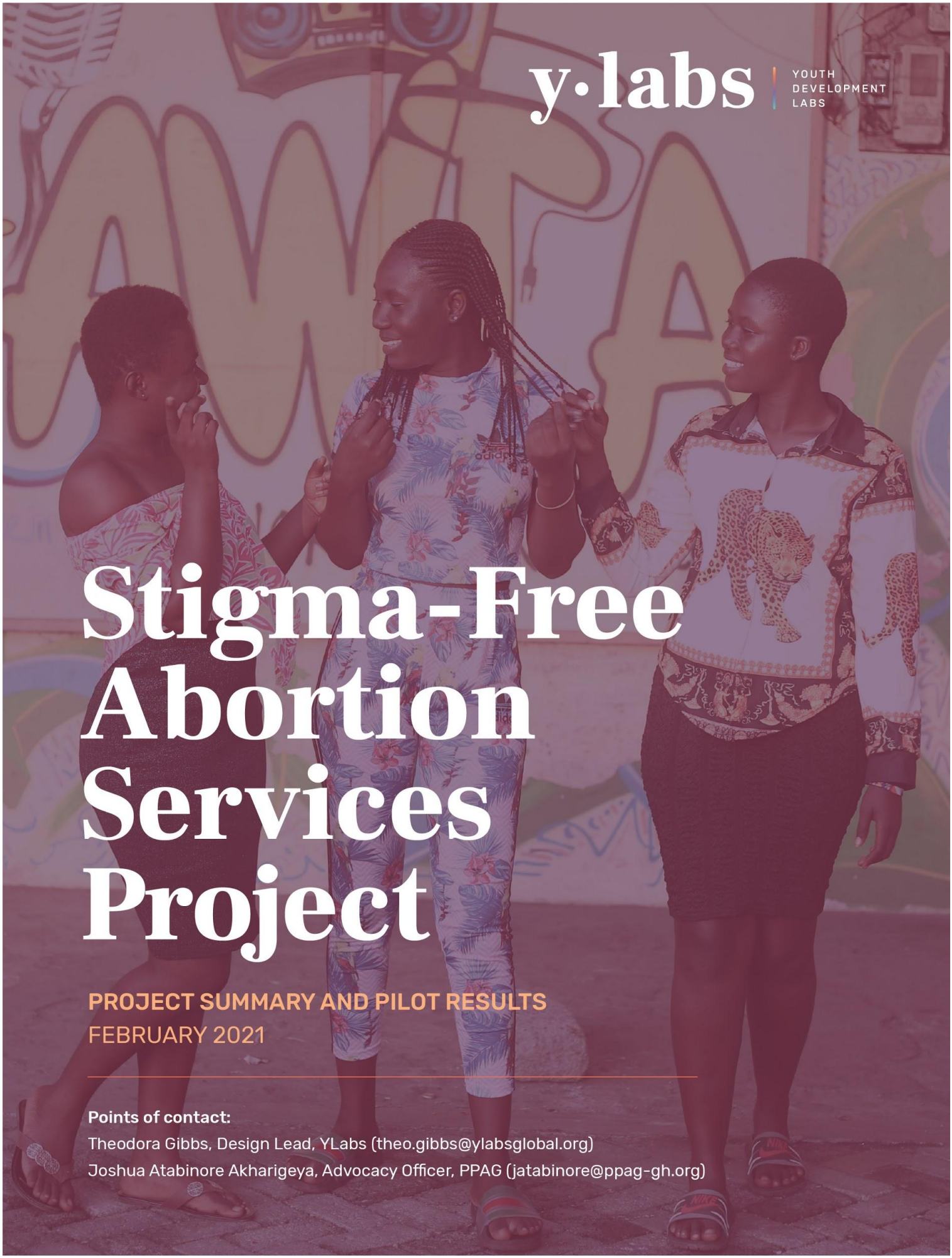

y·labs YOUTH DEVELOPMENT LABS

Stigma-Free Abortion Services Project

PROJECT SUMMARY AND PILOT RESULTS

FEBRUARY 2021

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Executive Summary

CHALLENGE

Ghana has made notable progress in reducing abortion-related maternal mortality in recent years, dropping from a mortality rate of 11% in 2007 to 4% in 2017[1] [2]. However, the use of unsafe abortion remains high at an estimated 71% of all abortions nationally. Furthermore, complications from unsafe abortion accounted for 88% of postabortion care cases in 2017 (Ibid). Young women may be more likely than older women to seek out unsafe methods such as home remedies – such as ingesting powdered glass, bleach, or herbs—and non-recommended drugstore medications, thus putting them at higher risk of injury or death from complications.

PROJECT APPROACH

From August 2019 to January 2021, Youth Development Labs (YLabs) partnered with Planned Parenthood Association of Ghana (PPAG) on the Stigma-Free Abortion Services (StigFAS) project, with the goal of increasing access to safe abortion services for young women and girls in Accra, Ghana. The project approach involved exploring the challenge through participatory qualitative research, developing an intervention through a youth-driven design process, and implementing a small pilot program. Nearly 400 youth, providers, and community members were engaged in the development and testing of the intervention before piloting.

Peer mentors from Youth Action Movement strike a pose during a StigFAS outreach event

The pilot was implemented between August 2020 and January 2021, with a focus on reaching the three lowest income coastal neighborhoods in Accra- Jamestown, Chorkor, and Korle Gonno. The intervention consisted of three complementary elements designed to increase girls' awareness of safe abortion options and improve their linkage to sexual health services, including safe abortion care. These elements were 1) Girl Boss, a future-focused outreach program led by female peer mentors, 2) Sister Support, a free phone/text confidential counseling and referral service, and 3) Safe Pass, a partnership with local pharmacists to guide girls to safe abortion services.

1 Keogh SC, Otupiri E, Chiu DW, et al. Estimating the incidence of abortion: a comparison of five approaches in Ghana BMJ Global Health 2020;5:e002129.

2 Polis CB, Castillo PW, Otupiri E, et al. Estimating the incidence of abortion: using the Abortion Incidence Complications Methodology in Ghana, 2017BMJ Global Health 2020;5:e002130.

SUMMARY OF KEY RESULTS

Improved outreach to girls ages 10-24	A total of 549 girls engaged with the outreach activities: 441 girls attended 4 Girl Boss events and 108 called or texted Sister Support. From this outreach, 251 referrals to the clinic were made. Girl Boss also received broad support from parents, a key asset for PPAG, given the sensitivity of educating girls about reproductive health and abortion in Ghana.
Broader than expected reach	Surprisingly, 66% of callers to Sister Support lived outside of Accra and 44% were male, suggesting that the support line is a resource with broader appeal and reach than anticipated.
Disruption of clinic visits due to COVID-19 restrictions	A total of 218 girls and young women ages 10-24 sought services at the PPAG Family Health Clinic during the pilot period, a decline of 29% compared to 2019 baseline data during the same calendar interval. Clinic provision of abortion services specifically decreased by 20% for this age group. Although specific attribution is not possible, it is reasonable to assume the leading role of the COVID-19 pandemic and associated movement restrictions accounted for this decrease.

CONCLUSIONS AND RECOMMENDATIONS

Although COVID-related disruptions to services made it difficult to assess the impact of the pilot program on girls' safe abortion choices, the Girl Boss and Sister Support program elements proved valuable in improving PPAG's outreach efforts to girls and young women regarding reproductive health and safe abortion options. PPAG is planning to replicate the Girl Boss outreach approach in six other program sites in Ghana, and upgrade Sister Support to be a national tele-counseling resource. To further improve safe abortion access for youth in Accra, structural barriers must be addressed such as the high cost of comprehensive abortion care (CAC) services and the weak incentives for pharmacists to guide girls towards safe abortion care.

Background

OVERVIEW

The StigFAS project aimed to decrease abortion-related stigma and increase access to safe abortion services for girls ages 14-19 in Accra, Ghana. YLabs' role on the project was to guide the process of developing a youth-driven intervention and evaluate the implemented pilot program. In alignment with IPPF's commitment to meaningful youth engagement, the StigFAS project was also an opportunity for YLabs to build PPAG's capacity in youth-driven techniques for developing and adapting their youth-focused programming.

This report is a summary and discussion of the results from the pilot intervention, which was implemented from August 2020 to January 2021. The report also contains a brief summary of the design process that preceded the piloted intervention, and reflections from the YLabs and PPAG teams on implementation challenges and successes.

THE CHALLENGE

Despite the liberalization of the abortion law in Ghana and favourable policy decisions to improve access to maternal health services, including abortion care, use of unsafe abortion methods remains considerably high compared to WHO-recommended methods. Even though abortion as a cause of maternal mortality has decreased from 11% in 2007 to 4% in 2017, the proportion of unsafe abortions remains high at 71% of all abortions conducted nationally[3].

To address this challenge, PPAG conducts outreach regarding sexual and reproductive health (SRH), including safe abortion services, to both adults and youth. However, engagement of teenage girls has historically been less successful than engagement of adults, as measured by attendance at outreach events and the percentage of attendees who then seek SRH services. Given the highly taboo perception of abortion in the Ghanaian cultural context, outreach and engagement of teenage girls on the topic has been particularly challenging. Abortion provokes deep religious, moral, ethical, and socio-cultural concerns for both service providers and clients (or potential clients)[4]. These issues are deeply entrenched in the fabric of the country, and thus hinder the accessibility of safe abortion services in legally approved health facilities.

3 Keogh SC, Otupiri E, Chiu DW, et al. Estimating the incidence of abortion: a comparison of five approaches in Ghana BMJ Global Health 2020;5:e002129.

4 Aniteye, P., O'Brien, B. & Mayhew, S.H. Stigmatized by association: challenges for abortion service providers in Ghana. BMC Health Serv Res 16, 486 (2016). https://doi.org/10.1186/s12913-016-1733-7

THE APPROACH

Human-centred design (HCD) is a creative, iterative innovation process that can be applied to design interventions using participatory methods. Similar to participatory action research, and drawing on ethnographic research principles, HCD seeks to engage participants in the design, development, and testing of potential solutions. It relies on real-world prototyping of solutions and rapid iteration based on participant feedback.[5]

"Youth-driven design" is a term used to describe YLabs' methodology, which draws from the foundation of HCD but focuses specifically on deeply engaging youth and adolescents. YLabs defines youth-driven design as a process of intervention development in which young people's voices and perspectives drive the decisions about the programs, products, and services that will affect them and their communities.[6] In HCD, practitioners gather data and feedback from the end users during the research phase, but the decision-making power about which ideas advance forward to implementation are usually made by the designers; in contrast, youth-driven design seeks to ensure that young people are at the decision-making table from research to idea to implementation.

