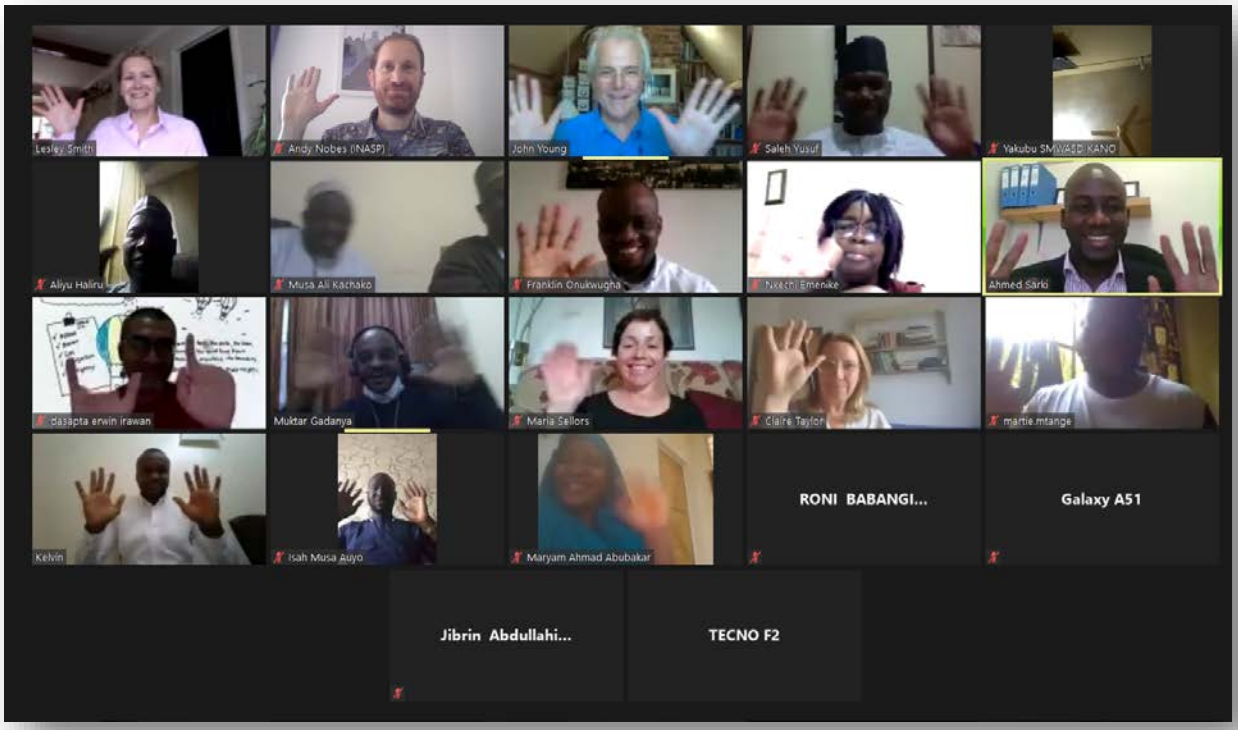
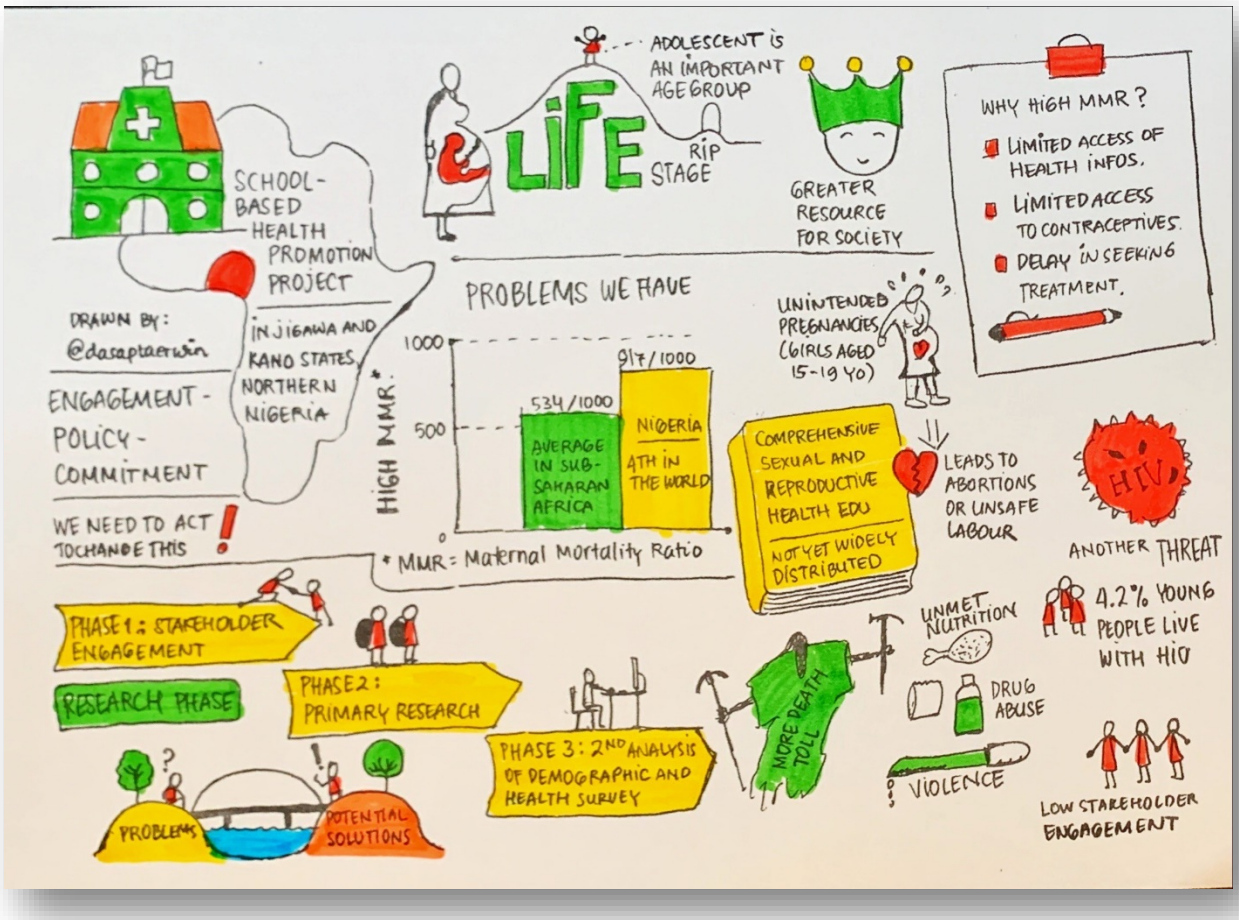
School-based Health Promotion Project in Jigawa and Kano States, Northern Nigeria. Workshops August 2020





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Background

The School-based Health Promotion project (SHP), which has been piloted in Jigawa and Kano states 2018-2019, is a collaborative endeavour between the Family and Youth Health Initiative (FAYOHI, a public health non-governmental organization operating in Northern Nigeria) and Professor Lesley Smith (Professor of Women's Public Health) based at the University of Hull, UK.

The overall aim of the SHP is to understand health awareness, beliefs and behaviours of adolescents attending secondary schools in Jigawa and Kano States, Nigeria with a view to co-produce a culturally sensitive health literacy / health promotion intervention for adolescents in Jigawa and Kano States that could be scaled-up to other states within Northern Nigeria.

The first stage of the project was to conduct research and a draft report of the findings so far was compiled in July 2020 for discussion with stakeholders. The executive summary of that research report is attached to this report as Annex 1.

For the next stage of the work, the International Network for Advancing Science and Policy (INASP), based in Oxford, UK joined the project in mid-2019. INASP's role was particularly to support the development of a longer process of policy engagement and collaborative planning for the next stage of the work during a visit to Kano in April 2020. The COVID-19 crisis made that impossible, and a new online approach to do that was developed.

The new approach included sharing and gathering feedback on the draft report by email, and then two online workshops one week apart to present the findings, discuss what further research and policy work might be necessary, and co-design the next stage of the project.

This new report provides a summary of the two online workshops, held on 6th and 13th August. The cover shows the participants from the first workshop and a picture illustrating the project drawn by one of the participants - Professor Dasapta Erwin Irawan from the Institut Teknologi Bandung, Indonesia.

The purpose and approach for the workshops is described below, followed by the key conclusions. Annexes 2 and 3 contain more detailed information about each workshop, including the programmes, the participants, the presentation slides and the feedback forms and results of other exercises in each workshop. Annex 4 is the results of an after-action review conducted by the project team after the workshop.

Purpose

The purpose of the online workshops was to share the results of the work so far, discuss the implications for the proposed project, and co-produce recommendations for further work. The first workshop, on 6th August, was for researchers, policymakers and legislators from Jigawa and Kano states to share ideas about how to improve the local generation and use of evidence to guide policy-formulation and decision-making particularly with respect to reproductive, maternal, newborn, child, and adolescent health in their states. The second workshop, on 13th August, was for a wider group representing all project stakeholders to review the findings of the research report and the recommendations, and to co-develop the main elements of the next phase of the project.

