nekesa joined the Bungoma BS VSLA group in March 2021. With a loan she took from the group, she now runs a fruit stall and plastic seat hire business at the intersection of two busy roads. She started her business with just KES 500 and is now able to earn around KES 2,000 per day.



"Since I joined VSLA my life has changed in the sense that previously things were not going well. I now get advice on how to save money, and also that in the future if I need money, I have something to fall back on."

(Big Sister in Bungoma, Kenya)

Big Sisters have requested further opportunities to increase their capacities and skills. They are keen on being linked to sustainable means of earning a living that transcend the programme, including in areas such as hairdressing, tailoring, and catering. They are also willing to support their community by flowing down these livelihood skills to girls and their peers.

There is a general belief that their role as a BS will continue after Safire ends because they are embedded in the community, are now well known as SRH advocates and know how to refer girls to quality services. Citing all this, they say they cannot turn any girl away, even after the programme ends.

Are Big Sisters a 'tipping point' intervention?

A question we have asked ourselves is whether Big Sisters are a 'tipping point' intervention. Do they play a role that is only needed at the start of a programme, then once ASRH information saturation occurs in the community can they be phased out? So far, the answer to this question is 'no'. In both countries, BSs constitute the main source of MA referrals to Safire vendors (above self-referrals, family and friends, IPs and hotlines) and that proportion continues to increase over time. Data from July 2021 shows that in Nigeria 69% of MA clients served by Safire vendors are BS referrals. In Kenya, 64% of MA clients are BS referrals.

Additionally, in further support that BSs are not a 'tipping point' intervention is the fact that their role has expanded over time to better meet girls' needs. They now go beyond simply providing information to girls in the community and play a greater role in ensuring that the girl's journey to quality services is safe and supported.

Big Sister sustainability potential

According to BSs and IP staff, girls, their parents, and the general community value BS sessions. Girls view BSs as their trusted mentors, while parents appreciate that someone is available to talk to their daughters on topics that they themselves find difficult to have a conversation on.

Big Sisters act as a valuable bridge between vendors and adolescent girls and have become a supportive and reassuring link for girls into services. Beyond counselling and referral, some BSs escort girls to vendors and aid in the sensitive conversations between vendors and girls, particularly younger girls who tend to be shy and reluctant to speak openly about their situation. Vendors note that girls referred by BSs are much more informed and prepared on what to expect than walk-in clients. For these reasons, vendors perceive BS as an important value proposition in their engagement with Safire.

While we have offered BSs comprehensive training and mentoring, they would like to count on additional job aids to make them more independent and request more support from IPs on how to identify good venues to deliver their sessions, so they can run regular sessions free from interruption.

This points to the fact that BSs are confident in their roles based on the technical support the programme offers them, but more emphasis is needed on the aspects that can make them more independent, so they can carry on being BS after the programme ends.

Big Sisters have become valued community assets and are very confident and proud of their role. Because of this there is great scope for their sustainability beyond the programme. There is potential for them to become a cadre that can be absorbed by other community-based initiatives. Another avenue for sustainability could be the development of a commercial model between BSs and vendors, which is something the programme is keen to explore in the months to come.



"For me there is usually a very big difference between a client who has been sent by the Big Sis and a walk-in. In that...these clients that have been referred by Big Sis they usually have all the information prior, because they are usually counselled, they are given all the information they need concerning MA, the other available options, what to expect, so [when] they come they are already prepared...They usually come with a firm knowledge of what to ask and what to expect."

(Vendor in Bungoma, Kenya)



PHOTO: BIG SISTER DISPLAYING SOME OF THE MATERIALS SHE USES TO EDUCATE GIRLS ON ASRH ISSUES DURING HER SESSIONS, KENYA

Community-led awareness raising and stigma reduction

Digital interventions

As mentioned earlier in this report, the Safire-branded Facebook pages were discontinued in Year 3. IPs were instead encouraged to leverage their in-house social media platforms and signpost other online resources such as Pink Shoes and Women First Digital. Drawing on communication training provided by Safire, IPs develop messaging that they disseminate through their online platforms. They align their communication styles with those used by young people, mostly in the form of short messages and videos, testimonials and Graphics Interchange Formats (GIFs), emojis and stickers etc; amplifying their messages by linking these to international commemorative days and organising periodic webinars and live chats.



PHOTO: POSTER USED TO ADVERTISE AN ONLINE EVENT ORGANISED BY RAYS OF HOPE COMMUNITY FOUNDATION, NIGERIA



PHOTO: STAGE MEDIA ARTS POSTER ADVERTISING A TWITTER CHAT, KENYA



"Sending GIFs, referring them to MSION call centre, posting on status and having a conversation with some of them, also, the use of comics and GIFs have been a great advantage for the Little Sisters [girls] to relate with them."

(Big Sister, Nigeria)



"We engage Champions in the online twitter marathons on SRH, share the online information with Big Sisters to share on their WhatsApp statuses and our organisational Facebook page."

(IP staff member, Kenya)

Privacy and confidentiality

Safire stakeholders are cautious about the risk posed by online dissemination of sensitive information around MA. For this reason, IPs have been sensitised on being mindful of the content they post on their social media and other online platforms. As a general approach, all online communication focuses on broader SRH issues and avoids direct messaging on SA services, which could attract opposition and backlash.

There have been initiatives by some IPs to reinforce data privacy, through shifting to encrypted and more secure platforms such as the Kubool App in Nigeria and an unsuccessful attempt by Reprodrive in Kenya to innovate a more secure app that does not allow users to screenshot. The Reprodrive app could not proceed due to high maintenance costs.

Reaching girls without access to mobile phones

Feedback from BSs indicates that younger girls without access to phones are being left out of the digital/online information pathways. Some BSs reported that they improvised ways to reach such girls by encouraging them to borrow phones from parents, older siblings and friends. However, this is a small-scale provisional attempt to solve the challenge and Safire continues to explore more appropriate solutions, especially while face-to-face meetings remain restricted.

Champions



PHOTO: YOUTH CHAMPIONS IN KENYA

The approach taken at the start of Year 3 to broaden the recruitment of Champions has been working well. Safire Champions now include key influencers of girls' choices - boyfriends, parents and teachers.

As part of the IP-led selection and recruitment, Champions are taken through Values Clarification and Attitude Transformation (VCAT) sessions and given an initial three-day training based on a Safire curriculum. The quality of Champions' sessions is monitored by IPs through continued mentorship and coaching and the employment of several strategies, such as:

- **Use of a dedicated curriculum and set of tools, including session observational checklists which collect insights on how sessions were held and are used to provide feedback for future improvements**
- **Training of Champions on how to hold interactive stigma reduction sessions with community members**
- **Encouraging Champions to reach out to peers to attend their sessions, so they engage with like-minded community-members and thus elicit a better response from the audience**
- **Using an adapted form of the Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS) tool to measure participant beliefs before and after they attend sessions**



"Peers, boyfriends, sisters and mothers play an influential role in determining where girls will go for SRH services and even where to procure an abortion when the need arises [...] in some cases they are the ones paying for the services. So, it is very important to provide them with the right information so that they don't become a source of misinformation and misconception."

(IP staff in Kiambu, Kenya)

Champions hold on average two community engagement sessions per month, each drawing approximately 10-15 participants. The COVID-19 pandemic led to this activity slowing down and being modified to a hybrid of face-to-face and online sessions. IPs and Champions have continued community dialogue sessions over the last year, sensitising communities on ASRH issues and addressing sociocultural barriers that hinder access to quality information and services for adolescents, including stigmatising social norms. The impact of community dialogues is enhanced through the use of VCAT exercises, local statistics regarding unsafe abortion, testimonials, and stories of positive change. To complement community dialogues, IPs have leveraged the influence of other key stakeholders to champion SA services. In Nigeria, this has included engaging police officers as allies, working with untrained vendors to refer cases to trained vendors, and collaborating with schools and youth apprenticeship institutions to reach adolescents.



"For me they are scared and feel that abortion is a sin. I ensure I tell them about the proper medication. Some fear the outcomes of the drug. I think with more enlightenment they will get more comfortable [...] Knowledge is power, to me the knowledge they get from our sessions has changed their thinking. We come and sensitise them and provide quality information to help their challenges and this has made them more knowledgeable."

(Champion in Oyo, Nigeria)



PHOTO: IN-SCHOOL ACTIVITY LED BY RAYS OF HOPE COMMUNITY FOUNDATION IN NIGERIA

In Kenya, over the last 12 months Champions have reached a total of 12,490 community members. At the start of Year 4 we began working with different cadres of Champions who could reach out to their peers. Since then we have tracked the number of community members in each group reached by Champions: 2,622 mothers, 758 fathers and 2,940 boyfriends between February 2021 and July 2021.

Similarly, in Nigeria, where the Champions intervention started later than in Kenya (in March 2021), the number of people reached by Champions is on a steady rise. A total of 2,738 community members were reached between March and July 2021 by the Champions supported by the five Safire IPs.

Creating change in communities

Parents are becoming increasingly more willing to openly discuss and support their daughters when faced with situations of unintended pregnancy. In Kenya, Mama Champions report receiving a greater number of mothers seeking information on where their daughters can receive safe ASRH services, including abortion. In Nigeria, IPs recount instances where parents bring their pregnant girls to BSs for counselling or directly to vendors for MA services. BSs affirm that, unlike before when some parents were reluctant to release their daughters to attend sessions, the situation is getting better, and their sessions are attracting more girls. Interestingly, sceptical mothers are allowed to join some of the BS sessions to be reassured of the information disseminated. Also, it is common for parents and older siblings to allow girls to use their mobile phones to participate in virtual sessions.



PHOTO: IP STAFF MEMBER MEETING WITH COMMUNITY INFLUENCERS FOR A STIGMA REDUCTION SESSION, KENYA



"After holding my sessions with mothers, they approach me later requesting that I also talk to their adolescent girls or support those who need ASRH services. In such instances I send them to the Big Sisters who then either invite them to sit in their sessions or provide them counselling for required SRH services."

(Mama Champion in Kiambu, Kenya)

In both countries, IPs are reporting that gatekeepers and stakeholders are starting to refer girls in need or assisting BSs to mobilise girls for SRH education sessions. In Kenya, for instance, some village elders and local pastors have committed themselves to supporting work by IPs after receiving sensitisation from Champions and IP staff. Such individuals are recruited as Champions and are engaged to reach out to and influence their peers.



"I am a village elder in my community, so people listen to me. When Reprodrive reached out to me with SRH information I felt that it was a topic that most men from my community shied away from despite how important it is. I decided to join them as a Champion and right now am holding stigma-reduction sessions ensuring that girls are being supported without being judged and discriminated"

(Baba Champion in Uasin Gishu, Kenya)

IPs also report a change in attitude among men and boys in the communities targeted. They are more supportive of girls' accessing SRH information and services. In Kenya, one of the notable changes is an improvement in attendance at fathers' sessions conducted by Baba Champions. In the initial days, men's attitude was that SRH issues are for women and girls, but this is now changing. Baba Champions explain that to reach men with SRH information they have to go to their workplaces, especially for those in informal sectors.

Similarly, some IPs have registered success targeting adolescent boys, who in turn support their girlfriends to access ASRH services such as contraceptives and MA in the event of unintended pregnancy. In Kenya, some BSs report receiving enquiries from adolescent boys acting on behalf of their girlfriends.



"As a Youth Champion my work entails holding sessions with other young men. Since I started, the number of young men joining my stigma-reduction sessions has been increasing... due to word of mouth, people talking about it. During my sessions I share information on SRH and abortion and from these sessions, men reach out to me to support their girlfriend whom I refer to BSs for further counselling and referrals."

(Youth Champion in Kiambu, Kenya)

Stigma-reduction efforts have also had a direct impact on the Champions themselves. Through capacity building and consistent support from the IPs, the Champions have come to challenge their own values and behaviours towards SA and SRH, resulting in personal attitude change, hence creating a cohort of Champions that can support girls better without bias and judgement.

Local partner technical and institutional capacity building

Safire's Community Engagement work is led by a cohort of small civil society organisations in both countries. These implementing partners use their local knowledge and connections to introduce Safire activities in the villages where BSs and Champions will conduct their work, facilitating community entry. They select, train, mentor and support BSs and Champions to carry out their work and ensure that programme plans are being faithfully and timely delivered. Recently they have, for the first time, sub-contracted CPOs and PSS referral partners (the latter in Nigeria) to provide specialised services to programme actors. As Safire grows, the role of IPs has become pivotal to the delivery of results. These organisations' grant and risk management responsibilities have progressively increased and the expectations around their ability to technically oversee Safire's ASRH work have also grown. To support CSO partners to perform this critical and demanding role, Safire has been running a comprehensive IP capacity development programme since 2019.

Over the past 12 months, IPs have attended virtual trainings delivered by the Options team and external consultants and counted on continuous mentoring and supportive supervision by Options in the following areas:

- **Project cycle management**
- **Financial management**
- **Resource mobilisation and organisational sustainability**
- **Facilitation skills**
- **Communications**
- **Community engagement and stigma reduction**
- **Monitoring, evaluation and learning**
- **Safeguarding and Do No Harm**
- **Risk management**

These investments have resulted in notable improvements in IP capacity in a range of areas, demonstrated by the following:

- **IPs' Organisational Capacity Assessment (OCA) scores have improved between 2019, when the baseline assessment was undertaken and 2021, when the latest assessment was carried out. Please refer to Annex 2 for a breakdown of these scores.**
- **Facilitation and communications trainings have helped IPs to better support BSs and Champions and improve their community dialogue and sensitisation sessions. Increasing numbers of adolescents are being reached with SRH information and anecdotal evidence suggests stigma is reducing in their local communities, as demonstrated by the following quote:**
- **Since February 2021, three IPs have received funding from other sources, which they directly attribute to Safire's investment in their capacity development:**

1. The Centre for the Study of Adolescence (CSA) in Kenya received by far the largest amounts of the Safire IPs, successfully winning KES 1,400,000,000 (approx. USD 12 million) from the United States Agency for International Development for the Dreams project which focusses on SRHR service access for young people. CSA also received KES 613,750,000 (approx. USD 5.6 million) from the Right Here Right Now Global Strategic Partnership to implement a youth advocacy programme for young people, and GBP 369,935 (approx. USD 510,700) from Hivos for a programme aiming to improve SRHR for vulnerable and neglected populations. While CSA had received large grants before Safire, their leadership believes that the programme's work to strengthen their governance and financial systems contributed significantly to their recent resource mobilisation achievements.
2. Stage Media Arts (SMA) in Kenya received funding worth KES 1,500,000 (approx. USD 14,000) from the African Medical and Research Foundation for a programme focussed on SRHR advocacy for young people.
3. The Centre for Economic Empowerment and Gender Activities (CEEGA) in Nigeria received NGN 5,000,000 (approx. USD 13,157) from the Ministry of Women's Affairs to implement a livelihoods project for adolescents.