Photo of a co-design session conducted with girls during design research in Accra [7]

ADDITIONAL PROJECT REPORTS AND PUBLIC MATERIALS:

- Phase 1: Design Research Report
- Phase 2: Rough Prototyping Report
- Phase 3: Live Prototyping Report
- Pilot Evaluation Plan
- What is Youth-Driven Design? A Case Study of the StigFAS Project

5 Design for Health (2019) What is design for health? https://www.designforhealth.org/what-is-design-for-health-1

6 https://www.ylabsglobal.org/stories/what-is-youth-driven-design

7 Consent was obtained from participants to use all photos in this report

Intervention Development Process

During the six-month design and testing phase of the project, 303 girls, 14 healthcare providers, and 25 influencers (e.g, parents, community leaders, male partners) participated in interviews, collaborated in co-design sessions, and gave feedback on the intervention ideas.

Across all project phases, young people were recruited, trained, and compensated to be part of the project team. They fully participated in all interviews, prototyping activities, and design decisions. These youth members included two PPAG Youth Champions and two Youth Action Movement members.

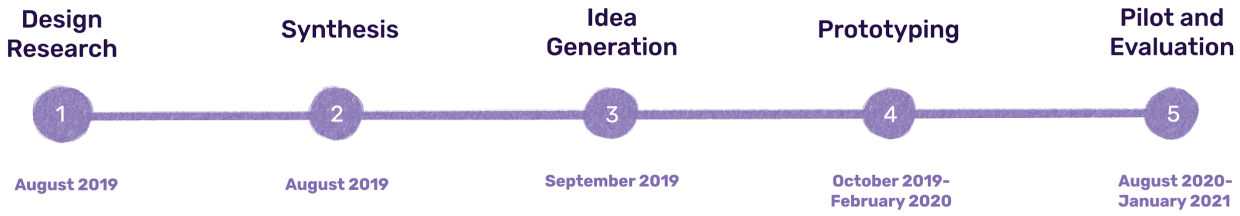


Diagram of StigFAS project phases

PHASE 1: DESIGN RESEARCH

During the formative research phase, qualitative in-depth interviews (IDIs) and focus group discussions (FGDs) were conducted with girls, boys, parents, and clinicians[8]. In addition to IDIs and FDGs, the project team engaged young participants with interactive research and co-design methods such as card sorting, journey mapping, inspiration collaging, and design workshops. This mix of methods allowed the team to gain insight not only into the current abortion experience, but also into the hopes and aspirations of girls interviewed.

Participant summary:

32 Girls

14-19, from three focus neighbourhoods of Accra (Jamestown, Korle Gonno, and Chorkor)

6 Providers

pharmacists, nurses, and midwives

12 Influencers

mothers, male partners, community leaders

Of the 32 girls recruited, 56% were currently in school, while 44% were out of school. Over half of girls owned their own phones, but 41% of girls reported not having any phone access. This sample of participants therefore represented a range of circumstances and experiences.

8 Informed consent was obtained for all adult participants, and both informed assent and parental consent was obtained for minor participants.

Selected insights from design research:

1. Girls seek abortion methods that are cheap, discreet, and recommended by a trusted partner or friend.	Details: When deciding which abortion method to try, safety was reported to be the lowest priority factor in girls' decision-making. The financial cost of safe abortion services (200-400+ Ghanaian cedis; ~£25-50 GPB) at hospitals and licensed facilities is the primary deterrent for girls. Sixty-eight percent of girls surveyed (n=28) said that price was the biggest reason they would not go to a clinic for comprehensive abortion care (CAC). Home methods, such as ingesting powdered glass, bleach, or herbs, are commonly believed to be effective in ending a pregnancy and offer more privacy and confidentiality than going to a facility. As one 17-year-old participant said, "Home methods are better [than the hospital] -- they work faster and they start at as little as 10 cedis." Why this matters: PPAG's campaign messaging was focused on safety, but girls consistently said that safety was not an important factor to them when making decisions. Price, discretion, and what their friends recommended were priority factors.
2. Girls feel the need to abort when it's their choice, but feel it's wrong for someone else.	Details: Early pregnancy is seen as a loss of freedom and opportunity. Girls see abortion as risky but necessary to maintain their own freedom, despite the stigma. Thus, a girl seeking abortion support from a friend may receive judgement or rejection, even though she would likely also pursue abortion if the roles were reversed. Why this matters: This abortion "double standard" hinders peer-to-peer support and fuels girls' sense of isolation.
3. Drugstore vendors are a primary access point for girls but are not incentivized to deliver quality care.	Details: Medical abortion pills are widely available at drugstores despite legal restrictions prohibiting their sales. Pharmacists and chemists exhibited a substantial degree of misinformation regarding appropriate protocol for medication abortion usage and dosage. Why this matters: Girls seek out drugstore solutions due to the price advantage and relative confidentiality. Vendors will continue to sell pills in order to meet market demand, but may not be prepared to provide important counseling on the safe administration of the medication.
4. Horror stories about contraception and abortion speak louder than successfully avoided pregnancies.	Details: Despite educational campaigns and SRH curricula, the rumour mill still drives girls' beliefs and convictions. Why this matters: Girls have a strong fear of illness from contraception and injury or death from abortion, but don't see inspiring examples of how contraception and/or safe abortion has supported girls like them to be successful in school or their career.

The full set of insights and additional details are available in the Phase 1 - Design Research report.

A chart illustrating which abortion methods are perceived to be "safe" by girls as a function of how frequently they are utilized, based on the qualitative interviews with 32 girls. Informal home methods, even when perceived to be unsafe, had high reported usage relative to clinical procedures.

IDEA GENERATION

Using the insights gathered from design research, the StigFAS team conducted a series of structured idea generation sessions with PPAG staff, IPPF staff, and teen girls. The team was guided by the following prompts, which map to the different phases of a girl's abortion journey:

Before Pregnancy

How might we create reliable and accessible income generation opportunities for girls to reduce dependence on transactional sex?

Pregnancy

How might we make contraceptive methods seen as an asset rather than a hindrance on girls' pathway to success?

Seeking Support

How might we make medically-accurate information about contraception and abortion "gossip-worthy" among friends?

Abortion Experience

How might we make safe abortion the affordable, discreet, and trusted choice for girls?

PHASE 2: ROUGH PROTOTYPING

Prototyping is a method of testing diverse ideas with users in order to explore questions about desirability, feasibility, and impact potential before investing more time and resources in a single direction. Prototyping typically falls into "rough" and "live" phases. The goal of rough prototyping is to explore a wide range of early ideas and collaborate with users to rapidly adapt and change them. Rough prototypes are often built from simple, inexpensive materials like paper and cardboard and are intentionally kept rudimentary so that users feel more comfortable critiquing them candidly. By testing inexpensive versions of solution concepts, the project team learns how they might fail, and improves the chances of success during larger-scale implementation.

Out of the dozens of ideas generated during the brainstorming sessions, five were selected to move forward into the rough prototyping phase. The key criteria used for selection were perceived desirability to girls, potential for impact on girls' abortion behavior, and novelty for PPAG's programming.

A member of the PPAG team participates in an idea generation session

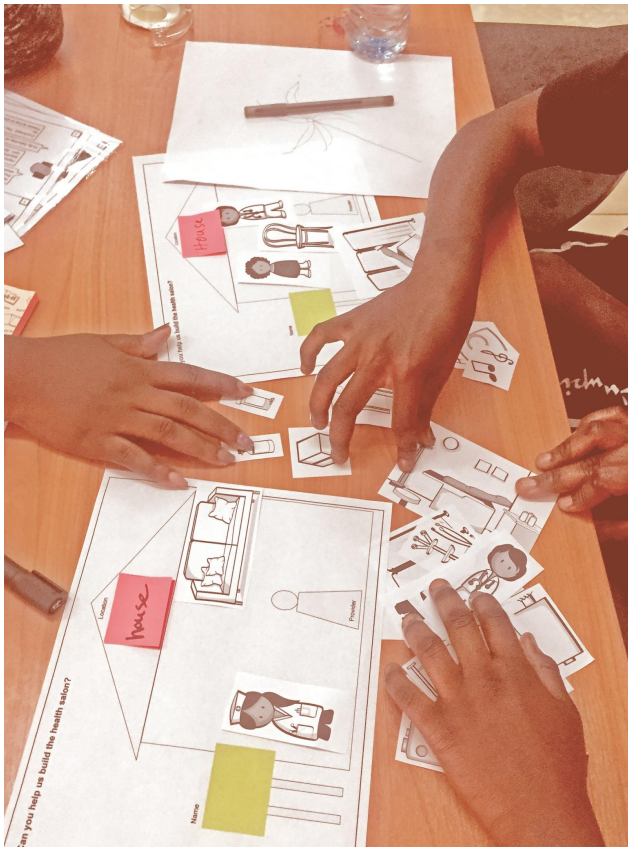


Photo of testing paper prototypes with girls

In October 2019, YLabs and PPAG conducted rough prototype testing sessions with 30 girls, 8 boys, and 5 providers over a 10-day period. The team also conducted several co-design sessions with groups of girls, where girls were guided to change existing prototypes and build new ones together with the project team.

The following solution concepts were tested and iterated upon:

Divas Do Good	A life skills training program for girls that integrates flexible, on-demand job opportunities with SRH education
Bea & Bae	A graphic novel story exploring the journey of a group of teenage girlfriends as they navigate love, sex, pregnancy, and abortion; clinic referral channels are embedded
Menopoly	An educational board game that boys and young men can play together to get them comfortable discussing sensitive topics such as contraception, abortion, and sex in a fun, low-pressure environment
Fast Pass	A facility-based CAC service optimized for speed, accessibility, and confidentiality for teen girls; through a peer-led referral process, the clinic becomes a less intimidating and more trusted option for girls
Pop-Up Clinic	A rotating "pop-up" clinic that offers FP and CAC services specifically to youth at a lower cost than facility-based services; brings certified midwives to locations that feel more accessible and familiar to girls, such as pharmacies

More details on the prototypes, how they evolved through user feedback, learnings for each prototype, rationale for which prototypes advanced, and the demographic data of the participants is available in the Phase 2- Rough Prototyping report.

Overall, several takeaways emerged from rough prototyping period that guided the StigFAS team's decisions on which ideas to advance into the next round:

1. Appeal of future-focused messaging:

Girls craved messaging and opportunities to "take control" and build towards a bright future. Outreach events for girls that emphasize future success, career skills, and mentorship from older female peers was highly desirable to girls. Pregnancy prevention education is seen as a crucial component to future success by girls, but should not be the primary messaging.

2. Need for improved pre-service peer counseling and streamlined referrals:

Girls felt comfortable opening up to female youth counselors who could provide a listening ear during a difficult decision and steer them towards safe options when they find themselves wanting to end a pregnancy. In particular, girls were very interested in a confidential phone or text line through which they could talk to older girls who could counsel them on their pregnancy options. Streamlining the process from peer counseling to clinic services in a quick, confidential manner was also identified as a key need.

