Reflection workshop on scaling up the project “University Leadership for Change in Sexual and Reproductive Health of Adolescents and Young People (ULC) in Niger”

Workshop Report

December 2015
ABOUT E2A

The Evidence to Action 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 leading the scale-up of best practices that improve family planning services. Awarded in September 2011, this project will continue for eight years until 2019. The project is led by Pathfinder International in partnership with the ExpandNet, IntraHealth International, Management Sciences for Health, and PATH.

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### ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AMU</td>
<td>Abdou Moumouni University</td>
</tr>
<tr>
<td>AYSRH</td>
<td>Adolescent and Youth Sexual and Reproductive Health</td>
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<tr>
<td>DAYPH</td>
<td>Department of Adolescents and Young People’s Health</td>
</tr>
<tr>
<td>DMCH</td>
<td>Directorate of Maternal and Child Health</td>
</tr>
<tr>
<td>E2A</td>
<td>Evidence to Action (Project)</td>
</tr>
<tr>
<td>FP</td>
<td>Family Planning</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>MHERI</td>
<td>Ministry of Higher Education, Research and Innovation</td>
</tr>
<tr>
<td>MPH</td>
<td>Ministry of Public Health</td>
</tr>
<tr>
<td>PE/PSs</td>
<td>Peer Educators and Peer Supervisors</td>
</tr>
<tr>
<td>REACH</td>
<td>Reflection for Action and Change</td>
</tr>
<tr>
<td>RH</td>
<td>Reproductive Health</td>
</tr>
<tr>
<td>SRH</td>
<td>Sexual and Reproductive Health</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>ULC</td>
<td>University Leadership for Change in Sexual and Reproductive Health of Adolescents and Young People</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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</table>
INTRODUCTION

This report presents the results of the reflection workshop on scaling up the “University Leadership for Change in Sexual and Reproductive Health of Adolescents and Young People (ULC) in Niger” Project. This workshop was organized within the context of project implementation and will contribute to an important component of the project: process documentation and piloting innovations in new areas. The project’s process documentation will contribute to validating the project approach, improving project implementation, ensuring effective project monitoring, and planning future project activities. The workshop, held December 16-17, 2015, was an opportunity for reflection at the mid-term of the ULC Project. It allowed stakeholders from all areas of the project to provide additional information and make recommendations for next steps.

CONTEXT AND JUSTIFICATION

As in many West African countries, young people (aged 10-24) account for a significant proportion of the Nigerian population, amounting to 5 million people or 32% of the population.¹ Niger has the highest rates of adolescent marriage and pregnancy in the world: 75% of young women, 20-24 years old, were married before age 18, and 30% were married before the age 15.² At the same time, only 13% of women, ages 20-24, use modern methods of contraception.³ Many young women in Niger have closely spaced pregnancies, with approximately 23% of pregnancies occurring after an interval of less than 24 months, which increases the risk of maternal mortality and morbidity.⁴⁵

In this context, the Evidence to Action (E2A) Project, in collaboration with the Niger Ministry of Public Health (MPH) and the Niger Ministry of Higher Education, Research and Innovation (MHERI), and with the financial support of USAID West Africa, are implementing a project entitled “University Leadership for Change in Sexual and Reproductive Health of Adolescents and Young People” (ULC) at Abdou Moumouni University (AMU) in Niamey. The project aims to support students to become change agents. Due to their relatively high mobility and level of education, university students are well positioned to play a crucial role in meeting their own sexual and reproductive health (SRH) needs, but also to generate demand for SRH services among other young people across Niger. In this regard, university students in Niger are in a unique position to contribute to the improvement of SRH, not only as leaders among their peers, but also as leaders of the future.

The aim of ULC is to reduce unmet need for family planning and unwanted pregnancies and to prepare young women, with the support of young men and their communities, to make informed decisions concerning SRH. ULC is structured around three main areas: (1) training peer educators whose activities are aimed at increasing the demand for SRH services at the university and in communities; (2) capacity building of service providers and health facilities in order to ensure quality services for young people; and (3) the establishment of a co-management committee composed of all project stakeholders to periodically review progress and challenges and to ensure sustainability. A rigorous process of quantitative and qualitative process documentation serves as the foundation for identifying elements of the project to scale up. Many stakeholders in Niger are interested in exploring the possibility of scaling up the ULC approach at other universities across the country.

ExpandNet, a core E2A partner, defines scaling up as “deliberate efforts to strengthen the impact of successfully tested health innovations in order to benefit more people and to encourage the formulation of policies and programs on sustainable basis.” In order to effectively plan for scale-up, ExpandNet recommends engaging in a participatory process involving key stakeholders. It is within this context that the E2A Project, in collaboration with the Niger MPH and MHERI, organized a reflection workshop in Niamey to examine the feasibility of piloting the ULC approach in the Maradi, Tahoua, and Zinder regions.

**OVERVIEW OF THE ULC PROJECT**

The ULC project is structured around three areas:

1. **Behavior change activities conducted by youth peer educators under the supervision of peer supervisors**

The peer educators and peer supervisors (PE/PSs) are a team of ULC student volunteers trained to stimulate and engage students and communities in a behavior-change process for adolescent and youth sexual and reproductive health (AYSRH). These students have received SRH training and come from various regions of Niger. The PE/PSs recruitment and training were carried out in collaboration with the Student Union Committee on Social and Academic Affairs, part of university leadership. The establishment of peer educator selection criteria was drawn up through a participatory process with student supervisors, the MPH, the Public Authority for Student Welfare, and E2A.