More detail about this aspect of Safire's work can be gleaned from Annex 2 which further describes the programme's efforts to build capacity of IPs and KMET.



"Since we started engaging with Safire, our work in the community has really improved... and there are many key influencers that are now willing to collaborate with us.... I think this is because they see the value of the work that we do to educate adolescents and link them to services. Even parents that were initially sceptical are now very supportive because they see we are helping their daughters to learn more about themselves, how to access ASRH services.... They know this will help to keep them in school and not be teenage mothers."

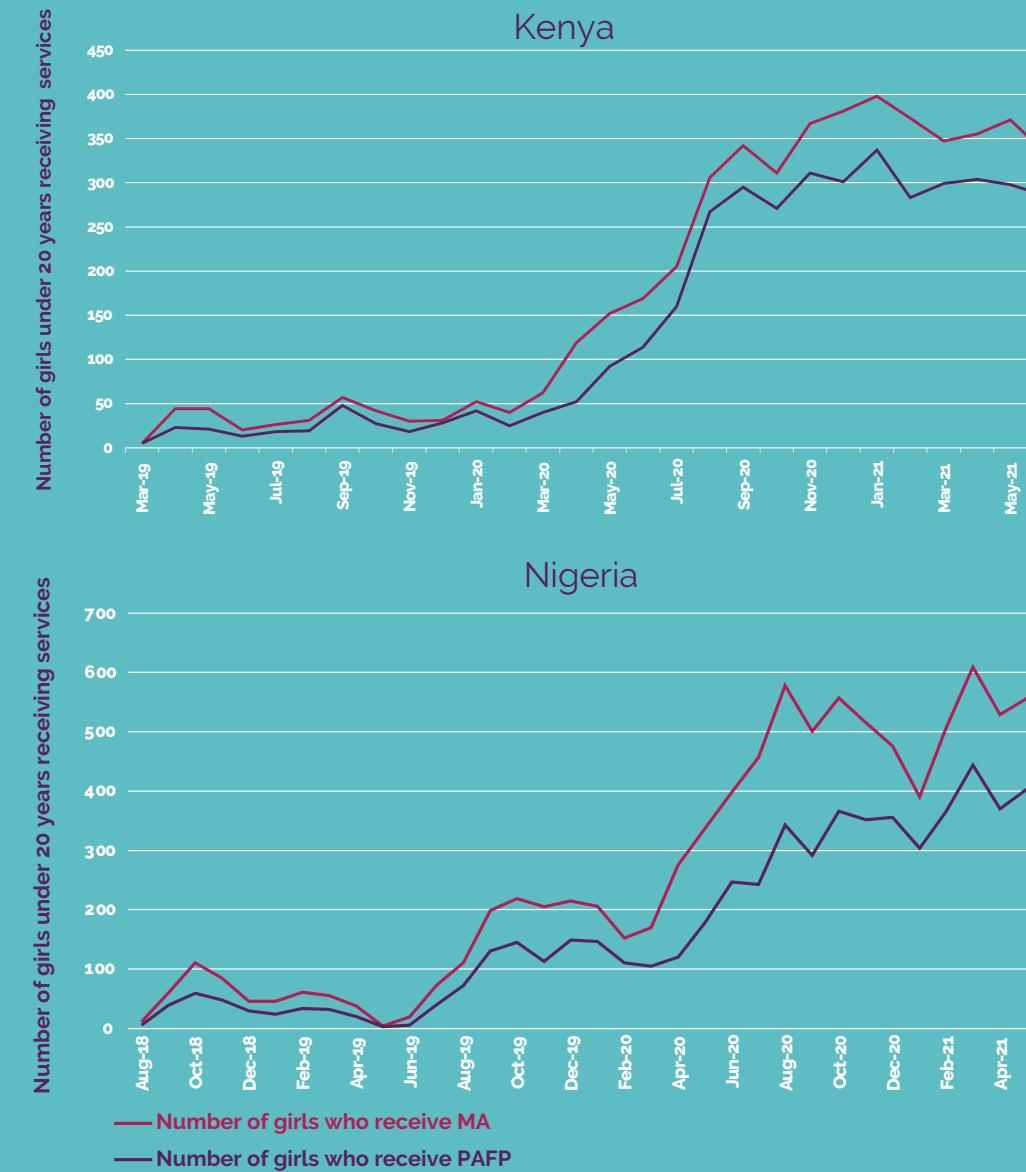
(IP staff, Kenya)

Private sector engagement and service delivery

Service uptake: MA and PAFP

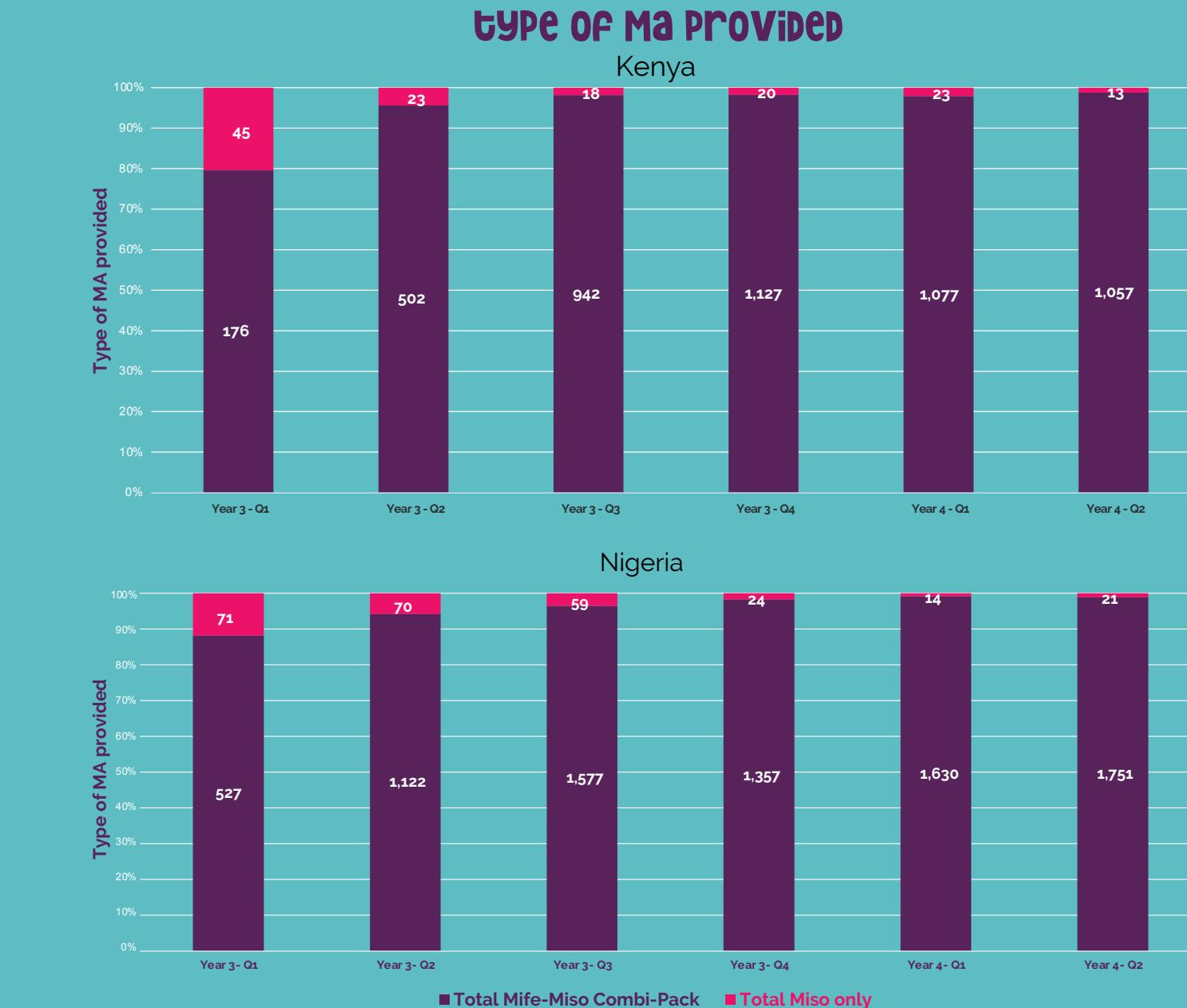
The average monthly number of girls reached with MA and ASRH information has stabilised over the past year after substantial increases in the previous six months. So far, the programme has reached 15,367 girls with MA since starting to deliver services; of these, 10,684 (70%) were reached over the last one year. At the current rate, the programme is expected to reach more than 30,000 girls by the end of the current phase. With the planned scale-up, there is potential for this number to rise substantially in the months to come.

Of the girls who the programme reached with MA, 10,860 of them also received PAFP and 8,014 of these did so in the last 12 months. Whereas earlier in programme implementation PAFP as a proportion of MA fluctuated a great deal, over the past year the figures have stabilised at reasonably high levels: around 70% of MA clients leave with PAFP in Nigeria and over 80% of them do so in Kenya. A closer look at the data available reveals that the PAFP uptake in Nigeria varies significantly between the two states: in Ogun the percentage of MA clients receiving PAFP has been over 75% and often over 80% since December 2020. Whereas in Oyo the figure has been lower, around 50-60%. The lower PAFP rate in Oyo is consistent with the lower contraceptive use prevalence in Oyo than in Ogun as reported in the last Nigerian Demographic and Health Survey⁶. This points to the fact that vendors and BSs in Oyo are working in a context of lower contraceptive uptake than those in Ogun.



Quality Services: type of MA provided

One particularly remarkable Safire achievement is that almost all MA services delivered by the programme utilise the recommended Mife/Miso combi-pack as opposed to the less effective Miso only regimen. In both countries the proportion of girls receiving the combi-pack is now consistently close to 100%. This is a sign of high-quality services as the combi-pack is more effective, although the Miso only regimen can be more profitable for a vendor.



Adherence to quality of care standards

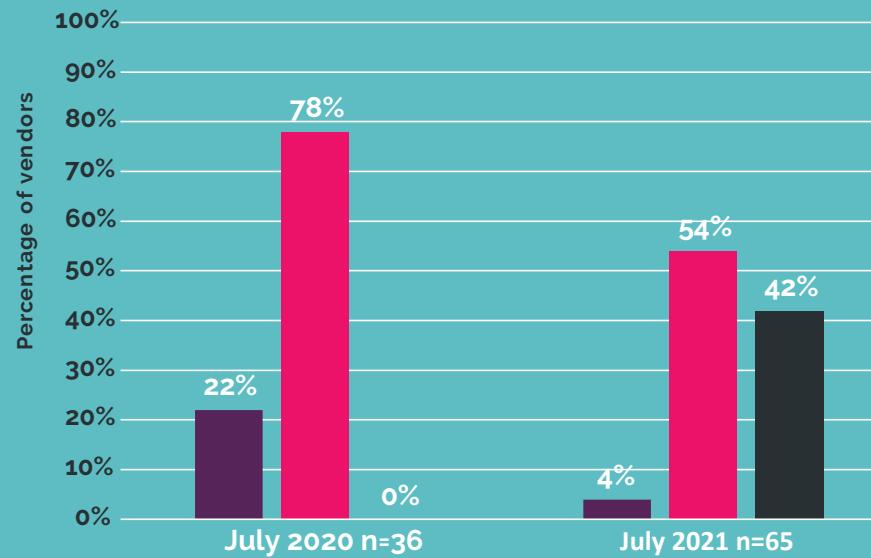
Through Safire's Quality Services workstream we support vendors (Proprietary and Patent Medicine Vendors and pharmacies) to provide services that emphasise quality and client safety and focus on the girls' experience. In July 2021 the programme had 233 active vendors (162 in Nigeria and 71 in Kenya), including 49 trained over the last year (23 in Nigeria and 26 in Kenya)⁷.

Safire's QoC checklist is used with vendors during quarterly supportive supervision visits. This process identifies gaps in the quality of their service offering. We then provide tailored coaching, mentorship and ongoing follow-up, supporting them to perform above the Safire minimum standards. A vendor's competency level refers to their adherence to the quality standards in the checklist at the time of supportive supervision assessment. The results of the assessment are classified into three levels according to the QoC checklist. These are: level 1 – the highest quality level, the individual met all standards; level 2 – individual met all essential standards but missed one or more of the others; level 3 - the minimum quality level – individual missed one or more essential standard. The level determines the intensity of support provided to the vendor: level 1 vendors are visited every quarter, level 2 vendors every month and level 3 vendors every two weeks. Vendors on level 3 are not yet safe to provide services, hence the need to support them within a minimum of two weeks to elevate their QoC. This means that vendor assessment data for any given month will not necessarily include all vendors, as level 1 vendors are not reviewed every month. It also means that data for any given month can include multiple assessments of the same vendor if they were assessed more than once in that month, such as those on level 3.

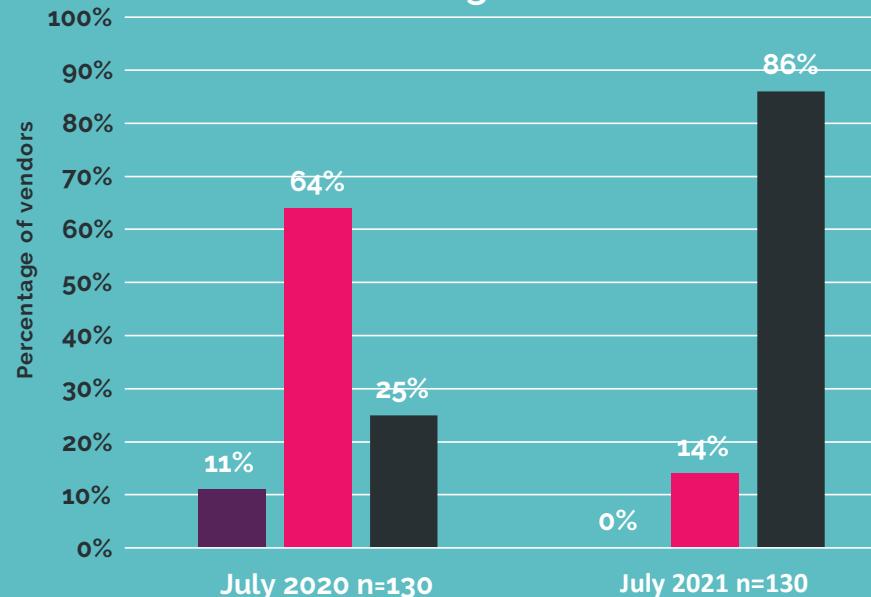
Vendors' competency levels

■ Minimum quality standard ■ Medium quality standard ■ Highest quality standard

Kenya



Nigeria



The charts to the left show that the quality of services has improved significantly in both countries according to data from Safire's supportive supervision database. Over the year many vendors have transitioned to higher levels of competency. For instance, in Kenya the proportion of vendors achieving level 1, the highest quality level, increased from 0% in July 2020 to 42% in July 2021. In Nigeria, the proportion of vendors at level 1 rose from 25% in July 2020 to 86% in July 2021. In July 2021, no vendor scored below the minimum standard level of 3, demonstrating the high quality of vendors' service in both countries. Indeed only 4% of vendors in Kenya were on level 3 and none in Nigeria in July 2021.

