Growing Up GREAT!

Scaling Up Gender-transformative Sexuality Education for Adolescents in DRC: A Summary of the Growing Up GREAT! Project

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GEH Center on Gender Equity and Health | UC San Diego School of Medicine
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Background

Adolescent reproductive health is a key social issue in Kinshasa, the capital of the Democratic Republic of the Congo (DRC). Over half (57%) of DRC's population is under 24 years of age and 23% are adolescents (aged 10-19 years) [1]. By 18 years of age, 12.7% of girls are married, 11.4% have had their first birth, 52.7% have had sex, and 24.5% have ever used contraception [1]. The 2014 Demographic and Health Survey in the DRC found that 54% of male respondents between the ages of 25-49 years had sex before the age of 18, while 65% of female respondents had sex before the age of 18. Among male respondents in this same age group, 7% were married before the age of 18, whereas 43% of female respondents were married before the age of 18 [2]. The DRC has ranked among the top 10 countries with the highest 12-month prevalence rates of IPV, and has the highest prevalence rate of IPV in sub-Saharan Africa [3]. Additionally, the latest Demographic and Health Survey found that in Kinshasa, 57% of ever-partnered women and girls ages 15-49 had experienced physical, intimate partner violence in their lifetime [2]. Studies on gender and social norms reveal that GBV, and especially intimate partner violence (IPV), are widespread, with masculine norms strongly associated with control, dominance, and superiority over women [4,5]. Very young adolescents (VYAs) or those ages 10-14 years are particularly vulnerable to poor health and nutrition, and limited educational and livelihood opportunities in volatile, insecure, and expensive Kinshasa. While the government does have an adolescent department within the Ministry of Health (MOH), and a national Family Life Education curriculum for schools mandated by the Ministry of Education (MOE), scarce resources and still-developing capacities mean that many very young adolescents lack access to high quality, age-appropriate RH information and services.

Growing Up GREAT! (GUG) was developed to address these issues via a nine-month multi-level intervention package that seeks to shift key health and gender-focused norms among VYAs and the adults in their lives. Implemented in two communes in Kinshasa—Kimbanseke and Masina—from September 2017- May 2018, GUG aimed to: 1) increase puberty and reproductive health (RH) knowledge, gender-equitable attitudes and behaviors, and self-efficacy of girls and boys ages 10 to 14; and 2) engage adolescents' parents/caregivers, teachers, health providers and other influential community members within VYAs' social systems to foster an environment that values and supports adolescents' journeys through puberty.

A consortium of three partners came together to implement, study and scale the intervention with joint funding from the Bill & Melinda Gates Foundation and the United States Agency for International Development. Save the Children led the development, implementation, monitoring, and scale-up of the intervention. The Institute for Reproductive Health at Georgetown University and the

University of California San Diego's Center on Gender Equity and Health (UCSD-GEH) led learning, research and guidance on sustainable scale up. The Global Early Adolescent Study at Johns Hopkins University Bloomberg School of Public Health (JHU-GEAS) managed a team of researchers who executed the GUG outcome evaluation in partnership with the Kinshasa School of Public Health.

Formative Work and Intervention Design

To ensure that the GUG intervention package met the needs of VYAs and their communities in Kinshasa, the project team undertook two separate assessments in 2017 to understand the challenges and support available for both in-school and out-of-school VYAs. The first mapped schools in the study areas to better understand school choice, institutional resources and enrollment patterns. The results showed that enrollment of boy and girl VYAs was roughly equal, very few teachers reported any training in RH topics, and schools were well-placed for linkages with health facilities. The second, a *Rapid Assessment of Policies, Programs and Community Contexts of Out-of-School VYAs,* revealed that up to 16% of school-aged youth were out of school and they often faced greater exposure to violence than in-school peers. It also clearly indicated school fees as the greatest barrier to enrollment. The *Rapid Assessment* also evaluated 20 community-based organizations (CBOs), which were identified through a public call for partners; eight of these became implementation partners. The organizational evaluation confirmed that programs with VYAs were rare, and those with out-of-school VYAs even rarer. None of the 20 CBOs evaluated had current programming with out-of-school adolescents and very few had any experience in sexual and reproductive health.

