

Pioneering Tools for Adapting Family Planning and Reproductive Health Interventions in Complex, Dynamic Environments

From 2014 to 2016, the Evidence to Action (E2A) Project implemented the University Leadership for Change (ULC)¹ initiative to promote youth leadership and strengthen university-offered health services to meet students' needs for family planning (FP) and reproductive health (RH) in Niger. Piloted at Abdou Moumouni University (AMU) in Niamey, ULC was then scaled-up to universities in Zinder, Maradi, and Tahoua.

In 2015, E2A, together with government and university stakeholders, decided to adapt and scale up the ULC approach to a rural, community-based setting—to reach young people outside of university settings. This adaptation became known as the Community Leadership for Change (CLC) initiative, implemented from 2017 to 2019, as part of the Resilience in Sahel Enhanced-Family Planning (RISE-FP) Project. The CLC initiative facilitated young people's discussions about health-related issues with their peers to promote service utilization and contraceptive uptake.

For E2A and its partners about to embark on CLC, the adaptation posed several questions:

- How can the project systematically identify needs for adaptation?
- What are the best ways to implement these adaptations?
- How will the project monitor the changes?

To answer these questions and help the project team approach and document the adaptation, E2A, with partner Syntegral, produced a set of tools: (1) Context of Implementation and Adaptation Analysis (COIA) and (2) Frontline Aggregated Monitoring and Evaluation (FrAME).

¹ Katie Chau, Regina Benevides, and Ousseini Abdoulaye, *University Leadership for Change in Sexual and Reproductive Health in Niger: Project Report* (Washington, DC: Evidence to Action Project/Pathfinder International, March 2017).



UNIVERSITY LEADERSHIP FOR CHANGE IN NIAMEY

GOAL

To promote student leadership and strengthen university health system to address the FP/RH needs of students.

OBJECTIVES

- Build the capacity of students to become agents of change.
- Build the capacity of providers to increase access to quality adolescent and youth reproductive health (AYRH) services.
- Establish a co-management committee to review progress and ensure sustainability.

RESULTS

- The project integrated AMU's health center with local health district, supervisory system, and regional RH/FP supplies procurement system;
- Ensured the following contraceptives at the university: condoms, oral contraceptives, injectables, and IUDs; and
- Created a student-led organization to address turnover in peer leaders.

WHY ADAPTATION?

Unlike the urban environment of the ULC initiative, the Zinder region faces a range of environmental challenges, including deforestation and desertification, which pose significant health risks. Zinder's high population growth rate and declining child mortality rate indicate greater demand for natural resources, which exerts increased pressure on both the environment and people's livelihoods. Additionally, fertility rates in Zinder are the highest in the country, while literacy rates and educational opportunities remain low. By ensuring access to family planning and promoting the healthy timing and spacing of pregnancies, couples are empowered to choose when to have children, which will help ease pressure on natural resources. To increase demand for FP/RH services among youth, the RISE-FP project proposed an adaptation of the ULC approach to the community setting, thus creating and training a cadre of youth leaders in rural communities.

Since January 2017, RISE-FP, implemented by E2A/Pathfinder Niger, has increased demand for and access to FP services across 80 communities in Zinder by engaging local leaders and building the capacity of health providers. RISE-FP specifically targets barriers to the delivery of essential services to women and youth. Adapting the ULC approach represented an opportunity to reach more young people.

To tailor a successful project to a very different context, E2A and Syntegral proposed an approach based on adaptive management, which adds flexibility to projects and plans to accommodate complex and changing environments. Adaptive management often requires real-time monitoring techniques—to better anticipate and manage uncertainty in complex systems and adjust activities accordingly. This structured approach to the adaptation of an innovation from one setting to another stems from adaptive capacity, or an implementer's ability to translate knowledge and critical thinking about complexity and adaptation into effective behavior at every level of a project—including among staff on the frontline.