How has this been achieved?

- 1 Deployment of Safire supportive supervision strategy and tools
- 2 Training and regular supportive supervision provided by KMET and MSION to vendors
- 3 Constant reinforcement of Safire QoC standards to guide vendors' activities
- 4 The use of digital apps and databases to collect and collate programme data

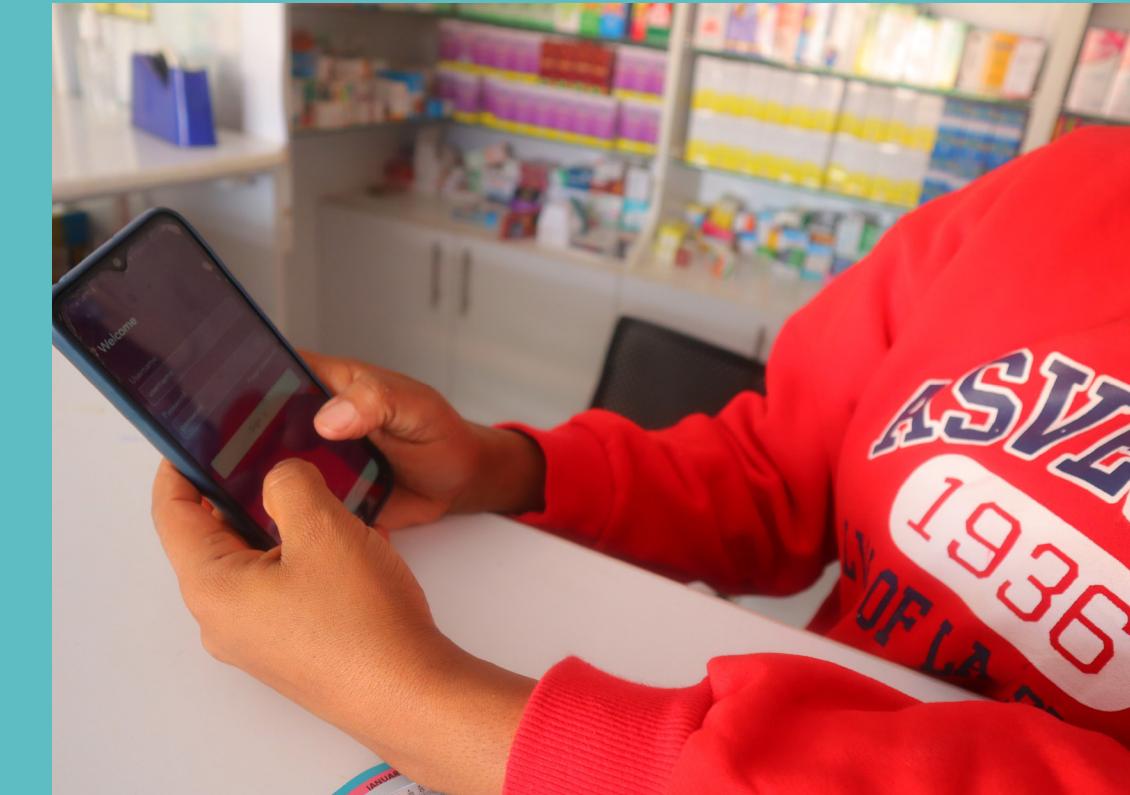


PHOTO: VENDOR IN KENYA ACCESSING THE DMIS APP, WHICH THEY USE TO RECORD PROGRAMME DATA

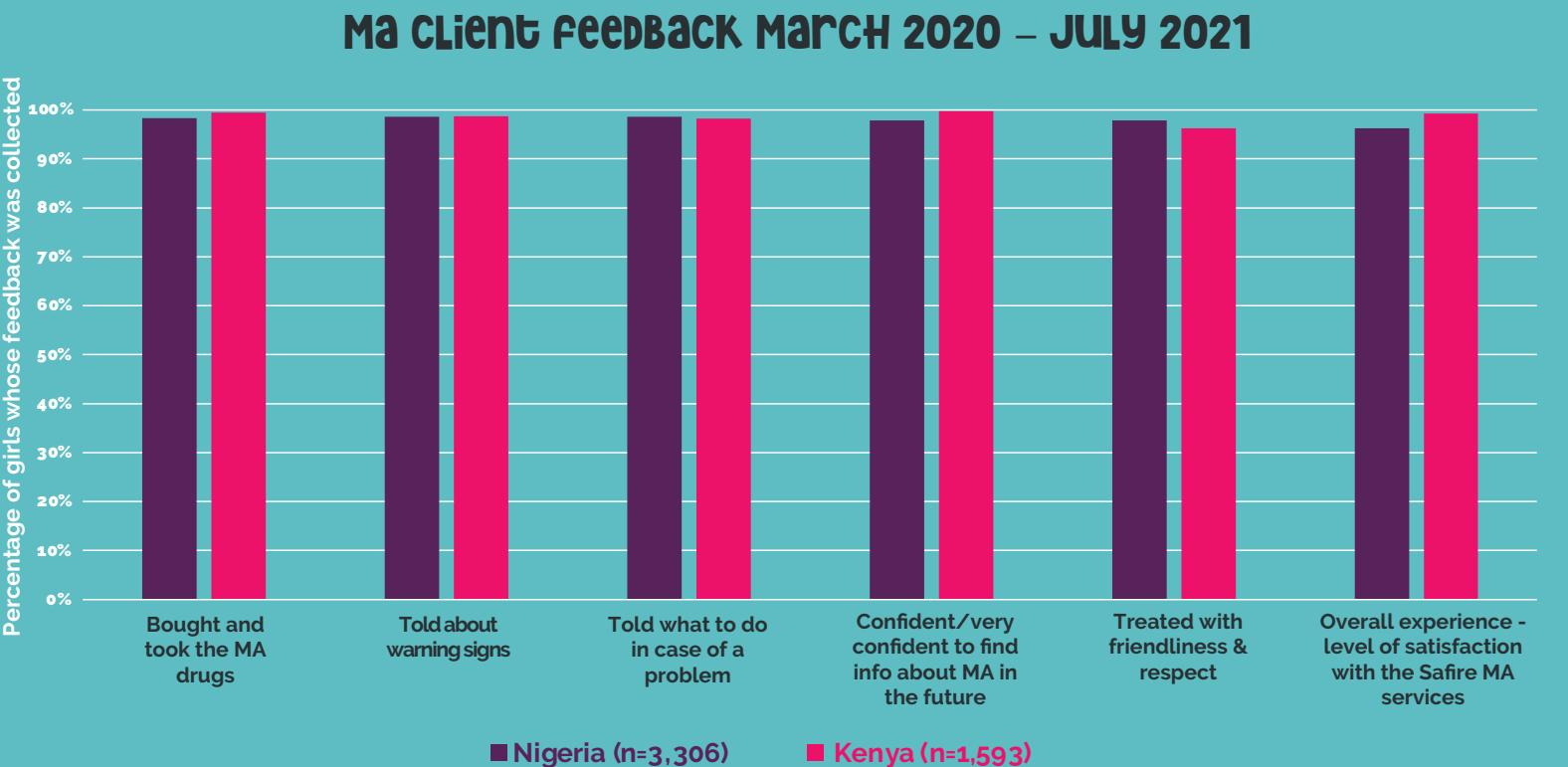
Although the data shows minimum standards are being met, and in many cases exceeded, it should be noted that enforcing the standards, monitoring vendors regularly and ensuring the fidelity of implementation are aspects of the programme that require ongoing monitoring and support.

We are cognisant that these results are obtained through Safire's routine process of supportive supervision visits, which means vendors are aware they are being periodically assessed by the KMET and MSION teams. It is therefore likely that competency assessment results are influenced by the fact that vendors know what is expected of them and are therefore on their 'best behaviour' during monitoring visits. Safire therefore uses the results of mystery client surveys deployed by our third-party evaluator as an additional source of information to identify areas requiring further improvement in vendor performance.

MA client satisfaction feedback

Client satisfaction is a dimension of quality services assessed by Safire. Available data from Safire's Client Feedback Form (CLIFF) reveals consistently very high levels across all measures of satisfaction with services provided to girls by vendors. Each indicator is above 90%. Caution is needed in interpreting these results as they only represent a proportion of girls who have accessed Safire services as many girls do not wish to be or cannot be contacted by BSs to complete the CLIFF. We also suspect it is likely that we are disproportionately capturing positive experiences since we presume those who had a good experience are more likely to take a phone call from a BS seeking feedback.

Another way that clients express their satisfaction is to bring other clients to the vendors, something noticed by vendors.



Drivers of vendor performance

In terms of quality of care and service uptake, why do some vendors perform better than others?

1. The location of the vendor.

Rural vendors recorded higher numbers of clients, most likely because girls prefer outlets where no one knows them. Rural areas also have fewer outlets, so services are concentrated. Vendors close to universities are also popular presumably due to the concentration of young women and the convenience of proximity.

2. Big Sisters' vendor preference.

The vendors' relationships with BSs appear to play an important role in vendor performance, and when working well can translate into increased MA provision. Most BSs are assigned two or three vendors; however, they tend to refer most girls to just one. This seems to be because of the rapport they have with a vendor and their perception of the quality of the services they provide to girls. We will continue to explore what drives BS preferences to refine vendor selection and training in the near future.

3. Availability of the vendor.

Many vendors have other jobs and are not always on site. This may in turn affect whether BSs refer clients to them, as BSs shift their referrals to the vendors whom they expect to be available. This lesson has already been incorporated into programming and we are in the process of moving towards training more than one individual vendor in an outlet (where possible and appropriate) and increasing the number of vendors in one area to increase availability.

4. Virtuous cycle of quality and reputation.

Vendors who provide high-quality services build a reputation, receive more clients and, because they have frequent clients are able to practise more, are increasingly motivated and therefore improve the quality of care they provide.

5. Safire training and supervision.

(e.g. clinical training, refresher training, review of clinical updates, continuous clinical practice and outreach and supportive supervision). Vendors noted that trainings provided by Safire have led to significant changes and improvement in their skills, knowledge, attitudes and practice:

"The support has helped me handle any issues arising from the services I provide – issues of MA, now I know how to handle them courtesy of this training. Where to report, I can refer those issues. I have gained more knowledge."

(Vendor in Bungoma, Kenya)



"I will rather say positive changes because it has even radicalised my attitude towards [MA], because before I would say I don't want to provide it. But I know that if I don't do it, other people's lives are affected in some way and I know I'm contributing to the betterment of their lives."

(Vendor in Oyo, Nigeria)

6. Vendor pricing flexibility.

Vendors can improve their reputation amongst BSs and girls, therefore receiving more clients, by being flexible on pricing. For instance, by reducing the price for girls who they thought could not afford it or allowing girls to defer payment.

Drivers of vendor motivation, retention and attrition

Feedback has pointed to several factors that motivate vendors to join and remain with Safire: capacity building, access to quality commodities, referrals from BSs, legal support and social impact. The vendors' recognition of the social value of their work is an encouraging sign of their commitment to the programme and the provision of high-quality services to girls.

 Because it's not monetary anything, it's just service to humanity... you are helping some people, young girls and from experience, there is no one that will not have a relative or whatever that has suffered such things before and for you to be in a position to [...] be a change agent towards that [through] such a service, why not take it up. Even if it takes NGN 20, NGN 30, NGN 200 from you, that doesn't matter."

(Vendor in Oyo, Nigeria)

Factors prompting attrition include vendor relocation, difficulties meeting QoC standards, stigma and personal beliefs, and dissatisfaction with the service price cap enforced by the programme.

Big Sister-vendor ratios

Over the course of implementation, we have learned what constitutes an optimal ratio of BSs to vendors. After realising that some vendors had more than one BS referring girls to them while others had none, we took the opportunity to reconsider the ratio to ensure referrals were evenly distributed amongst vendors. In Nigeria, a community mapping exercise was undertaken in early 2021, and the results revealed that BSs were not well distributed amongst vendors. Sixty-eight BSs were then redistributed to better link them to vendors within their geography and 10 BSs were released from the programme. This has been working well as illustrated by improvement in service uptake. As a result of this exercise, building on further experience and knowledge, we now believe the optimal ratio of BSs to vendors in Nigeria is 1:3 in most cases, or, where vendors are spread out, 1:2.

These learnings are in the process of being taken up in Kenya where currently there are many more BSs for every vendor than in Nigeria. The team are planning to scale up the number of vendors in existing Safire localities by the end of Year 4, thereby putting to the test the ratios that are working well in Nigeria.



"The support I value most is the Big Sister... she can refer up to ten clients.... If I get KES 1,000 per client, that's a lot of money."

(Vendor in Kiambu, Kenya)

Vendor-Referral Care Centre linkages

RCCs are crucial to Safire implementation. The role of the RCC is to ensure that the continuum of care for adolescent girls is not disrupted by the limited services vendors are able to offer. The hallmark of quality care is the opportunity to have a variety of service options to enhance informed choice, including access to referral linkages as needs arise. RCCs in Kenya have a critical role since vendors cannot legally dispense MA without a prescription from a trained health professional. Furthermore, Kenyan law establishes that all health services provided to a child under the age of 18 must be supported by the consent of an adult, which could be from a trained health professional. While some Safire vendors qualify as such trained health professionals, many of them do not. The latter then rely on the trained health professionals based in an RCC to provide them with the prescription they cannot issue and with the consent for the delivery of the service to girls.

RCCs are a key component of the Safire model because they have the capacity to handle eventual complications arising from services offered by vendors.

Referral Care Centre-vendor ratios

In Nigeria 34 RCCs currently support 162 vendors across both states, translating to approximately one RCC being linked to four vendors (a ratio of 1:5). To date this has proven to be sufficient to address clinical incidents that might arise from vendor services.

