

OCTOBER 2021

Growing Up GREAT!

Scale Up Assessment Report



Prepared by Save the Children, in collaboration with the Center on Gender Equity and Health at the University of California San Diego.

Contents

- Executive Summary 1
- Scale-Up Approach.....2
 - Partners2
 - Resource Team.....3
 - Strategy.....3
- Scale Up Implementation4
 - Institutionalization (Vertical Scale-Up)5
 - Training, Capacity Building and Expertise.....5
 - Monitoring and Supervision.....5
 - Expansion (Horizontal Scale-Up).....5
 - Intervention Activities6
 - COVID-Related Adaptations7
 - Spontaneous Scale-Up..... 8
- Scale-Up Achievements..... 8
 - Expansion & Reach9
 - Institutionalization9
 - Ministry of Health9
 - Ministry of Education 11
 - Community-based Organizations12
- Scale-Up Learning13
 - Learning Meetings14
 - Factors Supporting Scale-Up.....14
 - Scale-Up Challenges.....15
 - Scale Up Successes 17
- Next Steps 17
 - Ministry of Health 17
 - Ministry of Education18
 - Community-based Organizations18

Executive Summary

Scale-Up Approach

Since its inception, Growing Up GREAT! (GUG) was planned with a vision of sustainability via scale-up. Over the last two and a half years, a team of local implementers with support from an international and multi-disciplinary Resource Team have been working together to plan and implement activities to scale and sustain GUG. These partners have collaborated to expand (horizontal scale up) and institutionalize (vertical scale up) the family of Growing Up GREAT! projects in Kinshasa.

Scale-Up Implementation

Horizontal scale-up expanded programming into 38 new *quartiers* and 352 new schools and engaged a new group of adolescents – those 15-19 years old. It also increased the scope of intervention activities to include a suite of service delivery improvement activities. Vertical scale up focused on building the capacity of a cadre of expert trainers within key Ministries and community-based organizations, embedding GUG activities in government work plans and budgets, and integrating project activities into supervision tools and systems for sustained programming. The COVID-19 pandemic prompted several notable changes to scale-up plans, including integration of GUG into a distance learning program while schools were closed and postponement of planned task-shifting to community-based health workers.

Scale-Up Achievements

GUG met all three of its overall scale-up objectives, which included reaching at least 13,000 VYAs, ensuring integration of GUG into relevant programs of key Ministry partners at the national and provincial levels, and ensuring that partners CBOs have sufficient capacity to continue supporting GUG activities following project end. It also met 14 of 24 individual benchmarks for expansion and institutionalization, and came close to meeting another four benchmarks. GUG also supported critical scale-up activities not evaluated by benchmarks. Activities included training of over 3000 adolescents as school club leaders, trainings and development of age and life-stage counseling tools for improved provision of adolescent-friendly health services, and development of three tools for use by Ministry representatives during nearly 400 supervision visits completed during scale-up.

Scale-Up Learning

Quarterly learning meetings provided an opportunity for GUG partners to review monitoring data in real time and discuss scale-up challenges and successes. They used ExpandNet's Implementation Mapping Tool to track learning, recommendations and adaptations over time. Key challenges and factors supporting scale-up emerged from this documentation. Notable challenges included program disruptions due to COVID-19 closures and restrictions, a lack of coordinating mechanisms for the multi-sectoral intervention and difficulties identifying a source of financial support for sustained programming upon project end. Facilitating factors including GUG's early commitment to local ownership and collaboration with government stakeholders to identify and fill gaps in public programming; an emphasis on training and capacity-building to ensure sustained technical expertise; and the joint scale-up approach that combined technical and financial inputs for greater impact.

Next Steps

Next steps to ensure a successful handover and sustainability of GUG programming include deeper integration into government platforms, establishment of knowledge transfer plans to mitigate turnover among trainers and implementers, and creation of coordinating mechanisms.

Scale-Up Approach

Since its inception, the Growing Up GREAT! project was planned with a vision of sustainability via scale-up. This scale-up vision was guided by the ExpandNet framework¹, a step-by-step process for developing a scale-up strategy, and for systematically analyzing and supporting necessary actions for sustainable scale-up. [ExpandNet](#) is an informal network of global health and development professionals who seek to advance the science and practice of scale-up. The network's work on scaling-up grew out of a comprehensive review of relevant literature, as well as the development and testing of the World Health Organization's (WHO's) Strategic Approach to Strengthening Reproductive Health Policies and Programs.¹

Over the last two and a half years, a team of local implementers with support from an international and multi-disciplinary Resource Team have been working together to plan and implement activities to scale and sustain GUG. These partners have collaborated to expand (horizontal scale up) and institutionalize (vertical scale up) the family of Growing Up GREAT! (GUG) projects in Kinshasa: Growing up GREAT! with technical and financial resources from the Passages Project (USAID); Growing Up GREAT: The Way Forward (Bill & Melinda Gates Foundation); and Bien Grandir Plus (BG+)! (Global Affairs Canada).

Partners

A number of entities in the Democratic Republic of Congo (DRC) have been involved in the scale-up work as both partners and channels for sustained implementation of GUG projects. These include:

Ministry of Primary, Secondary and Technical Education (EPST)

The EPST supported scale up of school-based activities, including school clubs and integration of the Growing Up GREAT! VYA Toolkit into classroom-based lessons of the Family Life Education program (through its subsidiary Directorate). Notably, the Secretary General's office provided critical support for the development of a new policy for the creation and supervision of school-based extracurricular clubs. The policy, which drew on existing laws, policies and guidelines previously published by the EPST, was used to guide formation of school clubs during scale up.

Family Life Education (FLE) Directorate

This Directorate of the EPST has been a partner and advocate since project inception and supported scale up of school-based activities, including school clubs and integration of the Growing Up GREAT! VYA Toolkit into classroom-based lessons of the FLE program. The FLE supported joint teacher trainings on Growing Up GREAT! and the FLE curriculum, and supervised FLE courses integrating Growing Up GREAT! materials during scale-up.

Ministry of Public Health, National Adolescent Health Program (PNSA)

This program, which sits under the National Reproductive Health Program (PNSR) at the Ministry of Health (MOH), supported scale-up of health exchange activities for school and community-based clubs. It also collaborated on a number of health system strengthening activities (led by BG+), including trainings and joint supervision visits with provincial-level officials and health zone supervision teams.