Nineteen students were trained as peer supervisors and were responsible for the peer educator selection. They received trainings in AYSRH and how to conduct behavior-change activities. Specifically, the training covered SRH, sexually transmitted infections (STIs), HIV/AIDS, and drug abuse. They also learned how to use Pathfinder International’s “Pathways to Change” game and the REACH methodology. After the supervisors were trained, they then trained the peer educators.

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6 ExpandNet is a network of health professionals working in different regions of the world, seeking to improve the science and practice of scaling up.

The PE/PSs are responsible for conducting various activities ("Pathways to Change" games, REACH, and community-awareness sessions with small groups of students). These activities are organized by teams of 1 supervisor and 2 or 3 peer educators. The ULC Project Coordinator supervises the teams. Peer supervisors supervise the sessions, and take notes and fill out forms at the end of the “Pathways to Change” and REACH sessions. In addition to campus activities, the PE/PSs also participate in community activities, including SRH outreach awareness-raising campaigns (in collaboration with MPH), and activities during the holiday period.

2. Improving access to and quality of SRH services, including contraceptive services, at the AMU University Health Center

Prior to the ULC Project, the University Health Center did not offer SRH or family planning services. Thanks to the MPH and the Directorate of Maternal and Child Health (DMCH), the project has benefited from the availability of a skilled health provider (a midwife) who provides adolescent health services at the university in order to meet their SRH needs. The health provider comes twice a week and is exclusively dedicated to the AYSRH. As part of the ULC Project, 7 out of 10 service providers from the University Health Center received training in contraceptive technology (in partnership with the AgirPF Project), youth-friendly services (in partnership with MPH), and behavior change. The ULC Project also facilitated the provision of supplies, contraceptives, and certain drugs by the Gaweye Health District.

3. Creation of a co-management committee for participatory management and sustainability

The co-management committee is a participatory mechanism for sustainability, which was established for the planning, decision-making, and monitoring of activities. The committee meets regularly to monitor current activities, plan future activities and make strategic decisions on project implementation. The committee consists of:

- A doctor affiliated with the Public Authority for Student Welfare
- A representative from the MPH Department of Adolescents and Young People’s Health (DAYPH)
- A representative from the Health for Universities and Colleges Team (MHERI)
- Two student representatives (one female and one male from ULC PE/PSs)

8 The “Pathways to Change” games were created by Pathfinder International and aim to stimulate reflection on the barriers and drivers of behavior change to: (1) better understand at-risk behaviors and how to avoid them; and (2) to collect data that will help the community health workers and peer educators to adapt successful approaches.

9 “REACH” (Thought and Action for Change) continues the process from thought to action. It therefore urges young people to identify and next assign a priority level to problems found in a video linked to realities in their communities and on an individual level. Subsequently, members of each sub-group choose one of the prioritized problems and transform it into a concrete action, coupled with a plan of action that they can implement as a group.
The activities described above achieved the following preliminary results as of December 2015:

- 19 student supervisors (10 men, 9 women) and 73 peer educators (50 men, 23 women) trained in AYSRH and behavior-change techniques
- Two behavior-change films created by the project in collaboration with a local film production company, “Binta’s Dilemma” and “Whose Norms?”
- 1,581 students and 567 young people communities received AYSRH information through peer educator activities
- Dialogue on challenges to AYSRH improved
- Student knowledge of AYSRH improved
- Formal student association established to ensure the sustainability of activities beyond the project
- Full range of contraceptive methods (pills, IUDs, implants and injectables, condoms) introduced at the University Health Center
- Care for young women’s SRH issues improved
- Link between University Health Center and public health system strengthened
- 7 service providers at the University Health Center received training in youth-friendly services and 4 service providers received training from AgirPF/EngenderHealth on contraceptive technology
- 457 students received SRH/family planning counseling
- 35 students offered contraceptive methods at the University Health Center
- 259 students received HIV counseling and testing services
- 53,124 male condoms distributed on campus
WORKSHOP OBJECTIVES

1. Deepen the participants’ understanding of systematic approaches to scale-up (based on ExpandNet tools).
2. Introduce the E2A and ExpandNet approach to process documentation and its importance for the sustainability and potential scale-up of innovations.
3. Present the preliminary results of the ULC Project process documentation.
4. Reach a consensus on the expectations for the potential scale-up of ULC.
5. Reach a consensus on the next steps to assess the feasibility of the ULC approach in different contexts (through pilot projects at different campuses in Niger).

EXPECTED OUTCOMES

1. The participants will have a better understanding of the systematic approaches to scale-up (especially ExpandNet tools) and how they apply to health programs.
2. The participants will have a better understanding of the E2A and ExpandNet approach to process documentation and its importance for the sustainability and potential scale-up of innovations.
3. The participants will have a good understanding of the preliminary results of the ULC Project process documentation and will share their observations.
4. A consensus will be reached on the expectations for the potential scale-up of the ULC Project.
5. A list of next steps will be formulated to guide planning of pilot projects that will aim to test the feasibility of the ULC approach in the wider Niger environment.

