

PASSAGES PROJECT

Growing Up GREAT!

End of Project Report



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PREPARED BY THE INSTITUTE FOR
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USAID
FROM THE AMERICAN PEOPLE

Passages

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TABLE OF CONTENTS

SECTION ONE	
INTRODUCTION.....	1
SECTION TWO Introducing Growing Up GREAT!.....	4
GROWING UP GREAT! WITHIN THE PASSAGES PROJECT	4
SECTION THREE Adaptation Phase	11
ACTORS & ACTIVITIES IN ADAPTATION PHASE	11
RESEARCH & PROGRAM LEARNING	15
THE LEARNING LAB.....	16
SECTION FOUR Implementation Phase	19
ACTORS & ACTIVITIES	19
IMPLEMENTATION WITHIN & ACROSS SOCIO-ECOLOGICAL LEVELS.....	19
IMPLEMENTATION MONITORING & LEARNING	21
SECTION FIVE Evaluation & Learning Study Findings	24
QUANTITATIVE SURVEY: METHODS.....	25
GROWING UP GREAT! EXPOSURE.....	28
DATA ANALYSIS	30
RESULTS	30
WAVE 3: GROWING UP GREAT!'S SUSTAINED EFFECTS.....	40
SECTION SIX Preparing to Scale: Beginning with the End in Mind	43
RESEARCH AND PROGRAM LEARNING TO INFORM SCALE-UP.....	43
SCALE-UP ACTORS & ACTIVITIES.....	47
SECTION SEVEN: Reflections, Learnings, and Conclusions.....	50
INTERVENTION EFFECT	50
IMPLEMENTATION LEARNINGS	50
IMPLEMENTATION AND EVALUATION RECOMMENDATIONS.....	52
CONCLUSIONS.....	52
RESOURCES FOR FURTHER READING.....	53
REFERENCES	54

TABLE OF FIGURES

Figure 1: Theory of Change.....	8
Figure 2: Growing Up GREAT! Timeline.....	9
Figure 3: # of Activities and Individuals Reached (2018-2019).....	21
Figure 4: Intervention Exposure among Intervention Group.....	29
Figure 5: Intervention Exposure among Control Group.....	30
Figure 6: Intervention Effect on Girls' Knowledge on Where to Go to Get Contraception.....	33
Figure 7: Growing up GREAT! Impact on Caregiver Connectedness, among In-School and Out-of-School Very Young Adolescents.....	34
Figure 8: Communication with Others about Contraception, among Out-of-School Girls, Aged 12 Years or Younger.....	36

Figure 9: Acceptance of Gender-Based Teasing and Discrimination.....	38
Figure 10: Component Cost of GUG! as % of Total.....	47
Figure 11: Assessment of Growing Up GREAT! Scalability.....	48

TABLE OF BOXES

Box 1: The Passages Project 2015-2022	2
Box 2: Caregiver Testimonial Videos: Highlighted Behaviors.....	12
Box 3: The Growing Up GREAT! Intervention Package.....	14
Box 4: Building the foundations for the intervention.....	15
Box 5: Topline SNET Findings.....	16
Box 6: Key Findings after One Year of Implementation.....	24
Box 7: From Their Perspective: Key Changes Due to Growing Up GREAT! Noted by Very Young Adolescents.....	38
Box 8: From Their Perspective: Key Changes Due to Growing Up GREAT! Noted by Parents/Caregivers.....	41
Box 9: From Their Perspective: Key Changes Due to Growing Up GREAT! Noted by Teachers & Healthcare Providers.....	42
Box 10: Scale Up Partners.....	49