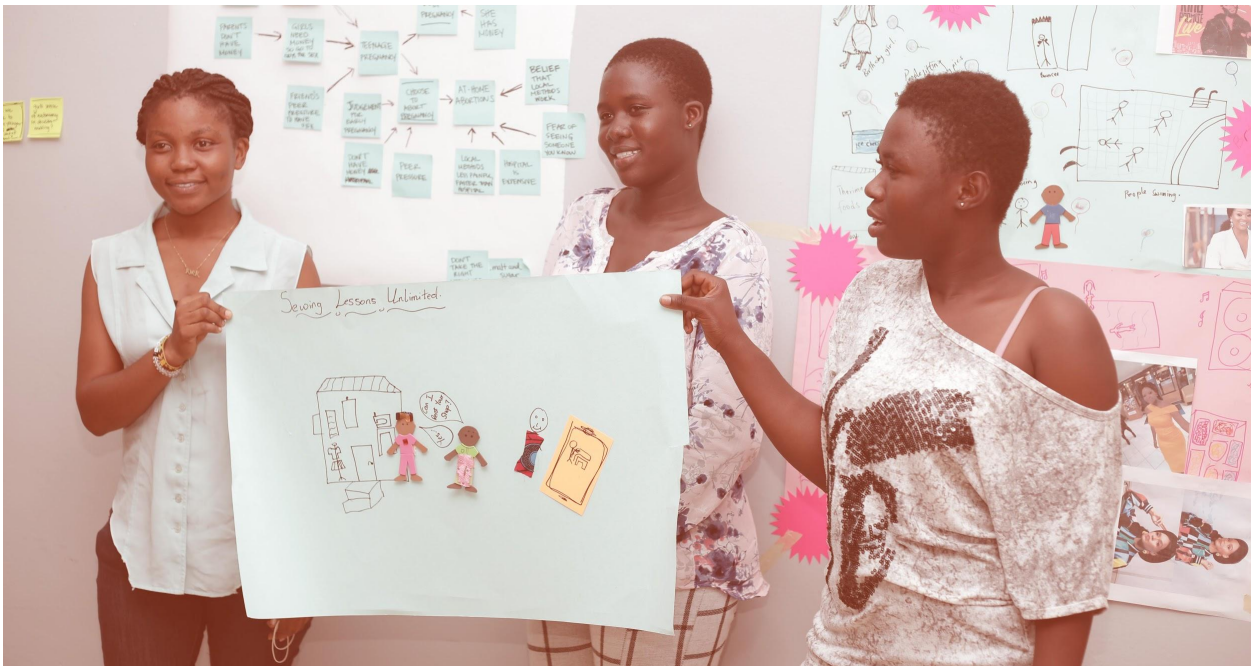
3. Exploration of options for pharmacy partnerships:

Pharmacists interviewed expressed openness to referring girls to the clinic for CAC if financial referral incentives were available. Given that pharmacies and drugstores are a primary access point for girls, exploring partnerships with pharmacists was prioritized.

4. Key need for reduced price of CAC services:

Rough prototyping confirmed that affordability was a key barrier and decision factor for girls seeking to end a pregnancy. Addressing key structural barriers is essential to enable youth to receive clinical services.

At the end of rough prototyping, the YLabs and PPAG teams did a five-day Innovation Lab together to review the data from rough prototyping, make decisions about which ideas to advance to the next round, and co-design the materials, evaluation plan, and approach for live prototyping. Key stakeholders were involved in these sessions as well, including midwives, youth peer mentors from Youth Action Movement, and members of the PPAG senior management team.



In both photos above: Girls participate in a co-design session during the rough prototyping phase

PHASE 3: LIVE PROTOTYPING

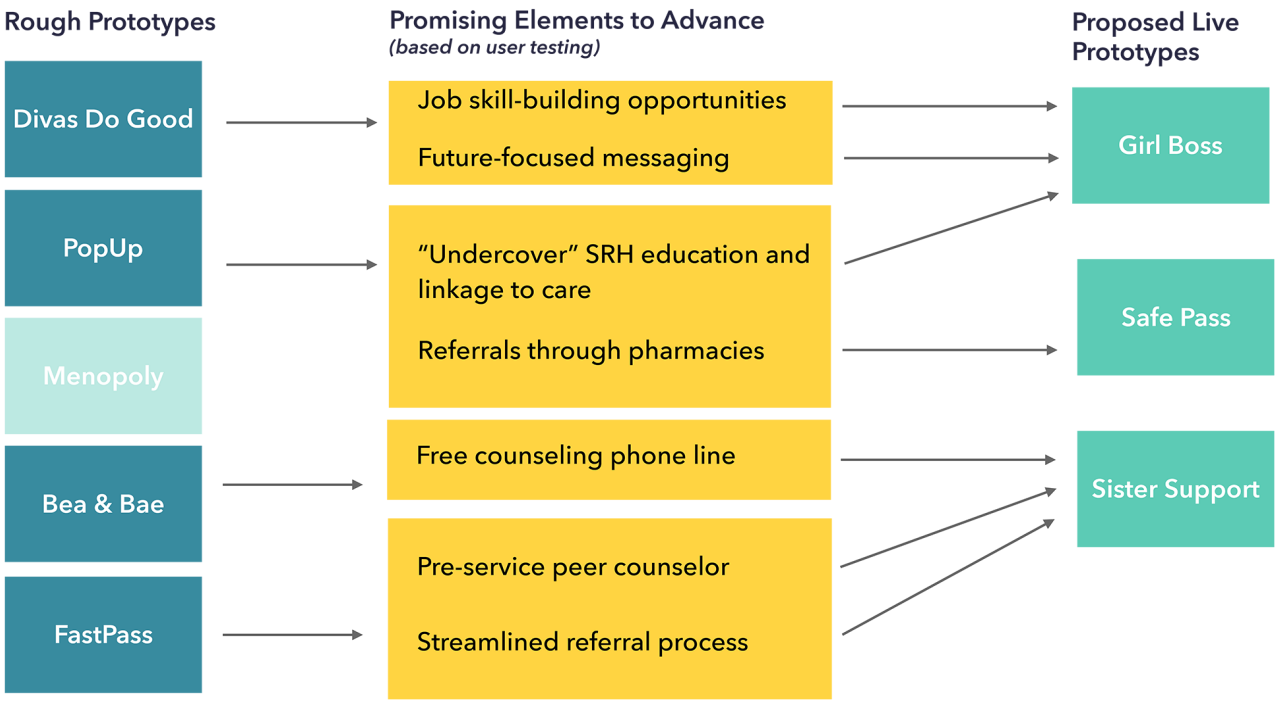
In the live prototyping phase, the ideas that showed promise in the rough prototyping phase are refined and tested in the real settings where the intervention will happen (e.g., clinics and community outreach sites). Live prototypes are designed to feel real and polished to the users. Data collected during live prototyping is typically both quantitative and qualitative in nature. Live prototyping is similar to a small pilot, except that the solutions are being changed in real time based on user feedback and data.

Live prototyping was conducted over four weeks in February 2020. The three prototypes were implemented as interlocking, complementary pillars designed to address girls' needs at different stages of their journey (awareness, support, and linkage to services).

Three prototypes were tested during live prototyping:

	Prototype Description:	*Guiding Rationale:*
Girl Boss	Girl Boss is a future-focused outreach event that offers girls mentorship from successful, older female peers. It leads with a focus on career skills, with sexual health education woven underneath. Trained peer counselors offer private, "ask me anything" one-on-one sessions where girls can talk openly about challenges and questions, and counselors can make referrals to clinic services when appropriate.	Girls don't want to go to events about sexual health, but they are passionate about taking control of their future and growing towards success. Successful peers who can share information about sexual health helps alleviate stigma. The future-focused framing and career mentorship aspects makes the events more socially acceptable to parents and community members, and less stigmatizing for girls to attend.
Safe Pass	Safe Pass is a targeted referral partnership program with pharmacies and chemists that are frequently accessed by girls. Pharmacists are trained about the dangers of unsafe abortions and mis-administered medical abortion drugs. They are given referral cards for clients who are seeking early pregnancy termination and offered commission when a client completes the referral for CAC services at a partner facility.	Girls need discreet referral channels in the places they currently go in crisis moments. Pharmacists are motivated by financial gain and reducing their risk of reputation damage within the community.
Sister Support	A free, confidential phone helpline staffed by friendly female peer counselors who provide counseling to girls who are facing difficult decisions around whether to keep a pregnancy or not, and links them to safe services if they decide to have an abortion. The counselors seek to streamline the referral process for callers in order to minimize linkage barriers and provide stigma-free support.	Girls need to believe that the clinic is a reachable option for them - psychologically, logistically, financially. Sister Support closes the gap for girls and supports them on their journey to safe care.

Overview of rough to live prototype evolution:



Key results from live prototyping

- Large increase in clinic visits from youth: PPAG's clinic data recorded a 354% increase in clinic visits from clients in the 10-24 age bracket for SRH services during the four-week live prototyping period in February 2020 compared to the seven-month historical average, mostly for contraception. The clinic did not see a significant increase in CAC services among youth clients during the same time period. However, we did not expect to see an immediate increase in CAC clients; compared to contraceptive services, there is typically a delay between clients' awareness of and clinic visits for CAC, since abortion services are a less frequent need for girls.
- High engagement and interest from girls: 393 girls directly engaged with the three-pillar prototype program over the four-week period by attending one of the four Girl Boss events, calling the Sister Support phone line, and/or participating in the Safe Pass referral program. 9,128 youth (girls and boys) interacted with the social media campaign assets on Facebook, Twitter, and Instagram.
- Successful peer mentoring on abortion: The Girl Boss events had high attendance from a wide age range of girls ages 10-24. Attendees reported high satisfaction, as recorded through interviews and a follow-up survey. 83 percent of girls discussed abortion as part of the one-on-one peer counseling sessions held during the event.
- Cost of services underscored as a barrier: In a survey of 206 participants conducted at the Girl Boss events, girls most frequently cited high cost of services as the primary reason they would not go to the clinic for CAC. This confirmed the findings from design research and rough prototyping.

More comprehensive details and discussion of results from the live prototyping phase can be found in the Phase 3- Live Prototyping report.