The general approach

The workshops were conducted using Zoom. They included a combination of plenary and group work. Due to the size of the group in the plenary sessions and the poor internet connectivity,

participants were advised to turn off their cameras, and to ask questions and make comments in the chat channel. The groups for the group work were much smaller and it was possible to talk quite freely. Each group had a facilitator. The facilitators typed the key points made in the group discussions into pre-prepared Google Document forms, which were shared, using the screen-share function during the plenary feedback sessions. We also used Mentimeter to gather suggestions during some of the sessions. A briefing document about the purpose and approach for the workshops was shared with all participants beforehand. The programme for each workshop was as follows:

Workshop 1: Better policies and programmes with better evidence

- Introductions
- An introduction to evidence-informed policy making for researchers and policymakers.
- An outline of what the programme is trying to achieve
- Group work for policymakers and legislators to discuss what sort of evidence they need, and for researchers and practitioners to discuss how they could research the remaining knowledge gaps in the most useful way
- Identifying the key recommendations
- Wrap up and next steps

Workshop 2: Designing the next phase of work

- Introductions
- Presentation 1: the key findings of the project so far and objectives of the next phase
- Group work to review the findings and identify missing elements
- Presentation 2: recommendations on further work and who needs to be involved
- Group work to review this and identify additional work necessary to ensure the project is a success
- Response from the project team

Key findings

Workshop 1: Better policies and programmes with better evidence

Despite a heavy rainstorm in Kano, which took the internet out prior to the planned start of the workshop, 15 senior policymakers, researchers and practitioners joined this workshop, and stayed online despite considerable difficulties. There was broad agreement with the research team's analysis of the situation and general agreement between researchers and policymakers about the constraints to improving adolescent health services. Policymakers emphasized poverty, politics and religion as the fundamental drivers of poor adolescent health. Researchers identified different levels of understanding and different views between practitioners, researchers and policymakers, and among adolescents themselves.

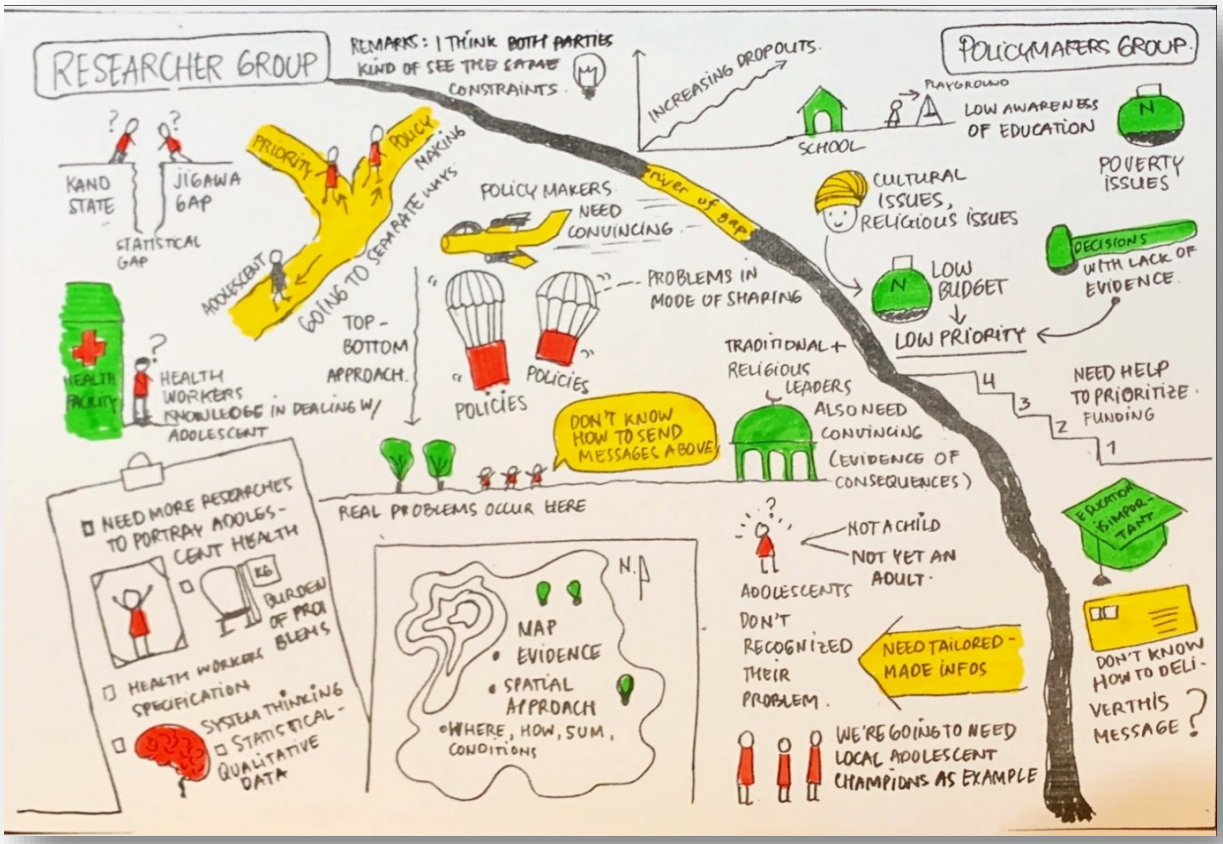
The group discussions revealed that, while researchers seemed to think that policymakers need convincing of the need to invest in this area, the policymakers involved in the workshop were clearly already convinced. However, policymakers recognized the need to convince others to make change happen – not least to ensure budgets are allocated. There was a high degree of alignment between researchers and policymakers on the remaining knowledge gaps:

- More empirical qualitative and quantitative evidence on the scale of the problem.
- A better understanding of the cultural and religious practices that could impede efforts to improve services and health outcomes.

- Both researchers and policymakers were keen to find out more about how a school-based project could share information at community level to benefit adolescents not in schools.

The Mentimeter results confirmed this general alignment, with policymakers wanting (in order of importance: more statistical data (to persuade other policymakers); clinical evidence of the impact of poor adolescent health, and case studies on how good education can improve health outcomes. Researchers wanted more evidence on health service availability and the overall health system; and community-level processes, gatekeepers and how decisions are made.

Dasapta summarized the results of the workshop with this picture:



Workshop 2: Designing the next phase of work

Partly thanks to the better weather, and partly due to the project team's very active encouragement, 30 policymakers, traditional leaders, members of community based organizations (CBOs) and non-government organizations (NGOs), practitioners, researchers, staff from schools, and youth representatives attended the second workshop.

There was a very high degree of support for the key findings of the first report. The results were not surprising, but the policymakers pointed out that the sample size was very small and did not include schools in very diverse environments. The results in rural areas might be very different from those in urban areas. Researchers, practitioners, CBOs and NGOs welcomed "the voice of adolescents", but policymakers feared that opinions may have been shaped by the fact that the interviews took place in schools. They suggested that it would be better to interview adolescents at home. Some participants identified issues where they would like more information, including on the apparent gender difference in drug use.

There was also a high degree of support for the recommended next steps from the first report. However, there was also recognition of the need for more data from more diverse contexts to ensure that the recommended next steps address the right issues in the right places. There was also a need for work on how to engage with and change the attitudes of children - especially those who are not in school. Participants felt that the School-based Health Project should seek to collaborate with other government and non-government programmes working with adolescents in the area and should work more with traditional and religious leaders.

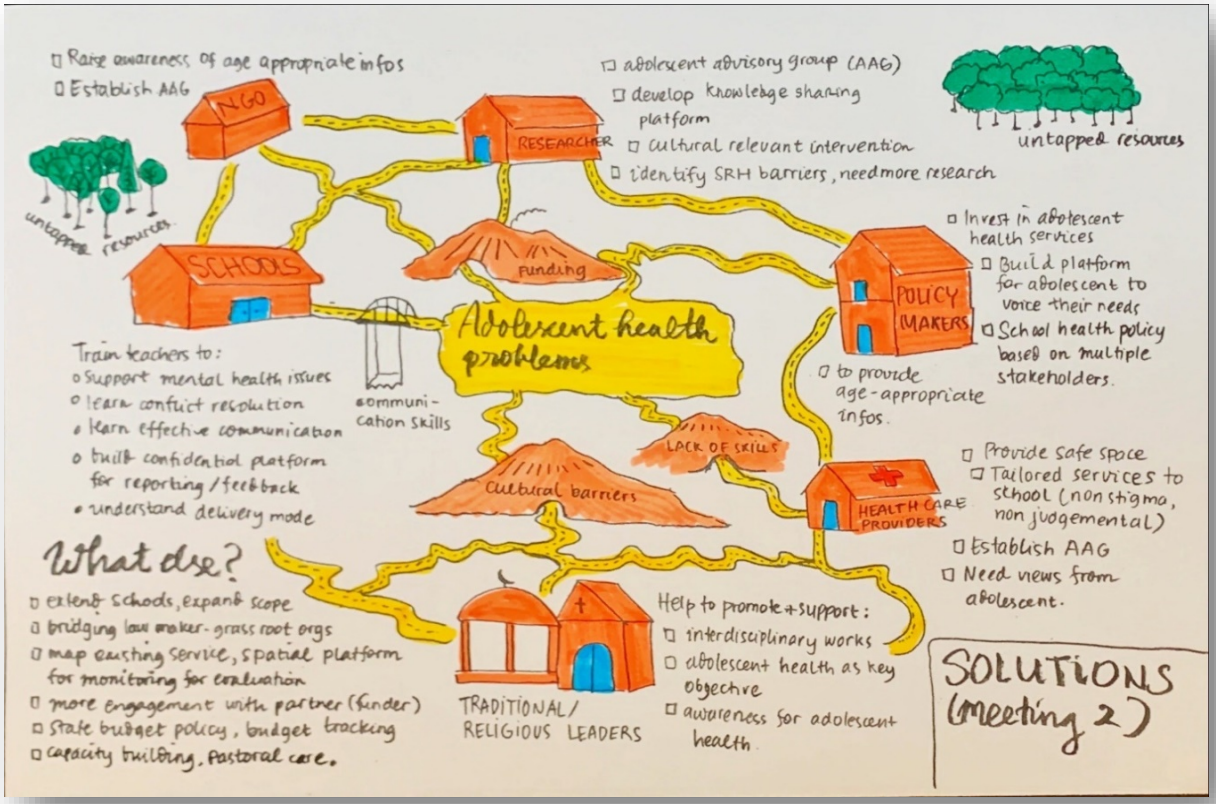
There were many useful suggestions for additional work:

- More research running alongside implementation (as outlined in Workshop 1).
- Extending the research to more schools in urban and rural environments.
- More work on cultural and religious barriers - research, and involvement of religious leaders.
- More involvement of local senior academics in research and in discussions with other stakeholders.
- More "strategic work" at state level to ensure policies and budgets address the issue.
- More practical support e.g. to ensure that menstrual hygiene products are available as well as promoting their use.
- More work on mechanisms to reach adolescents not in school.
- Practical involvement of parents in the project, to ensure the adolescents get support at home.