TABLE OF TABLES

Table 1: Youth-focused Community-based Organizations Implementing Growing Up GREAT!.....	11
Table 2: In-School Versus Out-of-School Very Young Adolescents.....	13
Table 3: Programmatic Recommendations Integrated into Implementation Design.....	17-18
Table 4: Cross-cutting challenges addressed during learning meetings.....	23
Table 5: Study Design and Methods Used to Assess the Effect of Growing Up GREAT!.....	24-25
Table 6: Final Sample Size (at Wave 2).....	26
Table 7: Effect of Growing Up GREAT! at Wave 2.....	31-32
Table 8: Growing Up GREAT!'s Impact on Reproductive Health Knowledge.....	32-33
Table 9: Growing Up GREAT!'s Impact on Connectedness, Perceived Quality of Services, and Body Comfort.....	34-35
Table 10: Growing Up Great!'s Impact on Reproductive Health Communication with Others.....	35
Table 11: Growing Up Great!'s Impact of Perceptions on Peer Sexual Behavior.....	36
Table 12: Growing Up GREAT!'s Impact on Attitudes Regarding Boys'/Girls' Roles, Traits, Activities.....	37
Table 13: Growing Up GREAT!'s Impact on Chore Sharing Behavior.....	39
Table 14: Growing up GREAT!'s Impact on Bullying and Violence Victimization and Perpetration.....	39-40
Table 15: Integrating Growing Up GREAT! Activities in Very Young Adolescent Clubs and Classrooms.....	44
Table 16: Exchange Visits between Health Services Providers and Very Young Adolescents.....	45
Table 17: Caregiver Component Study.....	45

LIST OF ACRONYMS AND KEY PHRASES

CBO	Community-Based Organization
CHW	Community Health Worker
DRC	Democratic Republic of Congo
FP	Family planning
GBV	Gender-based Violence
GEAS	Global Early Adolescent Study
IRH	Institute for Reproductive Health
JHU	Johns Hopkins University
KSPH	Kinshasa School of Public Health
MOE	Ministry of Education
MOH	Ministry of Health
NGO	Non-governmental organization
PNSA	Programme National de Santé des Adolescents
RH	Reproductive Health
RECOPE	Réseau Communautaires de Protection de l'Enfant
SRG	Stakeholder Reference Group
VYA	Very young adolescent (ages 10-14 years)

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EXECUTIVE SUMMARY

Background

Growing Up GREAT! was designed as a flexible intervention that balances effectiveness and scalability, and seeks to shift priority norms through a nine-month multi-level intervention package that engages very young adolescents (VYAs) and adults. Implemented from 2017-2018 in the Democratic Republic of Congo (DRC), Growing Up GREAT! aims 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 important adults in the lives of adolescents and the social systems in which VYAs are situated to foster an environment that values and supports their journey through puberty. To accomplish this, the intervention package features a multi-level, multi-layered set of activities with VYAs, their caregivers, teachers, health providers and other influential community members. The intervention draws from and consolidated elements of three evidence-based, norms-shifting projects that IRH and Save the Children managed in recent years: The GREAT Project, GrowUp Smart, and Choices, Voices, and Promises.

With joint funding from the Bill and Melinda Gates Foundation and USAID, Save the Children led the development, implementation, monitoring, and scale-up of the intervention, while IRH led the learning, research, monitoring, and guidance on sustainable scale up. Johns Hopkins University Bloomberg School of Public Health managed a team of GEAS researchers who executed the baseline and endline research in a strong, continuing, relationship with local research partner the Kinshasa School of Public Health.

Adolescent reproductive health is a key social issue in Kinshasa, the capital of the DRC. Like many African cities, Kinshasa has a youthful population: over half of the population (57%) is under 24 years of age and 23% are adolescents (aged 10-19 years) (PMA, 2020a). 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 (PMA, 2020b). Additionally, the DRC has the highest rate of GBV in sub-Saharan Africa, with 65% of cases involving children, predominantly adolescent girls (Human Rights Watch, 2009). Studies on gender and social norms reveal that GBV, and especially intimate partner violence (IPV), are widespread, with masculinity strongly associated with control, dominance, and superiority over women (Lusey et al., 2018; Muanda et al., 2016). VYAs are particularly vulnerable 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 early adolescents lack access to good quality, age-appropriate RH information and services.