WORKSHOP PARTICIPANTS

The workshop brought together stakeholders with good knowledge of the ULC Project, who were directly or indirectly involved in its implementation. Others will be involved in its potential scale-up. The participants were:

- Members of the ULC Project co-management committee
- PE/PSs representatives from AMU in Niamey
- DMCH and the DAYPH representatives
- Regional public health directorate representatives involved in the project and its potential scalability (Niamey, Maradi, Zinder, and Tahoua)
- Representatives of university health centers (Niamey, Maradi, Zinder and Tahoua)
- Representatives of universities involved in the potential scale-up
- Representatives of project implementation partners
- A USAID Niger representative
In total, the workshop brought together 20 to 25 participants. However, the representatives from the Gaweye Health District in Niamey were not able to attend due to a scheduling conflict. Student representatives from the Universities of Maradi, Tahoua, and Zinder did not attend, but did contribute to the process documentation.

**CONDUCTING THE WORKSHOP**

The reflection workshop on scale-up of the ULC approach was conducted December 16-17, 2015, at the Homeland Hotel in Niamey. A series of presentations were followed by discussions and group work, which resulted in recommendations for scale-up.

The first day covered:
- Workshop opening, including a welcome speech from the MHERI Secretary General and an opening speech from the MPH Deputy Secretary General
- Workshop introduction, including the introduction of participants, the appointment of the session chairpersons and daily rapporteurs, and presentation of the workshop objectives and timetable
- Various technical presentations
- The first group work session analyzing the ULC Project in light of ExpandNet’s “CORRECT” principle and feedback on the group work in plenary

The second day covered:
- Four group work sessions and report back to plenaries
- A screening of the film “Binta's Dilemma” produced as a tool for behavior-change activities as part of the ULC Project
- A plenary discussion to reach consensus on the next steps for the ULC approach in pilot projects

See Appendix 1 for the detailed workshop timetable.

**PRESENTATIONS**

Four main technical presentations were included on the first day of the workshop (see Appendix 2 for presentations).

These were:

A presentation by the E2A Technical Advisor on:
- The ExpandNet approaches for scaling up health innovations
Two presentations by the ULC Project Coordinator on:

- The role of process documentation in scale-up
- Overview of the ULC Project

A presentation by the consultant in charge of process documentation on:

- The preliminary outcomes of process documentation in the pilot phase of the ULC Project in Niamey

In addition to the presentations, the film produced by E2A as part of the ULC Project, “Binta’s Dilemma,” was shown and discussed.

**GROUP WORK**

Five group work sessions were organized during this workshop. For the first session, participants were randomly assigned to the groups. During the other sessions, the groups were organized by region. Stakeholders from Niamey were assigned to different groups to support the discussions and facilitate pilot project planning at the new sites.

**Overview of the first group work session: “CORRECT” ULC analysis in Niamey**

The first working session focused on the “CORRECT” analysis of ULC Project. The “CORRECT” analysis is an approach proposed by Glaser et al (1983)\(^{11}\) and recommended by ExpandNet to evaluate a set of criteria that determine the potential for scaling up health innovations\(^{12}\). This analysis has seven elements:

1. **Credibility**: the extent to which the innovation is evidence based and/or recommended by credible and respected persons and institutions
2. **Observability**: the extent to which the results of the innovation are observable and accessible to stakeholders
3. **Relevance**: the extent to which the innovation responds to the expressed needs, an ongoing problem or a political priority
4. **Relative advantage**: the extent to which the innovation presents a comparative advantage over other existing practices that have the same objectives
5. **Ease of installation**: how easy or complex the innovation is to set up
6. **Compatibility**: the extent to which the innovation is consistent with the current health system standards, values and services
7. **Testability**: the extent to which the innovation can be tested on a small scale before proceeding to scale-up

\(^{10}\) “CORRECT” stands for Credible, Observable, Relevant, Relative advantage, Easy to install, Compatible and Testable

\(^{11}\) Glaser EM, Abelson HHJ, Garrison KN, Putting knowledge to use: facilitating the diffusion of knowledge and the implementation of planned change (San Francisco: Jossey-Bass, 1983).

The participants were divided into three groups and each group worked on two criteria. The seventh criterion was subject to review in the subsequent group work sessions.

*Credibility and observability (group 1)*

The participants’ impressions of the credibility were quite satisfactory. They considered the process documentation methodology appropriate and helped to qualitatively assess the provisional results. The participants also noted that the data show that the ULC Project responds to the health problems of young people at the university, and highlights the obstacles to improving health in the university environment. The participants pointed out that the provisional results are particularly valuable given the fact that the project implementation took place during constrained circumstances with the student calendar fairly overloaded and the academic calendar disrupted (e.g., by strikes).

They agreed that the following data were necessary to demonstrate to stakeholders the *credibility* and potential of ULC for scale-up:

- Updated quantitative data on implementation
- Baseline data to assess implementation results
- Data on development and usage of the AYSRH services
- Information on development of indicators to assess the AYSRH activities

In terms of “*observability*” and sharing the results with stakeholders, the participants said that:

- The results should be distributed to the stakeholders within specified timetables.
- The creation of a website could facilitate information sharing on the implementation.