Community-based Organizations (CBOs)

The *Réseau des Adolescents et Jeunes Congolais en Population et Développement* (RAJECOPOD) and the *Association pour le Bien-Etre Familial (ABEF-ND)*, with experience implementing intervention activities during the Growing Up GREAT! pilot or BG+ implementation, served as Lead CBOs during scale up. They provided direct support for school-based activities while also assisting two new user organizations – Alliance Communautaire pour la Promotion des Droits Fondamentaux

¹ ExpandNet and World Health Organization (WHO). (2010). Nine Steps for Developing a Scaling Up Strategy. WHO: Geneva, Switzerland.

(APDF) and Union Féminine du Millénaire (UFEM) – to implement community-based activities with VYAs, parents and community members.

Resource Team

The **Resource Team** ensured close collaboration among all stakeholders to coordinate scale up of different components via multiple platforms. The existing Stakeholder Reference Group (SRG), which provided technical guidance during the adaptation and pilot phases, included representatives from all scale-up partners as well as other key stakeholders, was converted into the Resource Team. Given the SRG's role in advising and actively participating in technical oversight and joint supervision since project launch, it made sense to leverage their technical and operational expertise to support scale-up implementers. We retained all members of the SRG and added representatives from the two Lead CBOs. An updated Terms of Reference described the Resource Team's shifted roles and responsibilities during scale up, including participating in quarterly learning meetings, supporting scale-up implementers to troubleshoot persistent challenges, liaising with provincial and district level health and education officials as necessary, and helping ensure clear communication loops for sharing/reporting of monitoring and supervision data.

Resource Team Members

- The Ministry of Health, represented by the PNSA and the National Reproductive Health Plan (PNSR)
- The Ministry of Primary, Secondary and Technical Education (EPST), represented by the Director of Family Life Education (FLE)
- The Ministry of Social Affairs
- The Ministry of Women, Families and Children (or a similar Ministry);
- The Ministry of Youth
- United Nations Agencies, including representatives of UNFPA and UNICEF
- International NGOs with related programming
- Local resource NGOs (Eldorado and RAJECOPOD)

Strategy

Expansion (Horizontal Scale-Up)

BG+ led expansion efforts by extending the intervention to reach new geographic areas and beneficiaries, as well as by increasing the scope of intervention activities to include health systems strengthening work. These efforts included:

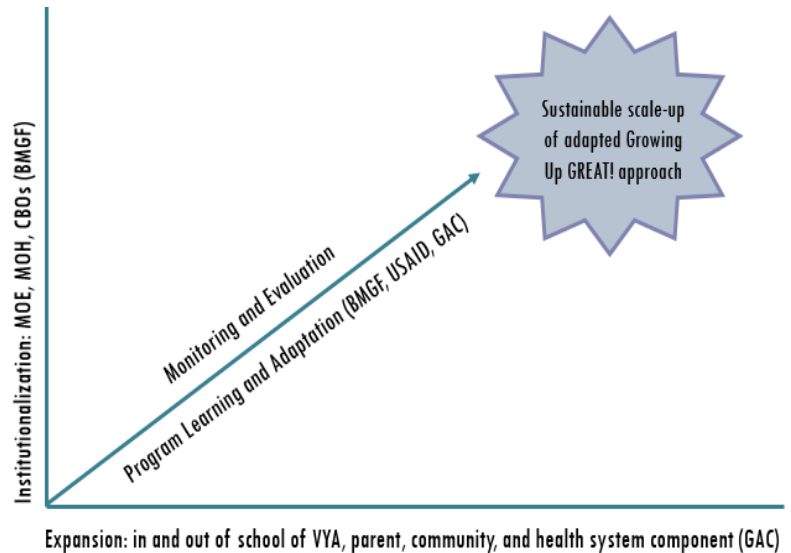
- Reaching new schools and communities in Kimbanseke, Masina and Ndjili
- Reaching a new demographic – older adolescents 15-19 years – by adapting the GREAT Toolkit (from which the GUG VYA Toolkit was adapted) for this age group.
- Strengthening the health system and reinforcing capacity of health providers to bridge the gap between adolescent demand for and limited access to comprehensive and youth-friendly contraceptive and gender-based violence response services
- Improved capacities of 20 CBOs to mobilize resources and pursue GUG expansion efforts

Institutionalization (Vertical Scale-Up)

Institutionalization efforts were led primarily by Growing Up GREAT: The Way Forward (GUG-TWF) with a focus on:

- Building capacity within key scale-up partners to train and mentor others in implementation of the approach
- Aligning with existing government platforms/initiatives and integrate GUG activities into existing programs
- Adapting or developing new monitoring and supervision tools jointly with Ministries and integrating supportive supervision visits into existing processes/schedule
- Advocating for inclusion of GUG in key Ministry policies, budgets and work plans

Figure 1: Institutionalization and Expansion for Sustainable Scale-Up

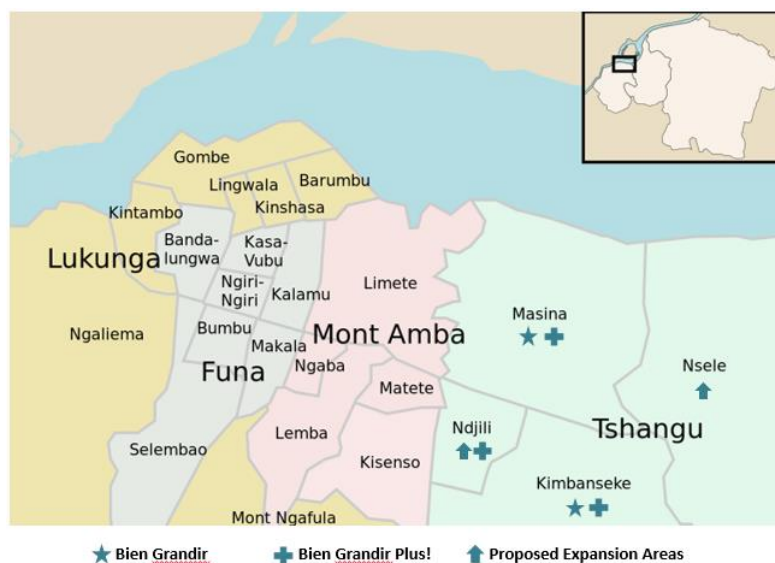


These complementary scale-up efforts were designed to result in greater impact and sustainable scale-up. Cross-project learning between GUG, GUG-TWF, and BG+ and documentation of the scale-up process and approach provided important insights about the most appropriate and lasting approaches for institutionalization in the DRC context.