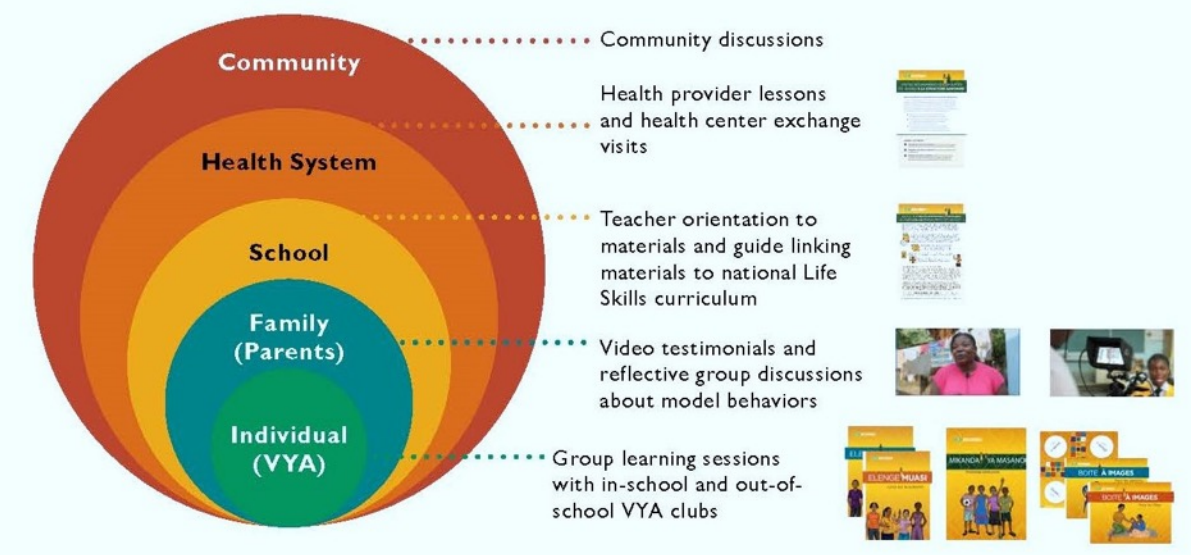
Growing Up GREAT! employed other critical learning processes in advance of implementation to inform the intervention approach. The project team used the Passages Project's **Social Norms Exploration Tool** (SNET) [6] with VYAs and caregivers, and their reference groups. Findings confirmed that the intervention addressed the social norms most relevant to the outcomes the intervention sought to achieve. From March to August 2017, they conducted a Learning Lab to test the GUG approach in 40 schools and surrounding neighborhoods prior to full implementation. The results of this mini-pilot led to adjustments in the package to increase acceptability and feasibility. Local MOE officials working with the project team engaged with reticent private school owners to ensure better uptake and ownership of the program. Similarly, parent orientations were moved up in the activity timeline to ensure their understanding and approval of the program before VYA clubs began meeting. Teacher and VYA peer leader trainings were lengthened to ensure better mastery of the GUG Toolkit and supervision visits were intensified to offer coaching opportunities and stronger quality assurance.

While formative work was underway, the project team also worked to engage key stakeholders in program design and planning. for implementation and eventual

scale-up. In 2016, a multi-disciplinary Stakeholder Reference Group (SRG) was formed to serve as GUG's technical advisory committee, with nearly 50 members from governmental and civil society organizations who were engaged in ASRH. All stakeholders had a strong working knowledge of the local context and cultures at play within intervention sites. Efforts were made to involve these stakeholders in every phase of the project, starting with intervention design and continuing through to pilot and scale-up. Co-chaired by the National Program for Adolescent Health (MOH/PNSA) and the Department of Family Life Education (MOE/DEVC), the SRG was the primary body responsible for validating project content and approaches, providing technical oversight and recommendations throughout implementation, and promoting program scale-up.