Laying the foundation for implementation

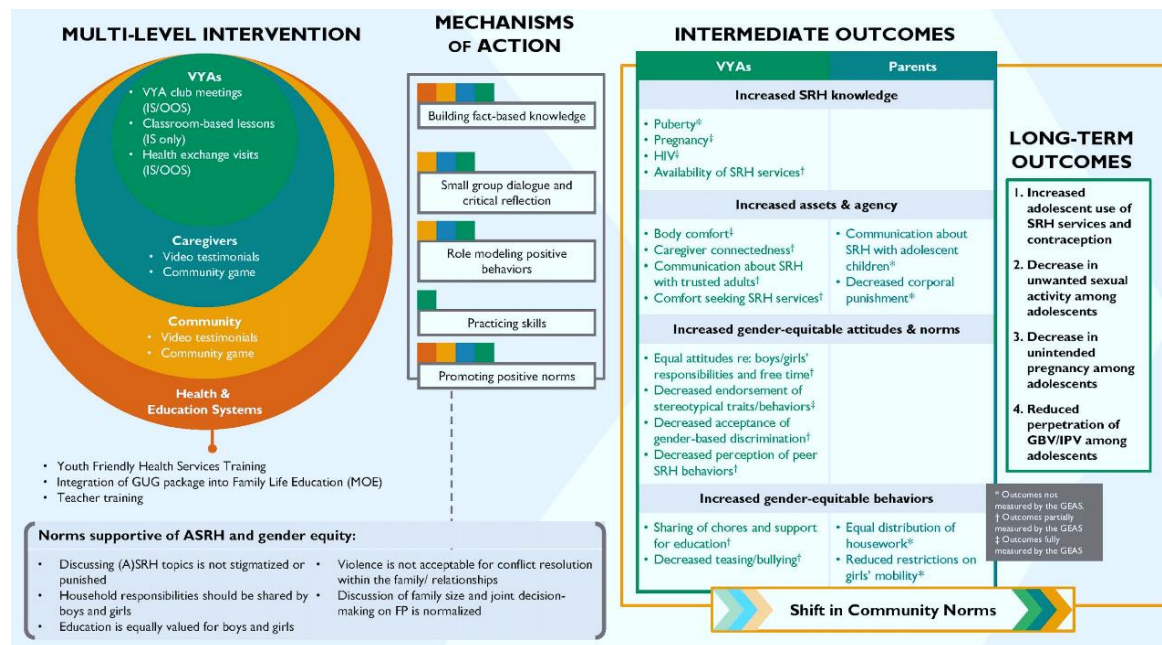
To ensure that the Growing Up GREAT! intervention package met the needs of VYAs and communities in Kinshasa, the project team undertook a *Rapid Assessment of Policies, Programs and Community Contexts of Out-of-School VYAs*. In the rapid assessment's school mapping component, the results revealed that 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. At the same time, a consultant hired by the JHU GEAS team conducted a rapid assessment of out-of-school VYAs. Findings indicated that up to 16% of school-aged youth were out of school at that moment in time, they often faced greater exposure to violence than in-school peers, and that school fees posed the greatest barrier to educational achievement. Growing Up GREAT's evaluation of 20 community-based organizations (CBOs) (of which eight became implementation partners)

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. Key stakeholder priorities were identified from the MOE and the MOH, along with teachers and community members, who saw VYAs as a critical age group, and were enthusiastic about the potential of Growing Up GREAT! to improve health outcomes of early adolescents.

Beginning in early 2017 and continuing through much of the year, the Growing Up GREAT! team used the Passages Project’s Social Norms Exploration Tool (SNET) with VYAs, their caregivers, and their reference groups. Findings confirmed that underlying social norms had been appropriately identified and represented in Growing Up GREAT! materials. From March to August 2017, the project team conducted a Learning Lab to test Growing Up GREAT! in 40 schools and surrounding neighborhoods prior to full implementation. Adjustments were made in the package to increase acceptability and feasibility.

Growing up GREAT!