In Kenya, 47 RCCs are presently linked to 71 vendors, but some vendor sites double as RCC sites. Review meetings show that RCCs are comfortable with and responsive in issuing prescriptions to vendors, but there is room to improve collaboration and continued need to monitor vendors' compliance with the Safire prescription protocol. RCCs in Kenya are currently linked to vendors in the ratio of 1:1.5. This is considered adequate due to the need to ensure RCC availability for the issuance of prescriptions and consent forms.



Commodity distribution and stocking practices

In Nigeria, MSION is responsible for managing the supply of commodities to all Safire-trained vendors. A recent change to the design of the system means that there is now a clinical supervisor (and team) providing supportive supervision and onsite mentoring to vendors, who can also supply products during the same visit. In Kenya, with the exit of the previous programme supply partner, an interim stocking strategy was developed in Q3 of Year 3, which involved KMET supplying commodities to the vendors. However, to ensure sustainability, a long-term strategy was subsequently developed. At the end of 2020, five local wholesalers across the three counties were identified to support the distribution of commodities to all Safire vendors in Kenya, through a memorandum of understanding established with KMET. While this approach has secured a steady supply of quality commodities to Safire vendors over the past months, KMET has observed that this longer supply chain has contributed to an increase in the price of commodities being sold to Safire vendors. As a result, KMET is presently exploring an alternative supply system, which would see it taking up the role of direct MA supplier to the Safire vendor network. The expectation is that this new approach might lead to a cost reduction throughout the supply chain, contributing to a reduction in the final cost of the service to girls, while also increasing KMET's control over the quality of commodities and the efficiency of distribution channels. KMET expects to put this new system in place before the end of Year 4.

Overall, Safire distribution and stocking practices have proven to be effective, as evidenced by the low stock-out levels of 2% in Kenya and 0% in Nigeria between May and July 2021. Findings show that some vendors prefer to order MA drugs when they get a client rather than stocking them in their premises in advance. To mitigate this, Nigeria adopted a hub and spoke model already used in Kenya. In this model, some vendors act as hubs and overstock beyond their average monthly consumption to feed the spokes (neighbouring vendors). The spokes can then place urgent requests for MA products, which are readily available to them. This innovative hub and spoke model builds on standard supply chain mechanisms such as pooled procurement, economies of scale and the use of wholesalers, but with specific adaptations for Safire. One of the most remarkable features of the model is the speed at which spoke pharmacies can receive their requested commodities from the hub: depending on distance this can be within a few hours and always within the same day. The mechanism has been developed to fulfil the needs of the programme, such as enabling smaller vendors to benefit from bulk sale prices, as well as respecting the preference of some vendors who do not want to hold MA commodities in stock given the restrictive environments in which they work and their limited storage space. Rather than seeing the spoke outlets as competitors, the wholesalers view themselves as part of the same network. In Nigeria hub outlets do not profit from distributing to spokes and in Kenya hubs take a small profit on the commodities they supply to spoke outlets.

Service pricing and affordability

In Nigeria, inflation over the last year has resulted in a slight increase in the sale price of the bundle of services from MSION to Safire vendors from NGN 1,500 to N1,850. However, the cost to the client remains pegged at NGN 3,000 (for combi-pack, Sayana press, emergency contraceptive pills, and a pregnancy test strip). MSION compensated vendors for the loss in profit margin by offering them additional emergency contraceptive pills and pregnancy tests at no cost.

In Kenya, the cost of the Safire bundle has recently increased from KES 1,500 to KES 1,800-2,000 including a combi-pack, PAFP and pain killers⁸. This increase was effected in June 2021 when Safire required all vendors to obtain a prescription from an RCC prior to serving an MA client. Findings from vendor interviews and routine data collected through the CLIFF reveal that most vendors are complying with the recommended price cap for referred girls. However, we acknowledge not all MA client's experiences are captured through the CLIFF. While it captures more than 50% of BS-referred clients, it does not capture walk-in clients. We are also aware that the price increase is relatively recent in Kenya so we are yet to fully understand the impact this might have in girls' ability to pay for our services.

Safire faces a greater affordability challenge in Kenya than in Nigeria, where prices remain relatively low. MSION's ability to both supply and

technically support Safire vendors has proven very cost-effective for the programme, and this has translated into an overall ability of vendors to offer girls a cheaper service than in Kenya. This is further enhanced by MSION's organisational capacity to offer PAFP products to Safire vendors without additional cost, so PAFP is included as part of our service bundle without extra cost to the girls. In Kenya, the programme has both been forced to experiment with a different approach to commodity supply and to adopt stricter measures to prevent legal risks to programme partners. Kenyan vendors are aware of the high risk they face and often weigh that risk against the profit they expect to make in the sale of only a small number of Safire commodities per month. Despite this, Safire's combi-pack price in Kenya appears to be within the market range.

Safire guidance to vendors encourages them to find a way to serve all girls who come for services, and to never turn them away without offering them a viable solution. Multiple strategies have emerged organically between vendors and BSs to provide services to clients who cannot pay such as:

- 1 Vendors lowering the price, collecting 'half now and half later', or even providing MA for free, compensating this price drop by charging more to older, walk-in clients who can pay more.**

- 2 Involving mothers, boyfriends or companions to pay for services.**

- 3 Big Sisters covering the total or partial cost of the services from their own pocket.**



"In genuine cases who cannot afford, the communication will tell you...she borrows phones from friends for example...I sometimes help them and recover the money from other services like self-test kits and emergency contraceptives..."

(Vendor in Uasin Gishu, Kenya)

In January 2021 the Safire team conducted a rapid socio-economic profiling of Safire clients through a small survey with BSs in both Kenya and Nigeria. That exercise concluded that "the Safire programme is reaching out to girls whose profile closely matches that of their coverage population."

Programme partners believe that the spontaneous and flexible payment strategies being devised by vendors and BSs support the majority of girls who come forward and disclose their challenges in

paying for the service, especially those under 19 years of age. The growing collaboration between vendors and BSs in this aspect points to the potential sustainability of this approach, which relies on locally-driven, creative, case-by-case solutions that can be absorbed by community members without overburdening one or another. Close data monitoring in the months to come will reveal whether these strategies are enough to cushion the impact of the price increase in Kenya on girls' ability to pay.



PHOTO: SUPPORTIVE SUPERVISION VISIT TO A VENDOR IN NIGERIA

Provision of and referral to support services

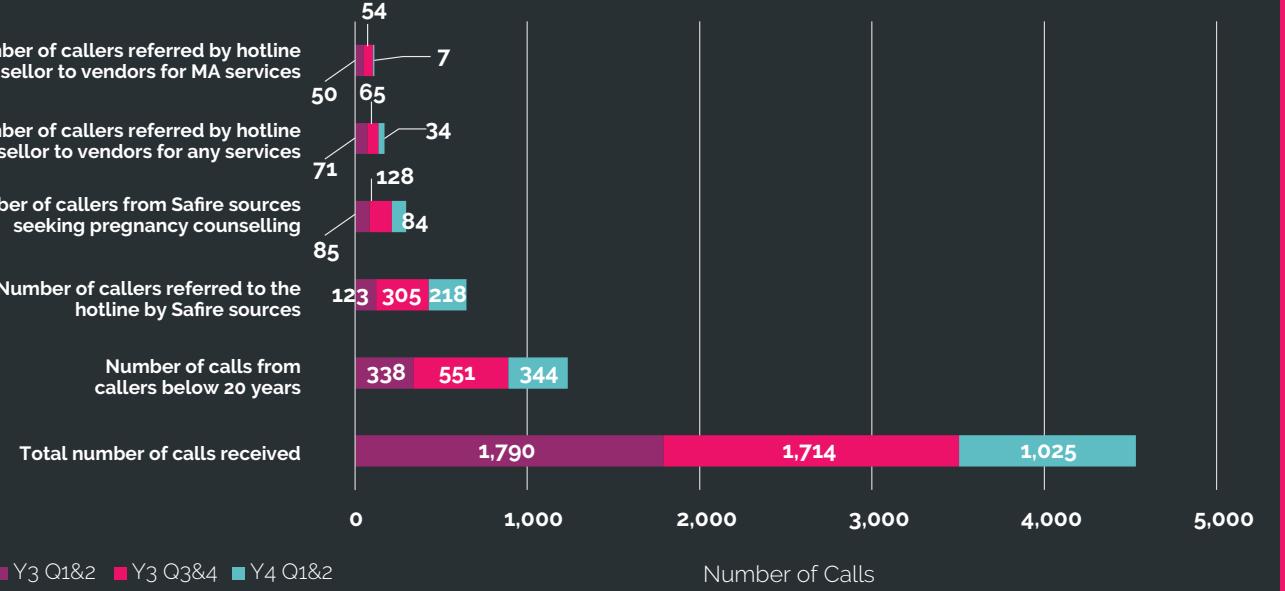
Hotline and contact centre

Calls to the KMET hotline and the MSION contact centre from clients referred by Safire sources remain relatively low, particularly in Kenya. Anecdotal evidence from field visits and review meetings suggests this is because most girls prefer one on one interactions with BSs rather than calling the hotline. Girls who do call the hotline in Kenya often do so from BSs' phones. This suggests both a lack of phone ownership amongst Safire girls, and that the hotlines are used as complementary services, to confirm or supplement information provided by BSs.



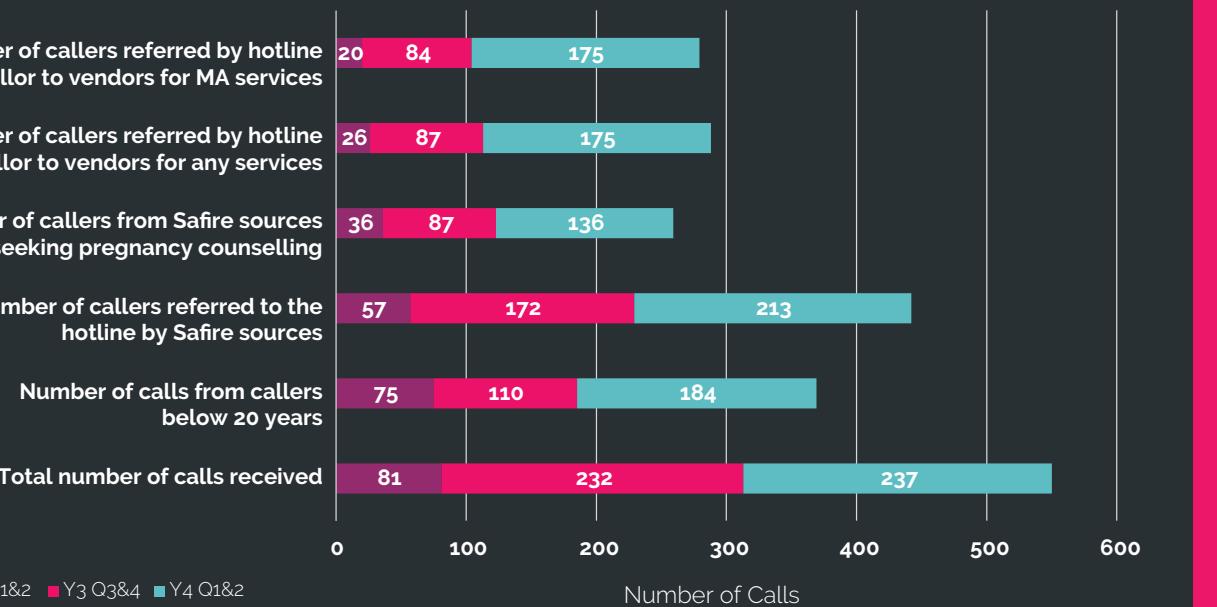
- The KMET hotline received 172 calls from clients referred by Safire sources between August 2020 – January 2021 (Year 3 Q3 & Q4) compared to 213 between February 2021 – July 2021 (Year 4 Q1 & Q2). This represents a 24% increase in calls from Safire referred sources from one six-month period to the next.
- 82% of calls registered between August 2020 and July 2021 were referred to the hotline by Safire sources.
- 58% of callers referred by Safire sources between August 2020 and July 2021 were seeking pregnancy counselling.
- 55% of all the calls received by the KMET hotline between August 2020 and July 2021 were referred to vendors for MA services.

MSION CALL CENTRE PERFORMANCE FEBRUARY 2020 – JULY 2021



- The MSION contact centre received 305 calls from clients referred by Safire sources between August 2020 – January 2021 compared to 218 between February 2021 – July 2021. This represents a 29% decrease in calls from Safire referred sources from one six-month period to the next.
- 19% of calls registered between August 2020 and July 2021 were referred to the contact centre by Safire sources.
- 41% of callers referred by Safire sources between August 2020 and July 2021 were seeking pregnancy counselling.
- Only 2% of all calls received by the MSION contact centre were referred to vendors for MA services.

KMet HOTLINE PERFORMANCE FEBRUARY 2020 – JULY 2021



Most of the calls received by the KMET hotline come from Safire referral sources (BS, CSO, Safire printed/social media source) whereas in Nigeria, less than a quarter of all calls received between August 2020 and July 2021 were from a Safire referral. This is likely to be because the MSION contact centre is a broader service not exclusive to Safire, whilst other programmes previously using the KMET hotline came to an end in 2020.

Although the hotlines were originally conceptualised as sources of information and referral for MA services, they have organically grown into a platform for remote counselling, as demonstrated by the significant number of Safire-referred callers seeking pregnancy counselling. Indeed, most of the girls calling the hotline are seeking general SRH information, including on contraception, menstruation and STIs. BSs also sometimes use the platform to seek answers to certain difficult questions posed by girls.

Whilst the hotlines may not be a critical component of the Safire model, they remain a relatively low-cost support channel and source of reliable and high-quality information for girls and Safire actors.

Referrals to child protection organisations

IPs have now successfully selected and onboarded CPOs to ensure girls facing protection issues receive comprehensive care and support. This support includes referrals to other specialised services as required, such as PSS support, ASRH services, and involvement of the justice system where necessary.

Through their partnership, IPs and CPOs have developed a symbiotic learning relationship, with CPOs training IPs on the detection of CP cases, whilst IPs have been sensitising CP organisations on ASRH issues.

NUMBER OF CP CASES REFERRED BY SAFIRE IPS IN NIGERIA AND KENYA TO CPOS BETWEEN FEBRUARY AND JULY 2021

Country	Implementing Partner	Number of referrals Feb-Jul 2021
Nigeria	ROHCOF Oyo	43
	FAHPAC, Oyo	29
	ROHCOF Ogun	25
	CEEGA, Ogun	7
	GenDI, Ogun	4
Kenya	SMA, Bungoma	33
	CSA, Kiambu	16
	Reproductive, Uasin Gishu	13

Provision of psychosocial support services

Five CP organisations are presently collaborating with Safire in Nigeria and three in Kenya. BSs, vendors and IP staff have been trained by CPOs on identification and referral of CP concerns. Between February and July 2021, a total of 108 cases have been referred to CPOs in Nigeria and 62 in Kenya.