Learning and adaptations for the pilot

Live prototyping allowed the StigFAS team to gain preliminary insight into the desirability, feasibility, and potential for impact of the three program elements on girls' behavior. Overall, the complementary three-pillar approach was seen as promising by the PPAG project team and senior management team. Some key adjustments to the program before pilot implementation were also identified:

Prototype:	*Recommendations for Pilot:*
Girl Boss	• Improve mechanisms for follow-up with attendees to ensure continued linkage to peer mentors • Improve recruitment efficiency by focusing on organic referrals (incentivize girls to invite friends), and engaging community influencers • Shorten event length to reduce cost and effort • Refine the training for the Girl Boss mentors to ensure all mentees get accurate, supportive guidance about SRH and abortion
Safe Pass	• Support pharmacists to orient all their shop assistants to the referral program • Reduce the price for CAC services for youth at the clinic in order to be price-competitive with pharmacies
Sister Support	• Increase targeted marketing and integration of marketing with Girl Boss events • Refine messaging in marketing materials to emphasize confidentiality • Add SMS, WhatsApp, and Facebook messaging as options for engagement, in addition to the phone line • Convert the phone number to a toll-free line

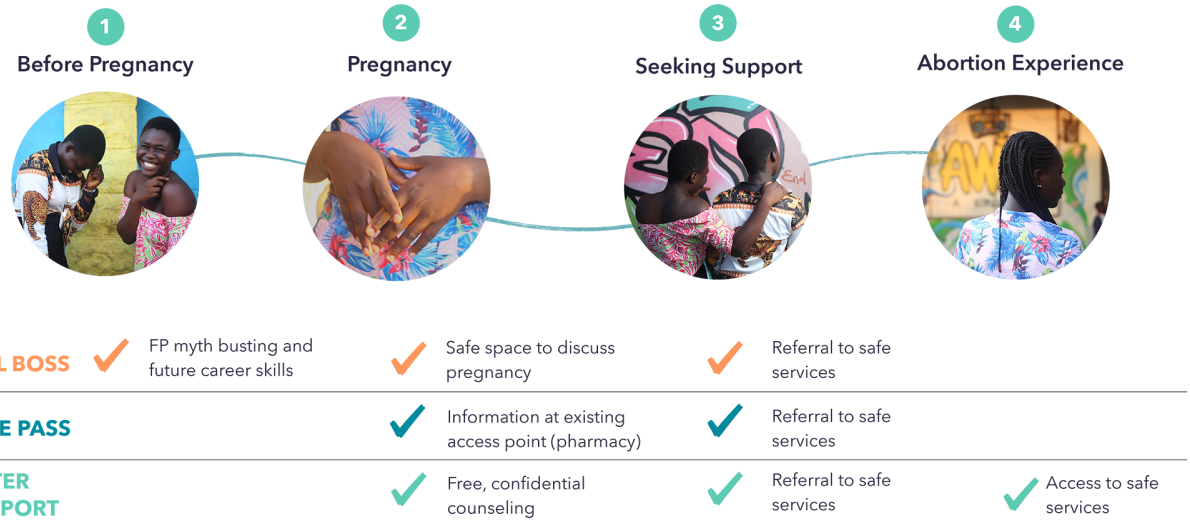
A peer mentor tells her story at a Girl Boss event during live prototyping in January 2020

Pilot Program Implementation

After a delay due to strict COVID-related lockdowns in Ghana, PPAG began implementation of a six-month pilot in August 2020 in the Jamestown, Chorkor, and Korle Gonno areas of Accra. YLabs supported remotely as the evaluation partner during the pilot, which included full-scale testing of the Girl Boss, Safe Pass, and Sister Support program elements.

PROGRAM ELEMENTS

Developed with the feedback of nearly 400 youth, providers, and community members during a youth-driven design process, the StigFAS intervention had three interlinked elements intended to reduce abortion-related stigma and bring girls to the clinic for care:



EVALUATION AND DATA COLLECTION APPROACH

The data collection processes evolved as the project progressed over the implementation period. During the live prototype stage of the project, data collection was conducted mainly via physical papers and forms. This was aligned with the logistical capacity of the project team at the time. For the pilot, the project advanced to a semi-digital system (KoboCollect) for data management. This system facilitated the collection and retrieval of real-time data, which significantly augmented the turnaround time for data review and analysis. Two young, female enumerators (who also served as Sister Support peer counselors) stationed themselves outside the clinic to speak with girls and young women ages 24 and younger after they received services.

More details on the monitoring and evaluation approach, including the logic model and full set of indicators, can be found in the pilot evaluation plan.

MODIFICATIONS TO IMPLEMENTATION AND EVALUATION DUE TO THE COVID-19 PANDEMIC

Following the COVID-19 outbreak and the WHO's subsequent declaration of the situation as a global pandemic, the Government of Ghana took some drastic control and preventative measures to contain the virus's spread among the population. The impact of the COVID-19 pandemic on PPAG outreach activities and clinic services was significant. Overall, there was a 29% drop in overall services for the period as compared to the same period the year before. Some of the measures included the closure of schools in the country, suspension of public and social gatherings, restriction of movement, and many others. These lockdown restrictions were announced just as the pilot was scheduled to begin. However, PPAG was able to modify the StigFAS pilot elements -- primarily the Girl Boss outreach activities-- to comply with safety protocols and proceed with implementation after a pause. These modifications included:

Reduction of Girl Boss event size:

Once the Ghana Health Service loosened restrictions on group gatherings, the project obtained permission to organize the Girl Boss events in an outdoor, smaller format, with an adherence to strict protocols. Budget adjustments were made for the provision of personal protective equipment for team members and beneficiaries.

Revision of community mobilization tactics:

Throughout the live prototyping period pre-COVID, the team made community announcements using announcement vans, school visits, and personal invitations to girls with promotion cards. In adapting to the COVID constraints, the team intensified the use of vans for community announcements to reduce physical interactions. Community influencers were also engaged to make invitations. This approach was well-received because the community influencers were well known within the community; thus, parents and guardians were more receptive to them during the pandemic. Also, the influencers had more reach within the community, so the team was able to reduce the number of team members going into the field to conduct mobilization exercises.

The team also made voice calls to invite past attendees of Girl Boss events. The past attendees were also encouraged to invite their friends within the community to attend the events. The voice calls proved to be a good approach, as the girls were excited to hear from the team, and wanted to participate with their friends.

One-on-one mentoring session at Girl Boss event

Restructuring of event agenda:

Initially, the team decided to exclude contact activities like music and dance, and large group plenary sessions with women in different career fields. The team re-strategized and held smaller plenary sessions instead, led by mentors when the original speakers were unable to attend and technical difficulties did not allow for a Zoom-based engagement. These smaller groups were facilitated by peer mentors in different spaces where they shared their own journeys and how they prioritized health-seeking behaviors. This revision turned out to be very important and valuable, as it helped create an enabling environment for adolescent girls to open up more quickly during one-on-one peer mentoring sessions. It also allowed for innovation in each breakout plenary session, where girls, peer mentors, and volunteers invented fun activities for their respective groups. The team also maintained the original music and dance activities, however, the participants were not allowed to dance close together in order to respect social distancing protocol.

A PPAG team member poses in front of a future-focused poster at a Girl Boss event

Pilot Results

GIRL BOSS

SNAPSHOT

4	441	271	166	18
Number of events	Number of girls in attendance	Number of girls who received one-on-one mentorship	Number of referrals made to the PPAG clinic	Number of peer mentors recruited

The primary goal of the Girl Boss program was to give girls a public space to learn and talk about SRH, including safe abortion options, in the context of preparing for a successful future. By investing heavily in community outreach efforts via community influencers and van announcements, the team successfully recruited 441 girls to attend four events at rotating venues around Chorkor, Jamestown, and Korle Gonno.

Van meetings were an especially successful route of dissemination, as parents and guardians often excitedly approached the van to acquire invitation cards for their daughters. There were also frequent occasions when boys asked why they had been "excluded". Such curiosity may indicate an opportunity for future programming focused on adolescent boys.

GIRL BOSS MENTORS

The PPAG team recruited and trained 18 Girl Boss mentors from the local community. At the end of the pilot phase, all the mentors guaranteed their return for future engagements, which demonstrates their satisfaction with the project. The mentors found the following aspects of their participation most rewarding:

- Capacity-building:
  The project trained the mentors on pertinent subjects such as reproductive health (including abortion, family planning, STIs, and gender-based violence), and techniques on counselling and youth engagement. A large majority of the mentors had not received such practical training despite already working in the reproductive health space.
- Plenary and one-on-one mentoring sessions:
  Mentors confirmed that the project had created the avenue for them to easily reach out and support other young people from different backgrounds. They hitherto would not have been able to offer such support on their own, due to the lack of resources to organize such events.
- Practical work experience:
  Mentors reported that they had gained direct experience in community mobilization, counselling, public speaking, and application of the principles of meaningful youth engagement.

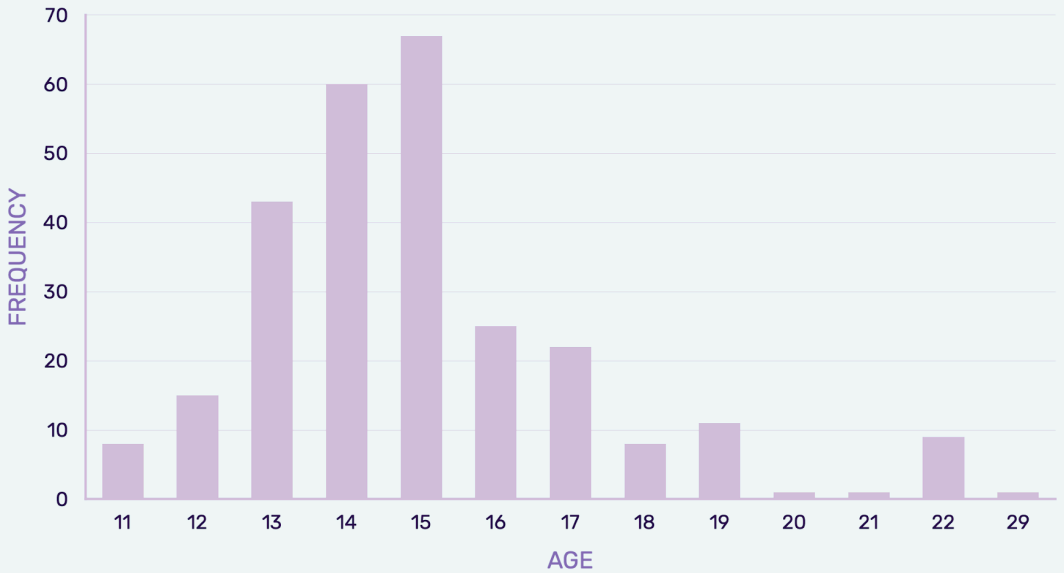
“I am a fifth year medical student from the University of Ghana Medical School, and I have served as a mentor for the project for almost a year (since the live prototype phase in early 2020). It has been so amazing and so fulfilling. Because we do the theory in school, and hear a lot about sexual and reproductive health, and its related issues that affect young people. I have always had the desire to contribute towards helping resolve such issues. Thus being able to leverage on the Girl Boss platform to make an impact has been extremely fulfilling. Hence, I always look forward to the next Girl Boss outreach. I can get the opportunity to speak to the girls, hearing their stories and doing my best to counsel and help them.”