To aid in the process of adapting the ULC intervention to community settings, E2A and Syntegral produced and employed two tools: the Context of Implementation and Adaptation (COIA) analysis and the Frontline Aggregated Monitoring and Evaluation (FrAME) tool.

WHAT ARE THE TOOLS?

CONTEXT OF IMPLEMENTATION AND ADAPTATION (COIA) ANALYSIS

COIA is a structured approach to gathering data from key stakeholders and analyzing the context of an activity or practice in preparation for adaptation. COIA systematizes adaptation; a COIA exercise should identify the elements of the original context that influenced the effectiveness of a practice or activity. When thinking of adaptation for scale-up, COIA analysis helps program designers systematically compare the original context with the target context—and make adjustments according to their findings. *COIA analyses are generally performed in three stages:*

STAGE I: The implementer conducts focus group discussions (FGDs) with key stakeholders according to the Syntegral guide that features questions from each of the three dimensions of complexity: landscape, temporal, and interpretive. Landscape questions relate to available stakeholders and resources, constraints, organization, and staff capacity. Temporal questions relate to the length of the project, the workplanning process, and how the implementation has changed over time. Interpretive questions relate to different stakeholders' understanding of the project, the openness of implementors to differing viewpoints and changes in the project, and unanticipated consequences and challenges of the project. Key observations from the FGDs may merit further investigation, which can then be conducted through key informant interviews covering a subset of critical points. The project team codes the responses according to themes that emerged over the course of the discussions and compiles an adaptation summary. The adaptation summary highlights stakeholder perceptions of the elements that influenced the effectiveness of the original intervention and might lead to recommendations for further adaptation.

STAGE II: The adaptation summary is then shared with the rest of the team for internal validation.

STAGE III: The team shares the internal validation results with other stakeholders, such as members of the target population, government officials, facility administrators, and local leaders—to gain external validation. In cases where there is disagreement between internal and external stakeholders, consensus is reached through facilitated dialogue.

The LTI Lens for Analysis of Complexity

The unique, unpredictable, and dynamic nature of program implementation drives adaptation. The LTI (landscape, temporal, and interpretive) lens helps identify areas of complexity by highlighting these three dimensions:

1 LANDSCAPE

Interventions are made up of many variables: budget, local epidemiology, staffing, community preparedness, indicators, infrastructure, donor requirements, procedures, etc.

2 TEMPORAL

All variables in an implementation landscape mature (or otherwise evolve) over time.

3 INTERPRETIVE

Each observer and implementer understands the intervention differently; prior experience, stakes, and motives shape individual interpretation.

COIA and FrAME tools were produced in partnership with Syntegral, who fosters and supports the ability of donor and government agencies, implementing organizations, educators, and frontline workers to maximize program impact and scale by strengthening capacity for program adaptation in response to the real-world complexities of implementation. More information available at syntegral.org

FRONTLINE AGGREGATED MONITORING AND EVALUATION (FrAME)

To understand the success of the ULC adaptation and scale up to a new environment, E2A needed to develop a new strategy for effectively monitoring and managing the intervention. The resulting approach was the Frontline Aggregated Monitoring and Evaluation (FrAME) tool, which sends automated calls to frontline workers on a regular basis to assess their perceptions of the project. These frontline workers may include community health workers, primary providers, or, in this case, youth peer leaders. Automated voice calls ask frontline workers to report if they “strongly agree,” “agree,” “disagree,” or “strongly disagree” with statements like “I think I and other youth leaders are receiving the supervision we need.” FrAME enables project staff to solicit feedback from frontline workers to assess the quality of a programmatic activity and to adapt to shifts in context over time. Thus, FrAME can simultaneously tap a project’s most sensitive source of adaptation data—its frontline implementers—and use information from those workers to make informed decisions that will permit more effective programming.