The Growing up GREAT! Intervention

Growing Up GREAT! is based upon consolidated elements of three evidence-based, norms-shifting projects: the **GREAT Project** [7], **GrowUp Smart** [8-11], and **Choices, Voices, Promises** [12]. Like these interventions, GUG's design is rooted in the socio-ecological model, which acknowledges and emphasizes the existence of many actors who influence VYAs. To achieve the project's main objectives of 1) increasing VYAs' self-efficacy, puberty and RH knowledge, and gender-equitable attitudes and behaviors; and 2) engaging important adults within VYAs' social systems to foster a supportive environment, the intervention package features a multi-level, multi-layered set of activities for both VYAs and adults (Box 1).



Box 1 | *Growing Up GREAT! Intervention Package*

Growing Up GREAT! draws upon the socio-ecological model to structure program content and activities that help participants gain information and address social and gender norms related to adolescent sexual and reproductive health and rights (ASRHR).

INDIVIDUAL LEVEL

VYA Clubs and Learning Sessions

In-school VYAs participate via school-based clubs (25 weekly meetings) and teacher-led classroom lessons using the GUG Toolkit over the course of the school year. Each school club of 25-30 VYAs nominates 6 members to attend a half-day orientation, and then to lead club meetings with assistance from trained, participating teachers. Clubs for out-of-school VYAs meet weekly for 28 weeks. These sessions are facilitated by trained, partner CBO staff. The GUG Toolkit contains story books, activity cards, a game, a set of CycleBeads®, and take-home puberty booklets for VYAs.

FAMILY LEVEL

Caregiver Testimonial Videos & Discussion

Caregivers of VYA club members participate in six sessions, each centered on videos of local caregivers performing and discussing gender-equitable behaviors. These caregiver testimonial videos are designed to promote dialogue and imitation among viewers related to the positive and gender-equitable behaviors featured in the video.

SCHOOL LEVEL

Classroom Integration

Teachers receive training on the GUG Toolkit and learn how to integrate it into classroom lessons of the Family Life Education program, as well how to support school-based clubs.

HEALTH SERVICE LEVEL

Health System Linkages

Activities to link health services with VYAs include one health provider-led session and one exchange visit to a nearby health center for each school- and community-based VYA club. This builds VYAs' trust in facility-based providers and normalizes information- and service-seeking by VYAs. Growing Up GREAT! materials for service providers and teachers facilitate and contextualize these activities.

COMMUNITY LEVEL

Community Reflection Sessions

Two community reflection sessions are held in neighborhoods surrounding participating schools (those with VYA clubs) or hosting community-based clubs for out-of-school VYAs. Attendees include community leaders, such as religious leaders and civic authorities. These sessions use the caregiver testimonial videos and a participatory game to spark reflection and conversation.

Implementation Learning and Adaptive Management

Growing Up GREAT! employed an adaptive management approach to ensure that data and learning produced through many complementary processes were used to improve program effectiveness and scalability. From its earliest stages, GUG intentionally built a culture of learning. It developed a theory of change describing how the intervention would prompt change and lead to anticipated outcomes; this model was revisited and revised regularly over the life of the project to reflect learning and results. It also prioritized training of local staff and partners on the theory and application of norms-shifting approaches underlying the intervention, and engaged them as equal partners in implementation, monitoring and adaptation. Their observations, recognized as practice-based knowledge, were given the same weight as traditional sources of data from monitoring activities and research studies.

The main vehicle for learning were quarterly "pause and reflect" meetings. These meetings brought together all program actors—from direct implementers (teachers, health providers) to local partners (CBOs, MOE, MOH) to technical experts from the government – to report on activities, review and interpret multiple sources of data, cultivate critical reflection and discussion with implementing partners and stakeholders on key challenges, successes, and lessons learned; and agree upon any needed adjustments. Discussion and decisions were documented in a Learning Matrix, a straightforward table that tracked challenges, successes, lessons learned and proposed adaptations for each intervention component/activity. Special learning meetings were also convened after the baseline, the outcome evaluation and subsequent rounds of qualitative data collection to glean any key findings that might necessitate changes to the approach.