There were also many useful suggestions on what more needed to be done to ensure the project is effectively managed and successful:

- Establishing "stakeholder group leads" and involving them in project development and management.
- Establishing a clear high-level decision-making system.
- Developing mechanisms to ensure commitment of families and communities to support the results of the outreach programme.
- Close integration with other projects, and a desk review to identify them.
- Vigorous communications and engagement work to ensure everyone knows what is happening.

Dasapta summarized the results of the workshop with another picture:



Overall conclusions and recommendations

These workshops were a bold experiment in whether it is possible to hold meaningful discussions with a wide range of project stakeholders virtually – especially in a relatively remote part of Nigeria with poor internet connectivity and at a time when most senior policymakers and practitioners were busy dealing with the current COVID-19 crisis.

It was surprisingly successful. Many very senior policymakers, traditional leaders, and government and non-government agency staff made the effort to connect and contribute to the discussions. Several have contacted the project team since the workshops to thank them for making the effort to enable them to reflect on the work so far and contribute to designing the next steps.

There is clearly very strong support for further work across all stakeholders. Adolescent sexual health is recognized as a serious health, social and economic constraint on development in the region. Stakeholders see that the project needs to move to the next phase – developing and helping local schools and other stakeholders to deliver better health services for adolescents. However, at the same time, the project team needs to do further basic research in other schools and other areas to ensure the services really meet the needs of local communities, and determine how to ensure the benefits also reach adolescents not in school. It needs to work with and alongside other programmes, establish effective, locally driven, democratic management and coordination including the voices of the adolescents themselves and their parents.

The project team did an after-action-review after the workshops to learn lessons about how this approach to stakeholder engagement could be improved in future.

The team identified many cultural and infrastructural challenges to online workshops in Nigeria:

- Internet connectivity is unreliable – especially when it is raining.
- People do not like to read documents on screen, and email is not a priority means of communication.
- People are used to physically going to meetings, and a flexible timetable to allow social interaction.
- Very few had used Zoom before. Many had difficulty with the user interface.
- Thursdays are particularly busy days for researchers, and many medical and other government staff were very busy with the COVID-19 crisis and could not spare the time. People need time to pray.
- Introductions at the start of meetings in Nigeria is very important. It is essential to leave enough time for this. It is also important to ensure there is enough time for everyone to contribute in the group work.

Recommendations to overcome these in the future included:

- Provide physical copies of reading materials.
- Send out the materials and notify people about the workshop earlier (at least three weeks before) then send reminders weekly and try to visit them in person and encourage them to attend.
- Physically help them to connect – get a few together in one room sharing one connection (although then it is difficult for them to go into different breakout rooms).
- Consider local stakeholders all meeting in one place and international participants joining the meeting virtually.
- Try to start on time, allow plenty of time for each session then stick to time and avoid running into prayer time.
- Make sure there is enough time for proper introductions/ recognition.
- Adjust the programme so that the most important things come first.
- Make sure there is enough time for discussion breakout groups.

Further details of the after-action review are provided in Annex 4.

Annex 1: Summary of the draft research report (31st July 2020)

SCHOOL-BASED HEALTH PROMOTION PROJECT IN JIGAWA AND KANO STATES, NORTHERN NIGERIA

Pictures from the multi-stakeholder research symposium on adolescent health in Kano state in April 2019

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31st JULY 2020

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We also wish to acknowledge the immense contribution of the following individuals: Dr. Abba Umar Zakari (Honourable Commissioner for Health, Jigawa State); Mallam Abdullahi Hudu (Permanent Secretary, Jigawa State Government House); Dr. Yakubu Abbas Yakubu (Permanent Secretary, Jigawa State Ministry of Education); Lauratu Ado Diso (Permanent Secretary, Kano State Ministry of Education and Formerly Director, Government Girls College, Dala); Babangida Roni (Former Director for Nursing Services, Jigawa State Ministry of Health); Hajiya Rakiya H. Ibrahim (Deputy Director Schools, Jigawa State MOEST); Aliyu Taura (JETS Coordinator, STEB).

We are grateful for the guidance of the Kano Emirate Council and the Kano Emirate Council Committee on Health and Human Development (KECCOHD), specifically Dr. Sha'awa M. Sa'id (Chairperson KECCOHD) and Dr. Dayyabu Mahmud.

We recognize the warmth and cooperation of the schools where we collected the data for this study. We specifically acknowledge the Directors, staff and pupils of Science Secondary School Kafin-Hausa and Girls Science Secondary School Taura in Jigawa State; and Government Girls College Dala and Sani Bello Science College Dawakin Kudu, Kano State.

We acknowledge the tremendous insights and continuous support of Dayyabu Yusuf (State Team Leader, Lafiya, UK Support for Health in Nigeria); Professor Zubairi Iliyasu (Professor of Public Health & Biostatistics, Bayero University Kano and Chairman, National Health Research Ethics Committee of Nigeria [NHREC]); Professor Dalha Wada Taura (Professor of Microbiology and Deputy Director, Centre for Advanced Medical Research & Training, Bayero University Kano); Hafiz Abdullahi (Educating Nigerian Girls in New Enterprises [ENGINE2] in Kano State); and Mr. Kelvin Chukwuemeka (Formerly, National Child Protection Consultant – Case Management and Response Services, UNICEF).

We recognize the role of representatives of local Community Based Organizations in Jigawa state specifically Hadiza M. Sunusi (Health Education Initiative for Women [HEIFOW]); Lawan Bako Ahmed (Popular Theater and Health Education Association [POTHE]); Lawan Y. Abdullahi (Village Community Development Initiative [VILDEV]), Nura Hamza Dahiru (VILDEV); Elizabeth Akor (Health Awareness & Rural Girls Education Initiative [HARGEI]); and Murtala Hamza (Godiya Disability Inclusion and Development Initiative [GDID]).

Finally, we thank the data collectors that helped in gathering and collecting the data used for this project.

Background

The School-based Health promotion Project (SHP) which has been piloted in Jigawa and Kano states 2018-2019 is a collaborative endeavour between the Family and Youth Health Initiative (FAYOHI- a public health non-governmental organization operating in Northern Nigeria) and Professor Lesley Smith (Professor of Women's Public Health) based at the University of Hull, UK, and the International Network for Advancing Science and Policy (INASP), based in Oxford, UK.

This report provides an executive summary of the project work to date to inform further discussion about the next steps in a series of workshops in August 2020.

Aims and objectives

The overall aim of the project is to co-develop a culturally sensitive health literacy/health promotion intervention for adolescents in Northern Nigeria. There are two objectives:

- Identify common health challenges of adolescents in Jigawa and Kano states
- Understand health awareness, beliefs and behaviours of adolescents attending secondary schools in the two states

Methods and activities

The project was divided into three phases; the first being extensive engagement of a wide range of stakeholders during November 2018. The stakeholders engaged include representatives from the Jigawa and Kano State Ministries of Health and Education; community-based organizations; traditional leaders; and schoolteachers and pupils to identify the common health issues affecting adolescents in the region.

The second phase in April 2019 was the delivery of the first multi-stakeholder research symposium on adolescent health in Kano state, Nigeria. The symposium was comprised of a panel discussion (graced by traditional leaders from Kano emirate council, representatives of UK-Aid-funded projects, a principal from one of the secondary schools; presentation by early-career researchers from Northern Nigeria; and break-out sessions that entailed capacity building sessions on communicating research evidence, evidence-based healthcare, and how policymakers can utilize locally generated evidence.

The third phase carried out July to August 2019 entailed a cross-sectional questionnaire survey followed by focus group discussions with adolescents aged 16-19 years attending four secondary schools (two each in Jigawa and Kano States). Four schools (two in Jigawa and two in Kano) with 4,781 pupils where identified to participate of which a random sample of 1,079 pupils gave consent and were included in the survey and a subset of 32 pupils participated in the focus groups.

In addition, we analyzed data from the Nigerian Demographic and Health Surveys from 2003-2018 to determine predictors of pregnancy termination among 15-24 year olds. The aim was to increase our understanding of one of the major risk factors for maternal mortality and morbidity in Nigeria. The analysis augmented information on reproductive health that we could not ask the adolescents due to gatekeeper restrictions amid concerns of age appropriateness and cultural sensitivity.

Key findings

Overarching key findings:

- There is a high degree of engagement and support for the project across a wide range of stakeholders.
- There is a consensus on the main health issues facing adolescents in the North West region of Nigeria.
- School pupils demonstrated motivation and knowledge on some health topics, but wanted more autonomy and reliable sources of information.
- There are substantial unmet need for health information and independent advice and support for adolescents.

- There are practical difficulties gathering data from school students due to gatekeepers restricting access and vetoing specific aspects of the approved questionnaire.
- There are multiple inter-related compounding issues including mental health, violence and injury and substance misuse.
- There is strong demand for age-appropriate sexual and reproductive health information and services for adolescents in the region.

From the analysis of the Nigerian Demographic Health Surveys 2003-2018

- Kano (5.8%) and Jigawa (6.8%) were among the top six states in all Nigeria with the highest self-reported pregnancy termination among 15-24-year olds.

From the stakeholder engagement activities and symposium

- Few interventions targeting adolescent health in Jigawa state.
- Drug addiction and substance misuse, poor diet, maternal deaths and illness, rape or sexual violence, poor personal and menstrual hygiene were the main health challenges cited as facing adolescents in Jigawa and Kano states.
- Adolescents are keen on having reliable sources of health information easily accessible to them.
- There is a need for the region (Northerners) to recognize adolescent health and social issues that are important to youths themselves and confront some of the culturally sensitive issues through dialogue and continuous engagement.