Peer Mentor

Peer mentors pose at a Girl Boss event during the pilot

PARTICIPANT DEMOGRAPHICS

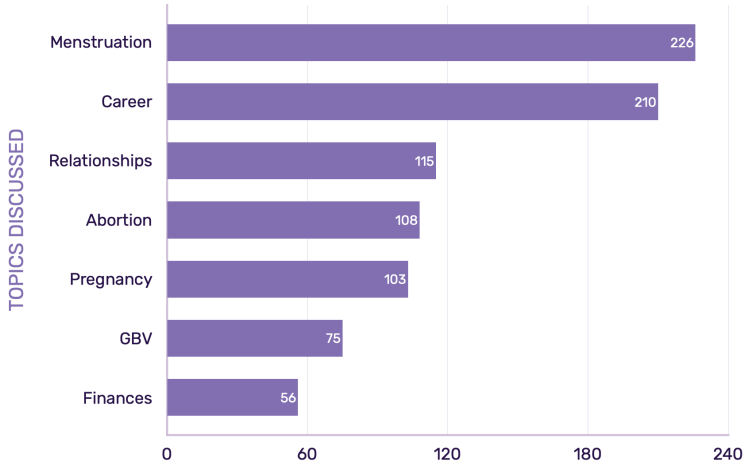
In all, the 18 mentors held one-on-one sessions with 271 girls. Demographic data was collected from the girls who participated in these sessions. The participants ranged in age from 11-29, with a median of 15. The age distribution is as follows:



Given that Girl Boss events were geared toward younger girls and advertised in schools prior to the COVID-19 lockdown, 90% of girls in mentoring sessions were currently in school. The majority of girls (65%) were in junior secondary classes. Of those who were not currently in school, nearly half (46%) completed junior secondary school as their highest level of education. The Girl Boss program proved to be a good community-focused complement to the Sister Support helpline, which had a wider geographic reach but was more accessible to older girls with more tech access and literacy.

TOPICS DISCUSSED

Topics discussed in sessions were left to the discretion of the mentor, based on the participants' questions. The participant's age, prior experience and knowledge, and comfort level helped mentors tailor each session to the participant's needs. If abortion was determined to be too mature a topic to cover, which was often the case with younger girls, mentors instead spoke with girls about menstruation, which is a socially acceptable gateway subject to more taboo issues like abortion.

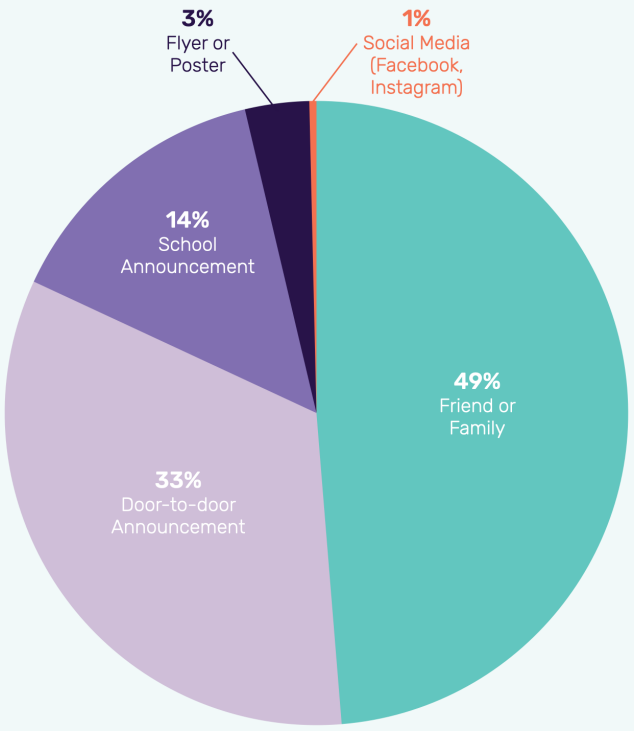


CLINIC REFERRALS

A total of 166 referral cards to the PPAG Family Health Clinic were distributed during sessions, largely based on the topic of conversation and whether or not healthcare services were necessitated. Only 57% of girls said they wanted to stay in touch with their mentor, but further questioning revealed that nearly all who answered 'no' did so because they did not have access to a phone. In the future, the program could explore different tech communication channels (SMS and Facebook, as suggested by one participant) and non-tech communication channels to follow-up with girls and increase clinic referral completion rates, especially as mentors were recruited from these communities.

COMMUNITY OUTREACH

Face-to-face communication is especially important in these communities, as over half of girls in mentoring sessions reported hearing about the Girl Boss event through either family/friends or door-to-door announcements. This will make following up with participants after events more difficult but is something to explore further.



SAFE PASS

SNAPSHOT

15	15	3
Number of participating pharmacists	Client referrals initiated	Client referrals completed at clinic

ENGAGEMENT STRATEGY

Safe Pass represented the most challenging aspect of the StigFAS project, as it sought to convince pharmacists, drugstore vendors, and over-the-counter sellers to forgo illegal but lucractive sales from medical abortion pills and re-direct girls to the PPAG Family Health Clinic.

During the pilot stage, PPAG devised two new strategies to engage the pharmacies after observing low engagement during the live prototyping phase. The first strategy was to meet with pharmacies on an individual basis and meticulously discuss their contextual issues, their roles, and how to sustain the partnership. The second strategy was to rearrange the route of the incentive packages. During the live prototype stage, PPAG rewarded the pharmacists with some financial incentives if they referred a client to the PPAG Family Health Clinic. The new approach was for the clients who were seeking abortion-related services to make a deposit of 20 cedis to the pharmacist, who would then keep that as their incentive and then refer the client to the clinic. The team would then reimburse the client for the 20 cedis when she completes the referral to the clinic.

RESULTS

This approach, on paper, was satisfactory for the pharmacies; thus, the PPAG team was able to engage 15 pharmacies. However, only two pharmacies called the PPAG team to refer a total of 10 girls during the pilot period. The remaining 13 did not make any referrals to the clinic.

Ultimately, client exit interview data from the clinic reflected that three referrals were completed by girls under the age of 25, and two of these resulted in CAC services being administered. This may underestimate the true number of completed referrals, as many girls live closer to the Korle Bu Teaching Hospital and surrounding clinics and may have received services there that were not recorded. The helpline also received five referrals from three different pharmacies, according to counselors staffing the helpline.

CHALLENGES

The team identified the following reasons for the poor response:

- The pharmacies complained of the incentive package being inadequate. Comparatively, the pharmacies made more money selling directly to the clients than referring and accepting the 20-cedi incentive.
- The pharmacies still harboured the fear of being apprehended by the authorities if they were identified to be accepting incentives and referring young girls for abortion-related services. The same pharmacies, however, were apparently not fearful of being apprehended for selling

illegal abortion drugs, but rather were afraid of (legally) pointing girls in the right direction to access abortion-related services.

- Pharmacists complained of challenges with the reporting tools, mainly that they were complicated and slowed their operations. Thus, the team was unable to gather accurate data on the number of actual referrals and referral cards distributed. It should be acknowledged that the reporting tool was very simple and the pharmacies had been oriented on its usage.
- From the perspective of the clients, it was identified that the relatively long distance from the project locations to the PPAG Family Health Clinic deterred some of the clients from honouring the referral. The distance warranted transportation expenses, and the clients were unable or unwilling to incur such an expenditure.

SISTER SUPPORT

SNAPSHOT

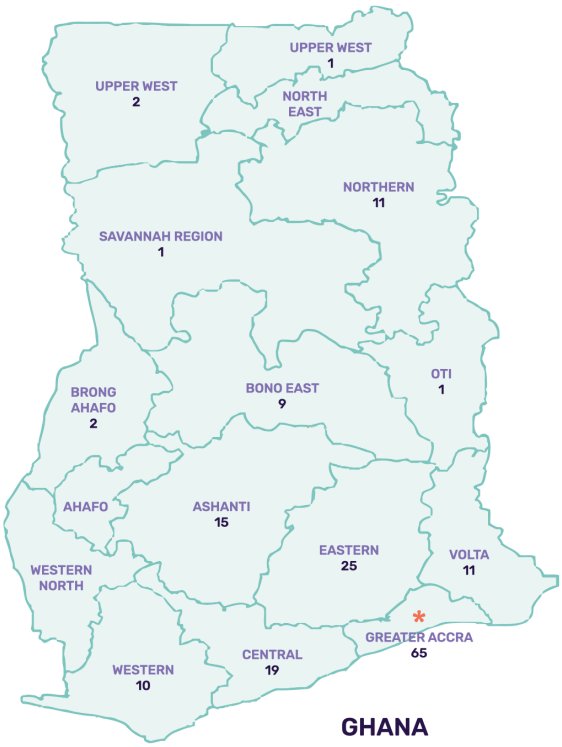
194	84	129	48	70
Number of calls, texts, and social media inquiries	Number of inquiries from boys and men	Number of inquiries from outside Accra	Number of inquiries regarding abortion or CAC services	Number of referrals made to PPAG clinic

The primary goal of Sister Support was to give girls a free, immediate, and confidential resource to answer their most personal and pressing questions. Fortunately, as the helpline is digitally based, it necessitated no major COVID-related changes to its structure. The PPAG team recruited and trained two peer counselors who staffed the helpline, who received a total of 194 inquiries via social media, phone calls, SMS, and WhatsApp.

CALLER DEMOGRAPHICS

Because this resource is digital in nature, it reached far beyond the original target community in terms of geography, age, and sex. The helpline received inquiries from all across Ghana.

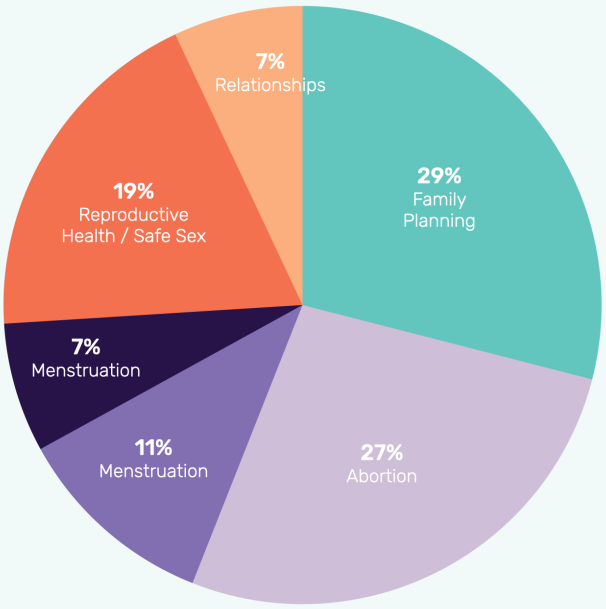
Inquires came from Ghanaians ranging in age from 14-42, with an average age of 23. Nearly half of inquiries (44%) came from boys and young men (age range: 16-42); 56% of inquiries came from girls and young women (age range: 14-35). Over 90% of those who contacted Sister Support heard about the helpline through social media.



TOPICS DISCUSSED

Together, family planning and abortion accounted for over half (56%) of all inquiries.

In addition to those listed above, other topics included mental health, career counseling, and questions about PPAG and StigFAS (e.g. “How do I get to the clinic?” and “What is Girl Boss about and how can I become a mentor?”). The main concerns coming from boys and young men included premature ejaculation, erectile dysfunction, masturbation, and pregnancy prevention. The anonymous nature of the helpline allowed those with inquiries to ask deeply personal questions that they may not feel comfortable asking a healthcare provider face-to-face.