Throughout the planning and implementation phases of GUG, Save the Children also conducted a concurrent and retrospective activity-based costing study. This information was collected to help Save the Children and implementing partners estimate the costs of scaling up to new communities in Kinshasa and to provide NGOs and government agencies data on the cost of adapting and implementing the intervention in other locations. The overall cost of resources used to implement the intervention over the 10-month intervention period was ~$13,000 per month. This included costs for 58 VYA clubs, parent/family and community activities, teacher engagement and training, and health system linkages. In all, the cost per VYA club—the most costly element of the intervention—was less than $770 over the 10-month intervention period ($77/month).

Growing Up GREAT! also benefitted from a series of three small, rapid qualitative investigations. These studies allowed the project team to examine intervention components that were not included in the intervention's formal evaluation. The first study examined the feasibility and effectiveness of the

parent/caregiver sessions and provided critical information about who participated, what caregivers took away from the sessions, and how to improve the sessions' effectiveness. The second study with teachers and school leadership provided a deeper understanding of the frequency and quality of activities in school clubs versus classroom lessons, and furnished information on how teachers used materials to complement the national Family Life Education curriculum. The third study examined the feasibility, utility, and potential for scale of GUG's health system-level activities.

The continuous learning approach applied by GUG allowed the project team to address cross-cutting implementation challenges and identify critical adaptations to ensure successful scale-up. Challenges engaging primary and male caregivers prompted shifts in the family approach to make video sessions more inclusive of extended family member caregivers and more convenient for men to attend. CBO were asked to carefully track absences, especially among girls, in community-based clubs, and make follow up home visits to help prevent dropout. Implementation experience and learning also helped government partners identify key steps to lay the foundation for institutionalization. The MOE integrated GUG into in-service training documents and teacher resources while the MOH agreed to pilot a new approach for implementing family and community activities via community health workers. Adaptive management also allowed the team to pivot and adjust quickly during unforeseen delays caused by political instability in advance of the 2018 national elections and during the first year of the COVID-19 pandemic.

Evaluation

The impact of GUG was assessed via both a quasi-experimental quantitative outcome evaluation and a qualitative youth-led evaluation. Together, the two studies provide insight into the multi-level impacts of GUG.

The quantitative evaluation was conducted as part of the Global Early Adolescent Study (GEAS) at Johns Hopkins University in coordination with the Kinshasa School of Public Health. The survey collected data from girls and boys who participated in GUG activities (the intervention group), and from girls and boys who did not (the control group). The baseline of this quantitative survey was conducted in 2017 with 2,842 adolescents before GUG implementation began. The endline was conducted in 2018 after the end of implementation, approximately one year after the baseline survey. The endline interviewed 2,519 adolescents, or nearly 90 percent of the baseline participants. Subsequent rounds of data collection occurred in 2019, 2020, and 2022 to assess long-term impact [13, 14].

The participatory qualitative evaluation was conducted in 2018 to gather perspectives from over 50 participants (VYA and adult) on individual, family,

healthcare, and normative changes in the community due to GUG. For this qualitative evaluation, VYA club members, with guidance from KSPH, used participatory interviews and story-collection techniques.

Results

Results from the quantitative outcome evaluation [15,16] show that GUG contributed to significant effects in building RH knowledge, caregiver connectedness, and gender equitable attitudes and behaviors among VYAs through its nine-month multi-level intervention package with VYAs and adults. The program also led to a stronger developmental environment for VYAs by helping parents/caregivers, teachers, and health care providers to effectively communicate with VYAs, view VYAs as autonomous individuals with their own thoughts and desires; and act with greater gender-equality towards girls and boys. Quantitative outcome evaluation results about who the VYAs were talking with about the RH topics, we found a few key findings:

- VYAs tended to talk with others of the same sex, with results showing that VYA boys are more likely to speak about body changes, sexual relationships, contraception, and pregnancy with their paternal caregiver, friends, and brothers, and girls are more likely than boys to speak about these topics with their maternal caregivers and sisters.
- Few VYAs report speaking to doctors about RH topics.
- Results did not indicate significant differences between in-school and out-of-school status.