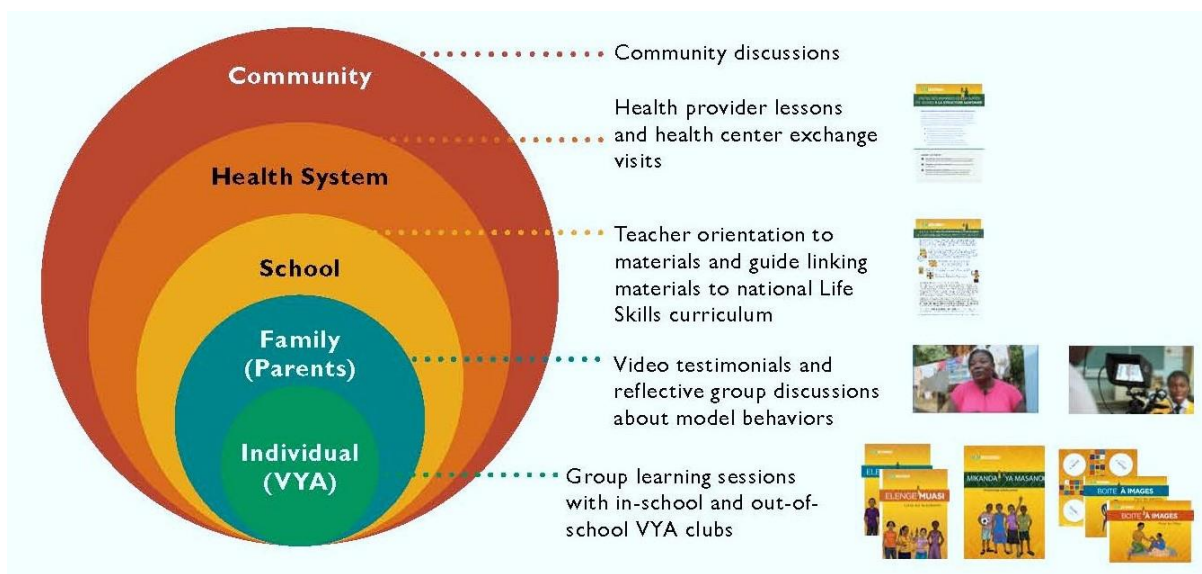
Growing Up GREAT!’s Theory of Change is based on the socio-ecological model, which acknowledges the many actors who influence VYAs. It suggests that efforts to create normative change must include parents, caregivers, and communities responsible for engendering a supportive normative environment for adolescents as they mature into adults. It hypothesizes that Growing Up GREAT! will lead to long-term outcomes of increased adolescent use of RH and contraception, decreased unwanted sexual activity and unintended pregnancy and reduced perpetration of GBV among adolescents. The Theory of Change was developed simultaneously with the intervention, and has continued to evolve over time, as should all theories of change.



Theory of Change

The intervention package created by the Growing Up GREAT! team featured a multi-level, multi-layered set of activities with VYAs, their caregivers, teachers, health providers and other influential community members. The intervention design and activities are described in more detail below.

Growing Up GREAT! Intervention Package



Growing Up GREAT! uses a socio-ecological model to structure content and activities that help participants gain information and address social and gender norms related to adolescent RH.

- **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 Growing Up GREAT! Toolkit over the course of the school year. Each school club of 25-30 VYAs nominates 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, meanwhile, meet weekly for 28 weeks; these sessions are facilitated by trained, partner CBO staff. The VYA Toolkit contains story books, activity cards, a game, a set of CycleBeads®, and take-home Puberty Booklets.
- **Family Level:** Caregiver Testimonial Videos
The caregivers of school- and community-based VYA club members participate in six sessions, each centered on viewing a caregiver testimonial video, and discussing the positive and gender-equitable behaviors featured in the video. The videos show local caregivers performing and discussing gender-equitable behaviors, and their purpose is to promote dialogue and imitation among viewers.
- **School Level:** Teachers received training on the VYA Toolkit and how to integrate it into classroom lessons of the Family Life Education program, as well how to support school-based clubs.
- **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 notable / influential community members, such as religious leaders and civic authorities. The sessions use caregiver testimonial videos and a participatory game to spark reflection and conversation.
- **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.