*Relevance and relative advantages (group 2)*

Participants said the *relevance* of ULC is evident by the needs and problems the project is addressing. ULC has helped to respond to the following needs/problems:

- Lack of information/education among students on STIs/HIV/AIDS, drug abuse, illegal abortions, unwanted pregnancies, etc.
- Unmet reproductive health needs of young people
- Service providers’ lack of skills in the area of AYSRH
- Limited access to AYSRH services at the university campus
- Improvements needed in the the uptake of services at University Health Center
- Lack of a supportive environment for delivery of AYSRH services

Participants felt that the ULC Project has a strong *relative advantage* over other existing practices due to the following factors:
• Establishment of a project specifically dedicated to the university environment
• Working with leaders and decision-makers of tomorrow with a higher level of education that allows for the project lessons to be easily assimilated
• Piloting the project at AMU in Niamey, a cosmopolitan place conducive to the dissemination of information in other regions (e.g., during holidays)
• Involvement of stakeholders in project management (ministries, peer educators, Public Authority for Student Welfare)
• Creation/adaptation of behavior-change materials (“Pathways to Change”, REACH)
• Promotion of the integration of university health services into the national public health system
• Integration of family planning/reproductive health (FP/RH) services and creation of youth centers at AMU

Ease of installation and compatibility (group 3)

The group discussed “ease of installation,” within the context of the difficulties the project has had to overcome to facilitate implementation in Niamey.

Peer educators, main challenges:
• Turn-over of peer educators
• Shortcomings in education and training

Proposed solutions:
• Recruit engaged and motivated students
• Avoid recruiting students at the end of the cycle
• Find motivation mechanisms to support volunteers
• Increase the outreach of peer educators
• Train and retain peer educators annually

Quality of health services, main challenges:
• Inadequate infrastructure for the supply of SRH services for young people (e.g., lack of privacy due to the large number of people in the waiting room)
• Inadequate supplies
• Deficiencies in the competency of service providers

Proposed solutions:
• The internal reorganization of the premises, if possible
• Making the necessary supplies available

With regard to the co-management committee, the participants recommended:
• Revitalization of the co-management committee to improve its efficiency
• Respect for each stakeholder’s responsibilities for the project by all stakeholders involved
In terms of the project’s **compatibility** with the standards and values of the various AMU structures and associations, the participants considered it important to involve all recognized existing university associations in ULC Project implementation in order to assess the compatibility of this initiative with all structures, institutions, and associations in the university environment.

The other group work sessions dealt with aspects related to the ExpandNet recommendations originating from the “Beginning with the End in Mind” tool. The objectives of these group work sessions were to:

1. Discuss the factors that could facilitate the potential scale-up of the ULC Project.
2. Make recommendations for the implementation of pilot projects in Maradi, Tahoua, and Zinder.

For this, the participants were divided into three groups according to the three target regions for the pilot phase (see Appendix 3 for the group work terms of reference).

**RESULTS OF THE REGIONAL GROUP WORK SESSIONS**

**Overview of the second group work session: Defining “Innovation”**

In the second group work session, the groups carried out an overview of the intervention bundle to be piloted and the strategies that will be employed to keep the interventions as simple as possible (recommendation 5) from the “Beginning with the End in Mind” tool. Thus, to implement the innovations, the stakeholders in different regions have offered to carry out the following activities:
### Peer Education

<table>
<thead>
<tr>
<th>Tahoua</th>
<th>Maradi</th>
<th>Zinder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer education institutionalization</td>
<td>Peer education using various data collection tools, “Pathways to Change,” and debates</td>
<td>Maintain peer education taking into account the selection criteria</td>
</tr>
<tr>
<td>• Recruitment</td>
<td></td>
<td>Respect gender</td>
</tr>
<tr>
<td>• Training</td>
<td></td>
<td>Involve stakeholders (UENUZ, School board, Regional Public Health Departments, Regional Student Welfare Center, University and Colleges Health Team focal points, limited number of peer educators (e.g., 25, no supervisor)</td>
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<tr>
<td>• Planning</td>
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<td>Activity planning</td>
</tr>
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</table>

### Strengthen access and quality of SRH/FP services

<table>
<thead>
<tr>
<th>Tahoua</th>
<th>Maradi</th>
<th>Zinder</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Development of infrastructure to adapt it for the needs of young people</td>
<td>• Syndromic STI management</td>
<td>Strengthen the link between the health center and peer educators through the service providers’ supervision service</td>
</tr>
<tr>
<td>• Training service providers in the area of adolescents’ and young people’s health /youth approach</td>
<td>• Availability of contraceptives and supplies</td>
<td>Make data-collection tools available</td>
</tr>
<tr>
<td>• Supplies provision to health centers (condoms, STI/HIV/AIDS products)</td>
<td>• Availability of materials and equipment</td>
<td>Strengthen referrals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strengthen the capacity of service providers in the youth approach and adolescents’ and young people’s health and in syndromic STI/HIV/AIDS and FP/RH management</td>
</tr>
</tbody>
</table>