Selected example questions posed by callers to Sister Support peer counselors:

My girlfriend is pregnant and we want to abort because we are in school. Please can you help?
- Man, 24

I took 2 different brands of emergency contraceptives at once and I have not seen my period for a whole month. I'm confused.
- Woman, 22

I'm pregnant and ready to keep it but my boyfriend wants me to abort it. What do I do?
- Woman, 20

What causes a condom to tear during sex?
- Man, 20

Do we have a contraceptive pill for men that can temporarily prevent pregnancy?
- Man, 21

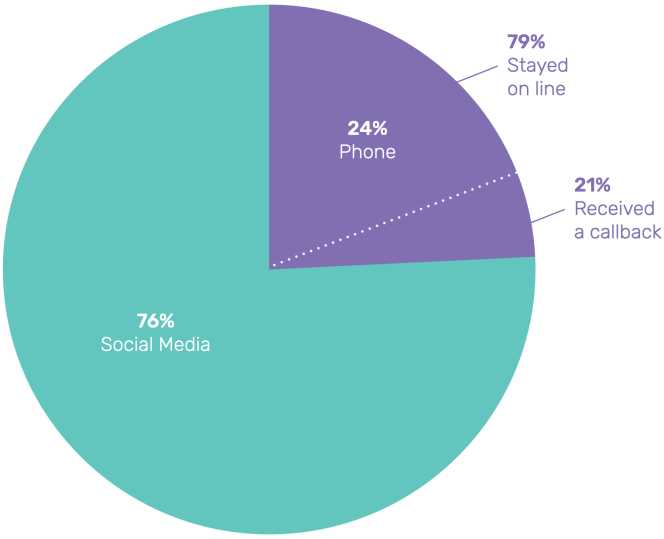
I am still having spotting after one month of abortion. Is it normal?
- Woman, 20

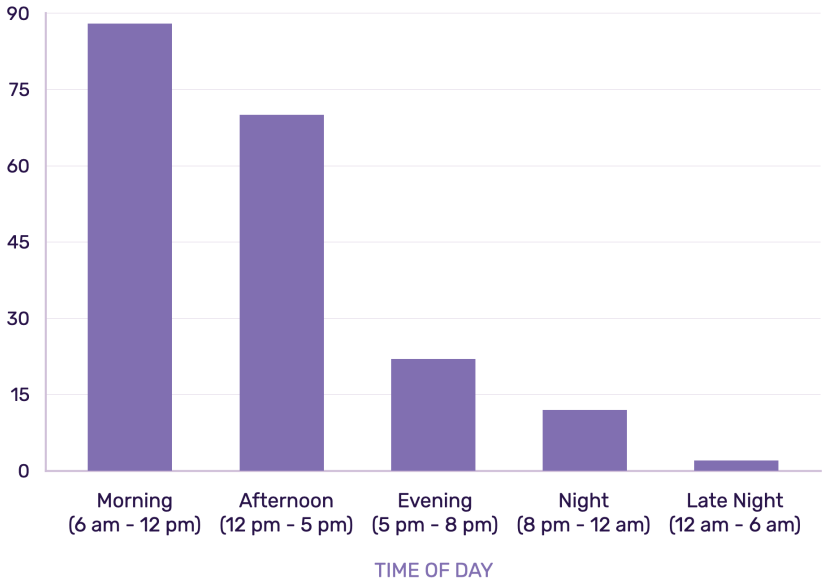
Can a first sexual experience result in pregnancy?
- Man, 24

COMMUNICATION CHANNELS AND ACCESSIBILITY

The team observed that clients preferred to engage via text messaging (SMS and WhatsApp) rather than voice calls. The promotional materials initially designed for the helpline did not have information on how clients could engage via text messages; it only made reference to voice calls. It was observed that the team rarely received voice calls from clients, even though a lot of publicity and awareness creation had been conducted online and in the communities. The team subsequently made provision for text messaging as an option on the marketing materials, and the team instantly saw a surge in engagements.

Furthermore, the original vision for Sister Support was to create a toll-free hotline for callers, but when that was determined to be cost-prohibitive, the option for a callback from the helpline counselor was introduced so that the caller would not have to use airtime or data. Although most callers stayed on the line, 21% requested a callback, demonstrating the value of this cost-effective option.





The nature of the social media engagement makes the helpline a low-cost intervention. Furthermore, as most inquiries were made during the morning and afternoon, the helpline did not require overnight monitoring or additional personnel.

Sister Support was shown to be an effective resource for those residing outside of the original program area and for those with access to phones and social media. However, the original target popular of girls 14-19 only comprised 26% of inquiries. Of these girls, 63% were in school, and nearly 90% were in secondary or tertiary education. The helpline is therefore likely more accessible to girls who are older and have higher educational attainment, as the resource requires literacy and access to technology.

CLINIC REFERRALS

Although peer counselors made 70 clinic referrals to the PPAG clinic, the client exit interview data from the PPAG Family Health Clinic reflects that only three referrals were completed. However, as 66% of inquiries came from outside of Accra, it is possible that referrals were completed at other clinics that were outside the pilot implementation area.

In the future, it may be beneficial to have Accra-based referrals more closely facilitated by peer counselors, Girl Boss mentors, or Youth Action Movement members. Peer counselors were originally intended to meet referred girls at the clinic and provide supportive, stigma-free accompaniment, but this proved cost-prohibitive and logistically challenging due to the pandemic. Follow-up communication and potential accompaniment of youth clients to the clinic would represent a sustained financial and personnel investment on behalf of the PPAG team, but may increase the rate of completed referrals in future (post-COVID). Nevertheless, Sister Support was shown to be a desirable resource for young people throughout the country who had questions that did not necessitate a clinic visit, and was an important first touch point for potential clients.

PPAG CLINIC SERVICES RENDERED DURING PILOT PERIOD

HIGHLIGHTS

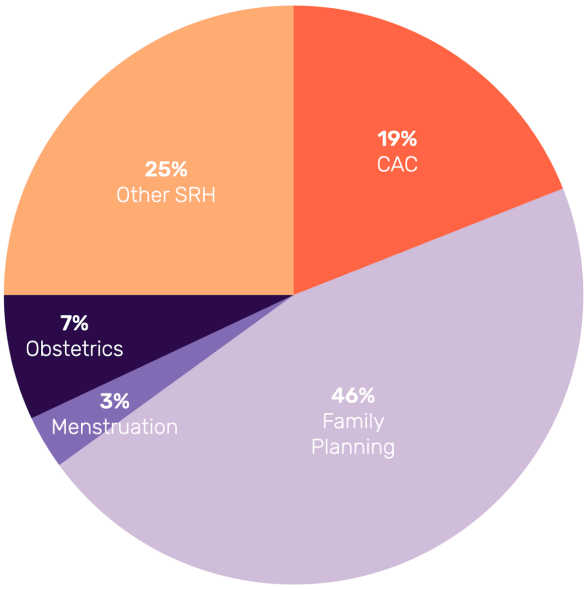
218	43	106
Number of clinic visits from girls ages 11-24	Number of girls receiving CAC services	Number of girls receiving FP methods

A total of 218 girls and young women ages 11-24 sought services at the PPAG Family Health Clinic during the pilot period. Compared to the same time the previous year, CAC services were down 20% for this age group (54 clients from August-December 2019; 43 clients from August-December 2020). This drop is likely reflective of the pandemic and is less than the 29% drop in client volume overall.

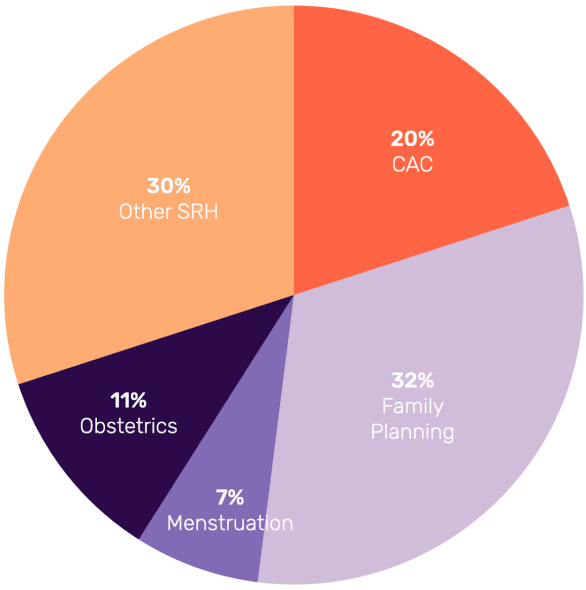
It should be noted that data was originally collected for girls ages 24 and under, however, as it was becoming clear that young women ages 25-30 comprised a large portion of female clients, enumerators began interviewing them as well in the final six weeks of the pilot. This added an additional 93 clients to the database. The team attempted to conduct a retroactive chart review to retrieve the records of all young women in this age range during the pilot period, but this posed significant administrative challenges for the clinic staff. As such, their information is not reflected here.

SERVICES RENDERED

Family planning accounted for nearly half (46%) of all services rendered, and CAC nearly 20%. Other SRH services included pregnancy and STI tests, consultations, and gynecological services.



AGES 11-24



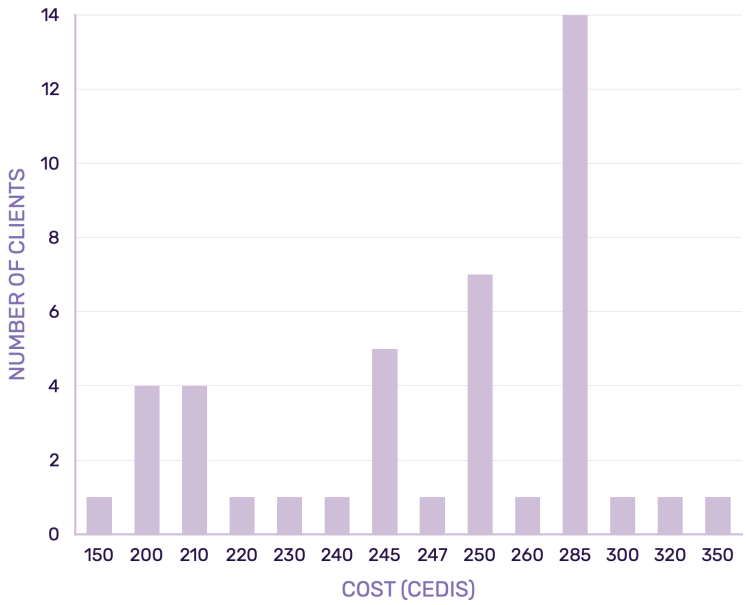
AGES 11-19

Services rendered for the subset of girls ages 19 and younger showed a similar breakdown, with slightly more focus on menstruation, obstetrics, and other SRH services, and less on family planning methods. CAC services were comparable to the larger group.