Results

Through its nine-month multi-level intervention package with VYAs and adults, Growing Up GREAT! showed significant effects in building RH knowledge, caregiver connectedness, and gender equitable attitudes and behaviors among VYAs. 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. When we looked at endline 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 Growing up GREAT! 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. Qualitative research and further data analysis is ongoing to shed light on why the intervention did not have expected results in these areas.

Scale Up

The Preparing to Scale Phase of Growing Up GREAT! began in August 2018 and was aimed at ensuring solid guidance for Growing Up GREAT's institutionalization (vertical scale up) into key Congolese Ministry platforms. Scale-up partners are the MOE, the MOH, and local non-governmental organizations (NGO)s. Each is supporting institutionalization of a different component of the intervention. Throughout the planning and implementation phases of Growing Up GREAT!, Save the Children 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 a 30-month period was ~ \$15,000 per month.

The MOE is institutionalizing Growing Up Great! in two ways: first, through roll out of a formal protocol for creation and maintenance of school-based clubs and second, by integrating Growing Up Great! into the Family Life Education program (including in-service training documents, teacher manual, and other strategy documents). Two lead NGOs are supporting the MOE/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 is institutionalizing Growing Up Great! by continuing to support the health exchange activities with facility-based providers. However, all activities were paused in March 2020 in response to school closures due to COVID-19, and support

shifted to the distance learning program launched by the MOE in collaboration with UNICEF. At the time of preparing this report (May 2021), schools are slowly beginning to open, and the scale-up team intends to implement a revised scale-up model with activities that respect social distancing and safety measures.

Growing Up GREAT! is included in the PNSA's 3-year strategic plan as the flagship approach for engaging and supporting adolescent RH 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 and teaching aids. Both Ministries are currently advocating to bilateral partners and international NGOs for continued funding of the approach. Additionally, 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. At the same time, the Growing Up GREAT! consortium will continue to support the MOE as they scale up the program and document progress and lessons learned.

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.

SECTION ONE

Introduction

Reproductive health (RH) is a state of “complete physical, mental and social well-being in all matters relating to the reproductive system” (UNFPA, 2020). Adolescents around the globe have the rights to forge healthy relationships, make informed decisions about sex and childbearing, and protect themselves from violence and disease—all of which are central to healthy reproductive outcomes. To achieve these rights, adolescents need knowledge, skills, and access to health services. However, a focus on meeting the needs of individuals is insufficient. The enabling environment, including social norms play an important role in RH (IRH and Save the Children, 2016).

The Gap in Reproductive Health Programming for Very Young Adolescents

Early adolescence is a critical period of human development with rapid psychological, physical, and emotional changes, including the transition to and onset of puberty and, for some, sexual debut. At the same time very young adolescents (VYAs) are experiencing profound biological changes and navigating shifting social expectations about their roles and responsibilities. As they transition to adulthood, they begin to take on adult responsibilities such as marriage, childbearing, and work. Girls and boys are under social pressure to inhabit gender roles that become increasingly rigid as they age (Kågesten et al., 2016). Girls may see their educational opportunities diminish or their mobility and independence decrease, while boys are expected to begin asserting their authority and providing for their family. During this life stage, VYA attitudes and behaviors related to gender and RH begin to fully form, with lasting effects through adulthood (Lundgren et al., 2013; Blum et al., 2017).

Emerging evidence indicates, however, that VYAs often enter adolescence with very limited information about their changing bodies, their potential fertility, and the challenges and advantages of protecting their health as they approach adulthood. Many lack the knowledge and skills to deal with the rapid changes of puberty, and taboos that prohibit discussion of puberty and sex may further isolate them from the information and support they need. While the majority of VYAs are not sexually active, many develop an interest in romantic relationships during this time, highlighting the need for accurate and age-appropriate RH information and services. Other VYAs may already be married, compounding this need. Parents and caregivers, an important source of guidance for VYAs, often feel ill-prepared to help their children understand and prepare for puberty and future sexual relationships (Chong et al., 2006).