The automated FrAME system quickly aggregates responses and depicts them in simple line graphs that can be used to guide discussions in supervisory meetings. These FrAME responses enable collective interpretation of results, thereby strengthening the adaptive capacity of youth leaders and their supervisors, and facilitating timely adaptation. The supervisory meetings also serve as an opportunity to introduce and discuss any other contextual issues that can influence the project’s performance and implementation (e.g., security concerns or climactic events). The project created a dashboard to collect and code the different issues identified through the calls as local (specific to one worker or one locality) or global (common to several catchment areas). Supervisors could then assign responsibilities to resolve the implementation issues raised.

HOW DID IT ALL WORK?

Before the project began, E2A and Syntegral led a COIA with ULC students to discuss the implementation of the ULC initiative and the elements that led to success—or presented obstacles. Through these discussions and the development of a COIA adaptation summary, several key ideas emerged to aid the adaptation of the project to a rural setting. Because rural Zinder lacks the structure and services typically found in an academic environment with high literacy rates, ULC required several adaptations to better suit rural settings with significantly lower literacy rates. These included: (1) the training of ULC students from the University of Zinder to supervise community youth leaders, which would expand the ULC students’ experience in both leadership and supervision, and (2) the development of a “buddy system” to ensure that literate peers were nearby to help take notes and facilitate data collection, as low-literacy youth facilitated activities.

E2A selected and trained young people in rural communities to serve as youth leaders. This included two young people (one male and one female) between the ages of 15 and 24 in each of the 80 RISE-FP intervention villages. With the ULC student supervisors, the project trained them in the following: FP/RH, including contraceptive methods, healthy timing and spacing of pregnancy, and referrals; behavior change, through the Pathways to Change² game; and peer

Prompts used in the RISE FrAME tool

1. I think young people are responding enthusiastically to project activities.
2. I think my RISE colleagues are doing their job correctly.
3. I think RISE colleagues are receiving the supervision they need.
4. I think sexual and reproductive health information is understood by the people I speak with.
5. I think nutrition information is understood by the people I speak with.
6. I think I have been given enough resources to do my RISE activities well.
7. I have enough available time to do my RISE activities.
8. I think my colleagues and I are doing a good job of giving equal time to both sexual and reproductive health and nutrition; we do not spend more time on one topic over the other.
9. I think the specific activities my colleagues and I are doing are needed in my village.
10. I feel I have the support of my community when I do RISE activities.

leadership, including how young people can be agents of change and help engage and collaborate with other community leaders. These youth leaders led regular behavior change activities with their peers in the villages to identify barriers and facilitators to acceptance and use of FP/RH services. The youth leaders, with their communities, then chose one significant barrier for their community to address through the development and implementation of a youth-led community action plan to facilitate behavior change. Youth leaders were also expected to coordinate with other RISE community agents in their areas. This included referring young people to community-based distributors for FP counseling and methods, as well as helping them mobilize communities for mobile outreaches and community dialogues. The youth leaders were provided with cell phones and, through a contract with telecommunications provider Orange, received automated weekly FrAME calls asking them to respond to 10 simple prompts in local language about their perceptions of the program. ULC supervisors traveled to the rural communities to facilitate quarterly supervisory meetings, using the FrAME results to guide discussions.

At the end of the project, the team held another COIA with both ULC supervisors and community youth leaders to assess their perceptions on program implementation. ULC supervisors and community youth leaders reported increased social linkages between the groups, which helped community youth leaders make sense of project performance and facilitate peer engagement in behavior-change thinking. Community youth leaders, in particular, felt they benefited from this engagement; they reported feeling as though they had the potential to be good leaders. Both ULC supervisors and community youth leaders expressed interest in having more responsibility. In fact, community youth leaders felt they could have benefited from working more with influential local leaders and

² More information on the Pathfinder Pathways to Change game available at pathfinder.org/pathways-to-change

moving into adjacent content areas, such as provision of clean water. The supervisors reported they played less of a decision-making role as supervisors than they had expected.