From the school pupils survey and focus group discussions

- Cigarette smoking and intention to smoke was low among the study participants.
- Use of prescription drugs without a prescription was reported among more girls than boys - 35.9% of girls versus 13.2% of boys.
- Illicit drugs use such as codeine-based cough syrups and rafinol was reported in boys and girls.
- More girls than boys have been in trouble or missed school due to illicit drug use.
- Rape and STIs are among the major health concerns among adolescents.
- About 13.6% of boys and 12% of girls described themselves as slightly or very overweight and boys were more physically active than girls.
- Anxiety and depression were higher among girls compared to boys. Specifically, prevalence of moderate-severe anxiety was higher in girls (6.8%) than boys (0.8%); and moderate-severe depression (10.3% girls, 0.5% boys).
- Adolescent girls have good knowledge about mensuration and get support mostly from relatives but need support with sanitary materials.
- Adolescents strongly want to have health information provided in school clubs, which would help them to be well informed.

Emerging recommendations for further work

Based on these findings our recommendations for further work with researchers, schools, traditional leaders, health care workers, NGOs and CBOs and policymakers include the following.

With researchers

- To inform development of culturally relevant intervention(s) that target physical, mental and reproductive health for adolescents.
- To identify barriers to facilitating a conversation around sexual and reproductive health in the region.
- To inform the development of information for a platform where adolescents go to find reliable information on health that is confidential.

- Need for multiple agencies to work together – education and health sectors and involve all stakeholders.
- Promote the establishment of an Adolescent Advisory Group (AAG) with a remit to contribute their views to development of adolescent health education curricula and health services provided in schools and in the community.

With schools

- Teachers and school staff need to promote conflict resolution, support students who are victims of violence and abuse.
- Teachers need to be trained to identify pupils with mental health issues, and signpost students to the appropriate support services where available or where they can get help.
- Where possible and appropriate include reproductive health in training or information sharing opportunities for school staff to endure all teachers are up to date with current knowledge.
- Incorporate effective communications training within teacher training courses to ensure that teachers feel comfortable discussing physical, mental and reproductive health issues with pupils.
- Provide a confidential platform for adolescents to give feedback to the school on any issues or concerns they have about their general health or wellbeing.
- Seek the views of adolescents in the design of content and mode of delivery of services.
- Support the establishment of an Adolescent Advisory Group (AAG) with a remit to contribute their views to development of adolescent health education curricula and health services provided in schools and in the community.

With traditional leaders

- Promote and support interdisciplinary working to improve adolescent health.
- Prioritize adolescent health as a key objective for health improvement strategies.

With healthcare providers

- Services in schools and the community need to be tailored to adolescents, so that they are non-stigmatising, non-judgemental, and provide evidence-based information and create a confidential 'safe space' for adolescents to seek advice and support.
- Support the establishment of an Adolescent Advisory Group (AAG).
- Seek the views of adolescents on the design and delivery of youth-friendly services.

With NGOs and CBOs

- Increase awareness of age-appropriate health information and support services that are available in the community through outreach activities in schools.
- Support the establishment of an Adolescent Advisory Group (AAG).
- Seek the views of adolescents on the design and delivery of youth friendly services.

With policymakers

- In line with recommendations from the National Policy on the Health & Development of Adolescents & Young People in Nigeria to ensure that school health policy is implemented and the views of multiple stakeholders is sought on how to do this.
- Invest in work on how to establish and expand adolescent health services.
- Invest in and promote fora for adolescents to voice their health concerns and health needs.
- There is need for a policy that supports and encourages teachers and other relevant. stakeholders to discuss and provide age-appropriate reproductive health information to adolescents without restrictions.

Immediate next steps

The immediate next phase of the work is to share these findings and recommendations with stakeholders to validate and further develop the recommendations into a plan for the next stage of the project – developing and testing a culturally sensitive health literacy/health promotion intervention for adolescents in Jigawa and Kano States that could be scaled-up to other states within Northern Nigeria.

Part of that plan will need to focus on the elements of the intervention itself, but to be sustainable and replicable, part will also need to facilitate continued collaboration between the research team and local stakeholders to ensure it is acceptable and feasible and to learn collectively about what works and what doesn't work and continuously refine the approach through a process of transdisciplinary action research.

Specific activities will include:

- An online MOOC (Massive Open Online Course) to upskill early-career researchers across Northern Nigeria. The aim of the MOOC is to increase capacity for communicating and publishing research findings among early career researchers interested in reproductive, maternal, newborn, child, and adolescent health in the Northern Nigeria.
- A policy-engagement workshop (webinar) for researchers, policymakers and legislators from Jigawa and Kano states to build their capacity on generating and utilizing locally generated evidence to guide policy-formulation and decision-making particularly with respect to reproductive, maternal, newborn, child, and adolescent health in their states.
- An online workshop (webinar) for all project stakeholders to review this research report and the recommendations and co-develop the main elements of the next phase of the project.

Annex 2: Workshop 1 – Better policies and programmes with better evidence (6th August 2020)

Purpose

The purpose of this workshop is to introduce some basic principles about evidence-based policy and practice, encourage advisory group members and others to recognize its value and gather initial ideas about what kind of evidence is needed to ensure that the programme is successful.

Audience

The audience will include Advisory group members plus some other researchers and fieldworkers who have and will be involved in the programme.

Pre-reading:

- For researchers or practitioners: 10 things to know about how to influence policy, and if you would like more detail The ROMA guide to policy engagement and influence
- For policymakers, legislators or traditional leaders: What is evidence informed policymaking?, and if you would like more detail An introduction to evidence-informed policymaking: a practical handbook.

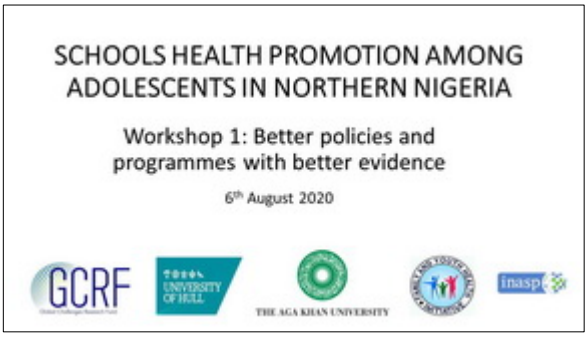
The Programme

10.00-10.10	Introduction to the workshop
10.10-10.20	Brief self-introductions
10.20-10.35	Presentation 1: Introduction to Evidence-informed policy making from both a researcher and policymaker perspective.
10.35-10.40	Q&A
10.40-10.50	Presentation 2: An outline of what the programme is trying to achieve
10.50-11.00	Q&A (using chat channel)
11.00-11.10	*Break*
11.10-11.55	Group work: We will split into two or more groups to consider 3 questions: **Policymakers/legislators:** 1. What are the main constraints to improving adolescent health services? 2. What do you need to know more about to address these constraints? 3. What kind of evidence is most likely to convince people involved in these services to do things differently? **Researchers/practitioners:** 1. What are the main constraints to improving adolescent health services? 2. What evidence do you already have about how to address them, who needs to be convinced and how could you convince them? 3. What are the main knowledge gaps, and how could you research them in a way most likely to be useful?
11.55-12.15	Feedback to plenary.
12.15-12.25	Identifying the key recommendations.
12.25-12.30	Wrap up and next steps

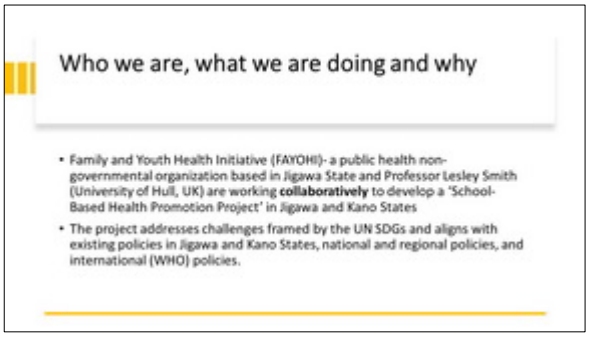
Full list of participants

1. Dr. Umar Bulangu (Director Public Health Jigawa State Ministry of Health).
2. Hauwa Sule Ringim (Director Women Affairs, Jigawa State Ministry of Women Affairs).
3. Ali Halilu Taura (Deputy Director Schools, Jigawa State Technical Education Board).
4. Lawan Garba (Chief Whip and Deputy Chairman Committee of Health, Jigawa State House of Assembly).
5. Dr Kabiru Getso (Commissioner of Health, Kano State).
6. Hon. Comr. Dr Ali Musa Kachako (Committee on health for the Kano state House of Assembly).
7. Usaini Muhammad (Deputy Director Educational Support Services Department. Kano State Ministry of Education).
8. Yakubu Muhammad (Director Research and Statistics Department, Ministry of Women Affairs, Youth and Social Development).
9. Dr. Muktar Gadanya, MBBS, MSc, DLSHTM, MWACP, FMCPH (Member of the Order of the Federal Republic and Head, Department of Public Health, Aminu Kano Teaching Hospital (AKHT) Bayero University Kano (BUK))
10. Dr. Yusuf Saleh, MBBS, MSc (Public Health Trainee, Department of Public Health, AKTH, BUK)
11. Dr. Abdu Adamu, MBBS, MSc, PhD (South African Medical Research Council and Kano State Coordinator/Technical Specialist, SHOPS TB Plus).
12. Kelvin Chukwuemeka, MPH (Formerly National Consultant Child Protection, UNICEF).
13. Dr. Amina, MBBS (Department of Public Health, AKTH, BUK).
14. Ahmed M. Sarki, MPH, PhD, AFHEA (Senior Instructor, School of Nursing and Midwifery, Aga Khan University, Uganda and Founder, Family and Youth Health Initiative (FAYOHI), Nigeria)
15. Franklin I. Onukwugha PhD, FRSPH (Research Fellow, Institute for Clinical and Applied Health Research (ICAHR), University of Hull, UK)
16. Monika Magadi MSc, PhD (Professor of Social Research and Population Health, Faculty of Arts Cultures and Education, University of Hull, UK)
17. Barr. Maryam Ahmad Abubakar (FAYOHI)
18. Isa Musa Auyo (FAYOHI)
19. Lesley Smith, PhD (Professor of Women's Public Health, Institute for Clinical and Applied Health Research (ICAHR), University of Hull, UK)
20. John Young, MRCVS (Executive Director, International Network for Advancing Science and Policy, Oxford, UK)
21. Andy Nobes (Programme Specialist, International Network for Advancing Science and Policy, Oxford, UK)
22. Professor Dasapta Erwin Irawan (Institut Teknologi Bandung, Indonesia)