Adolescent and youth RH programs have historically focused on older adolescents (15-19) because more of them are sexually active. Yet strategic investment during early adolescence can build the individual, family, community, and structural assets necessary for girls and boys to successfully cross the bridge from puberty to healthy sexual relationships and contraceptive use. Indeed, achievement of the Sustainable Development Goals—most notably health (Goal 3), education (Goal 4), and gender equality (Goal 5)—will depend, in part, on improvements in the lives and health of the current cohort of VYAs who will be between the ages of 22 and 26 in 2030. Despite increasing recognition of the importance of addressing VYAs to lay a strong foundation for life-long RH trajectories, there is little longitudinal data on VYAs and limited evidence on what programs are effective in the short and longer term with this age group.

Social Norms & Reproductive Health

Social norms are intangible, yet they have a powerful influence on both identity and behavior. This is especially the case with gendered social norms: the expected behavior, attitudes, responsibilities, and opportunities that a society allocates to its members based on their male or female sex. The relevance and influence of social norms on relationships and childbearing vary by age, reproductive life stage (menarche, sexual initiation, parity, menopause), life course, and partner status (married, dating, single, cohabitating), among other factors (Social Norms Learning Collaborative, 2021). For VYAs in particular, social norms matter because they are still dependent upon parents and caregivers for decisions and actions linked to norms that structure behavior related to sexual debut, intimate partner and sexual violence, and early marriage, even as their own attitudes shift. These norms shape access to education and the services and information that young people need to protect their health.

When it comes to improving adolescent RH, increasing family planning (FP) use, and reducing gender-based violence (GBV), practitioners have historically sought to create behavior change by building individual knowledge, skills, and access to services. But today, RH programs are increasingly testing the potential of shifting social norms to improve not only adolescent's RH outcomes (Cislaghi & Shakya, 2018), but those of all people over the life course, while ensuring supportive policies and quality services.

The Kinshasa Context: An Opportunity

Adolescent RH is a key social issue in Kinshasa, the capital of the Democratic Republic of Congo (DRC). Like many African cities, Kinshasa has a youthful population: over half of the population (57%) is under 24 years of age and 23% are adolescents (aged 10-19 years) (PMA, 2020a). The median age of first sexual activity for women in Kinshasa is 17.4 years, but on average, women do not use contraception for the first time until the age of 20.7 years. By their 18th birthday, 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 (PMA, 2020b). Adolescent fertility is almost three times higher among young women living in the poorest households (42%) than among those living in the wealthiest households (15%) (DHS Survey, 2013).

While use of modern contraception among sexually active, unmarried women aged 15-24 was 39.9% in 2017, the modern method mix is heavily skewed toward short-acting methods, particularly male condoms (PMA, 2020a). In 2018, only 69.9% of surveyed health facilities offered contraceptive services, and only 56.9% of those facilities offered contraceptive services to adolescents (PMA, 2020b). When contraceptive services are available, service fees and unwelcoming attitudes from health providers may pose significant barriers to use, especially for adolescents. Family, religious, or societal beliefs and social pressures further discourage adolescents from using contraception and RH services.

Additionally, the DRC has the highest rate of GBV in sub-Saharan Africa, with 65% of cases involving children, predominantly adolescent girls (Human Rights Watch, 2009). The Tshangu district in

Box 1. The Passages Project 2015-2022

Purpose: An implementation-research project that addresses a range of social norms, at scale, to achieve sustained improvements in RH, FP, and GBV for young people at three transitions during which a supportive normative environment may be especially conducive to positive RH now and in the future: VYAs, newly married youth, and first-time parents.

Six interventions form the core of The Passages Project:

- Growing Up GREAT!, DRC
- Transforming Masculinities, DRC
- Husbands' Schools, Niger
- Girls' Holistic Development, Senegal
- Responsible, Engaged, and Loving (REAL) Fathers, Uganda
- Terikunda Jekulu, Mali

The Passages Project Consortium: IRH (lead); Save the Children (implementers); Global Early Adolescent Study (evaluation); Kinshasa School of Public Health (learning studies and evaluation).