Scale Up Implementation

Horizontal scale-up took place in Kimbanseke, Masina and Ndjili, three of the five communes of Tshangu District, one of the largest districts in Kinshasa and one with a disproportionately large population of urban poor. Though Growing Up GREAT! was piloted in two of these districts (Kimbanseke and Masina), activities were concentrated within a limited number of *quartiers* (communities) and schools. Scale up expanded programming into new *quartiers* and schools, and also engaged a new group of adolescents – those 15-19 years old. At the same time, vertical scale up strengthened the capacity of a cadre of expert trainers within key Ministries

Figure 2: GUG, BG+ and Proposed Expansion Areas



and civil society organizations, and enabled the integration of many program components into existing government policies and platforms for sustained programming.

Institutionalization (Vertical Scale-Up)

Training, Capacity Building and Expertise

The **Training of Master Trainers** took place in April 2019 and prepared 45 individuals from the EPST, MOH, the Ministry of Gender and Family, the Ministry of Social Affairs and CBOs serving on the Resource Team to train others on the GUG approach and materials. The 6-day training provided a comprehensive overview of the FLE curriculum, the GUG materials, and links between the two. Sessions were guided by the EPST's official training manual on the FLE Curriculum, which now includes direct references to Growing Up GREAT's participatory approaches and materials as resources for teachers.

Cascade trainings began in September 2019. In line with the scale-up emphasis on re-establishing school clubs more sustainably, Master Trainers provided 2-day refresher trainings for a total of 216 school directors and teachers from the 80 schools that had previously participated in the GUG Learning Lab and pilot. With support from CBOs, administration officials and teacher focal points participated in establishment of GUG clubs at these schools following the **Guide for Establishment and Operation of School Clubs**, a document published by the EPST in April 2019, in part to support GUG school activities. Master Trainers also provided a full 5-day training for 75 school directors and teachers in 19 new schools implementing the intervention for the first time during scale-up. Notably, as part of efforts to combine institutionalization efforts supported by GUG with geographic expansion supported by BG+, Master Trainers trained an additional 842 school directors and teachers in the 332 schools targeted by BG+.

The [Growing Up GREAT! Implementation Guide](#) was published nearly a year later in July 2020. This key document integrated learning from both pilot and early scale-up to provide detailed guidance on preparation, implementation and monitoring of the GUG approach.

In addition, Save the Children organized brief, introductory **trainings on advocacy and resource development** in early 2021. These trainings aimed to build CBOs' knowledge and capacity to continue advocating for policies and health services that meet the needs of adolescents. They also supported institutional capacity to develop proposals and mobilize additional external resources for continued implementation of GUG. Following the trainings, CBOs organized themselves into loose, informal networks and developed joint advocacy plans.

Monitoring and Supervision

Save the Children supported the development of monitoring tools and conducted joint supervision visits with representatives of the EPST and FLE directorate as well as the PNSA and health zone leadership teams. Additionally, a committee comprised of representatives of the PNSA and all health zone leadership teams was established under BG+ to coordinate activities across health zones and districts, including VYA health exchange visits and service delivery improvement activities.

Expansion (Horizontal Scale-Up)

Scale-up efforts expanded programming into 38 new quarters and 352 new schools. Although Growing Up GREAT! and BG+ were implemented in two of the same communes (Kimbanseke and Masina), care was taken to ensure that activities between the two projects were undertaken in different quarters; there was no overlap between them. This allowed the two projects to achieve greater reach through their combined efforts.

Table 1: Scale-Up Quarters and Schools by Project

	Quartiers			Schools		
	Growing Up GREAT		BG+	Growing Up GREAT		BG+
	<i>Pilot</i>	<i>New</i>		<i>Pilot</i>	<i>New</i>	
	15	3	35	80	20	332
Total New		38			352	
Total Scale-Up		43			432	

Through BG+, scale up also engaged 17,614 older adolescents (5,133 in-school, 12,481 out-of-school) between 15-19 years through an adapted package of materials addressing the most pressing SRH issues for that age group. Additionally, BG+ supported a suite of service delivery improvement activities that greatly expanded the original model’s health linkages component. These included a series of trainings on adolescent-friendly health services, sexual and gender-based violence response and family planning for 284 (160 women, 124 men) facility-based healthcare providers, as well as provision of contraceptive methods and related commodities to 65 health facilities in seven health zones, four of which served GUG clubs, schools and communities.

Intervention Activities

NB: This section reports only on activities directly implemented by Save the Children under Growing Up GREAT: The Way Forward. Detailed information about activities implemented under BG+ is reported elsewhere.

VYA School Clubs

Prior to COVID-related school closures in March 2020, 96 out of 100 planned clubs (96%) were established, including 59 clubs in primary schools and 37 in secondary schools. It was not possible to establish clubs in four of the pre-identified schools, two of which had closed and two of which had very limited student enrollment numbers. A total of 2,880 VYA (1,523 girls, 1,357 boys) of 3,000 expected were enrolled in clubs; 576 (317 girls, 259 boys) were designated as club leaders by their peers. Unfortunately, only 228 club leaders received an orientation before school closed indefinitely. In December 2020, school-based activities recommenced with training on the GUG materials and facilitation techniques adapted for social distancing. An extended holiday break kept schools closed through February, but by the end of March 2021, all schools had reopened and recommenced GUG club sessions. From March through the end of the school year in September 2021, VYA leaders convened 1,084 school club sessions to reach 9,746 VYAs and teachers led 1,741 classroom-based lessons using GUG materials.

VYA Community Clubs

Sixteen community-based clubs for out-of-school VYAs were established as planned in late 2019. Partner CBOs identified 379 (246 girls, 133 boys) of 400 expected VYAs and facilitated 44 club sessions, nearly three per club, before pandemic-related restrictions ended in-person activities. Since November 2020, clubs have held regular weekly sessions, even throughout the school closure, with careful adherence to prevention measures. A total of 224 club sessions were held, roughly 14 per club. All clubs completed health exchange visits as well.

Parent and Community Sessions

A total of 45 parent sessions were organized in January-February 2020 reaching 223 (167 women, 56 men) parents/caregivers of out-of-school VYAs only. Additionally, 18 community sessions reached 159 community members (127 women and 32 men). Since activities resumed in early 2021, 724 sessions parent sessions took place, reaching a total of 2,863 parents of VYAs enrolled in school and

community clubs. Additionally, nine community sessions took place, reaching 232 community members.