Evaluation results also indicate GUG addresses inequities and demonstrates strong results among out-of-school and younger VYAs, namely:

- Feeling comfortable with puberty and body changes
- Communicating with adult caregivers about RH, including healthy, romantic relationships and contraception
- Bullying others less frequently (for boys)
- Expecting more gender-equal sharing of household chores (for girls)

Despite these promising results, there were areas where the intervention did not yield positive results. For example, we expected to see impact in body comfort, comfort with menstruation, communication about body changes and pregnancy, and additional gender equality measures. The GEAS will continue to explore how gender and other factors influence VYA health and well-being as they move into older adolescence, building the evidence for investment in programs reaching VYAs.

Scale Up

The Preparing to Scale Phase of GUG began in August 2018 and was aimed at ensuring solid guidance for GUG's institutionalization (vertical scale up) into key Congolese Ministry platforms. Core partners during the first two years of scale-up (2019-2021) were the MOE, the MOH, and local non-governmental organizations (NGO)s; in the third year of scale-up (late 2021 to 2022), the Ministry of Social Affairs (MSA) joined this group. Each Ministry supported institutionalization of a different component of the intervention.

In the first year of scale-up, the MOE institutionalized GUG in two ways: 1) rolling out a formal protocol for creation and maintenance of school-based clubs; and 2) integrating GUG into the Family Life Education program). Two lead NGOs supported the MOE and schools in rolling out the school-based clubs, as well as supporting smaller NGOs to implement community-based clubs and parent and community sessions. The MOH institutionalized GUG by continuing to support the health exchange activities with facility-based providers.

During the second year of scale up (2020), which coincided with the start of the COVID-19 pandemic, all GUG activities were temporarily paused due to school closures and mobility restrictions. Project support shifted to focus on integrating Family Life Education (including the GUG Toolkit) into the distance learning program launched by the MOE in collaboration with UNICEF. Once schools reopened in 2021, GUG resumed in-person school-based activities under the leadership of the MOE, taking care to respect social distancing and safety measures. Community-based activities, also shifted from CBO responsibility to be integrated into Ministry platforms. The MOH took on responsibility for implementing parent and community sessions through its cadre of community health workers. In addition, the Ministry of Social Affairs, which is responsible for the re-integration of out-of-school adolescents into the formal education system, piloted a new approach to integrate GUG into its existing programming.

Important policy changes also helped to ensure that GUG is institutionalized, both at present and in future years. The intervention is included in the National Program for Adolescent Health's (MOH/PNSA) 3-year strategic plan as the flagship approach for engaging and supporting adolescent sexual and reproductive health among VYAs. It is also fully integrated into the Family Life Education program under the MOE, including in all pre- and in-service training documents, teaching aids and other strategy documents. Both the MOH and the MOE are currently advocating to bilateral partners and international NGOs for continued funding of the approach.

Conclusions

Growing Up GREAT! represents a promising, adaptable, and resilient program model for challenging urban contexts such as Kinshasa. Evaluation results suggest that it improves RH knowledge, caregiver connectedness, and gender equitable attitudes among VYAs, and addresses inequities by reaching out-of-school youth and younger adolescents. In addition, qualitative data suggests that GUG improves the skills and attitudes of caregivers, teachers, and health care providers, creating a more supportive environment for VYAs. Most importantly, GUG is accepted by parents, community leaders, the Ministry of Public Health's National Adolescent Health Program and the MOE's Family Life Education Department, and has proven feasible to implement in schools in low-income communities in urban Kinshasa.

There is much still to learn about how to improve GUG and similar interventions designed to improve gender equity and SRH among early adolescents. Critical questions remain about dosage, duration and how facilitation impacts effectiveness. Subsequent waves of the GEAS will continue to explore the answers to these questions, and seek to understand how gender and other factors influence VYA health and well-being as they move into older adolescence, building the evidence for investment in programs reaching VYAs.

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