The number of CP referrals made during the first six-month period during which the service was offered confirms the need for this referral mechanism, which ensures that some of girls' critical needs beyond safe abortion are adequately taken care of.

The need for increased PSS support for Safire girls and BSs emerged in 2020. Over the past year, we have integrated PSS within our service delivery model, and PSS services are now offered to BSs, girls and vendors in both countries. Through this referral service, girls and Safire actors have immediate access to professional counselling, to manage any manifestations of distress including anxiety, grief, and depression.

In Nigeria, services are offered through identified PSS organisations in each state (one per IP). IPs communicate the availability of this service to BSs through their meetings and BSs pass this information on to girls. Referrals and payments for services rendered are made through IPs.

In Kenya, KMET leads the delivery of PSS services. KMET has deployed county PSS counsellors, who are hosted within IP offices and managed by a PSS officer based at KMET's office. KMET has also ensured that a PSS counsellor is available through the hotline so clients can access PSS services via the hotline as well.

Whilst in Kenya the PSS team are using both virtual and in person methods depending on client preference, in Nigeria, PSS is being conducted in person, as online PSS did not work as smoothly when trialled by a PSS organisation in Oyo.

Between January and July 2021, in Nigeria, a total of 84 girls and BSs were referred for PSS⁹. In Kenya 114 girls and 58 BSs were referred for PSS during the same period.

The growing number of referrals to PSS services highlights their importance in supporting Safire girls and actors with their emotional burden. IPs are now working to raise girls' awareness regarding the availability of these services. For instance, one IP in Nigeria has sought to expand girls' access to this service by starting a WhatsApp platform where girls can receive basic counselling and be referred for further face-to-face counselling where needed.

Partners have further emphasised the importance of offering these services at every level of the Safire programme, suggesting that PSS should also be made available to IP staff, which is something Safire is already working on.

Whilst this referral mechanism has been in place for less than a year, an increasing number of Safire girls are being supported mentally and emotionally, and as a result are leading healthier, happier lives.

The impact of PSS counselling on Mitchell's life¹⁰

Mitchell was only 16 years old when she was raped on her way home from the shops in Bungoma, Kenya. She didn't tell her grandmother or cousins, who she was living with at the time. She started to experience flashbacks and nightmares of her trauma, struggled to concentrate at school, and lost her appetite. A pregnancy test later revealed she was pregnant.

Mitchell couldn't find the words to express what she was going through to her grandmother, especially as she felt so guilty at the prospect of bringing a child born out of rape into her home, when her grandmother was already struggling to raise her and her cousins. Instead, she chose to write a letter to her grandmother disclosing how desperate and hopeless she felt, how she was reluctant to keep the pregnancy, and expressed a strong desire to die.

Upon reading the letter, her grandmother decided to seek help. She was referred to a CSO through a friend whose daughter had attended one of their BS sessions. Through the CSO, her granddaughter received PSS counselling as part of the Safire programme. She received medical care from a Safire RCC where she was advised to enrol in an antenatal clinic and continue with the pregnancy as it was beyond the recommended gestation age for a safe termination.

Through face-to-face therapy sessions provided by a KMET PSS counsellor, Mitchell gradually worked through the various symptoms she was experiencing, including anxiety attacks, nightmares, low self-worth, low concentration, and feelings of dissociation. Slowly, she reported feeling lighter and more at ease after every session.

Mitchell has now accepted her new reality and attends antenatal clinics to protect her health and that of her unborn child. Her gradual return to her previous zeal for life has brought relief to both Mitchell and her grandmother. Although she was not able to terminate her pregnancy as she originally desired, the support she received through Safire has helped her emotional scars to heal.

9. In Nigeria, data on referrals has not yet been disaggregated between girls and BS. Disaggregation will start from October 2021.

10. A pseudonym has been used to protect the girls' privacy.

6 Monitoring, Evaluation and Learning

Implementation of the Safire Learning Agenda

Two very active Safire Learning Groups (SLGs), focusing on Community Engagement and Quality Services, were established in March 2021 and are taking forward the Safire Learning Agenda. Membership includes representation from Options, KMET and MSION. The purpose of the SLGs is to coordinate systematic collation and synthesis of the evidence and lessons emerging from Safire implementation, draw out insights and reflections, and support their use in decision-making on programme delivery.

Between March and July 2021, the SLGs led the prioritisation of key learning questions, agreed on data collection methodologies and facilitated learning activities to answer those questions. Primary and secondary data were synthesised to produce a series of Safire learning papers. This involved using a mixed-methods approach to bring together data from the programme's inception to July 2021, including: a desk review of programme documentation; MEL data; and data from key informant interviews and focus group discussions conducted by Safire staff in July 2021 with BSs, Champions, vendors, IPs, and consortium partners.

Findings were written up and eight Safire Learning Series Papers were produced

in July 2021. The intended audience for these papers is primarily internal. Their purpose was to analyse and consolidate learning and emerging insights regarding components and approaches used in the programme in order to inform or confirm refinements to the way Safire is delivered.

These papers were instrumental in informing discussions at the second Safire Learning Summit. Held over three days in August 2021, the virtual meeting was well attended, with 73 Safire staff joining from Options, African Population and Health Research Centre (APHRC), KMET, MSION, and Nigerian and Kenyan IPs. This was a crucial opportunity for all Safire IPs and consortium partners to discuss and validate the findings and recommendations in the Safire Learning Series Papers. Recommendations that came out of the papers and summit are already informing model adaptations ahead of Year 5 workplanning and budgeting.

A key focus for the next 12 months will be the production of the Safire Legacy Toolkit. Now that lessons have been consolidated in the papers the team will shift focus to producing a toolkit which will present those lessons and tools used in Safire for an external audience.



PHOTO: DMIS TRAINING FOR BIG SISTERS IN KENYA IN JUNE 2021

DMIS and MATE

After the rollout of the Safire DMIS late in Year 3, Safire continued to iteratively develop the system, making adjustments to both the Safire digital app and web portal. In the reporting period, Safire transitioned to full digital data capture and submission, at the key points of service: BSs and vendors. In addition, the DMIS app is being used by IPs for documentation of community engagement activities, including BS session record keeping and reporting.

By continuously collating feedback from users and from technical reviews by the consortium team, significant improvements to the workflows and user experience have been made in the Safire DMIS. This has minimised challenges reported by both vendors and BSs. Big Sisters in both countries and vendors in Kenya are now using the Safire-developed DMIS app. In Nigeria, vendors use the Mobile Application for Tracking and Engagement (MATE) system instead of DMIS. This is an MSION app which is interlinked with the Safire digital referral processes. MATE has the additional feature of carrying the Safire QoC checklist, providing prompts to vendors to support them to achieve each quality standard.

The Safire MEL team has continued to offer KMET and IPs both organisational level and individualised technical support on data processes and DMIS app usage, as we aim for a sustained 100% digital data management system.

Snapshots of DMIS

Region Name	MA Access By Age		MA Access By Type		MA versus PAFF		Total Vendor		Total RCC	
	Below 20 yrs	20yrs and Above	Miso Only	Combi	Total MA	% PAFF	Active	Inactive	Active	Inactive
Kenya	1854	227	18	1836	1854	82.69%	82	6	42	0
Nigeria	75	14	4	71	75	78.67%	149	0	0	0

Safire costing analysis

To inform future programming, at the end of 2020, Safire funders asked that Options undertake a costing analysis of the programme in all its components implemented in Kenya and Nigeria. This involved developing the necessary methods and tools for the programme to analyse its implementation costs and carry out routine expenditure analysis (including cost per component, costs of setting up the model and its cost at steady state). This was a very challenging exercise for our team but yielded useful insights for implementation.

An important outcome of this work was the organisation of the programme into eight components, a structure that was used to present this report, as it reflects what Safire considers to be its 'steady-state' delivery model. More importantly, the exercise shed light into how partners allocate their programme funds and produced a costing tool that can be used to run new financial analyses in the future, especially when programme delivery is further advanced. This experience also helped the Safire team to further appreciate the importance of contextual factors in programme design and delivery. Attempts to cost Safire interventions as 'standard units' were particularly challenging because of how differently they are organised and delivered in Kenya and Nigeria, and within each country. Barely one year into what the team considers 'full implementation', we found it premature to determine which interventions were core programme components, and whether standard ratios could be established between cost units. Six months later, some of these dilemmas are starting to be resolved and it is likely that conducting a similar exercise in mid-

2022 will yield more interesting and useful findings to inform future programming.

Some of the key reflections about the programme to come from this analysis have been:

- Understanding the relative costs of different components or interventions allowed us to better analyse some elements of the programme and make important decisions. For example, it was helpful to know that the costs of hotlines are negligible.**
- The relative cost differences between Nigeria and Kenya are not significant and are easy to explain. This means that we may have reached a reasonable level of maturity in the design and delivery of interventions.**
- As a service delivery programme, 70% of Safire's costs relate to personnel. This was not an unexpected finding but confirms the fact that programme costs are greatly determined by the choice of partners to lead delivery.**

We also learned that a costing analysis of this type does not measure value or outcomes, so although it can tell us which components or interventions cost more in a given point in time, it cannot tell us which is more valuable or produces the most impactful results. To reach such conclusions a different, more robust impact evaluation, or return on investment study, should be conducted.

External evaluation

APHRC, Safire's third-party evaluator, submitted baseline reports for Kenya and Nigeria in August and December 2020 respectively. The reports were finalised long after programme implementation had started and therefore, we had, to a great extent, already put in measures to address anticipated challenges. Among the key findings of the baseline were that abortion stigma was prevalent in the population, the prices of MA at the point of sale were higher than originally anticipated and that Safire should consider multiple channels of communication to reach out to girls with SRH information. In response to the reports' recommendations, Options supported IPs to develop comprehensive communications plans and engaged external consultants to train IPs on stigma reduction and opposition monitoring. As described in this report's section on Service pricing and affordability, Safire partners continuously promote and monitor vendor compliance with established service price caps to ensure these are affordable to girls. Actions to address other gaps identified through the baseline exercise are being implemented through consortium and IP workplans.

In August 2021 APRHC shared preliminary findings of the midline mystery client survey in Kenya, while preliminary findings for Nigeria are expected in October. Once final results are shared, consortium partners will update their action plans to address the challenges revealed by the surveys.

Risk monitoring and safeguarding

Legal support and engagement with law enforcement



PHOTO: VCAT TRAINING FOR POLICE OFFICERS ORGANISED BY MSION IN NIGERIA

During the second half of 2020, CRR supported Safire to mitigate legal risks in Kenya by developing tailored guides and training for IPs on managing opposition, understanding national legislative and policy frameworks, and examining adolescent informed consent. First responder lawyers were recruited in the three counties to support Safire stakeholders when they encounter law enforcement.

Similar legal support is offered to IPs and vendors in Nigeria through MSION, who are working to build IP capacity in community engagement and stigma reduction, including risk management and opposition monitoring. As a result of these trainings, IPs in both Kenya and Nigeria now undertake proactive opposition monitoring.

Whilst legal support continues to be provided to partners via MSION in Nigeria, from October 2021, in Kenya, KMET will contract a firm to provide legal support to partners as required.

MSION are building IP capacity on how to engage with Nigerian police, to prevent the risk of harassment from law enforcement officers. In addition, MSION are planning VCAT sessions with police officers.

Replicating this approach in Kenya was deemed too risky by programme partners, who instead opted to build rapport with the Kenya Pharmacists' Association at county level, as they play an influential role within the country's regulatory agency, the Pharmacy and Poisons Board.

Data and information protection

In early 2021, Options finalised a programme glossary to guide partners on the use of appropriate language during implementation and mitigate the risk of using technical terms which may draw negative attention to the programme. In addition, all critical programme documents that are circulated online are encrypted with passwords shared only with those for whom the documents are intended.

Options has continued to support IPs to ensure their messaging on social media does not put the programme at risk, by reviewing social media messages to be posted by IPs on open platforms such as Facebook, Twitter or Instagram. During the Learning Summit, IPs in Kenya and Nigeria highlighted that only general ASRH information is posted on open platforms, as they prefer direct messaging and one-to-one communication for more sensitive information.

Perceptions of risk

Safire partners have varying perceptions of risk, which can result in delays in recognising and reporting risk incidents, subsequently delaying risk response and mitigation measures. Whilst several guidelines and protocols have been developed to mitigate risks in service delivery on the ground, continued monitoring is necessary to understand how far these are being respected. Options plans to continue working to improve partners' common approach to risk management in Safire.



PHOTO: SAFEGUARDING TRAINING FOR BIG SISTERS AND CHAMPIONS ORGANISED BY GENDER DEVELOPMENT INITIATIVE IN NIGERIA

Safeguarding and Do No Harm

Following initial training to all partners on the Safire Safeguarding and Do No Harm Framework in August 2020, in May 2021, additional training was delivered to all Safire safeguarding focal points. A final phase of safeguarding capacity building is planned for the last quarter of 2021, to train consortium partners on how to initiate and oversee safeguarding investigations. Tailored versions of the safeguarding training are also being provided by Safire to all programme actors, including vendors, RCCs, Champions and BSs in both countries.

Safeguarding knowledge amongst Safire partners has significantly improved thanks to trainings and internal discussions. Nevertheless, this training needs to be continually refreshed and reinforced, and partner organisations must now make concerted efforts to institutionalise safeguarding beyond Safire.

Dedicated safeguarding phone numbers have been deployed in both countries, and all girls attending BS sessions are handed a safeguarding slip which carries

this number, as well as the number for local child protection hotlines.

Responding to a demand from partners, a Safire emergency fund was put in place in February 2021 to proactively cater for the costs of complication management when arising from care a girl received from our network of service providers. A protocol outlines the strict eligibility criteria and process for accessing the fund.

Despite intense safeguarding training, reluctance to report incidents remains a reality in Safire. This appears to be the result of partners' fear of reputational damage, but also of social norms which hinder the identification of certain behaviours and practices as unacceptable. We will continue to work to instil a positive learning culture arising from the handling of reported incidents and continue to ensure that BSs and girls are sensitised about what constitutes a safeguarding incident, the importance of reporting these, and the mechanisms available to do so.

Programme governance and management

The past 12 months have been focused on consolidating the Safire partnership. The consortium is now stable, works through clear structures and mechanisms and collaborates through routine processes and meetings. Operational decisions are made at country level, where partners meet monthly to discuss progress, challenges and adjustments needed in implementation. MEL data is routinely used to analyse programme trends and informs reflection and adaptation.

