E2A in Niger: University Leadership for Change in Sexual and Reproductive Health

About E2A

The Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls Project (E2A) is USAID’s global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and facilitating the scale-up of best practices that improve family planning services.

Awarded in September 2011, this project will continue for eight years, until September 2019. The project is led by Pathfinder International, in partnership with ExpandNet, IntraHealth International, Management Sciences for Health, and PATH.

Context in Niger

<table>
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<th>Total Fertility Rate: 7.6</th>
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<td>Contraceptive Prevalence Rate, Youth:</td>
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<tr>
<td>13% - Ages 20-24</td>
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<tr>
<td>6% - Ages 15-19</td>
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<tr>
<td>Marriage:</td>
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<tr>
<td>75% before age 18</td>
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<td>6% before age 15</td>
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<tr>
<td>Youth Population:</td>
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<td>32% of total population</td>
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E2A’s University Leadership for Change (ULC) Project responded to Niger’s extremely high rates of adolescent pregnancy and early marriage by strengthening services for youth, involving stakeholders from relevant ministries and the university in decision making and implementation, cultivating leadership skills among students as champions for SRH, and employing a comprehensive approach to behavior change. The ULC Project was implemented by E2A with support from the USAID West Africa mission and in collaboration with the AgirPF Project from April 2014 to June 2016.

ULC initiated the first youth-friendly services (YFS) program at Abdou Moumouni University in Niamey. Students can now receive contraceptive counseling and a range of contraceptives as a part of ongoing SRH services offered at the university health center.

At the heart of ULC was a comprehensive approach to behavior change. Rather than follow other traditional models for YFS, which generally treat young people as consumers of health services, ULC actively involved them in decision-making processes. The approach engaged university students as peer leaders to facilitate behavior-change activities using Pathfinder International’s Pathways to Change and Reflection and Action for Change (REACH) methodologies. During these activities, young people identified, and then reflected and acted on barriers and facilitators to accessing SRH information and services.

Because of their high mobility and educational attainment, university students are well positioned to increase their peers’ demand for and access to youth-friendly SRH services (in and outside of university). Inspired by—yet completely independent of ULC—peer leaders have initiated their own student-led association for SRH behavior change, which has been granted official NGO status.

Overview of ULC Activities

The project’s three main technical components were:

1. Youth leadership and demand generation:
   The project trained student leaders...
on SRH and comprehensive behavior change methodologies, providing supportive supervision to student peer leaders to run behavior change activities on campus and community-based activities with adolescents and young people in communities across Niger.

2. **Improving access to and quality of SRH services:** Partnering with AgirPF, ULC trained university health center providers on behavior change, family planning, and youth-friendly approaches; provided supportive supervision with the Ministry of Public Health; and facilitated linkages between the university and district health centers, enabling the university to procure contraceptive commodities through the public health system.

3. **Participatory stakeholder engagement for sustainability:** The project established a co-management committee that convened key stakeholders for management and oversight. Members included representatives from the Ministry of Public Health (central and district level); the Ministry of Higher Education, Research and Innovation; the university health center; student leaders; and E2A.

**Quantitative Results**

**Behavior change:**
- 202 student leaders/peer educators trained on SRH and behavior change.
- 3 REACH behavior-change films produced, based on barriers and facilitators to youth SRH identified by target populations (students and service providers).
- Through peer leaders, 3,899 university students reached with information about SRH.
- 4,000 youth reached outside of Niamey with information about SRH through community health caravans.
- 45 community health workers and 5 health providers trained from the national IPPF affiliate (ANBEFF) in comprehensive behavior-change techniques for working with young married women in Niamey.
- ULC Database and Dashboard (UDD) created, which houses the outputs of over 300 Pathways to Change games played with young people. The UDD includes data on those who played the games, including their behavioral objective (e.g., seeking contraception, spacing pregnancies); sex and age; educational level; region and context (urban/peri-urban); and time on task (as a proxy for cognitive effort). The UDD is a dynamic and easily searchable means of differentiating key barriers and facilitators associated with specific behavioral objectives by demographic profile.

**Service delivery strengthening:**
- 10 providers at university health center trained on family planning, youth-friendly approaches, and behavior change.
- 407 students referred by peer leaders to SRH services.
- 712 students counseled on SRH at the university health center.
- 79,976 condoms distributed on campus.
- 61 students accessed contraceptives at the university health center.
- 12,048 women participated in family planning counseling.

**Qualitative Results**

- Increased openness and dialogue about sexuality and SRH among students and health providers
- Improved quality of SRH services for young women.
- Improved coordination between university health services and the public health system.

**Outlook & Scale**

An important component of ULC was emphasis on scalability, using ExpandNet’s approach, *Beginning with the end in mind*. E2A led pilot projects on three other university campuses in Niger, in the cities of Tahoua, Maradi, and Zinder, to determine feasibility for scale-up to those campuses. E2A has been working with Niger’s Ministry of Public Health and Ministry of Higher Education to develop scale-up plans for the additional campuses and intends to provide technical assistance to monitor and document the scale-up experience. Regional partners are also exploring the possibility of scaling up the approach to other countries in West Africa.

**University Leadership for Change: Lessons Learned**

- A multi-sectoral approach to AYSRH programming in university settings is critical for ownership and sustainability.
- Integration of university health centers into the public health system is necessary for increasing access to quality youth-friendly SRH/FP services.
- Addressing gender barriers is paramount to the success of AYSRH programs in Niger.
- Involving and supporting young people as leaders brings added value and contributes to sustainability.
- The use of narratives in behavior change interventions has the potential to address complex behavioral needs of diverse young people.
- The expansion of youth-led activities at community level increases their accountability and leadership.
- Establishing mechanisms to promote participatory and co-shared coordination of the project among the different stakeholders, including young leaders, is key for accountability and sustainability.
- It is important to clarify the concept of “process documentation” in relation to the experience of implementation and “scaling up” with stakeholders, as many are not familiar with data collection for evaluation purposes.
- Systematic process documentation plays a useful role in quality improvement.
- Testing health innovations, and adapting them in different contexts and under routine operating conditions, can considerably increase likelihood of scale-up.