COVID-Related Adaptations

The COVID-19 pandemic prompted two notable changes to scale-up programming. The first centered on identifying and supporting alternate channels to engage VYAs and provide SRH information during extended school closures in early 2020 and again in December 2020 - February 2021. When the DRC EPST established a TV- and radio-based distance learning program for school-aged children on core subject lessons, Save the Children recognized the opportunity to incorporate sexuality education into these broadcasts and worked with the FLE Department to ensure the topic was included. Overall, 14 teachers recorded 64 individual lessons using the FLE curriculum and GUG materials; these lessons were broadcast a total of 192 times.

Another COVID-related adaptation required postponing planned task-shifting. A cornerstone of the original scale-up strategy was the transfer of facilitation roles played by CBOs during the pilot to RECO during scale-up. This shift was intended to ensure greater integration and, ultimately, sustainability. However, as COVID became an urgent health priority, RECO in Kinshasa were instructed by the government to focus their messaging on COVID risk communication and prevention, and referral to facilities for critical care only. Facility-based health workers were similarly consumed by urgent health needs. As a result, CBOs continued to lead activities with parent and communities during scale-up.

Minor adaptations were made to the GUG materials as well. The project team systematically reviewed and adapted each material to ensure that instructions respected social distancing measures required by law. The activity cards and game cards were revised to amend instructions directing VYAs to “form a circle” or “run to this place” by adding the following obligations: Do not touch your hands while carrying out an instruction. Always keep a physical distance of at least 1 meter during the game. Keep your mask in place during the session. Monitoring and evaluation tools were also revised to include compliance with barrier measures as a quality indicator.

Learning Study on Distance Learning

DRC’s Ministry of Education (EPST) created distance learning sessions on topics normally covered in schools that were broadcast over TV and radio. The GUG team in DRC capitalized on this effort by working with the EPST and other parties involved in the distance learning to integrate components of GUG. The lessons were broadcasted on EducTV, a station owned by the Ministry of Primary, Secondary and Technical Education (EPST) between the hours of noon and 6pm. The curriculum for the broadcasts was developed in collaboration with the EPST and education and family life education officials. Save the Children contributed to the lessons via both material and financial support (GUG books: Elenge Mobali and Elenge Mwasi). A total of 64 lessons were recorded, which were broadcasted a cumulative 192 times (NB: no specific information on how many of these were FLE broadcasts).

To assess the feasibility of providing family life education through distance learning, the Kinshasa School of Public Health led a mixed-methods rapid learning study from Dec. 2020 to Feb. 2021. The objectives of this study were to: (1) describe the process taken by Save’s team, the EPST, and other stakeholders to implement FLE broadcasts; and (2) better understand the feasibility and acceptability of this distance learning approach to FLE lessons with adolescents, parents and implementers. Semi-structured individual interviews were conducted with 13 adolescents (8 girls, 5 boys) aged 10-18 years; teachers (n=5); parents (n=4); and Save the Children staff (n=3). Almost all of the adolescents said that the GUG-related programs helped them improve their knowledge of the various topics covered, including certain methods of contraception, abuse and

maltreatment, sexual violence and task sharing. Some parents also reported watching with their children. As one parent noted:

"I watched the program on TV several times when we still had electricity. I watched programs that talked about menstrual cycles, about childhood. It was very interesting because in these shows they encourage parents to talk about this subject with their children because it is often a taboo in our house" (Parent_04_F)

Major barriers to being able to watch the broadcasts included: electricity outages (especially in rural areas); limited access to the household's sole TV; limited awareness of the existence of the broadcasts and/or of the broadcast schedule. Findings suggest that Save the Children and its partners (schools and EPST) should make efforts to:

1. Advertise the distance learning programs more widely - especially among adolescents and parents.
2. Consider broadcasting after 7:00 p.m. (when parents are at home) to reinforce interactivity between adolescents and parents.
3. Make lessons available on a virtual platform to allow accessibility outside normal broadcasting hours. These platforms may include a WhatsApp forum or YouTube, or teaching applications such as e-class-rdc.com or Voda.Educ.

The results suggest that TV and radio broadcasts on FLE topics are a feasible and acceptable mode of education in the DRC context. This distance learning approach may be a useful mode of education not only in times of crisis-related school closures, but also potentially to complement material students are learning in school.

Spontaneous Scale-Up

GUG was spontaneously adopted either in part or in full by two other projects in different provinces of DRC. These include:

REALISE, an education project implemented in six provinces including Haut Katanga, Ituri, Lomami, Lualaba, Kasai Oriental et Tanganyika, integrated school-based components of GUG. REALISE reached 24,482 adolescent girls through 455 school clubs and trained 492 teachers on the FLE and GUG materials. Teachers also facilitated parent sessions using the community game rather than the video testimonials.

Nisomeshe, an education and GBV response project for conflict-affected VYAs in North and South Kivu, plans to integrate GUG club activities in the next year to address entrenched negative gender norms that lead to continued violence. They have begun adapting materials for the humanitarian context.

Scale-Up Achievements

GUG established a set of key benchmarks for tracking scale-up progress and accomplishments. Benchmarks were developed in collaboration with scale-up partners and validated by the Resource Team as appropriate and comprehensive indicators for assessing whether Growing Up GREAT! met its overall scale-up objectives, including:

1. Reach at least 10,000 in-school and 300 out-of-school VYAs;
2. Ensure integration of Growing Up GREAT! within relevant programs of the EPST and MOH at the national and provincial levels.
3. Ensure CBOs have sufficient capacity to support implementation of Growing Up GREAT! activities by Ministries and/or other local NGOs.

In June 2021, Save the Children convened a series of **consultations with scale-up stakeholders to assess scale-up progress** and learn from scale-up challenges and successes. Over the course of a week, the team met with representatives from both partner Ministries, CBOs and the Youth Advisory Council to document progress against benchmarks, identify common experiences and lessons learned, and outline critical next steps for ensuring institutionalization and sustainability of GUG activities. The sections that follow summarize the key findings from those consultations.

Expansion & Reach

Growing Up GREAT! met four of the six benchmarks for Expansion during the scale-up period. Total reach for VYAs and parents far exceeded the goal set by benchmarks, with over 25,000 in-school and 387 out-of-school VYAs reached, and more than 5,300 parents reached. Benchmarks that were not met included reach among community members and engagement with health facilities. These shortcomings were due to COVID-related challenges, which severely limited community activities and availability of health facility staff for anything other than urgent health services during the pandemic. Note that the data for June 2021 does not indicate a lack of ongoing activities. Rather, it reflects the cumulative nature of benchmarks; VYAs, parents and community members reached during the six-month period preceding June were the same as those reached prior to January 2021.