Options continues to directly oversee the work of IPs in both countries. Deliberate efforts to improve collaboration between IPs and KMET and MSION are starting to show good results, and country teams are increasingly working seamlessly as one. As examples, MSION's role in delivering VCAT and technical capacity building of IPs in Nigeria and KMET's leadership in training BSs in VSLA in Kenya have both been important steps to bring organisations closer and paved the way for more systematic engagement between partners.

One of the main challenges faced by the Safire team at the start of Year 4 was the identification of a suspected incident of fraud by one of the CSO partners working in Kiambu county, Kenya. After close investigations the contract with the IP was terminated. Following a short transition period, CSA expanded their scope of work and since June 2021 have been covering the whole county. This was a difficult process for the team to manage because

of how closely interconnected all Safire partners are. Successful programme delivery requires that all parts of the 'Safire engine' work in synchrony, so when one part fails, all other parts are negatively impacted. CSA's quick ability to scale-up with Options and KMET support led to minimal disruption of services to girls in the sub-counties earlier covered by the departed IP.

As part of a process initiated in early 2020, Options re-structured its Nigeria team in Q3 of Year 3, resulting in a more fit-for-purpose team to facilitate consortium coordination and programme management oversight. Since then, collaboration between partners in-country has significantly improved and this has led to a notable increase in the consortium's capacity to deliver services to girls.

The Safire Senior Management Team (SMT) has been engaged in a tailored leadership coaching programme since the second half of 2020. One year later, team members recognise how the leadership and management skills gained through the periodic group and individual sessions have been instrumental in increasing everyone's confidence and capacity to lead this challenging programme. This ongoing professional development process complements and supports a routine of SMT meetings and deliberations that aims to ensure transparency, ownership, cohesion and consistency in programme management and delivery at all levels.

The approval of a no-cost-extension by Safire funders in September 2020 was instrumental in providing much-needed confidence and stability to programme implementation. The associated funder decision to remove the payment for performance mechanism from the programme, authorising those funds to be reallocated to grant funding, was a relief to all partners, as it had been a source of great concern for the consortium since Safire's early days. With the extension of the programme for a fifth year, partners were able to plan for a full year of service delivery (Year 4), before having to prepare for close-out. As expected, Year 4 is fast becoming Safire's most efficient year to date, with service delivery indicators all seeing remarkable growth since late 2020.

The past 12 months have continued to be characterised by the COVID-19 pandemic. As a result, Safire partners continue to largely operate remotely, with few team activities taking place in person. While in-person community-level activities have cautiously resumed, partner coordination meetings continue to happen largely online. The Options Safire core team have not been able to travel between countries, which means that several of our SMT members, who have been working together for almost 18 months, have never met in person. Weekly online 'tea-breaks', when the core team meet to play games and share personal experiences, have been instrumental in maintaining team motivation, cohesion and solidarity during

the pandemic. In December 2020, our teams met in person per country, and connected online between country teams, which was hailed as one of the year's highlights! These

meetings were an opportunity to review annual progress and prepare ourselves for the start of Year 4.



PHOTO: THE SAFIRE CORE TEAM IN KENYA MET IN PERSON FOR THE FIRST TIME IN DECEMBER 2020, AND CONNECTED WITH NIGERIA AND UK COLLEAGUES ONLINE, WHILE THEY WERE TOGETHER IN THEIR RESPECTIVE LOCATIONS

Strategy for strengthening local and national leadership in Safire

Following the selection of KMET as the prospective Safire lead organisation in late 2020, the programme's strategy to strengthen local and national leadership was developed through a consultative process between Options and KMET in mid-2021.

The strategy proposes a broad five-year vision for safe abortion for adolescent girls in Kenya: *Kenyan advocates (local and national) work together as a strong movement - connected to a broader global movement - implementing, lobbying and advocating to achieve:*

- *A safe abortion ecosystem for adolescent girls within the context of holistic ASRH*
- *Strengthened government stewardship (at national and sub-national levels) on ASRH and a more conducive legal and policy environment for safe abortion*
- *Comprehensive sexuality education incorporated into schools' curriculum with complementary online/mobile channels*
- *Local and national actors successfully attracting investment to continue this work, and delivering it more cost-effectively in future (without an international intermediary)*

- *Local and national leadership of this maximises opportunities to sustain and scale (elements of Safire, and to achieve greater impact*

It also puts forward a concrete vision for the leadership of the next phase of Safire, should there be one (be it funded by Safire's current donors or other development partners):

Kenyan organisations and all key stakeholders (including Big Sisters and vendors) are involved in the design of the next phase, including strategies for scale-up and sustainability. The new programme includes a specific focus on advocacy for an enabling social, policy and legal environment for the delivery of safe abortion. Safire's funding has been diversified and elements of Safire are integrated into other platforms and programmes. KMET is the lead delivery organisation in Kenya, though for the first approximately two years they are supported by Options (or a similar organisation) in priority areas (including MEL, technical expertise, business development, and global and national networking). After this, Options' support will phase out. IPs play a substantial role in scaling of Safire, by training and networking with other grassroots and community-based organisations and championing local advocacy initiatives to create an enabling environment for safe abortion programming at the

community level. Funders of Safire shift their expectations to realign with the new leadership of the programme (i.e. recognising that KMET will not perform the role in the same way Options has).

Reflecting the importance to accelerate the process of strengthening local leadership during the current programme cycle, the strategy proposes a phased approach for the transition of roles and leadership of various Safire components during the remaining life of the programme.

Each phase of transition will be planned in a transparent manner with proposed changes to roles for both KMET and Options mutually agreed and clearly documented. The strategy prioritises capacity building efforts through on-the-job learning and exposure to leadership situations for senior KMET staff, participation in decision-making, recruitment of staff for key new roles to match the broadened scope of work, and transition of further responsibility to KMET for certain areas of work. A review is expected to be conducted at the end of each phase to document progress, challenges and successes.

More information about Options' work to strengthen KMET's organisational and technical capacities over the past year can be found in Annex 2.

Priorities for the next 12 months

To ensure an appropriate and timely closure of the programme by January 2023, Options has asked all partners to conclude their activities by end October 2022. This will allow partners adequate time to jointly reflect on the achievements and challenges of the final phase of programme delivery and complete their activity and financial reports before these are submitted to Options for final consolidation prior to formal grant closure.

This leaves Safire with just over one year of programme implementation ahead, a period during which we will prioritise the following areas of work:

Strengthen local leadership and increase investment in sustainability

1. **Options and KMET will together implement the strategy to strengthen local and national leadership, progressively transferring skills, knowledge and leadership of programmatic components from Options to KMET as outlined in the strategy's phased approach.**
2. **Options will continue to invest in building the capacity of IPs in both countries, prioritising efforts aimed at sustaining their ASRH work in the near future. This will include increased investments to support IPs in resource mobilisation, networking and coalition building in the sector, to enhance their profile and visibility as strong local actors in their own communities and beyond.**
3. **Conceptualise and produce Safire's Legacy Toolkit, documenting programmatic experience and collating all relevant technical guidelines, manuals, tools and other resources that may be useful to Safire partners and other actors implementing ASRH programmes with a focus on safe abortion access.**
4. **Explore economic models that may contribute to vendor and BS sustainability, in particular opportunities that might enable a durable and independent commercial partnership between individual vendors and BS for continued service delivery.**

Pursue quality improvements while increasing reach

- 1. Invest in scaling-up service delivery by expanding programmatic coverage in the states and counties where we work in, aiming to increase the number of girls reached with quality information and services.**
- 2. Continue to closely monitor vendor and BS performance to ensure safe and high-quality service delivery as per Safire's QoC standards.**
- 3. In Kenya, enhance monitoring of vendor compliance with Safire's prescription protocol as a risk mitigation measure and explore supply chain efficiencies with an aim at reducing the price of services offered to girls by Safire vendors.**
- 4. Refine our stigma reduction approach by improving existing IP technical guidelines and tools and by increasing Champion engagement throughout existing geographies and new areas of expansion.**
- 5. Continue to improve safeguarding and risk management capacity and knowledge across the partnership, with a focus on increasing availability and dissemination of channels for incident reporting at community level.**

Facilitate and support effective programme closure

- 1. Facilitate a collective process of reflection about Safire successes and challenges, focusing on documenting key lessons learned and on how partners aim to take forward the programme's legacy in their future ASRH work. Time allowing, use the findings of the final programme evaluation to inform this process.**
- 2. Ensure all partners actively and timely monitor grant execution to ensure an efficient and smooth closure of activities and final reporting to Options and, subsequently, to Safire funders.**

a year to Be PROUD OF

Safire partners are confident that we are on track to achieve all programme objectives. Thanks to our work, at the time of writing this report approximately 1,000 adolescent girls are receiving safe and high-quality MA services per month. Before accessing the service, they receive information about their choices and are counselled by a Big Sister and a friendly vendor. If they express difficulty in covering the cost of the service, they are not turned away but are offered feasible alternatives. The quality of services delivered by our vendors continues to increase, with consistently high rates of combi-pack being delivered to our clients. Girls that are accompanied by a Big Sister have increased their self-efficacy and report having a positive and safe experience. Specialised psychosocial support and child protection services are offered to girls who need them.

Thousands of girls and community members have been reached with accurate and friendly SRH messages thanks to our community engagement work. This enabling environment is making it easier for parents, community leaders and other stakeholders to more openly discuss topics that were previously seen as taboos in their communities, from menstrual health to teenage pregnancies and safe abortion. Mothers are finding it easier to support their daughters' choices and to facilitate their access to safe services.

These results demonstrate that Safire partners' technical and organisational

capacity has increased as a result of the programme. The CSOs engaged in Safire in Kenya and Nigeria have been transformed over the past two years and increasingly drive the programme's community engagement strategy. They manage a growing number of Big Sisters and Champions and sub-contract child protection referral partners, whose work they supervise. They are bidding for new ASRH work and progressively securing new grants in various areas of work. KMET are confident in their capacity to lead various areas of Safire delivery in the short-term and are in a key position to secure new grants to continue their safe abortion work in the longer-term, with a greater emphasis on adolescents.

Our ambition has always been to break through the safe abortion sector by engaging local actors in the delivery of self-care services to adolescent girls via the private sector, in an enabling community environment. We are proud to say we have learned how to do exactly that. Safire partners are committed to working diligently in the year to come to ensure this innovative experience and unique expertise are taken forward by all our organisations after this phase of the programme ends. In typical Safire fashion, we have much to do in a short period of time. As always, we are confident that by working together we will surpass even our most ambitious expectations.

annex 1 PROGRESS UPDATE ON RESULTS FRAMEWORK PRIORITY INDICATORS

#	Indicator	Country	Year 1	Year 2 (Feb 2019- Jan 2020)	Year 3 (Feb 2020-Jan 2021)		Year 4 (Feb 2021-Jan 2022)		Year 5	Cumulative (Y1- Y5)
			Actual	Actual	Target	Actual	Target	Actual July 2021*	Target	Target
1	Number of MA services provided to girls aged below 20 years by Safire vendors	Total	359	1,787	N/A	7,659	N/A	5,562	N/A	N/A
		Nigeria	359	1,405	N/A	4,807	N/A	3,417	N/A	N/A
		Kenya	0	382	N/A	2,852	N/A	2,145	N/A	N/A
2	Percentage of MA services to girls below 20 years that used a combination of mifepristone & misoprostol	Total	43%	61%	92%	96%	>95%	99%	>95%	N/A
		Nigeria	43%	64%	92%	95%	>95%	99%	>95%	N/A
		Kenya	-	50%	92%	96%	>95%	99%	>95%	N/A
3	Percentage of girls that receive post-abortion contraception following MA (Cumulative over the programme time)	Total	57%	65%	70%	68%	70%	71%	75%	N/A
		Nigeria	57%	63%	68%	63%	70%	66%	75%	N/A
		Kenya	-	69%	70%	74%	70%	80%	75%	N/A
4	Number of girls reached with SRH information through Safire	Total	-	6,595	31,507	34,512	35,060	34,661	20,915	94,077
		Nigeria	-	2,811	14,328	15,542	16,240	13,294	9,240	42,619
		Kenya	-	3,784	17,179	18,970	18,820	21,367	11,675	51,458
5	Number of girls referred to MA services by Big Sisters	Total	-	462	4,131	4,165	5,445	4,498	4,961	14,999
		Nigeria	-	341	1,714	2,485	2,552	2,907	2,170	6,777
		Kenya	-	121	2,417	1,680	2,893	1,591	2,791	8,222
6	Number of trained vendors that are available to provide MA services and still engaged with Safire programme	Total	-	-	216	217	231	235	231	N/A
		Nigeria	-	-	156	156	156	162	156	N/A
		Kenya	-	-	60	61	75	71	75	N/A
7	Average price of MA package to client (miso/combi) + PAFP + Analgesic	Nigeria	N/A	N/A	NGN 3,000	NGN 3,000	NGN 3,000	NGN 3,000	NGN 3,000	N/A
		Kenya	N/A	N/A	KES 1,500	KES 1,500	KES 1,500	KES 1,822	KES 1,500	N/A
8	Percentage of trained vendors who met minimum Safire quality standards at most recent supervision visit.	Total	-	-	93%	97%	>95%	97%	>95%	N/A
		Nigeria	-	-	95%	100%	>95%	100%	>95%	N/A
		Kenya	-	-	90%	90%	>95%	96%	>95%	N/A
9	Number of CSOs with institutional capacity strengthened to deliver SRH programmes	Total	9	9	9	9	9	8	9	N/A
		Nigeria	5	5	5	5	5	5	5	N/A
		Kenya	4	4	4	4	4	3	4	N/A
10	Percentage of MA clients followed up by BS who reported to have gone to the vendor and successfully bought the drug	Total	-	-	98%	99%	98%	99%	>98%	N/A
		Nigeria	-	-	98%	99%	>98%	100%	>98%	N/A
		Kenya	-	-	98%	100%	>98%	99%	>98%	N/A

Key

*	Year 4 data is for 6 months up to July 2021
●	Target achieved or on course for Year 4
■	Off Target
N/A	No Targets set
NB	Targets were set starting Year 3

annex 2

PROGRESS TOWARDS BUILDING LOCAL PARTNERS' CAPACITIES IN THE ASRH FIELD

One of the expected outcomes of Safire is to improve organisational capacity to manage programme activities and safe abortion services. Options has worked toward this objective through a two-pronged approach: (i) Systematically building the capacity of IPs to become strong, independent and technically skilled actors to operate in the local safe abortion and ASRH space in the long-term, and (ii) Identifying and building the capacity of a local, higher-level organisation to potentially 'take over' the role of a future local ASRH lead organisation, including sub-granting the local implementing partners. It is envisaged that both the future lead organisation and IPs would carry forward the Safire legacy.