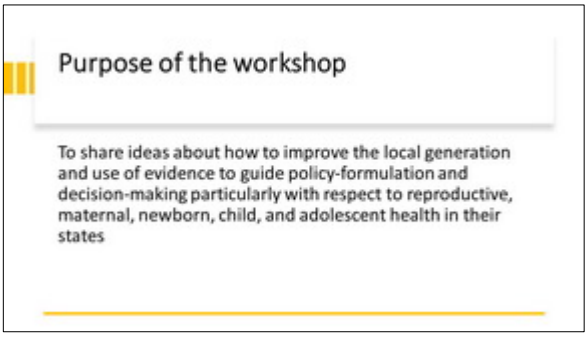
Presentation slides



Slide 1



Slide 2



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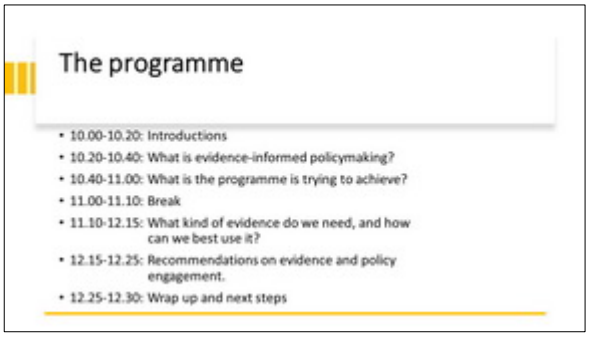

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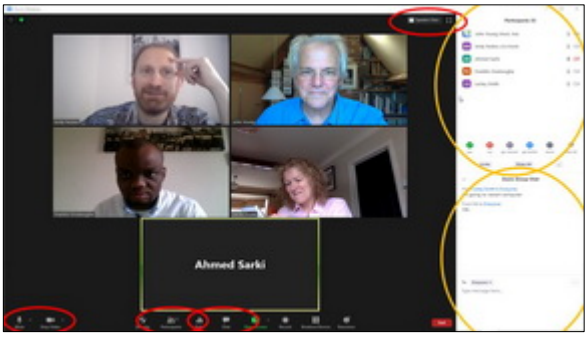

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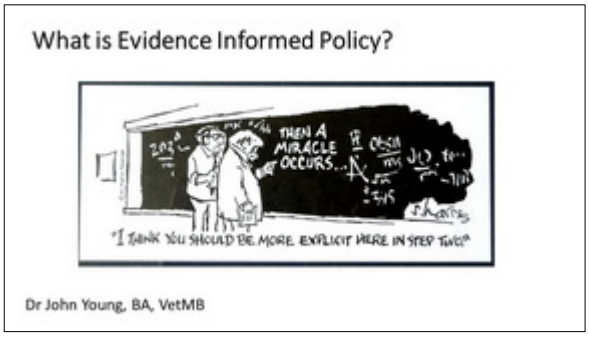

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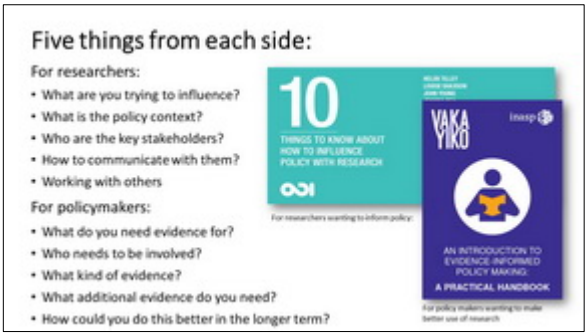

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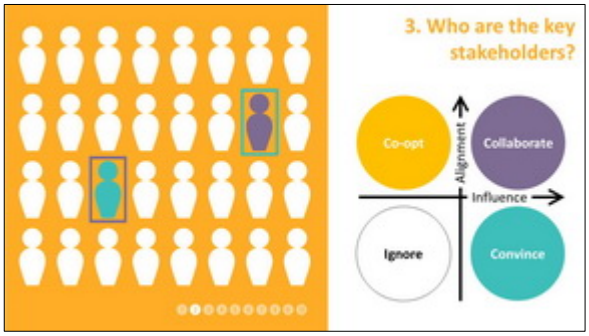

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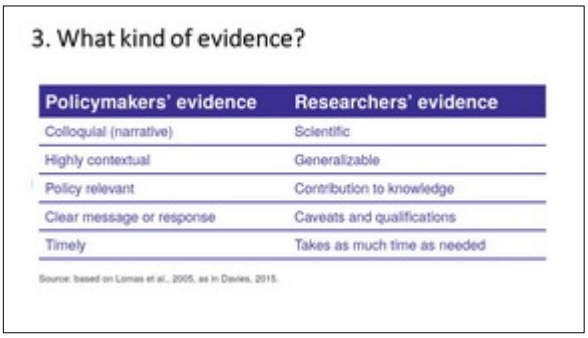

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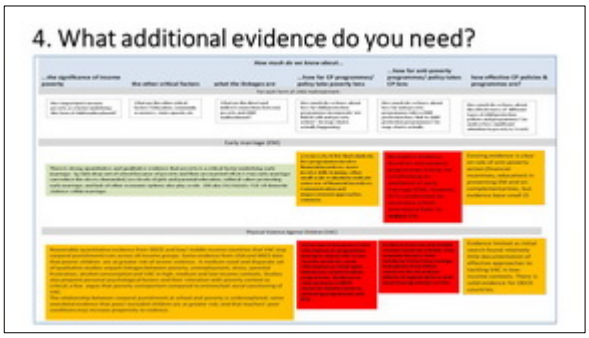

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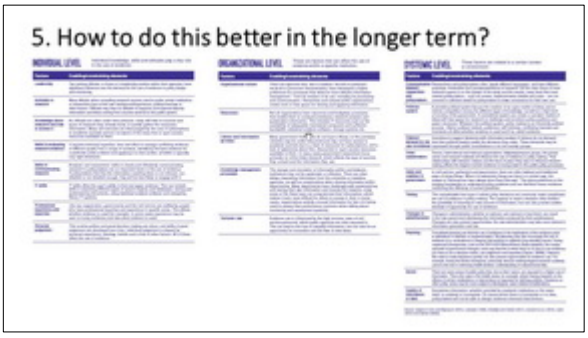

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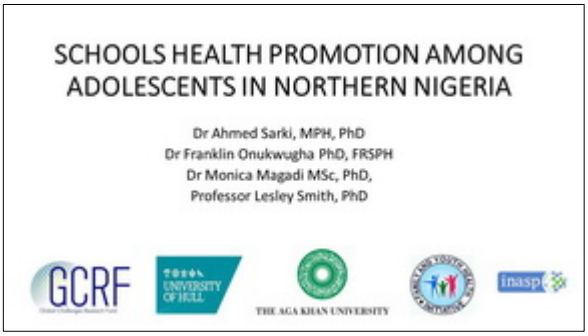

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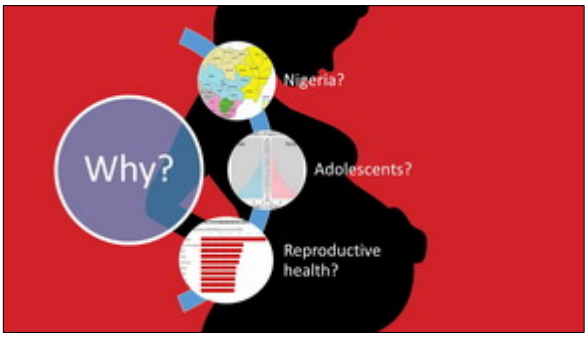

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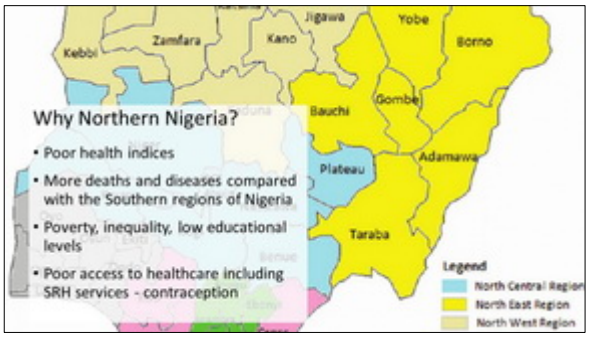

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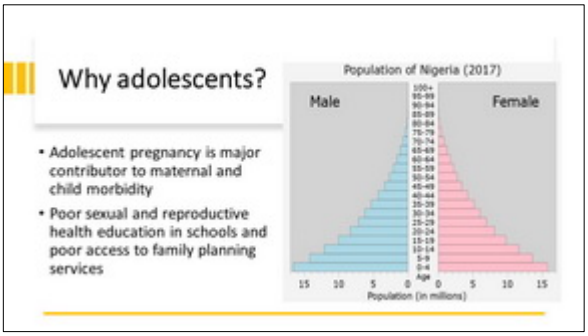

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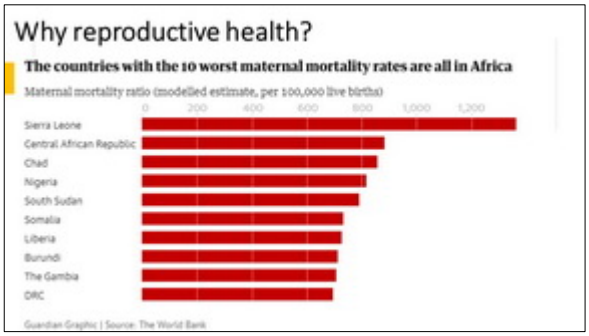