Table 2 : Expansion Benchmarks – Increase participation of VYAs and key adults to expand reach and impact within intervention zones						
	Jan 2020*	June 2020	Jan 2021	June 2021	Total (cumulative)	Goal
# in-school VYAs exposed to GUG	0	18,330	7487	0	25,817	10,000
# in-school VYAs enrolled in school clubs	0	2,880	2,425	0	5305	4500
# out-of-school VYAs enrolled in community clubs	0	313	74	0	387	300
# community members (including parents) reached by GUG activities	0	407	1848	0	2255	5 500
# neighborhoods (<i>quartiers</i>) reached by GUG	18	0	0	0	18	18
# health facilities participating in GUG activities	0	0	0	0	0	15

Institutionalization

Ministry of Health

Growing Up GREAT! met five of the seven benchmarks for Institutionalization within the MOH during the scale-up period. The project met all training benchmarks, including training of 20 Master Trainers, 62 (of 50 anticipated) health facility staff and 22 (of 20 anticipated) community health workers on the program approach and materials. An additional 284 health facility staff, 38 community health workers and 7 community animators were trained by BG+ Benchmarks for inclusion in MOH policies and work plans were also met; Growing Up GREAT! was cited as the seminal approach for engaging VYA in two consecutive PNSA Strategic Plans (2019-2022; 2021-2025), and key activities were included in both the national and provincial level MOH work plans for 2021. Additionally, the approach was included in six health zone Operational Action Plans (PAOs) thanks to support from BG+. The benchmark for inclusion in MOH budgets was partially met. Unfortunately, no progress was made against the benchmark for engagement of health zones due to COVID-related obstacles to working with health facilities on non-priority health activities. However, BG+ completed 428 exchange visits for VYA clubs in seven health zones during the project.

Table 3: Institutionalization within the MOH						
	Jan 2020*	June 2020	Jan 2021	June 2021	Total (cumulative)	Goal
# health zones conducting GUG health exchange visits	0	0	0	0	0	4
# GUG Master Trainers within the MOH	20	0	0	0	20	20
# health facility staff trained on GUG by Master Trainers	62	0	0	0	62	50
# community health workers trained on GUG by Master Trainers	22	0	0	0	22	20
# MOH annual work plans including GUG (central or provincial level)	0	0	2	0	2	2
# MOH annual budgets including GUG (central or provincial level)	0	0	1	0	1	2
# policy, strategy or training documents including GUG	1	0	1	0	2	2

Health Trainings

In addition to the Training of Trainers on the GUG approach, BG+ provided additional training for Master Trainers on AYPHS, SGBV response and FP. Master Trainers, along with existing core trainers from the national, provincial and health zone levels of the PNSA, led cascade trainings to reinforce the capacity of 284 health facility staff, 38 community health workers and 7 community animators on the same topics.

Provision of Contraceptives

BG+ funded the purchase and distribution of contraceptives to 60² supported health centers and trained staff on how to manage stock. The project also provided other equipment and supplies required for provision of long-acting reversible contraceptives (LARCs) and personal protective equipment (PPE) to facilitate continued FP counseling and method provision during the pandemic. Save the Children signed a five-year MOU (2020-2024) with UNFPA to ensure continued availability of a wide range of contraceptive methods at the 60 supported health facilities beyond the end of the project.

Adolescent and Youth Friendly Health Services

Having ensured the availability of providers trained in AYPHS and a stock of contraceptives, BG+ enabled the provision of AYPHS to VYAs and older adolescents participating in both projects at 65 health facilities. It also financed the construction of youth-friendly corners (outdoor hangars) at 44 of those health facilities. Each space is managed by a committee comprised of four adolescents and a trained health provider. Growing Up GREAT! health exchange materials as well as counseling tools for VYAs and older adolescents developed by BG+ are available at all facilities.

Supervision and Monitoring

Save the Children worked closely with the PNSA and the Health Zone Leadership Teams (Equipes cadre de la zone de santé; ECZS) to ensure supportive supervision and timely collection and compilation of monitoring data. We supported the PNSA to develop integrated tools for supervising AYPHS offered by facility-based health providers, as well as community activities led by community

² This number excludes five supported health facilities managed by the Catholic Church, which have shown resistance to offering modern contraceptive methods. These facilities integrated other SRH services apart from the supply of contraceptive methods, and providers were trained on how to appropriately counsel and refer adolescents who request FP to other health facilities.

health workers. Master Trainers and other key experts from the MOH were trained on use of the tool, which is used by national and provincial-level representatives of the PNSA and ECZS members during monthly, quarterly and biannual joint supervision visits. The ECZS also used the tool to report on any activities that took place in the youth-friendly corners.

Additionally, the ECZS allowed Save the Children to gather data on use of FP or SGBV services and contraceptive stocks directly from health facilities using a special data collection form. Health zone database managers received coaching on data entry and quality, and health facilities were provided with tablets to facilitate regular data collection. These capacity-strengthening efforts will allow the ECZS to better track adolescent services and manage contraceptive stock and position the PNSA to advocate to the MOH and other government authorities for sustainability of these improvements in health service provision.

Ministry of Education

Growing Up GREAT! met three of the six benchmarks for Institutionalization within the EPST during the scale-up period. The project reached all 100 planned schools and successfully trained all 43 Master Trainers within the EPST. It almost met the training benchmark for teachers, training 290 of the 300 anticipated. BG+ trained an additional 842 teachers. Unfortunately, no progress was made against benchmarks for integration into EPST work plans or budgets because the EPST does not yet include FLE in its regularly funded programming; as a result of strong advocacy efforts, it is hoped the Ministry will draft a plan for widespread implementation in the coming years. Growing Up GREAT! was integrated into the in-service FLE training package for teachers. It also prompted the development of a new Guide for Establishment and Operation of School Clubs, published by the EPST in April 2019, which guides implementation of school based Growing Up GREAT! clubs.