To achieve this Safire has put in place a range of technical, training and organisational supports which aim to increase partner institutional and technical capacity. The purpose of this report annex is to review progress towards this objective in detail. It begins by briefly describing the Safire approach to partner capacity building and proceeds to outline some of the results achieved with the plans implemented by Options, IPs and KMET in this area up to July 2021.

Capacity building of Implementing Partners

The Safire approach to supporting the capacity strengthening of IPs is guided by a set of principles that recognise that the process should be owned by the organisation, as a co-creator of the capacity rather than a passive recipient. A participatory and consultative OCA conducted at the beginning of the partnership helps to define the priority areas of support and situate the capacity strengthening as a gradual process that relies on the buy-in and commitment of the organisation's leadership to drive change.

Safire conducts bi-annual reviews of all IPs using the programme's Organisational Capacity Assessment Tool (OCAT) to assess the critical elements for effective partnership management and identification of capacity areas that need further strengthening. The last one was carried out at the end of January 2021 and the next one is planned for September/October 2021. As usual, the OCA exercise

involved an initial self-assessment by the IPs, followed by a visit by Options staff where discussions and consensus between both organizational scores was reached for each OCA standard.

The OCAT is used to assess the CSOs' technical and institutional capacity. Safire uses it primarily as a diagnostic tool to identify capacity development areas for future capacity building support. It is therefore not a tool to track CSOs' **performance** over time; it is a tool to assess organisational **capacity** against set criteria. To address the former concern, the Safire team has developed a performance measurement and tracking tool to continuously monitor the performance of CSOs against their targets during the implementation period. So while the OCA is about measuring capacity, the performance measurement and tracking tool is about how well they achieve programmatic aims. Two points should be noted when interpreting OCA

results: firstly, OCA measures the capacity to do something, for example whether there are systems and processes in place, but not the actual behaviour of people as to whether or not they follow those systems and policies; secondly, although similar OCA tools are used by other organisations, the Safire team adapted the typical criteria included in each domain within such tools to suit its purposes, so these are not internationally recognised standards. As a result, it is important to be aware that a score of 100% against any of the Safire domains does not mean that all organisational capacity development needs have been met, but only that the targets set for the criteria within that domain for the period have been met.

Safire recently completed a review of its OCA tool and some minor adjustments were made to improve documentation of the capacity gaps and recommended actions. The revised tool will be used for OCA assessments from September 2021

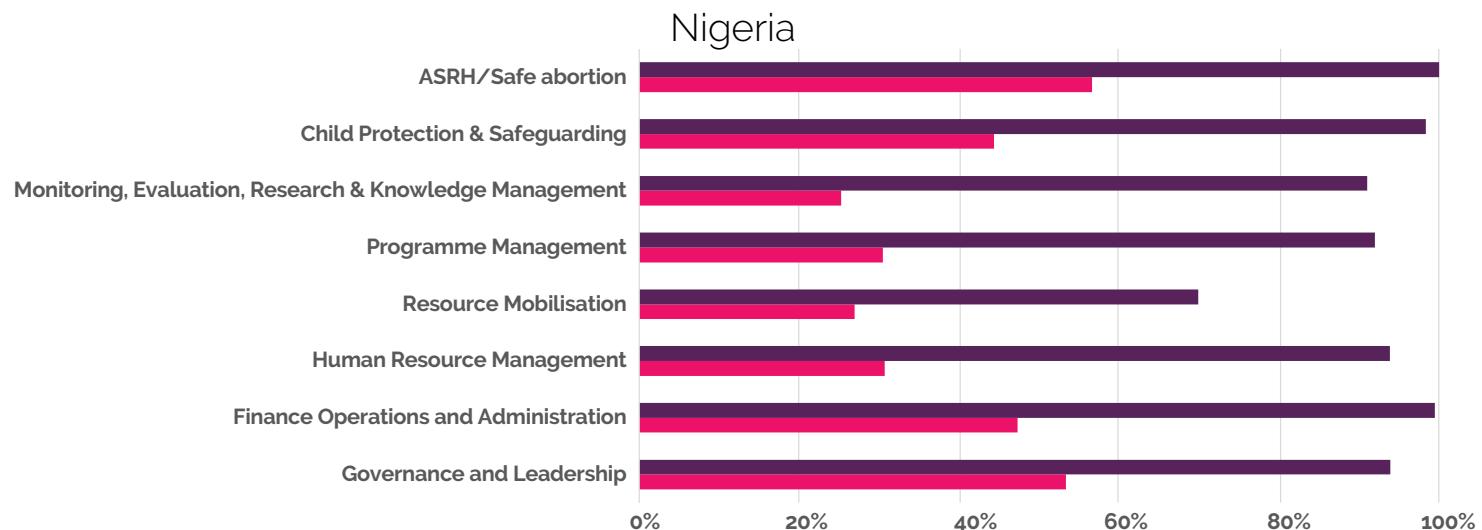
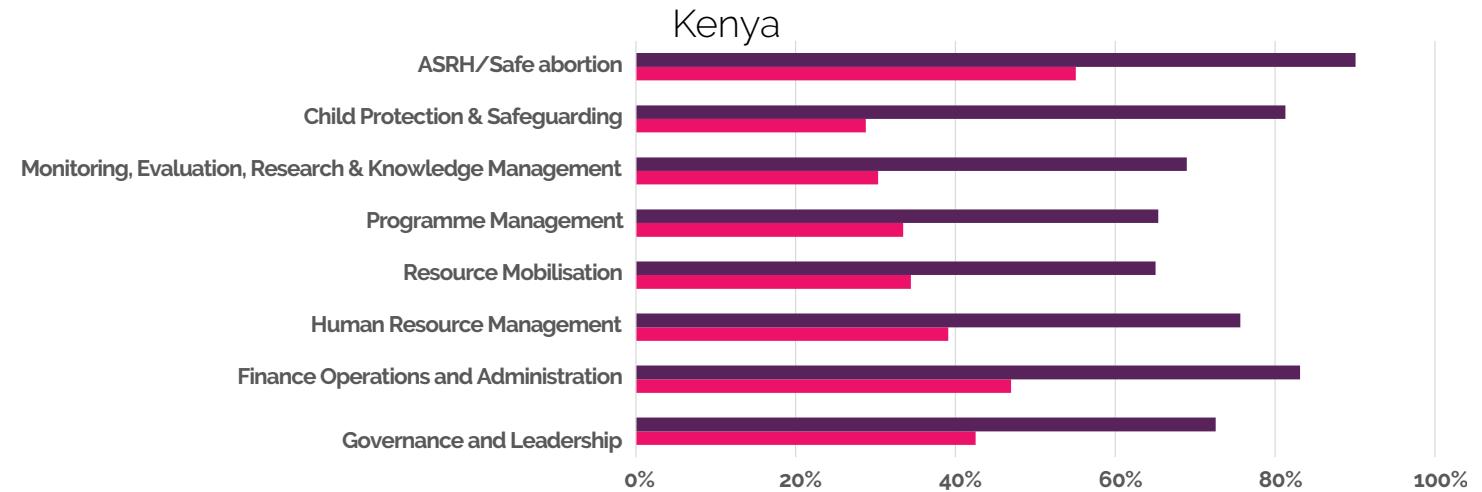
onwards. The eight technical capacity domains remain the same: governance and leadership; financial management; human resource management; resource mobilisation and organisational sustainability; M&E, reporting and knowledge management; programme management; child protection and safeguarding; and ASRH/ safe abortion programming.

The January 2021 assessment revealed significant improvement in IP capacity in all eight domains tracked by the programme since the baseline assessment carried out during Q2 of 2019. Although the resource mobilisation domain recorded the lowest score in both Nigeria and Kenya, there was significant growth in this domain in both countries. Over three quarters of the capacity domains have been recording a score of over 80% in the last two assessment

rounds, meaning that the set capacity targets are nearly met. Based on these findings, the IPs and Options jointly developed a tailored capacity-building plan with clear objectives and priority areas of support, both technical and institutional, for Year 4. Capacity Building has since been done through a mix of training workshops (delivered by Safire staff or external consultants) and ongoing mentorship and coaching by Options team members.

Safire IP OCA Scores Per Domain

■ Baseline, Q2 2019 ■ Latest assessment, January 2021



Capacity building initiatives

Options leads the capacity building of Safire IPs through a programme of tailored training, coaching and mentorship as well as by encouraging cross-fertilisation and experience-sharing among organisations. MSION and KMET provide complementary support to enhance the technical capacity of IPs on specific aspects such as VCAT, stigma reduction and risk management.

While some external consultants have been contracted to produce tools and deliver trainings in specialised areas of capacity development, the Options Safire team oversees the work of such consultants and engages in ongoing supportive supervision with all IPs to ensure capacity development investments are internalised and translated into programme practice.

The capacity building of Safire IPs was initiated in 2019, shortly after the selected CSOs were onboarded by Options. Informed by the baseline results of OCAs, Safire prioritised the capacity areas summarised in the table below. The last column on the right summarises the main outcomes of this work as per July 2021.

Capacity area	Objectives	Delivery approach	Result
Project cycle management	To enhance IP staff competence in workplanning and budgeting, expenditure tracking, progress monitoring and reporting.	Monthly progress review meetings, Supportive Supervision Visits, needs-based coaching and mentorship and feedback from the Options team.	A significant improvement has been noted in most areas of the project implementation cycle among most IPs. The notable improvements are in the quality of reports, quality of workplans and in the fidelity and timeliness of project implementation.
Financial management and internal controls	Strengthen institutional systems and processes and staff competence to enhance compliance with standard financial management practices.	Audit of existing finance management processes, expert advice on improvements to processes and tools, face-to-face and virtual training workshop on a range of financial management topics followed by ongoing mentorship. Additional support to CSOs to meet enhanced financial reporting requirements, which include producing quarterly forecasts, following increased duration and size of grants to CSOs. This was done by both Options Finance Team and external consultants.	IPs are showing improved internal control systems, including financial and human resources management, and budget management processes. The Options team acknowledged that the quality of budgets and financial reports has improved and that most IPs have become better at managing their Safire budgets, including tracking expenditure and burn rate, and producing quarterly forecasts.

Capacity area	Objectives	Delivery approach	Result
Resource mobilisation and organisational sustainability	<p>Support IPs to develop tailored five-year strategic plans articulating their projected organisational growth and sustainability.</p> <p>Support IPs to develop resource mobilisation plans, including mapping potential funding opportunities.</p> <p>Enhance skills in programme design and grant proposal writing.</p>	Module-based virtual workshop, practical group work, take-home assignments, mapping of relevant donors, coaching and expert review of drafts. This was done by an external consultant with Options oversight.	<p>All IPs have revitalised their management Boards, established organograms with clear reporting lines and set out procedures on a wide spectrum of management and governance functions.</p> <p>Three of the eight IPs have secured new funding for their community engagement work over the last two years.</p> <p>CEEGA has been funded by the Ministry of Women Affairs on a livelihoods project, SMA received additional funding from AMREF, and CSA received two grants, one from the Dreams project and another from The Right Here, Right Now Kenya coalition, all these focusing on SRHR advocacy for young people.</p>
Facilitation skills, including effective management of online group sessions	To build the skills of CSO staff on planning, facilitating and managing education sessions with adolescents and communications with community members and key influencers.	Virtual workshop that included brainstorming, group work and role plays. This was delivered by an external consultant.	<p>This area of capacity building work will remain a priority for the coming period.</p> <p>The facilitation skills gained through Safire were hailed for helping IP staff to plan and undertake more effective community dialogue and advocacy sessions targeting opinion leaders and influencers.</p> <p>CSOs have transferred the skills to BS and Champions through mentorship and coaching, improving their facilitation of both online and face-to-face sessions.</p> <p>The skills gained are being used by IPs during external advocacy engagements, beyond Safire.</p>

Capacity area	Objectives	Delivery approach	Result	Capacity area	Objectives	Delivery approach	Result
Developing, implementing, and monitoring Safire communication plans	<p>Support development of tailored communications plans, materials and assets.</p> <p>Strengthen IP staff skills in social and behaviour change communication, including appropriate audience analysis and segmentation, impactful messaging and measuring outcomes.</p>	<p>Two virtual workshops (one delivered internally by Options and the other by an external consultant). Follow-on mentorship and support in developing communications plans.</p>	<p>The IPs have cited that improved communication skills were useful in crafting tailored messaging and identifying the right channels to initiate local conversations around ASRH and SA.</p> <p>This has also improved IPs' online presence through their enhanced online engagements and external communications, thus improving IPs' visibility in the ASHR and SA space.</p>	Monitoring, evaluation, and learning	<p>Enhance IP staff knowledge and skills in MEL, including use of the Safire DMIS.</p>	<p>Delivered by Options MEL team through both face-to-face and virtual training sessions. DMIS app developer (external consultant) provided user training and technical troubleshooting.</p>	<p>There has been observed improvement in the quality of reported data and utilisation of data for programme adaptation.</p> <p>IPs actively participated in learning activities including annual Learning Summit.</p> <p>IPs have put in place data and knowledge management systems.</p> <p>IP M&E officers have demonstrated substantial improvement in capacity to develop and manage M&E frameworks, workplans, and tools.</p>
Community engagement and stigma reduction	<p>To strengthen the competence of IP staff in planning, implementation and monitoring of community engagement and stigma-reduction activities.</p> <p>Developing and supporting IPs to use a package of tools including ally and opposition monitoring tool, adapted VCAT tool, adolescent SABAS etc.</p>	<p>In Nigeria: module-based face-to-face and virtual workshops delivered by MSION. Follow-on coaching and mentorship by Options.</p> <p>In Kenya: modular face-to-face workshops by external consultants. Follow-on mentorship by Options.</p>	<p>Testimonies from IPs, coupled with views shared by other key informants, indicate that the IPs' capability to deliver ASRH and SA interventions has improved. They are now better entrenched within the communities they serve, have stronger relationships with and influence on community gatekeepers, and they are much better at supporting the work of BS and Champions.</p> <p>Improvement has been noted in strategic external engagement resulting in greater visibility and establishment of new partnerships. IPs are acknowledging that they are now well placed to forge new partnerships and join relevant networks and alliances.</p> <p>This area of capacity building work will remain a priority for the coming period.</p>	Safeguarding and Do No Harm	<p>Understand the key principles of organisational safeguarding and how these apply to programmes.</p> <p>Develop a common understanding of Safire safeguarding risks and measures to address those risks and Do No Harm.</p> <p>Understand how to build mechanisms for effective reporting and referral.</p> <p>Support IPs to institutionalise safeguarding as part of organisational development.</p>	<p>Training for all Safire staff and partners, follow-on training for safeguarding focal persons and targeted support for institutionalisation of safeguarding in organisations.</p> <p>Virtual workshops with pre-session assignments, plenary lectures and breakout groupwork (facilitated by external consultants), followed by close coaching and monitoring from Options.</p>	<p>Safeguarding training has resulted in improved knowledge at individual level.</p> <p>Safeguarding sensitivity has improved and most IPs are more responsive, reporting incidents within the stipulated time period.</p> <p>Most IPs now have safeguarding policies which have helped institutionalise safeguarding within their organisations.</p> <p>This area of capacity building work will remain a priority for the coming period.</p>