### Co-management committee (composition & operation)

<table>
<thead>
<tr>
<th>Tahoua</th>
<th>Maradi</th>
<th>Zinder</th>
</tr>
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<tbody>
<tr>
<td>• Focus on the health of adolescents and young people/ Regional Public Health Departments</td>
<td>• Rector</td>
<td>E2A, Regional Student Welfare Center representative, health center representative, 2 peer educators (parity), the district doctor</td>
</tr>
<tr>
<td>• Regional Student Welfare Center (clinic manager with the possibility of role delegation)</td>
<td>• Regional Student Welfare Center</td>
<td>Ensure regular meetings</td>
</tr>
<tr>
<td>• Students</td>
<td>• UENUM /peer educator president</td>
<td>Establish formal committee specifications</td>
</tr>
<tr>
<td></td>
<td>• Clinic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Regional Public Health Departments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Maradi City2 Health Departments</td>
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</table>

1. How can we keep all interventions as simple as possible without compromising the results?

After proposing the intervention bundle to offer in each region, the participants discussed how to make this bundle as simple as possible. The following recommendations were made by the three groups:
Peer education:

- Identify existing student associations and train these students as peer educators instead of creating a new group of peer educators.
- Use only the “Pathways to Change” methodology and the talks/debates, and not the REACH methodology (which takes much longer).

Service delivery:

- Focus on strengthening referrals to public health facilities.
- Encourage the supply of short-term methods, including pills and condoms, at the University Health Centers instead of offering all methods (given the current state of University Health Centers and the short timeframe for the pilot projects).

Overview of the third group work session: Context at the pilot sites

The third group work session examined the context at the three pilot sites, including an analysis of the institutional and socio-cultural environment and an analysis of the stakeholders who should be responsible for the implementation of the pilot projects (“user organizations”).

<table>
<thead>
<tr>
<th>Factors facilitating the establishment of pilot projects</th>
<th>Tahoua</th>
<th>Maradi</th>
<th>Zinder</th>
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<tbody>
<tr>
<td>Students</td>
<td>•</td>
<td>•</td>
<td>•</td>
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<tr>
<td>PE/PSs commitment and motivation</td>
<td>•</td>
<td>•</td>
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<td>Political engagement through the RH law</td>
<td>•</td>
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<td>•</td>
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<tr>
<td>Skills available in the region</td>
<td>•</td>
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<td>•</td>
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<tr>
<td>The existence of associations at the university (fighting against AIDS)</td>
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<td>Engagement of the university authorities</td>
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<td>Existence of cities</td>
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<tr>
<td>Existence of an organized structure (UENUZ)</td>
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<tr>
<td>Cultural diversity and tolerance</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>High level of education</td>
<td>•</td>
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</tbody>
</table>

ExpandNet defines “user organizations” as the organization(s) or institution(s) that seek(s) to or that will be asked to adopt and apply innovations on a larger scale.
### Factors impeding the implementation of pilot projects

- Academic pressure
- Preservation of cultural values
- Mobility of stakeholders
- Insufficient information on health of adolescents and young people
- Unavailability of supplies
- Fear of being stigmatized
- Religious leaders
- Existence of an association of Muslim brothers and sisters
- Academic constraints (exams)
- Election periods
- Influence of religious perception
- Prejudice and ignorance on the subject of sexuality

### Parties responsible for the implementation

- Main leaders
- Regional Public Health/RH Departments
- Clinic managers
- University heads / Regional Student Welfare Center
- Peer educators for the mobilization of and awareness raising among students
- Representative of the health center for supervision, medical and lab monitoring where support is required
- Regional Student Welfare Center for material support
- District doctor for the provision of supplies and capacity building
- School board, in a “moral guiding” capacity
- E2A for program coordination

---

16 The project needs to recruit a regional coordinator whose tasks will be defined. The chairmanship and reporting must alternate between the different committee members.
## The ability of stakeholders to implement the project

- Leaders have considerable experience in youth mobilization
- The focal points are the technical health specialists and Regional Public Health Departments that can supply clinics
- Service providers in the clinics are permanent staff
- University and Regional Student Welfare Center officials/advisory support and activity authorization

## Capacity building types necessary for the implementation

- Training in health of adolescents and young people, FP, HIV and the youth approach
- Contraceptive technique training
- Syndromic management of STIs training

## Overview of the fourth group work session: Technical support and supervision (the support team)

The fourth group work session examined the potential “support team” at the three pilot sites; that is, the stakeholders who seek to promote and facilitate the wider use of the innovation. More specifically, the groups discussed the stakeholders who would provide technical support, promote, and supervise pilot projects. They have also discussed related initiatives at the intervention sites that could facilitate the introduction of the ULC Project.