COST OF CAC SERVICES

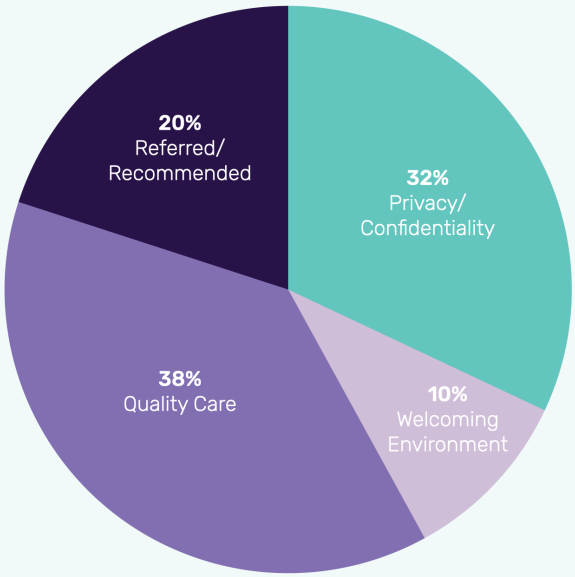
Among the 43 girls and young women who received CAC services, costs ranged from 150-350 cedis. This lower part of this range may reflect the fact that some clients received the first part of that service (i.e. a scan) elsewhere and did not require it at the clinic; the higher part of the range likely reflects that CAC was paired with other SRH services received at that same visit.

Four of these clients received cost waivers from an existing non-refusal policy (i.e. clients are not turned away due to an inability to pay for services). This totaled 228 cedis out of 911, which represented a 25% reduction in their collective fees. The normal cost of CAC services at the clinic is 285 cedis (~£36 GPB).

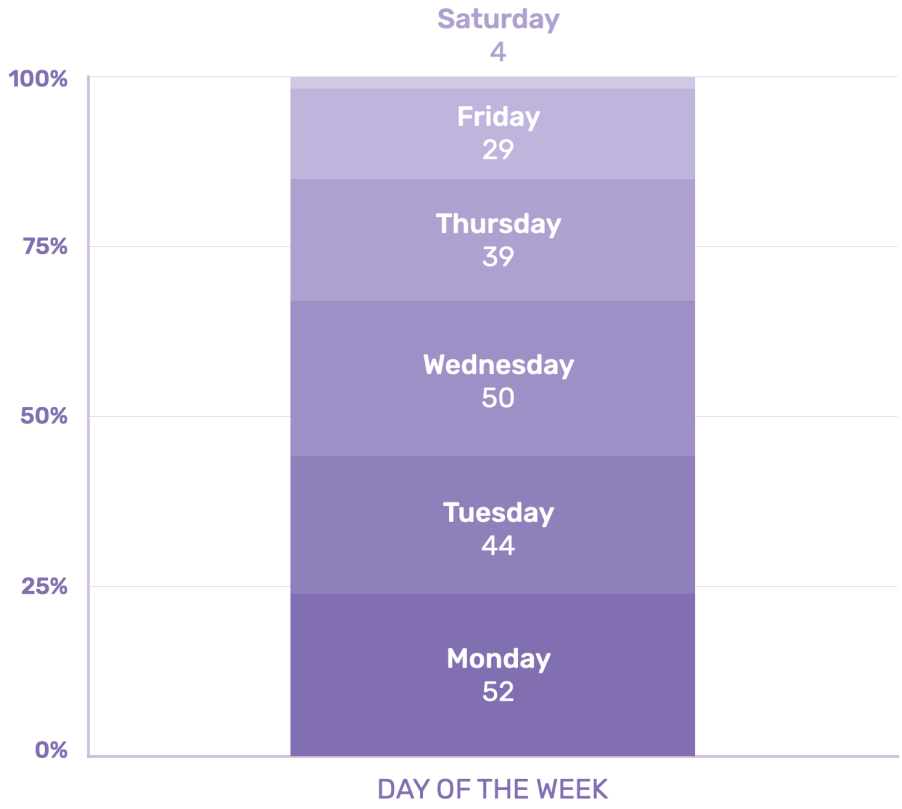


CLINIC ACCESSIBILITY

When clients were asked why they decided to come to the clinic instead of going elsewhere, quality of care and privacy/ confidentiality were the most commonly cited reasons, followed by receiving a referral or recommendation and the welcoming environment the clinic provided.



Though 23 clients (11%) said they were enticed by the extended clinic hours, only four of the 218 total youth clients came on Saturday. Most often, clients came in for services between Monday and Wednesday. This suggests that the clinic is accessible to youth clients during normal business hours and that extended hours may not be necessary.

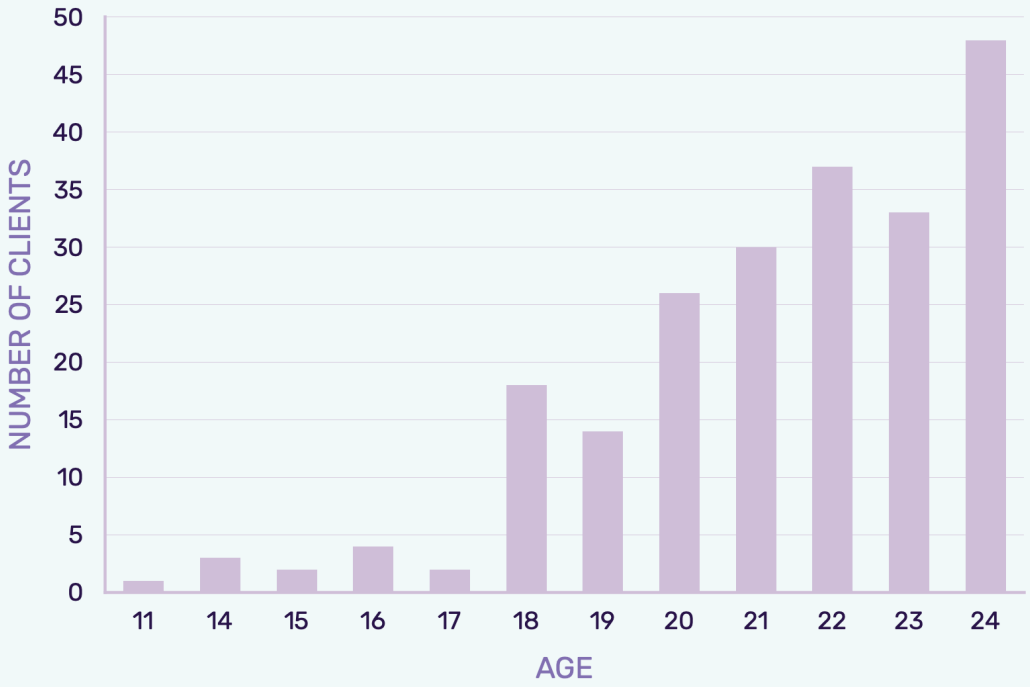


SATISFACTION AND STIGMA

Girls reported very high satisfaction and low stigmatization according to the existing IPPF client stigma assessment questionnaire, which asks about feeling welcomed, supported, accepted, and safe at the clinic on a scale of 1-10. Each of these measures averaged a score above 9 with a standard deviation less than 1.5. While this certainly reflects the high-quality care the PPAG clinic provides its clients, it may be beneficial to use a more nuanced scale or different set of questions moving forward in order to see more variability in client responses and pinpoint areas for improvement.

CLIENT DEMOGRAPHICS

Young women ages 20-24 accounted for 80% of the client volume, which may reflect the fact that younger girls either needed fewer services or did not have the ability to pursue services, either due to lack of financial resources, independent transportation, and/or the requirement of guardian consent for girls under 18 years.



However, more than half of the 44 girls ages 11-19 (55%) were not currently in school, and 95% of those girls had not completed secondary school, suggesting that the clinic is accessible to those who have traditionally been harder to reach.

REFERRAL CHANNELS

Nearly 85% of clients heard about the clinic through family or friends, reinforcing that the word-of-mouth communication channel is strong in these communities. Few girls reported hearing about services directly from Girl Boss or Sister Support, however, it may be the case that the friends and family members who recommended the clinic were exposed to those programs and told others about it.

Reflections on Pilot Results

KEY SUCCESSES

1. Substantial increase in successful outreach to teen girls, despite COVID limitations. Historically, PPAG's outreach efforts to teen girls have been less successful than hoped for, compared to other age groups. In 2019, just 26% of clients who engaged through PPAG's outreach activities were girls aged 19 years and below. In contrast, the four Girl Boss events alone attracted nearly 450 girls, which approached the maximum capacity allowed under COVID-19 restrictions. Many attendees came to multiple Girl Boss events, which attested to the appeal of the outreach. For example, the PPAG team identified a 15-year-old female participant from the Chorkor area who had attended three of the Girl Boss events. The girl revealed that her motivation for attending the events stemmed from her experience in the first event, where she learnt so much about menstruation and pregnancy, as well as educational and career progression opportunities. She was extremely excited as she had not received such detailed information on the subjects even from school, and in such a fun way. This motivated her to look out for the next Girl Boss event in her community.

2. Strong community support and appeal of future-focused messaging for girls.
The PPAG outreach team observed that the advertising for the Girl Boss events was very well received and warmly supported. Given the sensitive cultural context, receiving the support of parents and community members is a huge asset for PPAG. Instead of leading with messaging focused on safe abortion education or services, the van announcements emphasized the opportunity for young girls 13 years and older to "learn how to prevent and handle unwanted pregnancies" and "hear from trained people about different career fields and aspirations". The announcements included a focus on career skills for out-of-school girls, which was different and appealing to parents, who frequently requested invitation cards to give to their daughters. The fun, free, and music- and dance-filled elements were also emphasized. The success and acceptability of this messaging approach can be adopted for future PPAG programs.

3. Strong engagement and skills growth of peer mentors.
Youth Action Movement- Ghana (YAM), the youth-led outreach arm of PPAG's programming, was a key partner in the StigFAS program, from design to pilot implementation. However, YAM has struggled with recruiting and retaining new youth volunteers for its programming. The Girl Boss outreach program offered a new opportunity for attracting and mobilizing peer mentors. The project engaged a total of 18 peer mentors for the pilot phase of the project. The peer mentors indicated an appreciation for the capacity building they earned through the project, such as content knowledge on reproductive health (including abortion, family planning, STIs, and gender-based violence) and practical techniques for counselling, public speaking, and youth engagement. At the end of the pilot phase, all the mentors expressed excitement to return for future engagements, which demonstrates their satisfaction with the project, and the value of the Girl Boss approach for YAM and PPAG's future programming.

A mentor poses at a Girl Boss event during the pilot

KEY CHALLENGES THAT LIMITED PILOT IMPACT

1. The COVID-19 pandemic:
   Although it is impossible to quantify the precise effect of the pandemic on the pilot activities, the impact should not be underestimated. On the positive side, Sister Support helpline saw an increase in engagement during the pandemic, likely reflecting the rising need for remote health counseling during lockdown; however, the low rate of completed referrals directly from the Girl Boss events and Sister Support counseling were likely partly due to COVID-related movement restrictions in the city. Overall rates of PPAG Family Health Clinic visits for SRH services, including CAC, dropped significantly in 2020 during the period of the pilot. Attendance of the Girl Boss events had to be capped due to safety protocols, thus restricting how many girls and families the events could reach.