Table 4 : Institutionalization within the MOE						
	Jan 2020*	June 2020	Jan 2021	June 2021	Total (cumulative)	Goal
# school implementing GUG through the MOE	0	96	4	0	100	100
# GUG Master Trainers within the MOE	43	0	0	0	43	43
# teachers trained on GUG by Master Trainers	290	0	0	0	290	300
# MOE annual work plans including GUG (central or provincial level)	0	0	0	0	0	2
# MOE annual budgets including GUG (central or provincial level)	0	0	0	0	0	2
# policy, strategy or training documents including GUG	2	0	0	0	2	2

Training

In addition to teachers, a total of 2,466 VYA school club leaders were trained on the GUG materials and facilitation techniques (600 under GUG, 1,866 under BG+). Another 554 older adolescents were trained as peer facilitators of school clubs under BG+ as well. These club leaders led school club sessions with support from trained teacher focal points. A core group of Inspectors (who were among Master Trainers) received supplemental training on supervision of GUG activities, including FLE lessons in schools and club sessions. As the EPST does not currently have an established schedule or tool for supervision of FLE classes, this was an important step towards formalizing and institutionalizing supervision by Inspectors.

School Club Implementation and Supervision

Trained teachers fulfilled several roles in support of scale-up. In addition to integrating GUG into classroom lessons of the FLE curriculum, they worked with school directors and administrators and CBOs to establish or revive school clubs. They also served as focal points for clubs, coaching VYA club leaders and ensuring monitoring forms were properly completed and submitted.

Inspectors completed 388 supervision visits, reaching every supported school at least once, using monitoring forms developed by Save the Children to meet the need for basic information on FLE classes and school club meetings.

Materials

The GUG materials were submitted for formal validation by the EPST during the scale-up period. The validation process will approve materials for use at national scale and ensuring their inclusion on the list of approved curricula. Ministry resources can only be dedicated to printing and provision of materials contained in this list, so this is vital first step in ensuring sustained availability of GUG materials. All 100 GUG and 332 BG+ schools received a full toolkit of VYA materials, the FLE curricula for each relevant grade-level and the Guide for Establishment and Operation of School Clubs. Of those schools, 88 also received the toolkit for older adolescents.

Community-based Organizations

Though Growing Up GREAT! did not meet either of the two benchmarks for Institutionalization through CBOs, it made important progress. The first benchmark was developed to ensure that all CBOs supporting scale-up had the requisite capacity to provide technical assistance to other organizations. We originally planned to work with a total of six CBOs (two Lead, four new users) during scale-up, but the new policy on free universal education announced following national elections in 2019 resulted in fewer out-of-school children and a greater need to support school-based implementation amidst an influx of new students. We shifted our strategy to align with this need, providing more direct support for schools to operationalize the EPST’s guidance for school clubs. As a result, fewer CBO partners were needed to facilitate community-based clubs. In short, we still met our goal of ensuring all CBOs partners have adequate capacity to support Growing Up GREAT! Additionally, BG+ built capacity within another 16 CBOs, four of whom had previously implemented GUG during the pilot. The second benchmark was not met because none of the four CBOs supporting GUG-TWF secured funding to implement Growing Up GREAT! within new or existing projects. However, two of the CBOs implementing BG+ received external funding to implement the approach in four new health zones. AFIAMAMA committed internal resources to support GUG activities in one additional health zone while RACOF received funds from Expertise France to implement GUG in three additional health zones. RACOF also plans to support club activities for VYAs in 11 new schools, 3 churches and a shelter for homeless or street children, and to establish a youth-friendly information and listening center (CEICA).

Table 5 : Institutionalization within CBOs						
	Jan 2020*	June 2020	Jan 2021	June 2021	Total (cumulative)	Goal
# CBOs with the capacity to provide support for GUG implementation (independent/ external technical support)	4	0	0	0	4	6
# CBOs that have integrated or proposed to integrate GUG into existing or new projects with their own funding	0	0	0	0	2	2

Training

A total of 8 CBO staff were trained as Master Trainers and 24 others as facilitators of community based VYA clubs. Additionally, M&E staff were trained on the use of monitoring and reporting tools and channels.

Capacity

A significant amount of technical expertise on GUG sits within CBOs. There are Master Trainers in each organization with the capacity to train and supervise others, as well as multiple facilitators who can implement the approach directly. CBOs also provide capacity-building and supervision for RECO and RECOPE in implementation of activities with parents and community members. Finally, they organize health exchange visits and hold critical knowledge of how to effectively coordinate those activities, which will be critical for a successful transition of ownership to the EPST and MOH.

Several CBO-supported activities will continue after project end. With the skills acquired, community animators will continue to supervise community activities with VYAs once a month using GUG tools. CBOs also plan to continue organizing activities with groups of young people they work with under other economic empowerment and youth-focused programs. Finally, youth friendly spaces at health facilities will to serve as a location for holding community sessions led by RECO and RECOPE.

Scale-Up Learning

Growing Up GREAT! met two of three benchmarks for scale-up learning. The first benchmark tracking learning meetings was developed to ensure program implementers met regularly to review monitoring and observational data, reflect on challenges and successes, and apply learning and recommendations for improved programming throughout the scale-up period. This benchmark was fully met, with all six planned learning meetings held by June 2021. The second benchmark tracks the number of learning studies providing rapid data on key scale-up questions. This benchmark was met in September 2021 when the study on integration of FLE into the MOE's distance learning program was completed. A second study will soon begin, allowing us to surpass the benchmark. One benchmark tracking scale-up adaptations was not met; only four adaptations were made during scale-up implementation versus the 12 anticipated. This does not necessarily mean that scale-up adaptation was inadequate, but rather that the scale-up design was fit-for-purpose. Adaptations noted in the IMT included minor changes: relaxing requirements for gender balance in club composition when classes were heavily skewed to one gender; allowing a period between VYA leader candidate registration and elections by peers; dividing VYA clubs into smaller groups to respect COVID-19 restrictions; and engaging a member of health zone coordination teams in joint supervision visits conducted with the PNSA.

Table 6 : Scale-up Learning – Generate increased understanding of scale-up and adaptive management of gender-transformative SRH programs through implementation of GUG						
	Jan 2020*	June 2020	Jan 2021	June 2021	Total (cumulative)	Goal
# learning and reflection meetings held by GUG staff and stakeholders	0	2	2	2	6	6
# learning studies (completed) exploring a topic/issue relevant to possible GUG adaptations	0	0	1	0	1	1
# adaptations made to GUG (documented in the IMT) based on implementation experience and/or results	0	4	1	0	4	12

Learning Meetings

As noted above, six learning meetings were held during the scale-up period. At half of these meetings, scale-up implementers reviewed monitoring data and completed the Implementation Mapping Tool (IMT), a tool developed by ExpandNet to track learning and adaptation during scale-up. The timing, focus and high-level outcomes of each of these meetings are noted in Table 7 while key learning themes that emerged over time are summarized below.