- Current skills of the committee
- Health of adolescents and young people
- Human resources
- Monitoring & evaluation

Training in:
- The youth approach
- Syndromic management of STIs/HIV/AIDS, reproductive health
- Community life
- Data-collection tools for information about the health of adolescents and young people
<table>
<thead>
<tr>
<th>Stakeholders that can provide technical support to projects</th>
<th>Tahoua</th>
<th>Maradi</th>
<th>Zinder</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Focal points - Regional Public Health/RH Departments</td>
<td>• Youth friendly comprehensive health services</td>
<td>• Ministry of Higher Education, Research and Innovation, MPH, E2A, technical and financial partners</td>
<td></td>
</tr>
<tr>
<td>• Regional Student Welfare Center</td>
<td>• Maradi City health district team</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• AgirPF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Related initiatives that would facilitate the introduction of ULC for testing</th>
<th>Tahoua</th>
<th>Maradi</th>
<th>Zinder</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Existence of a space that is ideal for student meetings</td>
<td>• UENUM</td>
<td>• The existing link between the students of the Zinder University and the ULC Project</td>
<td></td>
</tr>
<tr>
<td>• Existence of NGOs and projects (CONCERN, MPDL, UNFPA, MDM, Movement for Peace) involved in RH, fight against STI/HIV/AIDS</td>
<td>• Representatives a of the University and Colleges Health Team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Outreach awareness-raising campaigns</td>
<td>• Students' association for the fight against AIDS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervision methods of pilot projects</th>
<th>Tahoua</th>
<th>Maradi</th>
<th>Zinder</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 2 levels of supervision (supervision guide development)</td>
<td>• Peer supervisors: close supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Central level: the Niamey Committee for the regional level</td>
<td>• The manager of the university clinic: once a week targeted supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Regional level: Regional Committee for the university level</td>
<td>• Maradi City district team representative: once a month</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stakeholders involved in supervision</th>
<th>Tahoua</th>
<th>Maradi</th>
<th>Zinder</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Peer educator</td>
<td>• Nurse Regional Student Welfare Center</td>
<td>• Service provider</td>
<td></td>
</tr>
<tr>
<td>• Nurse Regional Student Welfare Center</td>
<td>• Chief medical officer</td>
<td>• Health district</td>
<td></td>
</tr>
<tr>
<td>• Chief medical officer</td>
<td></td>
<td>• E2A coordinator</td>
<td></td>
</tr>
</tbody>
</table>
### Overview of the fifth group work session: Monitoring-evaluation and process documentation of the ULC project piloting

For the fifth group work session, the participants discussed the monitoring, evaluation, and documentation of pilot projects.

<table>
<thead>
<tr>
<th>Tahoua</th>
<th>Maradi</th>
<th>Zinder</th>
</tr>
</thead>
</table>
| **Data to be collected** | • Monitoring of planned activities (recruitment, training, planning, availability of services offered, the differences between forecasts and actuals)  
• Documentation: data collection and processing relevant to implementation  
• Assessment: monitoring data and documentation | **For monitoring:**  
• Number of activities (conferences, talks, film screenings) taking place each month  
• Number people benefiting from awareness-raising activities each month  
• Number of service users  
• Main diseases that are managed  
• Client details (age, marital status, sex) | **For monitoring:**  
• Number of peer educators trained  
• Number of committee meetings  
• Number of referrals  
• Number of activities carried out (“Pathways to Change”, event records, REACH, conferences...)  
• Session workbooks  
• Supervision grid |
| **For process documentation:**  
• Quick client satisfaction survey: interview, questionnaires...  
• Availability of supplies  
• Staff and service availability | **For documentation:**  
• Implementation data, interviews, monthly implementation report | **For evaluation**  
• Compare the expected results/objectives against outcomes |
| **For evaluation**  
• Comparison of service usage rates before and after the project  
• KAP survey carried out at the beginning and end of project | | |
| **Stakeholders involved in data collection** | • Stakeholders  
• Project consultant and coordinators | • Peer supervisors  
• Healthcare workers  
• Investigator  
• Mystery client | • Peer educators, supervisors |
| **Stakeholders involved in data analysis** | • Project consultant and coordinators | • Evaluation point person | • Project manager |
RECOMMENDATIONS FOR SCALE-UP

The overview of the proposals put forward for activity planning was split into two parts:

Recommendations for strengthening the ULC Project in Niamey

1. Continue to focus on the collection and analysis of qualitative and quantitative data to maintain the credibility of preliminary results

2. Disseminate the results to stakeholders within agreed timeframes

3. **Strengthen peer education:**
   - Avoid recruiting students who are at the end of the cycle
   - Find motivation mechanisms to support volunteers
   - Increase the outreach of peer educators
   - Organize annual refresher training

4. **Strengthen service provision:**
   - Continue FP/RH services provided by permanent staff at the University Health Center outside of the midwife’s consultation hours
   - Ensure that the University Health Centers share data with the Health District
   - Organize a refresher workshop for the health workers on the subject of youth approach

5. **Revitalize the co-management committee:**
   - Review the institutional anchoring of the co-management committee (at the local level)
   - Follow specifications
   - Rotate the chairmanship at each meeting
   - Appoint representatives in case of absence

Recommendations for piloting the ULC Project in the three regions

1. **Peer education:**
   - Train peer educators in AYSRH and behavior-change techniques (relying on existing associations).
   - Introduce a simplified activity package, namely “Pathways to Change” sessions, talks-debates/conferences and film screenings (including REACH films produced by the ULC Project). The phases of the REACH methodology will not be integrated; as conveyed by the experience in Niamey, they require more time and more in-depth expertise in behavior change than “Pathways to Change.” Given the short duration of the pilot phase, the participants concluded that “Pathways to Change” would be sufficient.
   - Ensure weekly supervision by the head of the clinic.
2. **Service provision:**
   - Train health workers in AYSRH and contraceptive technology (AgirPF technical support in Maradi) to improve service quality.
   - Provide University Health Centers with supplies (condoms, pills, other).
   - Increase referrals for injections and long-acting reversible contraceptive methods.
   - Ensure monthly supervision by the Health District, Regional Public Health Departments, and E2A.