This intervention—in conjunction with broader RISE efforts—resulted in an increase in uptake in contraceptive use among young people. From July 2017 to March 2018, prior to the training of youth community leaders, 3,877 young people (under 24 years) accepted family planning methods for the first time through facility and mobile outreaches in the areas where RISE-FP supported both community-based and facility-based activities. Following the ULC training in April 2018, over the same nine-month time period (April-December 2018), 5,048 young people accepted FP methods for the first time, representing a 30% increase. An additional 657 young people accepted methods for the first time from January to June 2019.

WHAT DID WE LEARN?

The tools and methodologies developed for the CLC initiative are accessible to low-literacy populations and are therefore good candidates for further scale-up in other rural parts of Niger. However, both tools can be resource-intensive and require extensive training and financial, material, and human resources from program teams to ensure successful execution and provide useful information. They represent approaches to adaptive management that, with some revision and specification to context, could be highly beneficial.

COIA's principal contribution is its systematic approach to adaptation, which requires implementers to think through the adaptation process as an innovation is scaled up from one setting to another. However, in its current form, the dimensions of COIA analysis are difficult to implement with limited staff, resources, and training. COIA requires a sophisticated understanding of program design, adaptation, and implementation. Many of the young people were confused by the process, and implementers needed additional training to elicit useful data from the focus groups. The tool may be more useful for high-level programmatic thinkers and designers.

FrAME is a promising tool to rapidly monitor frontline implementers' perceptions, particularly in settings where regular in-person supervision is difficult or infeasible. The young people appreciated having a forum to discuss challenges prompted by the FrAME calls, which led the young people to consider and discuss related issues, resulting in richer discussion. For instance, about two-thirds of the way through the project, FrAME calls showed that the youth leaders generally reported lower satisfaction with the program, program outcomes, and reception at the community level, and the support they were receiving. In FrAME meetings this was attributed to a set of external events, including community youth realizing there was no payment for participating, some backlash generated by community members who were opposed to youth FP activities, and the onset of growing season—which meant many people were in the fields all day,

so activities were held at night when people were tired. Important contextual information from frontline implementers emerged that otherwise may not have surfaced, such as the number of young people who were leaving their villages to look for work in more urban areas, leaving a smaller target population in the intervention sites. However, the facilitation of review sessions required in-person meetings that carried a large financial and logistical burden and were therefore implemented inconsistently. This meant youth leaders provided feedback through FrAME calls much more frequently than they attended supervisory meetings, and challenges were reported more often than they were discussed or resolved. Aligning FrAME calls and feedback sessions would help youth leaders and supervisors to track and address challenges more promptly to monitor adaptive management approaches in real time.

WHAT'S NEXT?

The demonstrated ability to modify activities to accommodate the realities of differing contexts is the essence of resilience. With further, thoughtful adaptations, this suite of tools can meet the needs of program designers and implementers. The following recommendations may be useful for future implementers:

1. Continue to adapt COIA for program design: COIA may be better adapted to high-level programmatic thinkers. A re-designed COIA—with more accessible and tangible dimensions—could be valuable. Potential dimensions worth examining include differences in FP/RH profiles of pilot-site and scale-up-site populations, socio-economic and cultural profiles, and expected outcomes. An accompanying training guide for implementers would also facilitate further adaptation and implementation.

2. Modify the FrAME questions to ensure they are responsive to the implementation and management needs of a specific project: The frequency of FrAME calls should be aligned to supervisory visits or review meetings, so information frontline workers are asked to provide can be acted upon to improve project implementation. Additionally, FrAME calls could be adapted to collect qualitative information. For example: allow frontline workers to leave messages and enter information about contextual factors that may affect the project's performance, such as issues of security, climatic events, or questions raised by community members.

Adaptation is a significant, if often overlooked, component of scale-up. The COIA and FrAME tools help implementers systematically think through, implement, and monitor adaptation—to ensure interventions are contextually appropriate. By continuing to iterate and adapt these tools, implementers can quickly and systematically address perceptions and feedback from frontline workers to adapt to changing environments and better address communities' needs.