Table 7: Scale-Up Learning Meetings

Learning Meeting	Date	Agenda	Outcomes
1	Feb 2020	- Review MEAL data and scale-up activities - Introduce/pilot IMT - Establish committee, mechanism, and channels of communication for scale-up MEAL and reporting	✓ Completed IMT ✓ Monitoring & Learning Committee established
2	June 2020	- Review MEAL data and scale-up activities completed before the COVID-19 related pause in March 2020 - Evaluate progress made against recommendations from previous meeting	✓ Completed IMT
3	Aug 2020	- Review and adapt GUG materials for COVID-19 context	✓ Series of recommendations for adapting GUG materials to adhere to COVID-19 restrictions
4	Oct 2020	- Orient scale-up partners on revised GUG materials for COVID-19 context actors	✓ Scale-up partners prepared to implement GUG safely during COVID-19
5	May 2021	- Review MEAL data and scale-up activities - Evaluate progress made against recommendations from previous meeting	✓ Completed IMT ✓ Recommendation to further simplify the IMT
6	June 2021	- Scale-up consultations with MOE, MOH, CBOs and Youth Advisory Council	✓ Assessment of scale-up progress and identification of facilitating factors and challenges to integration of GUG

Factors Supporting Scale-Up

Scale-up partners noted several factors that enabled integration of GUG and BG+ into Ministry platforms and activities.

- ✓ **The approach filled a programming gap.** SRH programming for VYAs was a pronounced gap in the PNSA's strategy in 2016. This provided an opening for them to work closely with Save the Children to develop an approach that would contribute towards established MOH goals for adolescent health. GUG provided an important complement to the FLE program as well; the EVF noted at project inception that practical, adaptable tools and guidance for teachers in translating FLE curricula into lesson plans were a critical need. The team worked in collaboration with them to ensure that the GUG VYA Toolkit complemented FLE without creating redundancy.
- ✓ **The project team made efforts to garner strong acceptance and ownership among health authorities at all levels and among community stakeholders.** They engaged and actively sought input from authorities at the national, provincial and local levels

of the health system, as well as from facility and community-based health workers, community leaders, adolescents and their parents. This allowed the team to develop approaches and materials perfectly adapted for and aligned to existing programs and services.

- ✓ **The strategy emphasized capacity building in training and supervision.** This ensured the establishment of a large cadre of expert trainers who can continue to provide training and supervision for Ministry-led GUG/BG+ activities. It ensured that authorities at all levels of the health system are familiar with quality assurance criteria for provision of adolescent SRH services and with integrated supervision tools, which can be used to supervise GUG/BG+ activities as part of regular supervision circuits.
- ✓ **The project supported development of required training and supervision tools.** GUG/BG+ worked collaboratively with government partners to develop or adapt numerous tools to accompany existing education and health documents, including the school club protocol, teacher in-service training manual, AYFHS training tools, adolescent-friendly FP counseling guides and supervision tools.
- ✓ **Complementary technical and financial inputs from GUG/BG+ supported a comprehensive response to meet adolescent SRH needs.** While GUG scale-up support facilitated integration of the approach into Ministry strategy and guidance documents, BG+ provided critical resources to increase the availability of and access to high-quality SRH and SGBV response services.

Scale-Up Challenges

Ministry of Health

- The **COVID-19 pandemic created several unanticipated challenges**, including a general decrease in participation in project activities. Even after public safety measures were relaxed, fewer adolescents resumed regular attendance, and community activities were less crowded. The pandemic also interfered with plans to transfer responsibility for facilitation of parent sessions from CBOs to community health workers, who were redeployed with an exclusive focus on risk communication and prevention. These challenges may persist as the pandemic progresses.
- There is **no clearly defined coordination mechanism for community-based activities**. RECOs continue to facilitate community sessions with support from CBOs; PNSA has not yet defined or taken on a role in coordinating and supervising these activities.
- A **lack of means of transport** makes it difficult for supervisors from the ECZS and DPS to conduct regular supervision visits in remote health zones.
- Data in the national health information system is combined for all youth under 25. The **lack of age disaggregated for VYAs** makes it impossible to monitor VYA use of services or plan to meet their health needs.
- No source of government or donor funding has been identified to continue supporting GUG/BG+ health linkage and service provision activities.

Ministry of Education

Establishment and Operation of Clubs

The experience using the EPST's guide to establish and run school clubs revealed several challenges to integrating clubs into existing school platforms. First, it was difficult to fully transition responsibility and leadership for club formation from CBOs, who had previously supported the process, to school administrations and teacher focal points. Many schools did not have the means or the motivation to implement the process independently. It was also difficult to motivate teacher focal points to take on additional responsibilities related to club operations such as mentoring club leaders

and ensuring completion of monitoring forms. Mid-year staff departures exacerbated this issue and, in some cases, interrupted club activities.

Another set of challenges revolved around scheduling club activities. Many schools struggled to identify a consistent day and time to hold sessions due to shifting class schedules and vacations. Some held sessions on weekends, which required a significant additional time commitment from teachers. Scheduling health exchange activities was equally difficult because they were not systematically integrated into the FLE program calendar. Instead, CBOs facilitated provider-led club sessions and health center visits for each school individually. Going forward, these elements will need to be integrated into both FLE and PNSA plans with clear instructions for coordination across the two departments.

Materials

Another concern for scale-up and sustainability is the continual availability of GUG materials within schools. Many of the materials distributed to schools were damaged or lost during the school year. While Save the Children is able to replace materials during project-supported scale-up, it will be necessary to develop a more permanent solution for providing replacements. This might include a stock of materials managed by the FLE department and a mechanism through which schools can request replacement materials.

Supervision

Supervision efforts during scale-up have focused exclusively on GUG activities and content because the FLE department does not have supervision tools for FLE classes. Going forward, FLE indicators need to be integrated into existing tools developed for GUG to ensure supervision provides a complete and accurate assessment of program content and quality. There is also a need to increase the number of Inspectors responsible for monitoring the FLE course to ensure adequate supervision.

Community-based Organizations

Coordination

There is no coordination mechanism for community-based activities. CBOs continue to support RECO/RECOPE in facilitation of community sessions, but they do not provide formal oversight or supervision of this cadre. That role belongs to the PNSA, which has not yet taken ownership of community-based activities. The need for clear and effective communication will become more critical as CBOs begin phasing out of scale-up activities following the end of the project. Coordination must also extend to provision and maintenance of equipment and supplies necessary for community-based activities, such as video equipment and motorcycles for transport to sites.