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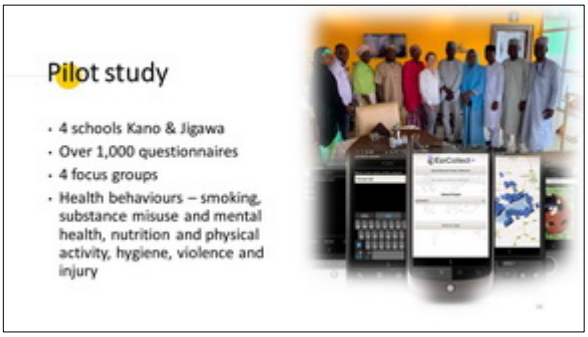

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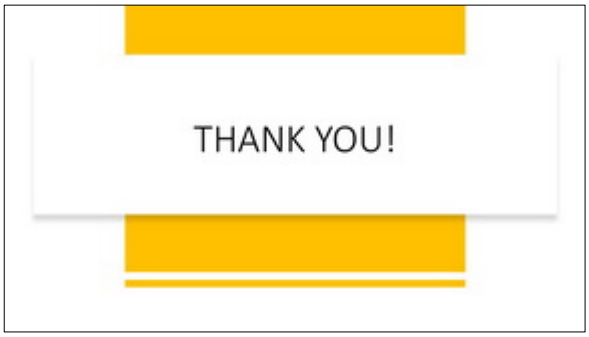

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Feedback forms from the group work

Researchers Group Worksheet

What are the main constraints to improving adolescent health services in Kano and Jigawa States	• Knowledge gap of healthcare practitioners- adolescents not viewed as a life stage - binary division child/adult • Policymakers not prioritizing adolescents as not recognized as a distinct entity • Adolescents don't know where to find information or support on health issues
What evidence do you already have about how to address them, who needs to be convinced and how could you convince them?	• Policymakers need convincing • Involve policymakers during the whole process from inception to implementation • Empirical research, statistics on burden of problems, qualitative research on views, experiences of adolescents regarding health needs • Traditional and religious leaders - empirical research, evidence of consequences
What are the main knowledge gaps, and how could you research them in a way most likely to be useful?	• Need more research on adolescent health • Key informant interviews • Focus groups adolescents • Health service providers map what they have, know • Map evidence • How does information get shared at committee level - how are decisions made? • Needs assessment at community level including gatekeepers • Systems thinking approaches

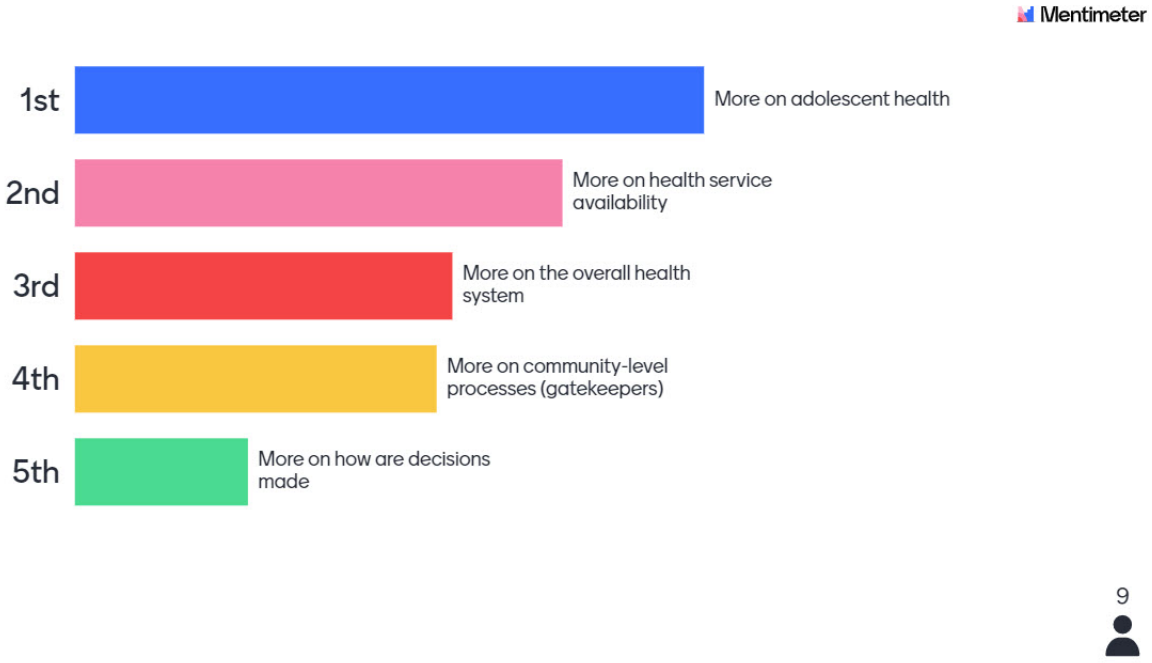
Policymakers Group Worksheet

What are the main constraints to improving adolescent health services in Kano and Jigawa States?	• Poverty underpins all of these problems • Children not going to school - difficult to persuade them to go to school • Religion and culture - Muslim culture doesn't allow formal education about sexual issues • Low level of education - ignorance of many things
What do you need to know more about to address these constraints?	• How to improve education? • Cultural and religious practices so can design appropriate policies • Where to get budget to address these challenges • How best to reach children if are not in school (enlightenment campaign)

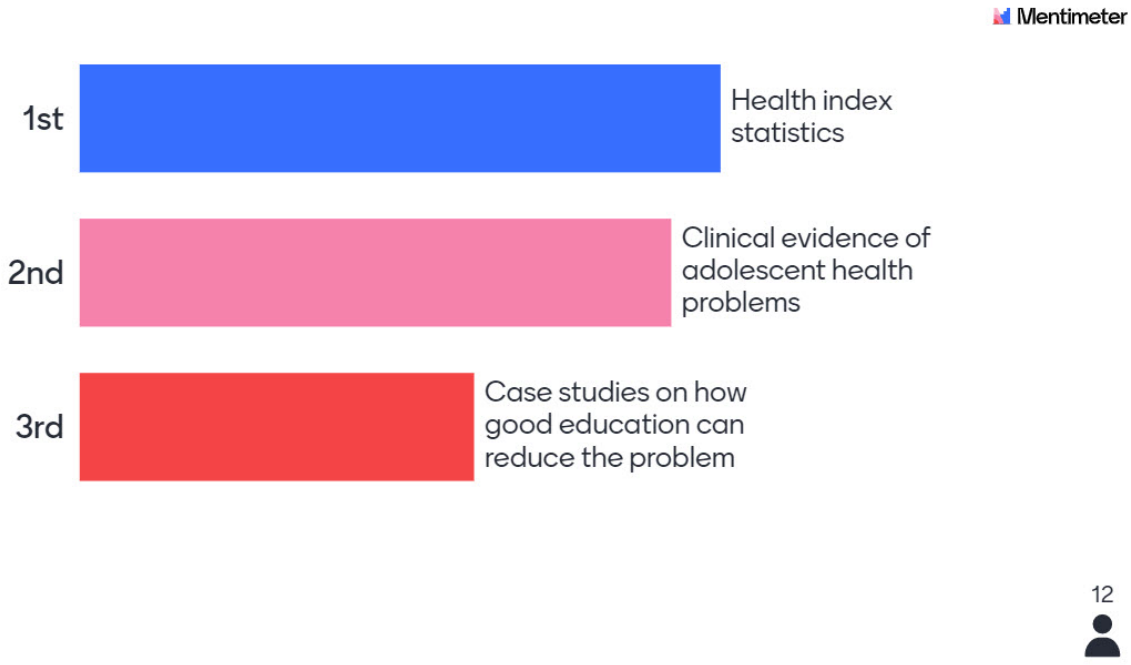
What kind of evidence is most likely to convince people involved in these services to do things differently?	• Eg how to make this a priority)
	  ○ Prevalence of the challenge to adolescent health
	  ○ Showing the poor health indices
	  ○ Presenting statistics on sexual health problems to policymakers.
	• Eg to get education in schools:
	  ○ Evidence that good education can reduce the problem

Mentimeter poll results

Poll 1: What further research is needed (according to researchers)?



Poll 2: What kind of evidence will best persuade government to allocate more resources to adolescent health services (according to policymakers)



Annex 3: Workshop 2 – Project Design (13th August 2020)

Purpose

The purpose of the second workshop is to gather feedback on the report, develop agreement about the purpose and shape of the project going forward and identify the next steps.

Audience

The audience will include Advisory group members and wider stakeholders including health and education ministry staff, teachers and health service staff, traditional leaders and youth representatives.

Pre-reading:

- To be able to contribute effectively in the workshop all should have read at least the executive summary of the draft report.

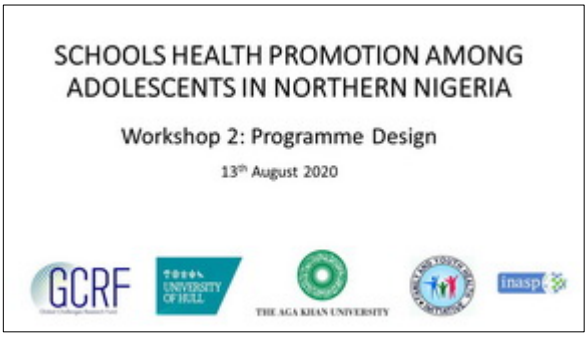
Programme

10.00-10.10	Introduction to the workshop
10.10-10.25	Brief self-introductions
10.25-10.35	Presentation 1: A brief presentation of the project so far and the report focusing on the overarching key findings and high-level summary of proposed objectives.
10.35-10.55	Group work 1: We will split into small groups to consider three issues: 1. Any further feedback on the key findings of the report? 2. Does the overall objective of further work sound right? 3. Are there any elements missing?
10.55-11.10	Brief feedback from each group
11.10-11.20	*Break*
11.20-11.30	Presentation 2: A brief presentation of the recommendations section of the report - outlining key areas of work, and stakeholders who need to be involved.
11.30-12.00	Group work 2: we will split into groups representing the main stakeholder groups likely to be involved in the project: • Researchers • Schools • Health workers • NGOs (local and international) • Policymakers • Traditional leaders • Youth Each group to consider the following questions: 1. Do the recommendations make sense? 2. What else needs to be done in that area? 3. What else needs to be done across the whole project to "hold things together and ensure it is successful?
12.00-12.20	Feedback to plenary.
12.20-12.25	Response from the project team - what we will think more about / do differently.
12.25-12.30	Wrap up and next steps