3. **Joint Management Committee:**
   - Composition: ensure stakeholder diversity (health of adolescents and young people/Regional Public Health Departments, Chief District Medical Officer, School Board, Regional Student Welfare Center, head of the clinic, students).
   - Hold monthly meetings.
   - Appoint representatives in case of absences.
   - Establish a forum for decision-making.
   - Present the results of the monthly supervision to the Joint Management Committee at its meetings.
   - Organize one supervision visit at the central level.

4. **Coordination, monitoring & evaluation:**
   - Recruit regional coordinators (E2A).
   - Conduct a quick baseline survey (quick survey and baseline data about the services).
   - Ensure the routine collection of quantitative and qualitative data.
   - Continue implementation process documentation.

**CONCLUSION**

This workshop provided a framework that allowed the stakeholders to hold discussions and make decisions about the future of the project. Overall, it seems the participants were very satisfied as they had the opportunity to work on issues surrounding the health of adolescents and young people. For some, this was the beginning of a commitment to execute next steps of piloting innovation. The recommendations made in this workshop will be considered for the design and pilot phase in the three target regions. The E2A Project will incorporate the recommendations into actions to increase the quality and sustainability of the ULC approach in Niamey as well. The results of the workshop were the subject of a seminar and thorough discussion at the ULC co-management committee meeting 22 December 2015 at the MPH Division for Health of Adolescents and Young People. The recommendations of the reflection workshop were taken into account in the planning of future activities.
## APPENDIX 1: WORKSHOP AGENDA

### Day 1: 16 December 2015
**Rapporteurs: 1. MPH and 2. MHERI**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8h00 to 8h30</td>
<td>Welcome and participants arrangement</td>
</tr>
<tr>
<td>8h30 to 9h00</td>
<td>Official opening</td>
</tr>
<tr>
<td>9h00 to 9h15</td>
<td>Presentation of the workshop objectives and timetable</td>
</tr>
<tr>
<td>9h15 to 9h20</td>
<td>Administrative questions</td>
</tr>
<tr>
<td>9h20 to 9h30</td>
<td>Presentation of the participants</td>
</tr>
<tr>
<td>9h30 to 10h30</td>
<td><strong>Presentation of the systematic approaches to scaling-up</strong> <em>(ExpandNet/WHO)</em></td>
</tr>
<tr>
<td></td>
<td>• Questions and discussion</td>
</tr>
<tr>
<td>10h30 to 11h00</td>
<td>Coffee break</td>
</tr>
<tr>
<td>11h00 to 11h30</td>
<td><strong>Presentation on the role of process documentation in scaling-up</strong></td>
</tr>
<tr>
<td></td>
<td>• Questions and discussion</td>
</tr>
<tr>
<td>11h30 to 12h00</td>
<td><strong>Presentation: Overview of the University Leadership for Change in SRH (ULC) Project</strong></td>
</tr>
<tr>
<td>12h00 to 13h00</td>
<td><strong>Presentation on the ULC process documentation</strong></td>
</tr>
<tr>
<td></td>
<td>• Questions and discussion</td>
</tr>
<tr>
<td>13h00 to 14h00</td>
<td>Lunch break</td>
</tr>
<tr>
<td>14h00 to 14h30</td>
<td><strong>Screening of “Binta’s Dilemma”</strong></td>
</tr>
<tr>
<td></td>
<td>• Questions and discussion</td>
</tr>
<tr>
<td>14h30 to 15h30</td>
<td><strong>1st group work session: “CORRECT” Analysis</strong></td>
</tr>
<tr>
<td></td>
<td>• How innovation is defined in the ULC project framework and how are the seven criteria of the “CORRECT” analysis applied to it (based on process documentation)?</td>
</tr>
<tr>
<td>15h30 to 16h00</td>
<td>Break</td>
</tr>
<tr>
<td>16h00 to 17h00</td>
<td><strong>Return from the 1st group work session: “CORRECT” Analysis</strong></td>
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<tr>
<td></td>
<td>• Discussion about group presentations</td>
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<td></td>
<td>• Discussion about expectations of the potential ULC project scale-up</td>
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<tr>
<td>17h00</td>
<td>End of the day</td>
</tr>
</tbody>
</table>