2. Challenges regarding referral from pharmacies:
   Despite the promising preliminary engagements with the 15 participating pharmacies, the PPAG clinic received just 10 referrals from two pharmacies. The remaining 13 did not make any referrals to the clinic. Through debrief interviews with the pharmacists, the team identified the following reasons for the poor response:

   a. Financial incentives were too low:
      The pharmacies complained of the incentive package being inadequate. By referring clients to PPAG, the pharmacists could receive 20 cedis, but they could make 3-4 times that amount by selling the drugs directly to the clients. Providing cost-competitive rewards to the pharmacists was simply not financially viable for PPAG to consider, and will remain a challenge.

   b. Fear of reputational implications:
      The pharmacies still harboured fear of community backlash and reprimand from the local authorities if they were identified to be encouraging young girls to go for abortion-related clinic services (though many were known to be selling the medical abortion pills to girls directly).

c. Transportation barrier for clients:
From the perspective of the clients who were referred from a pharmacy, the distance to the PPAG clinic was a large deterrent, given the time and transportation cost.

3. Low follow-up communication with participants:
One of the biggest challenges of this process was maintaining communication with Girl Boss event participants, Sister Support callers, and clinic clients to facilitate or follow up on services received. All but three clients (94%) who received CAC services at the clinic said that enumerators/mentors could follow up with them, and two of those three only said 'no' because they did not have access to a phone. An important next step in this process is exploring non-digital follow-up methods in these communities since girls have expressed their willingness to be contacted, and codifying digital follow-up processes for girls with access to a phone. Doing so will provide girls with more logistical and emotional support as they navigate healthcare services and continue to plan for the future they want.

INTEGRATION OF STIGFAS ELEMENTS INTO FUTURE PPAG PROGRAMMING

The Girl Boss Events and the Sister Support helpline have already been confirmed for integration into PPAG's core programming by PPAG leadership, with some modification to increase cost efficiencies. PPAG plans to scale the Girl Boss events to six other implementation sites across Ghana. These sites operate the PPAG Young and Wise Resource Centres and will organize Girl Boss events as a key aspect of their outreach activities. Furthermore, Girl Boss events can be tailored to more specific groups of girls (e.g. older vs. younger, in-school vs. out-of-school), both in terms of content and activities. Doing so will provide a more meaningful engagement with participants that may lead to more word-of-mouth referrals.

An abbreviated format of the Girl Boss event will be piloted at six PPAG sites, with the following modifications for cost reduction:

- Use open spaces for the events. Open spaces, like parks and community spaces, are cheaper than standard event centres. Sometimes, the local authorities even give out the community spaces for free.
- Reduce the number of peer mentors invited per session. The cost of transportation and meals for the peer mentors represents a significant portion of the overall cost; thus, reducing their numbers can impact the bottom line positively. During the pilot, in additional to the one-on-one mentorship conversations at Girl Boss events, PPAG experimented with the approach of having 1-2 mentors speak with small groups of girls. They observed girls felt comfortable to ask questions and share freely in these small groups, and if there were particular questions or sensitive personal details they wanted to share, they could have a follow up one-to-one counseling session with peer mentor. This combined approach allows PPAG to provide the benefit of the peer counseling relationship to attending girls, while reducing the number of one-on-one sessions needed and thus the number of mentors and associated cost.
- Reuse or scale down the sophistication of the décor. Event décor can be expensive, depending largely on the size of the venue and the quality of the designs. Installing simple youthful and colourful designs can still serve a good purpose, as can investing in higher-quality decor that can be reused over multiple events.
- Provide snacks instead of full meals for lunch. Comparatively, full meals are more expensive than snack packages. The event will be shortened slightly so as not to inconvenience participants with the lack of a full meal.

The Sister Support helpline will be upgraded to a more sophisticated contact centre with support from Global Affairs Canada (GAC). This contact centre will offer telemedicine services in addition to

the referral support services that were provided during the pilot phase of the project. PPAG intends to implement a wider publicity and marketing campaign for Sister Support in order to reach more young people across the country.

With respect to partnerships with pharmacists, PPAG acknowledges the importance and unique role pharmacies play within the communities and plans to continue to engage them to improve access to care, particularly for young people. PPAG intends to identify focal pharmacies within high burden communities and organize specialised capacity building exercises for them. They will be supported through use of tools such as Value Clarification and Attitude Transformation (VCAT) sessions, Youth Friendliness training, and Facilitating Behaviour Change. Looking ahead to future work, PPAG expects that the selected pharmacies be the first line of information and support on reproductive health services (including abortion care) to young people who visit their facilities, and also serve as a key referral point when necessary. A dedicated line of communication will be created between the pharmacies and PPAG's Contact Centre, allowing for quick response and tailored support for clients. Lastly, to ensure accountability and consistency in support, PPAG will assign different Project Officers (based on location) to monitor and offer dedicated support to pharmacies in this engagement.

PPAG team members participate in a Girl Boss event during live prototyping

Recommendations to Further Improve Safe Abortion Access for Youth

1.
Address the affordability barrier.

The high price of CAC services at a clinic facility is still a huge barrier and deterrent for girls. Across all phases of the research portion of the project, participants consistently cited price as the biggest reason they did not and would not seek abortion services at a clinic. In order for safe abortion services are to be more widely adopted by girls in Ghana, the affordability issue must be addressed. During the StigFAS pilot, the average price paid by girls for CAC services at the PPAG clinic was 213 GHC, which is 2-4 times the price of medical abortion pills girls can obtain from a pharmacist, depending on the drug available (misoprostol vs mifepristone).

Though cost waivers are available for girls to access CAC services for no or low-cost, PPAG has protocols in place to prioritize giving those waivers to girls who are most in need and have absolutely no financial resources.

Implementing a blanket reduction on the price of CAC services for youth is not financially viable for the clinic within its current revenue model. PPAG recognizes the need to explore new strategies for providing abortion care that are financially sustainable for the clinic and also financially inclusive and accessible for all clients. In future projects, they intend to test the viability of diversifying the revenue streams for the PPAG clinic, among other strategies.

Due to the polarized political debate in Ghana regarding abortion, there is also concern among PPAG staff that advertising low-priced CAC services for youth will provoke community backlash. If a price reduction becomes viable, the associated awareness campaign will need careful consideration, and could use the discrete support that has already been created through Girl Boss and the Sister Support channels.

It should be noted that fear of loss of confidentiality (seeing someone they know at the clinic) is also a significant deterrent for girls. Even with a price reduction, PPAG outreach events will need to reassure girls of confidentiality measures, and take steps to ensure that girls can access services in quick, discreet, and confidential ways.

2.
Explore other ways to partner with pharmacists to increase safe abortion access.

Safe Pass did not prove to be an effective way to redirect girls to safe clinic services during the pilot project. Raising the referral commission to be competitive with the profit that a pharmacist would make from selling the drugs would likely be much more effective, but not financially sustainable for PPAG. The current reality is that pharmacists have strong incentives to continue their direct sale of medical abortion pills to girls, yet have little training or accountability on how to screen clients for medical eligibility or guide eligible girls to safely use the pills. We recommend that PPAG and IPPF explore alternate strategies for partnering with pharmacists. For example:

- There may be opportunities to train pharmacists to properly screen clients and instruct girls in how to safely self-administer medical abortion pillswhich would dramatically increase the likelihood that girls are safely using the drugs. PPAG could explore taking a commission on sales in exchange for training and quality assurance.
- PPAG could give support to clients seeking pills at pharmacies by asking pharmacists to give out PPAG's contact information (or the Sister Support free hotline number) and encourage clients to call in case of any complications, emotional support needs, or follow-up care.

3.
Streamline the client support process to increase rates of completed referrals.

The Girl Boss events and Sister Support helpline had high engagement during the pilot program, making them promising channels to reach girls before and during situations where abortion services are needed. However, the rate of completed referrals (i.e., the number of girls who actually went to the clinic for services after being recommended for services by a counselor/peer mentor) was very low, according to client exit interview data from the PPAG Family Health Clinic (however, it is quite probable that some girls who inquired about abortion via the helpline received services at different clinics outside of Accra, and thus were not captured in our client database). Although it is highly likely that COVID-related transportation and movement restrictions were a significant contributing factor to this low completion rate during the pilot, evidence from the research and prototyping phases indicate that it is not the only barrier. Even pre-COVID, transportation costs and logistics were a barrier for girls to get to the clinic. Girls also felt nervous and intimidated to call the clinic to inquire about appointments, feeling that the clinic wasn't a place for "girls like them" (i.e., from low-income areas). Fears of being the only young person there and/or seeing someone they know are additional barriers. We recommend that PPAG explores complementary, evidence-based measures to Girl Boss and Sister Support, such as:

- Creating a system for Girl Boss mentors and Sister Support counselors to follow up with girls who they have one-on-one counseling sessions with, particularly the girls whom they referred to the clinic for contraceptive or abortion services
- Ensuring that the clinic is a youth-friendly space, with short wait times and confidential reception areas and consultation rooms
- Providing digital consultation options through the helpline, where girls can contact trained counselors for advice and medication administration oversight if they are unable to come to the clinic
- Utilizing proven behavior science techniques to increase girls' likelihood of acting on the information provided through the counseling sessions (for example, having the counselor ask the girls to commit to a specific day and time that they will go to the clinic, and identifying the specific steps (mode of transportation, etc.) they will take to get to the clinic)
- Using clinic signage and decor in the same brand style as Girl Boss to create a welcoming environment for girls
- Exploring options to reduce the transportation barrier to the facility for girls, such as taxi/bus reimbursement
- Providing ongoing opportunities for girls to provide feedback on Girl Boss events, helpline consultations, social media outreach efforts, and clinic services, so that these programmatic elements can be periodically modified to best meet client needs

CONCLUSION

The goal of the StigFAS program is to create enabling and supportive spaces for girls and young women to access safe abortion services, and ultimately reduce morbidity and mortality due to unsafe abortion. The three-pronged approach of the StigFAS program work across the continuum from pregnancy prevention to comprehensive abortion care. Although COVID-related disruptions to clinic services made it difficult to assess the direct impact of the StigFAS pilot program on girls' safe abortion choices, the Girl Boss and Sister Support program elements proved valuable in improving PPAG's outreach efforts to girls and young women regarding reproductive health and safe abortion options.

Through Girl Boss, youth were provided a fun and safe environment to learn about family planning, abortion, and other SRH issues while establishing relationships with older female peers. The integration of career skills and mentorship with SRH education and counseling garnered valuable support from parents and caregivers in the community. PPAG has promising new ways of reaching girls and young women, particularly those who are out of school. Furthermore, youth across Ghana now have a confidential and direct phone, text, and social media helpline to ask SRH and abortion-related questions to empathetic and knowledgeable peers who can link them to safe clinical care.

To further improve safe abortion access for youth in Accra, key structural barriers must be addressed such as the low affordability of CAC services and the variable quality of self-care abortion information and services provided by pharmacists to girls in need.

It is our hope that these youth-driven program elements and pilot implementation lessons will enable PPAG, IPPF, and other implementing organisations to more effectively support girls and young women to access safe abortion services in Ghana and beyond.