Full list of participants

1. Hussaini Muhammad (Kano State Ministry of Education).
2. Isabella Grandic (The Knowledge Society, Canada).
3. Dr. Nkechi Emenike (Independent Consultant).
4. Prof. Dasapta Erwin (Applied Geology Research Group, Institut Teknologi Bandung, Indonesia, and Artist).
5. Dr. Chidozie Nduka (Senior Research Fellow University of Warwick, and Research Advisor FAYOHI).
6. Aminu Abubakar (Population Theatre and Health Education [POTHE]).
7. Hajiya Hauwa Sule Ringim (Director Women Affairs, Jigawa State Ministry for Women Affairs and Social Development).
8. Mr. Abdulrazak Dayyabu (Tradefrexx Nigeria Limited, Board Member, FAYOHI).
9. Dr. Umar Bulangu (Director Public Health, Jigawa State Ministry of Health).
10. Hassan Usman (Youth representative Sokoto state).
11. Jibrin Abdullahi Auyo (Independent Researcher).
12. Muhammad Lawan Garba (Chief Whip and Deputy Chairman Committee on Health, Jigawa State House of Assembly).
13. Babangida Lawal Roni (Malaria Consortium).
14. Yakubu Muhammad (Ministry for Women Affairs).
15. Aliyu Halliru (Science and Technical Board, Jigawa State Ministry of Education, Science and Technology).
16. Hon. Pharmacist Magaji Dahiru Zarewa (Honourable member representing Rogo Constituency and Member Kano State House Committee on Health).
17. Rabiu Shamma (Kano Youth Coalition for Advocacy and Development).
18. Hafiz Abdullahi (Educating Nigerian Girls in New Enterprises [ENGINE 2] in Kano State).
19. Dr. Sha'awa Marliya Umar (Kano Emirate Council Committee on Health and Human Development [KECCOHD]).
20. Aminu Yakasai (KECCOHD).
21. Lawan Abdullahi (Village Community Development Initiative [VILDEV]).
22. Zaharadden Abubakar (Independent journalist).
23. Kelvin Chukwuemeka (Consultant, UNICEF).
24. Bukola Bolarinwa (Sickle Cell Aid Foundation [SCAF]).
25. Dr. Dayyabu Muhammad (KECCOHD).
26. Imam Malik Yahaya (Religious Leader).
27. Dr. Mujidat Babah (SCAF).
28. Dr. Nkechi Azinge (SCAF and University of Lincoln, UK).
29. Prof. Hamed Adetunji (Um-ul Qura University, Saudi Arabia, Board Member FAYOHI).
30. Dr Zainab Abdulkadir (Consultant Family Physician, Aminu Kano Teaching Hospital, Bayero University Kano).
31. Nura Hamza Dahiru (Small Scale Women Farmers Organisation).
32. Oumar Muhammad Sunusi (Goal of Women Multipurpose Cooperative Association).
33. Mustapha Umar (Family and Adolescent Health Initiative FAHINTA).
34. Lawan Yau Abdullahi (Village Community Development Initiative VILDEV).
35. Caitlin Baker (INASP).
36. John Young (INASP).
37. Dr. Franklin I. Onukwugha (University of Hull, UK).
38. Claire Taylor (University of Hull, UK).
39. Prof. Lesley Smith (University of Hull, UK).
40. Barr. Maryam Ahmad Abubakar (FAYOHI).
41. Isa Musa Auyo (FAYOHI).
42. Dr. Ahmed Sarki (FAYOHI).

Presentation slides



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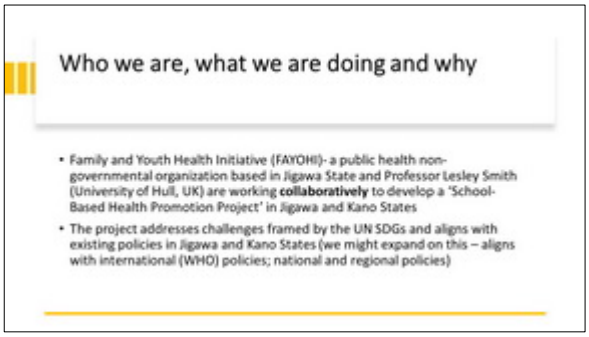

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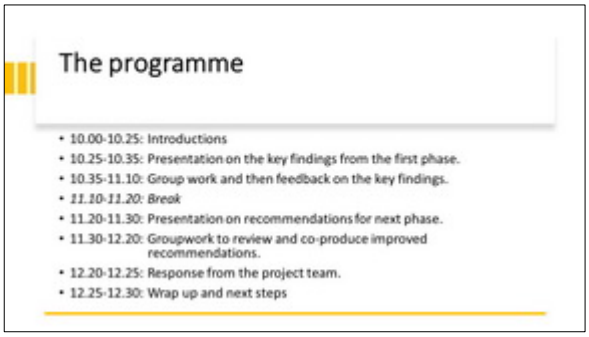

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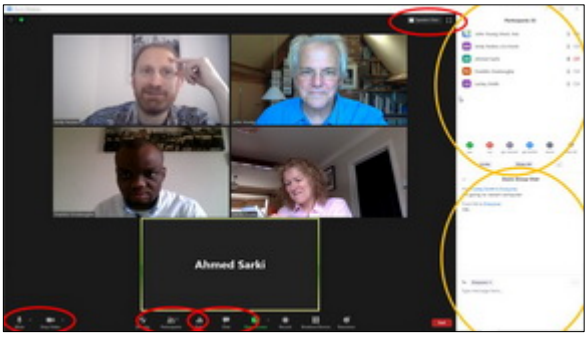

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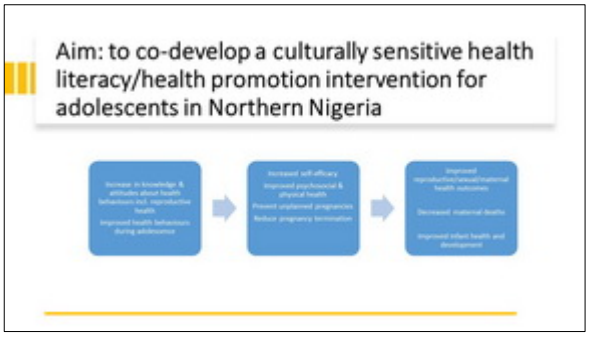

Slide 8

Objectives

1. Identify common health challenges of adolescents in Jigawa and Kano states
2. Understand health awareness, beliefs and behaviours of adolescents attending secondary schools in the two states
3. Determine trends in pregnancy termination and predictors of pregnancy termination in 15-24 year-olds in Nigeria

Slide 9

1. Identify common health challenges of adolescents in Jigawa and Kano states

Stakeholder engagement activities and symposium

October 2018 - April 2019

Slide 10

1. Common health challenges of adolescents in Jigawa and Kano states:

- Few interventions targeting adolescent health in Jigawa state
- Drug addiction and substance misuse, poor diet, maternal deaths and illness, rape or sexual violence, poor personal and menstrual hygiene
- Adolescents are keen on having reliable sources of health information easily accessible to them
- There is a need for the region (Northerners) to recognize adolescent health and social issues that are important to youths themselves and confront some of the culturally sensitive issues through dialogue and continuous engagement

Slide 11

2. Understand health awareness, beliefs and behaviours of adolescents attending secondary schools in the two states

- 4 schools Kano & Jigawa
- Over 1,000 questionnaires
- 4 focus groups
- Health behaviours – smoking, substance misuse and mental health, nutrition and physical activity, hygiene, violence and injury

Slide 12

2. Health awareness, beliefs and behaviours of adolescents attending secondary schools in the two states:

- Cigarette smoking and intention to smoke was low among the study participants
- Use of prescription drug without a prescription was reported among 35.9% girls versus 13.2% in boys
- Illicit drugs use such as codeine-based cough syrups and rafinol was reported in boys and girls
- More girls than boys have been in trouble or missed school due to illicit drug use
- Rape and sexually transmitted infections are among the major health concerns among adolescents
- About 13.6% of boys and 12% of girls described themselves as slightly or very overweight and boys were more physically active than girls
- Anxiety was higher in girls (6.8%) than boys (0.8%); and moderate-severe depression (10.3% girls, 0.5% boys)
- Adolescent girls have good knowledge about mensuration and get support mostly from relatives but need support with sanitary materials
- Adolescents strongly want to have health information provided in school clubs

Slide 13

3. Determine trends & predictors of pregnancy termination in 15-24 year-olds in Nigeria

Analysis of the Nigerian Demographic Health Surveys 2003-2018

To increase our understanding of one of the major risk factors for maternal mortality and morbidity in Nigeria.

The analysis augmented information on reproductive health that we could not ask the adolescents due to gatekeeper restrictions amid concerns of age appropriateness and cultural sensitivity

Slide 14

3. Trends & predictors of pregnancy termination in 15-24 year-olds in Nigeria:

Kano (5.8%) and Jigawa (6.8%) were among the top six states in all Nigeria with the highest self-reported pregnancy termination among 15-24-year olds.

	aOR	95% CI
Sexual debut before age 15 years	2.3	1.9, 2.8
Married	3.0	2.5, 3.7

Slide 15

Overall Findings:

- High degree of engagement and support for the project across a wide range of stakeholders
- A consensus on the main health issues facing adolescents in NW Nigeria
- School pupils demonstrated motivation and knowledge on some health topics, but wanted more autonomy and reliable sources of information
- A substantial unmet need for health information and independent advice and support for adolescents
- Practical difficulties gathering data from school students due to gatekeepers restricting access and vetoing specific aspects of the approved questionnaire
- Inter-related issues including mental health, violence and injury and substance misuse
- A strong demand for age-appropriate sexual and reproductive health information and services for adolescents in the region

Slide 16

THANK YOU!