Capacity area	Objectives	Delivery approach	Result
Risk management	<p>To sensitise the IP staff on the wide array of risks that could jeopardise the programme and put Safire actors in harm's way.</p> <p>To strengthen the IP capacity to identify, avoid and mitigate risks, including navigating the restrictive legal environment.</p>	<p>Virtual training sessions with illustrative analysis of case studies and potential risk scenarios; participation of risk focal persons in monthly risk reviews with expert advice from a legal support partner – the CRR in Kenya and MSION in Nigeria.</p>	<p>The risk management training has resulted in demonstrable improvement in how most IPs respond to risk. IPs now have enhanced skills in risk identification, assessment and mitigation informed by the Safire risk mitigation strategy. They have demonstrated prompt reporting and management of risk incidents.</p> <p>All partners develop a risk matrix on a monthly basis which is reviewed by focal points in a meeting chaired by Options. With support from CRR, a risk mitigation plan was developed.</p> <p>All IPs have ensured that risk management is included as an agenda item in all meetings.</p> <p>There is a significant improvement in the timely reporting of risk. Most are reported within 24 hours as per requirements, an indicator that there is increased sensitivity to risk.</p> <p>This area of capacity building work will remain a priority for the coming period.</p>
	<p>In addition to the above, Options has adjusted its internal processes to reflect its confidence in partners' increased grant management capacity. For example, prior to Year 4 Options issued Safire IPs with relatively low-value six-month contracts, and paid them based on fixed advance tranches which were recorded in Options' financial systems. At the start of Year 4, however, for the first time since the start of Safire, CSOs were awarded larger, two-year contracts and we began recording their actual expenditure retrospectively, when they submitted their quarterly financial reports. We also asked IPs to produce quarterly forecasts, from which their monthly advance amounts for the following quarter were</p>		<p>calculated. This shift not only contributes to build partners' capacity in financial management and allows them to plan based on a two-year grant, but also better reflects Options' perception of them as active sub-grantees, rather than passive implementing contractors.</p>

Progress towards the implementation of KMET's capacity building plan

As explained earlier in this report, in Q3 of Year 3 Safire partners agreed to invest in KMET as the prospective Safire lead organisation. Subsequently, in November 2020, an external consultant was contracted by Options to facilitate the assessment of KMET's organisational capacities and identify changes necessary for them to take on greater leadership in Safire and at the national level on ASRH issues. The main objectives of

this assessment were to identify gaps in governance, systems and processes, staffing structure and technical expertise and then identify the need for external support to build institutional and technical capacity.

The assessment involved facilitating a dialogue with KMET's senior management team to analyse and reimagine the organisation and its need for change in order to remain relevant and competitive

in the ever-changing operating environment. A key output of this assessment was an implementation plan outlining key actions, timeline, expected outputs and responsible individuals leading the change process between November 2020 and July 2022. The table below documents the progress made in the implementation of this plan to date and the resultant effects.

Capacity area	Objectives	Delivery approach	Result
Governance and administrative capacity	Develop and implement a resource mobilisation and fundraising strategy.	Two KMET staff to participate in resource mobilisation training offered by Options to IPs.	<p>A resource mobilisation strategy has been developed.</p> <p>The two KMET staff who joined the training on resource mobilisation have since joined the Grants Development team, that has so far developed 15 proposals with five having been awarded, five awaiting response and five being at different stages of development.</p> <p>KMET has a Business Development Tracker which maps the status of all proposals developed.</p>

Capacity area	Objectives	Delivery approach	Result	Capacity area	Objectives	Delivery approach	Result
Governance and administrative capacity	Through an executive coaching approach, strengthen the KMET Board and revitalise its role in stewarding organisational growth and oversight.	Options will support recruitment of a consultant to provide executive coaching to the Board.	A coaching plan informed by the needs assessment conducted in consultation with the Board has been developed. An executive coach to be hired during Q3 to fast track the process.	Governance and administrative capacity	Through training and mentorship, institutionalise risk management as a routine administrative function within KMET.	Adapt Safire risk management tools and processes for wider organisational use in monitoring, reporting and mitigating risks. Options to provide tailored training on risk management.	KMET has institutionalised safeguarding in the weekly meetings to review reported issues across the various projects. The ED and TL attended a digital security training by Kenya Legal & Ethical Issues Network on HIV and AIDS (KELIN) and plans are underway to cascade to the entire KMET staffing.
	Establish and strengthen KMET Senior Management Team (SMT) to provide strategic and operational oversight of the Safire programme.	Establish a Safire SMT in KMET with a clear ToR oriented towards providing strategic and operational oversight of the programme. Options will support recruitment of a consultant to build capacity of the SMT to provide strategic leadership and oversight on ASRH / Safire programming.	The SMT has been established and includes the KMET Executive Director (ED), the Senior Technical Advisor (STA), Operations Manager, Team Leader (TL), Finance and MEL persons. The SMT meets weekly to provide strategic direction to the project teams. The SMT will receive executive coaching as part of capacity building.				Similarly, KMET has recently trained 73 Safire vendors and 42 RCCs on safeguarding and risk management.
	Through additional training and mentorship, strengthen KMET institutional capacity in safeguarding.	KMET nominated two focal persons who were trained by Options in May 2021. The trained focal persons will cascade safeguarding training to all KMET staff. Options has scheduled a Safeguarding and Investigation training to be held in October 2021. Institutionalise safeguarding through developing and implementing organisational safeguarding policies and procedures (borrowing from Safire).	Two KMET staff were trained on how to embed safeguarding approaches. The process of reviewing KMET safeguarding policies with support from Options is ongoing.	Enhance KMET's role, and visibility in ASRH at a national scale, including nurturing collaboration and partnerships with key like-minded sector players.	Members of KMET SMT will join and participate in relevant ASRH forums and discourses at a national level.	KMET participated in the ASRH & Community Intervention lead by the Division of Reproductive Maternal Health (DRMH) during which Kenya - Primary Health Care strategy framework was disseminated. KMET facilitated the Multisectoral Adolescent Youth action plan midterm review.	KMET has been involved in the national level consultative forum to design a multisectoral approach towards ASRH interventions.

Capacity area	Objectives	Delivery approach	Result	Capacity area	Objectives	Delivery approach	Result
Finance and grants management	Strengthen financial and accounting systems, with well documented policies, procedures and internal controls that are adhered to.	Options to deploy a finance specialist to support KMET in strengthening the internal accounting systems including improving related policies, procedures and tools.	An Options finance manager conducted a review of all the policy documents guiding KMET finances, including grant management.	Monitoring, Evaluation, and Learning	Conduct training and mentorship of key staff to enhance KMET's technical capacity to oversee CSO community engagement and stigma reduction activities, including opposition and ally monitoring.	KMET to participate (as trainees and co-facilitators) in the Community Engagement and Stigma Reduction IP capacity building process.	KMET staff were trained as trainers on community engagement and stigma reduction. As a result KMET has been able to facilitate subsequent IP training.
	Provide refresher training for Finance Department staff on financial management, compliance, and sub-grantee management.	Finance specialist named above will also support KMET to establish/strengthen systems for sub-grant management.	Capacity building of finance staff was undertaken as part of the Options review.		Strengthen KMET's capacity in MEL through staff trainings, and robust data systems.	Options MEL team provide on-the-job coaching and mentorship to KMET MEL team and setting up of robust data management system.	In addition, tools that were developed by the consultants have been adapted, such as the Facilitator and Participant manual.
	Recruit additional staff to strengthen KMET's capacity to manage sub-granting to CSOs.	Recruitment of additional staff is conditional on sustainability prospects.	Discussions are underway but the final decision will be made after the localisation strategy is approved.		Specifically: <ul style="list-style-type: none"> Enhance the capacity of KMET's MEL staff in the use of DMIS to capture data; Training on use data analytics for programme M&E. Establish and institutionalise an organisational learning and knowledge management system.	Plans are in place to install instead a Data Management/ Enterprise Resource Planning for the back-end management of the DMIS. This will enable KMET to comply with local regulations with regards to data (Data Act) and tracking of all KMET interventions.	KMET MEL team has been undergoing training on how to manage the Safire DMIS this will continue until end of November 2021.
Programme delivery / technical oversight	Hire Senior Technical Advisor to enhance quality of programme delivery and capacity building of vendors, RCCs and CSOs.	In liaison with Options, KMET will hire the STA and utilise the additional technical expertise to improve quality of programme delivery.	The STA was onboarded in May 2021.	Implementation of the KMET Strategic Plan 2021 – 2025.	KMET is progressing in implementing the new Organisational Strategic Plan - more so on aspects of KMET institutional strengthening and ASRH technical capacity.	KMET teams have been oriented on the strategic objectives and result areas of the period. This was followed by identification of the specific actions required of the different teams to achieve the results in the strategic plan.	KMET is negotiating with other partners for general support funding that would go into realisation of areas that are not project specific.
	Conduct training and mentorship of key staff to enhance KMET's technical capacity in programme cycle management and quality assurance.	Options to provide tailored training on Programme Cycle Management and Quality Assurance.	KMET is still consulting internally on the content, scope and timing. Then the ToRs will be finalised to engage consultants.		KMET has been trained on the revised OCA tool and are expected to use it during the upcoming assessments of CSOs planned for Q3 Y4.	KMET is negotiating with other partners for general support funding that would go into realisation of areas that are not project specific.	KMET is negotiating with other partners for general support funding that would go into realisation of areas that are not project specific.
	Conduct training and mentorship of key staff to enhance KMET's capacity in organisational capacity assessment, and CSO capacity building.	Options and KMET to jointly revise the OCA tool and methodology. Joint OCA by Options and KMET staff will focus on practical skills transfer.	KMET has been trained on the revised OCA tool and are expected to use it during the upcoming assessments of CSOs planned for Q3 Y4.		KMET has been trained on the revised OCA tool and are expected to use it during the upcoming assessments of CSOs planned for Q3 Y4.	KMET is negotiating with other partners for general support funding that would go into realisation of areas that are not project specific.	KMET is negotiating with other partners for general support funding that would go into realisation of areas that are not project specific.

Challenges and lessons learned

Some of the challenges encountered and lessons learned in delivering Safire's capacity-building work with both IPs and KMET include:

- The COVID-19 pandemic interrupted Safire's original capacity-building strategy and plan, which would have entailed more intense face-to-face delivery. When the pandemic struck, capacity-building activities were temporarily halted as the programme staff worked to adapt to virtual workshops and remote technical support. There were concerns about losing the personal touch and the in-room group dynamics. Shifting to online facilitation had some challenges, such as poor internet connectivity, shorter concentration spans for participants and some legitimate risk concerns about the use of online platforms, e.g. recording discussions on sensitive topics. Nevertheless, as seen in this report, Options rapidly adapted and was able to sustain intense capacity-building support over the past year.
- While the programme adopted a well-structured and participatory capacity-building approach, the multiple short-term trainings that were offered to IPs and KMET within a short span of time undermined their effectiveness. It was extremely difficult for IP and KMET staff to balance programme implementation (often under pressure to catch up on delayed activities and expand reach) with participating in capacity-building sessions, as often it was the same individual who was expected to attend trainings and oversee programme delivery. During the past 18 months, Safire has had to deliver

intense capacity building to partners while at the same time expecting them to implement a complex range of activities. There is a limit to how effective capacity development can be at this pace. Given the intricate balance between securing implementation and building the capacity of partners, training inputs should be spread out over a longer period and preferably be delivered through a coaching, mentorship and problem-solving approach. We believe this will be more effective but will require more time to produce the expected results.

• Partner organisations are at different levels of maturity and hence a 'one-size-fits-all' approach does not work well. Cognisant of this, Options ensured that modular training workshops were followed with tailored coaching/mentorship support from the Safire team for each organisation.

• Measuring the impact of some of Safire's technical capacity building work has been challenging given the difficulties in measuring how it translates to stigma reduction and improved uptake of ASRH information and services at community level. We acknowledge that such changes are unlikely to be detected in the short term and that Safire's external evaluators will collect information about this topic during the endline assessment.

• By offering joint capacity building initiatives across the two countries, the programme was able to exploit some opportunities for cross-learning and cross-fertilisation of ideas, although lack of time and the travel restrictions imposed by the pandemic limited such opportunities. This required great coordination efforts from the Options team as well as the engagement of experienced and skilled facilitators who could explore contextual nuances, including applying examples and scenarios that were relevant for both Kenya and Nigeria. .

Upcoming priorities in supporting the capacity development of:

iMPLementing partners:

- **Continue to support increased IP organisational resilience by accelerating the transfer of skills on governance, leadership, MEL, safeguarding and project and risk management.**
- **Through coaching and mentorship, support IPs to mobilise new funding for their ASRH programmes, including Safire components.**
- **Through hands-on collaboration, ensure IPs can independently use and adapt Safire legacy tools to deliver ASRH information and refer girls to relevant services.**

KMet:

Work together with KMET to implement Safire's strategy to strengthen local leadership, following the areas prioritised in the strategy's phased approach as follows:

Phase	Period	Priorities
Inception (zero)	October to December 2021	Develop costed workplan for strategy implementation in Year 5
One	January to June 2022	Transfer full leadership of Quality Services workstream in Kenya to KMET Transfer complete management of Safire DMIS in Kenya from Options to KMET
Two	July to December 2022	Increase KMET's engagement with programme-wide safeguarding and risk management Transfer Community Engagement leadership and coordination capacity from Options to KMET

Conclusion

Safire's objective of strengthening local leadership to ensure partners can deliver the programme safely and effectively, and to prepare KMET to potentially take on greater leadership in future, is on track. While implementing interventions to deliver results and simultaneously pursuing the capacity building objectives of the programme has put strain on all partners, there has been significant progress. We recognise that organisational changes in areas such as governance and complex technical areas such as safeguarding are very difficult to effect in a short time period, and through provision of training alone. Despite all challenges, it is evident that IPs and KMET have been greatly strengthened as a result of Safire's capacity building process to date. As Safire pivots towards its final year of implementation, strengthening the capacity of all partners to continue working in the ASRH field and delivering SA services to girls beyond the life of the programme will continue to be a high priority for Options.

consortium partners



IMPLEMENTING PARTNERS

Kenya



Nigeria



CREDITS

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Design and infographics:

Brian Alili