### Day 2: 17 December 2015
**Rapporteurs: 1. MPH and 2. MHERI**
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8h30 to 9h00</td>
<td>Recap of day 1 and presentation of timetable for day 2</td>
</tr>
<tr>
<td>9h00 to 9h30</td>
<td><strong>Presentation on the concept of pilot projects in other campuses:</strong></td>
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<tr>
<td></td>
<td>• Timeframe planned for pilot projects (January to April 2016)</td>
</tr>
<tr>
<td>9h30 to 10h30</td>
<td><strong>2nd group work session: Define “innovation”</strong></td>
</tr>
<tr>
<td></td>
<td>• Which intervention package should we test in other sites?</td>
</tr>
<tr>
<td></td>
<td>• How can we keep the interventions as simple as possible without compromising the results?</td>
</tr>
<tr>
<td></td>
<td>• Plenary</td>
</tr>
<tr>
<td>10h30 to 11h00</td>
<td>Coffee break</td>
</tr>
<tr>
<td>11h00 to 12h00</td>
<td><strong>3rd group work session: Context in the pilot sites</strong></td>
</tr>
<tr>
<td></td>
<td>• Which stakeholders will be responsible for implementing pilot projects at different sites?</td>
</tr>
<tr>
<td></td>
<td>• What is the capacity of these stakeholders to implement the pilot projects?</td>
</tr>
<tr>
<td></td>
<td>• What time of capacity building will be required?</td>
</tr>
<tr>
<td></td>
<td>• What aspects of the context in the pilot sites could facilitate or impede the implementation of pilot projects?</td>
</tr>
<tr>
<td>12h00 to 13h00</td>
<td>Groups return from the 3rd group work session</td>
</tr>
<tr>
<td>13h00 to 14h00</td>
<td>Lunch break</td>
</tr>
<tr>
<td>14h00 to 14h45</td>
<td><strong>4th group work session: Technical support and supervision (the support team)</strong></td>
</tr>
<tr>
<td></td>
<td>• How will the pilot projects be supervised? Who will be responsible for their supervision?</td>
</tr>
<tr>
<td></td>
<td>• Who will be responsible for providing technical support to pilot projects?</td>
</tr>
<tr>
<td></td>
<td>• Plenary</td>
</tr>
<tr>
<td>14h45 to 15h30</td>
<td><strong>5th group work session: monitoring and evaluation</strong></td>
</tr>
<tr>
<td></td>
<td>• What monitoring, evaluation and documentation will be in place?</td>
</tr>
<tr>
<td></td>
<td>• Who will be responsible for the monitoring, evaluation and documentation of the pilot projects?</td>
</tr>
<tr>
<td></td>
<td>• Plenary</td>
</tr>
<tr>
<td>15h30 to 16h00</td>
<td>Break</td>
</tr>
<tr>
<td>16h00 to 17h00</td>
<td>Plenary discussion: reaching a consensus on the next steps for the planning of pilot projects</td>
</tr>
<tr>
<td>17h00 to 17h30</td>
<td>Closing activities</td>
</tr>
</tbody>
</table>
APPENDIX 2: TECHNICAL PRESENTATIONS

1. Presentation of the systematic approaches to scaling-up (ExpandNet/WHO), Katie Chau, E2A seat
2. Presentation on the role of process documentation in scaling-up, Ousseini Abdoulaye, E2A Niger
3. Presentation: Overview of University Leadership for the Change in SRH (ULC) Project, Ousseini Abdoulaye, E2A Niger
4. Presentation on the preliminary results of the process documentation of the ULC project
APPENDIX 3: TERMS OF REFERENCE FOR GROUP WORK SESSIONS

Group work objectives:

1. Discuss the factors that could facilitate the potential scale-up of the ULC project.
2. Make recommendations for the implementation of pilot projects in Maradi, Tahoua, and Zinder.

Execution:

The participants will be divided into three working groups:

a. Group 1: Maradi
b. Group 2: Tahoua
c. Group 3: Zinder

The participants from Niamey and from central-level institutions will be invited to divide themselves into the three groups to provide suggestions based on the ULC project experience in Niamey. Each group will appoint a chairman and rapporteur. An E2A facilitator will be present in each group. A PowerPoint template will be provided to the groups to prepare a presentation on their discussions. The group work questions are listed below.

2nd GROUP WORK SESSION: DEFINE “INNOVATION”

1. Which ULC intervention package should be piloted in other sites?
   a. For component 1: peer education
   b. For component 2: strengthening of access to and quality of SRH/FP services in clinics
   c. For component 3: co-management committee
2. How can we keep all the interventions as simple as possible without compromising the results?

3rd GROUP WORK SESSION: CONTEXT IN THE PILOT SITES

1. What aspects of the context (socio-cultural, institutional, etc.) in your site can facilitate or impede the implementation of pilot projects?
2. Which stakeholders should be responsible for the implementation of pilot projects on your site?
3. What is the capacity of these stakeholders to implement the pilot project?
   a. With regards to technical skills in sexual and reproductive health of adolescents and youth and FP, logistics, infrastructure and equipment, human resources, monitoring and evaluation?
   b. What types of capacity building are needed to facilitate the pilot project implementation by the stakeholders identified?
4TH GROUP WORK SESSION: TECHNICAL SUPPORT AND SUPERVISION (THE SUPPORT TEAM)

1. Which stakeholders should be involved in the provision of technical support to pilot projects?

2. Are there existing initiatives in place that are related and could facilitate the introduction of the ULC project in your university?

3. How should the pilot projects be supervised?
   a. Who should be involved in overseeing the various components of the pilot projects (component 1, component 2, and component 3)?

5TH GROUP WORK SESSION: MONITORING AND EVALUATION

4. What data should be collected as part of the monitoring, documentation and evaluation strategy of pilot projects:
   a. For monitoring
   b. For process documentation
   c. For evaluation

5. Who should be involved in the monitoring, evaluation and documentation of pilot projects (what structures and which individuals)?
   a. For data collection
   b. For data analysis