Slide 17

2. Recommendations for further work

Franklin I. Onukwuga PhD, FRSPH
Research Fellow,
Institute for Clinical and Applied Health Research,
University of Hull,
UK

Slide 18

Recommendation

- Researchers
- Policy makers
- Schools
- Healthcare Providers
- Religious/traditional leaders
- NGOs/CBOs

Slide 19

Recommendations for researchers

- To inform development of culturally-relevant intervention(s) that target physical, mental and reproductive health for adolescents.
- To identify barriers to facilitating a conversation around sexual and reproductive health (SRH) in the region.
- To inform the development of information for a platform where adolescents go to find reliable information on health that is confidential.
- Promote the establishment of an Adolescent Advisory Group (AAG) with a remit to contribute their views to development of adolescent health education curricula and health services provided in schools and in the community.

Slide 20

Recommendations for Policymakers

- To ensure that school health policy is implemented and the views of multiple stakeholders is sought on how to do this.
- Invest in work on how to establish and expand adolescent health services.
- Invest in and promote fora for adolescents to voice their health concerns and health needs.
- There is need for a policy that supports and encourages teachers and other relevant stakeholders to discuss and provide age-appropriate reproductive health information to adolescents without restrictions.

Slide 21

Recommendations for Schools

- Teachers need to be trained to identify pupils with mental health issues, and signpost students to the appropriate support services where available or where they can get help.
- Teachers and school staff need to promote conflict resolution, support students who are victims of violence and abuse.
- Incorporate effective communications training within teacher training courses to ensure that teachers feel comfortable discussing physical, mental and reproductive health issues with pupils and up to date with current knowledge
- Provide a confidential platform for adolescents to give feedback to the school on any issues or concerns they have about their general health or wellbeing.
- Seek the views of adolescents in the design of content and mode of delivery of services.
- Support the establishment of an Adolescent Advisory Group (AAG) with a remit to contribute their views to development of adolescent health education curricula and health services provided in schools and in the community.

Slide 22

Recommendations for Healthcare Providers

- Services in schools and the community need to be tailored to adolescents, so that they are non-stigmatising and non-judgemental,
- Providers should create a confidential 'safe space' for adolescents to seek advice and support.
- Support the establishment of an Adolescent Advisory Group (AAG).
- Seek the views of adolescents on the design and delivery of youth friendly services.

Slide 23

Recommendations for NGOs and CBOs

- Increase awareness of age-appropriate health information and support services that are available in the community through outreach activities in schools.
- Support the establishment of an Adolescent Advisory Group (AAG). Seek the views of adolescents on the design and delivery of youth friendly services.

Slide 24

Recommendations for Traditional Leaders

- Promote and support interdisciplinary working to improve adolescent health.
- Prioritise adolescent health as a key objective for health improvement strategies.
- Support sensitisation and awareness programmes that promote adolescents health

Slide 25

THANK YOU!

Slide 26

Feedback forms from the groupwork

Group Work Session 1 – All Groups

Do you have any further feedback on the key findings of the report?	Researchers and Practitioners • Findings were not surprising - expected for the region • Provides a good basis to grow from -a platform to build on • Important as it represents the views of adolescents themselves - gives them a strong voice • Consensus so it gives confidence that it has identified main issues • Has given some insight into the barriers we might face going forward Policymakers • Generally right issues, only a small sample from 2 schools in each State. How confident can we be that they are representative? Need a larger sample. • What are the criteria to change the attitude of children? • Maybe need to gather more data from more schools to be sure the results are accurate? • Could get more reliable data if talk to children when they are more relaxed - at home rather than at school? • Not doubting the results, but might have got more data about a wider range of issues if children had met the data collectors without the school staff present • In DFID programme looked at different schools in different parts of the state and found different behaviour in different places – e.g. Urban vs Rural. CBOs and NGOs • The findings are great • It's interesting to have adolescent have their own voice and be a separate segment • It would be interesting to know the reason why there is use of drugs without prescription (more research to answer) among girls. • A welcome development, the research and dialogue should continue • Quite interesting, with respect to medication, like codeine, ready access to those drugs and access to drugs to people with sickle cell? • The research method and number of participants
Does the overall objective of further work sound right?	Policymakers • Yes, but: o Need to get more data to ensure that what is done is the right thing. o Need more clarity on how to change the attitude of children o Need to make sure that the information that is given to adolescents is high quality and reliable
Are there any elements missing?	Researchers and Practitioners • Need input from religious leaders as these are important to future intervention • Understand the religious constraints in the region Policymakers • Need to gather more data from more schools to be sure the results are accurate - especially schools in different areas. • Need to make sure everyone knows about the programme, and the results of the programme. • Need to ensure synergy between policymakers and implementers.

Group Work Session 2 – All Groups

Do the specific recommendations make sense?	<u>Researchers</u>
	• No suggested amendments
	<u>Policymakers</u>
	• Yes but also see below:
	<u>CBOs and NGOs</u>
	• Overall, recommendations were okay but….
	  ○ Need for synergy among development partners implementing youth friendly health services.
	  ○ CBOs to engage the policy makers through advocacy on adolescent health issues
	  ○ Need for appropriate budgeting and budget tracking for adolescents health
	<u>Traditional and Religious Leaders</u>
	• They make a lot of sense, there is however a need for other stakeholders to be represented
	• Identify the stakeholders that need engagement the most

What else needs to be done in this area?	<u>Researchers</u> • Extend the scope of the schools survey to include more schools to get more comprehensive information to get a better overview of what is going on in whole region, to identify differences between different rural and urban areas etc. • What are cultural, religious and ethnic barriers to adolescents access of health information and services regarding sexual and reproductive health • Understand more about demographic factors influencing health of adolescents • Identify senior academics to partner on projects • Involve law makers - bridge gap between grassroots organizations and legislators/law makers <u>Policymakers</u> • Ensure strategic plans and policies at state level capture the need to address these issues • Ensure school health issue is captured in the state budget <u>CBOs and NGOs</u> • CBOs and NGOS Giving awareness on menstrual hygiene may not be enough, there is a need to support them with materials. • Talking about drug abuse…..How do we draw the balance between those who need the drugs like Sickle Cell patients and those who don't need it but abuse it? <u>Traditinal and religious leaders</u> • Look beyond schools and target out of school adolescents • Involve religious leaders to complement the efforts of traditional leaders • Emphasize more on the out-of-schools for example the issue of drug addiction • Involving parents as a stakeholder group
What else needs to be done across the whole project to "hold things together and	<u>Researchers</u> • Identify key leaders amongst stakeholders to develop closer relationship and ask to disseminate progress reports and findings to the wider group • Identify funding sources and NGOs to partner with who may fund projects for adolescents • Map existing services and involve in the project as co-developers • Build a spatial monitoring and evaluation platform

ensure it is successful"?	<u>Policymakers:</u> • Clear high-level decision-making system • Clear criteria for inclusion in the programme. • Mechanisms to ensure commitment of families and communities to support the results of the outreach programme. • Desk review of other projects which targeted projects with adolescents on health and other issues at State level to avoid reinventing the wheel. • Integration into existing systems. • Awareness campaign is very important. • High level advocacy towards people who develop plans and strategy to ensure they have the commitment to include these issues • Also to traditional leaders and religious leaders, legislatures, Ministries of Women's Affairs, Health and Education. <u>CBOs and NGOs</u> • CBOs to build their own capacity (training) to understand adolescent health issues • Introducing a support group to help adolescents discuss mental health issues. <u>Schools</u> • Key stakeholders' (for example parents, religious and traditional leaders) capacity needs to be built about basic health, health literacy, health promotion etc • Pretest the questionnaires with a wider range of stakeholders • The project should look at other existing interventions and learn best practices for example child-to-child project in Kano State • Ensure sustainability by building capacity of teachers on issues related to adolescent health and pastoral care and situation of the adolescents • NGOs and CBOs to focus more on communities specifically parents and adolescents

Annex 4: The After-Action Review

The project team undertook an after-action review of the workshops a week after the second one. An after-action review usually has 4 questions: what was supposed to happen, what actually happened, what wert her reasons for the differences, and what would you do differently next time. Notes of the answers to each of those questions are provided below:

What was supposed to happen:

- Circulate material in advance, get good attendance & good participation, follow the workshop plan, and get good feedback and suggestions for the future and build commitment for continued work.

What actually happened:

- Material was sent out in advance, but many people didn't read it.
- Fewer people attended than had hoped, but very senior, and pretty engaged (Kelvin "shocked" by the calibre of people who attended!).
- Programmes worked OK, but very slow start, ran slower than expected, and some of the groups were very small – especially in the 2nd breakout groups in the 2nd workshop.
- But got good feedback on the work done so far and good suggestions for the future and strong commitment to continue. In fact the project team have now been invited to contribute to other Government projects including a review of School Health Policy.

Reasons for the differences:

- On reading material in advance: Few people prioritize email, or like to read documents online.
- On participation: "Nigeria time", people not used to online events (and are used to getting per-diems when attend physical meetings), internet connectivity problems (esp rain during first meeting), few participants had used Zoom before. Thursday is a busy day for researchers. Medical staff very busy and couldn't take the time. Running over prayer time meant some people who went to pray didn't return.
- On programme: Essential to allow enough time for people to be introduced ("recognition is very important in Nigeria. If people don't get the recognition, they expect they won't show up next time"), people need enough time to be able to contribute effectively.

What to do differently next time:

- Notify people earlier (3 weeks before) then send reminders weekly.
- Try to visit them in person and encourage them to attend.
- Provide physical copies of reports if possible.
- Go and help them to connect – get a few together in one room sharing one connection (but then have problem putting them in breakout rooms)
- Maybe they could all meet in one place and we could join the meeting virtually?
- Could get more feedback by following up personally after the event.
- Try to start on time and stick to time and avoid running into prayer time.
- Make sure there is enough time for proper introductions/ recognition. Is there a better/quicker approach?
- Adjust the programme so that the most important things come first.
- Make sure there is enough time for discussion during the breakout sessions.