Mobilization

Throughout implementation, it has been challenging to engage VYAs' caregivers. It is not uncommon for parents to attend one or several sessions and then send a representative – a neighbor, friend or older child – to attend the caregiver session on their behalf. Male caregivers have also been particularly difficult to engage, despite many efforts. RECO/RECOPE will need to activate all their tools for mobilizing communities and ensuring their continued engagement.

Context

The rapidly changing urban context of Kinshasa continues to pose challenges to ongoing programming. High mobility among community members translates into dropouts from VYA community clubs as well as parent sessions. The shifting policy environment can exacerbate this movement. For example, the recent policy change establishing free primary education impacted the number of in-school versus out-of-school VYAs in scale-up communities; it is possible future policy changes may have a similar effect. Additionally, financial pressure in high-cost Kinshasa prompted some owners or managers of community spaces such as churches and community centers that hosted

GUG activities to begin charging a fee for use of the space. Finally, insecurity in Kinshasa, whether political unrest or the gangs of youth who patrol suburban communities, has affected scale up and will continue to present obstacles to smooth implementation.

Scale Up Successes

GUG activities have strengthened the bond between VYAs and teacher focal points.

VYAs see these teachers as informed and trusted people for issues related to puberty and sexuality, and they feel comfortable expressing an interest in and asking teachers questions about these topics. Teachers in turn noted an increase in self-confidence among VYAs involved as school club leaders.

Many community actors have embraced the approach and integrated elements of it into their own activities or organized independently to ensure continuity.

- Parents continue to meet and share their experiences and learning on SRH and gender following the series of six video testimonial sessions. Other have taken initiative to organize meetings with the aim of identifying ways to continue video sessions and dialogues.
- Churches have been inspired by GUG activities and have organized sessions for Sunday school and church-based youth groups. Some held family conferences to encourage parish members to discuss subjects addressed by GUG within their households. Many churches also provided space for regular meetings of VYA school and/or community clubs.
- Dedicated community volunteers from multiple sites have emerged as informal GUG champions, working closely with CBOs to plan and confirm the date and topic of community sessions.
- CBOs organized several GUG sessions within savings groups they support.
- RECOPEs have adopted the health exchange model within their other programs. They are implementing an identical strategy called "A Step Towards the Center," which aims to encourage adolescents to visit health centers by inviting them in groups (students, youth clubs, church youth) for discussions on SRH.

GUG activities helped to strengthen awareness and practice of COVID prevention

measures. Though it was difficult at first to operationalize social distancing and other prevention measures during group activities, GUG ultimately implemented two simple, successful changes that provided a practical and visible example of how group-based activities can safely continue. Participants were divided into smaller sub-groups for all group activities to limit exposures. Additionally, some sites were changed to ensure activities took place in large enough spaces to respect barrier measures.

Next Steps

Next steps to ensure a successful handover and sustainability of GUG programming include deeper integration into government platforms, establishment of knowledge transfer plans to mitigate turnover among trainers and implementers, and creation of coordinating mechanisms. Other critical actions for each scale up partner, identified during the recent scale-up consultations, are summarized below.

Ministry of Health

1. Ensure continued investment in adolescent friendly health services, notably by including GUG training, implementation and supervision activities in provincial and health zone level action plans and budgets. Official documents should address specific challenges identified by partners, such as the lack of transport to conduct regular supervision missions.
2. Establish and adhere to a permanent schedule for regular supervision of GUG activities in health facilities.

3. Establish a coordination mechanism for school and community-based activities that require collaboration with health zones or facilities. These include VYA club health exchange visits and parent/community sessions led by RECO. Options include identifying a focal point within the PNSA to coordinate community-based activities and linking local level education officials with health zone leadership teams to coordinate exchange visits within limited geographic areas.
4. Strengthen collaboration between youth-friendly space management committees (comprised of four adolescents and one volunteer health agent) and health facility personnel. This will help to ensure meaningful adolescent engagement in the conceptualization of activities, offer of services and utilization of spaces designed for them.
5. As engagement and funding allow, integrate GUG into new health zones.

Ministry of Education

1. Further embed the school club model into EPST structure. Two specific actions were proposed to achieve this. First, issuance of a formal decree (arrete ministeriel) or a circular note requiring the establishment of clubs (as for student government) would encourage wider uptake of the approach within schools. Additionally, explicitly linking the GUG club creation process to school government processes could make club formation more efficient. For example, recruiting for both activities at the same time instead of separately and holding elections for peer leaders concurrently could provide economies of scale.
2. Develop a knowledge management and transfer plan to address teacher turnover in schools and ensure continuity in teacher focal point support for school-based GUG activities. Teacher turnover is high in Kinshasa and frequent departures, sometimes in the middle of the school year, have caused interruptions in support for school clubs as well as instruction of the FLE course. A formal document that identifies the knowledge and skills available at each level (club leaders, teachers, inspectors), proposes alternate resource people and lays out a plan for recruitment and training of new implementation actors as necessary would go a long way to ensuring consistent and sustainable implementation in schools.
3. Develop and validate a supervision tool for instruction of FLE courses, including use of GUG approaches and materials. The FLE directorate has proposed to use GUG monitoring tools as the basis for development of fully integrated tools.
4. Approval of GUG materials by the EPST. Materials have been approved by the FLE directorate for use by teachers, but they have not yet completed the formal process to receive approval from the specialized department of the EPST (MOE) that manages required curricula and supplemental materials. Save the Children with the endorsement of FLE colleagues has begun the approval process and will pursue all necessary next steps.

Community-based Organizations

- Formalize a technical and financial partner (PTF) relationship between CBOs and government agencies supporting GUG. Such a relationship would ensure continued provision of technical assistance from CBOs as government actors take on roles previously fulfilled by CBO staff. A memorandum of understanding would need to be established to lay out the roles, responsibilities and rights of each partner.
- Reinforce south-south partnerships and networks. CBOs that supported scale-up under GUG-TWF and BG+ were organized into five consortia of four organizations each. CBOs collaborated both within and across consortia, and select CBOs have also self-selected into loose networks to pursue joint advocacy plans developed following policy training. Linking these well-connected but under-resourced CBOs with international NGOs, government or donors will ensure their work with and for adolescents continues beyond the life of the project.