Kinshasa, the Bien Grandir Plus! intervention site, is one of the poorest, most populous districts of the city and accounts for the highest rates of street-connected children, as well as vulnerable girls at risk for sexual exploitation and violence. Studies on gender and social norms reveal that GBV, and especially intimate partner violence, are widespread, with masculinity strongly associated with control, dominance, and superiority over women (Lusey et al., 2018; Muanda et al., 2016).

VYAs are particularly vulnerable in volatile, insecure, and expensive Kinshasa. Lack of government resources, and non-governmental organization (NGO) emphasis on older adolescents, translates to a deficit of services for this age group. 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), but scarce resources and still-developing capacities mean that many early adolescents lack access to good quality, age-appropriate RH information and services.

SECTION TWO

Introducing Growing Up GREAT!

GROWING UP GREAT! WITHIN THE PASSAGES PROJECT

The Passages Project (**Box 1**) worked with six norms-shifting interventions to support implementation, research, and learning to build the evidence base for norms-shifting interventions that support young people’s RH and wellbeing now and into the future. These interventions addressed a range of social norms, at scale, for sustained improvements in RH, FP use, and GBV reduction. One of these interventions, Growing Up GREAT!, worked with VYAs in Kinshasa, DRC, from late 2015 through 2021.

This report tells the Growing Up GREAT! story. This section contains *background information* about the partnership which designed and implemented the intervention, its antecedents, targeted social norms, theoretical base, Theory of Change, and timeline. It then proceeds to a discussion of *Growing Up GREAT! activities, in three phases*: Adaptation, Implementation, and Preparation for Scale Up. Within each phase are descriptions of project work and actors, and of the research and learning that occurred within that phase (note that some research overlapped phase boundaries).

The penultimate section of the report is devoted to Growing Up GREAT!’s effectiveness measured by two rounds of the Global Early Adolescent Study (GEAS) that provided baseline (Wave 1) and endline (Wave 2, collected three months post-implementation) data, as well as a participatory, youth-led qualitative study conducted shortly after the GEAS Wave 2. A third round of GEAS data collection (Wave 3) provided data on sustained effect of the intervention. The study used a longitudinal, quasi-experimental design to evaluate the relationship between evolving social and gender norms and a range of key health outcomes across the adolescent period, and between intervention and non-intervention (control) groups.

The report ends with a discussion of lessons that Growing Up GREAT!, in its entirety, contributes to a set of learning questions posed by the Passages Project. These questions deal with *advancing understanding, improving implementation, enhancing evaluation, and strengthening scale up of norms-shifting interventions* on behalf of improved RH for young people now, and across their life course.

The Project Team: A Unique Partnership

Successful change happens when multiple dimensions of change happen simultaneously. Growing Up GREAT! has developed a unique approach, consisting of a longitudinal perspective, strong implementation learning agenda, and vision of sustainability at scale. This work was funded jointly by the Bill and Melinda Gates Foundation and USAID.

Implementation

With expertise in implementation science in the arena of adolescent RH, the Institute for Reproductive Health (IRH) assembled and led a consortium to develop, implement, and evaluate Growing Up GREAT! On the implementation side, *Save the Children* led the development, implementation, monitoring, and scale-up of the intervention. Eight youth-focused *community-based organizations (CBOs)* carried out the various components of the multi-level intervention and supported integration of the package in schools and with out-of-school VYAs. A *Youth Advisory Council* composed of in-school and out-of-school VYAs participating in Growing Up GREAT!,

alongside members of the Kinshasa Youth Parliament,¹ provided feedback on project implementation and results from a community and youth-based perspective, and helped the consortium ensure accountability to primary beneficiaries (VYAs).

Research

On the research side, **IRH** led learning, research, monitoring, and guidance on sustainable scale up. **Johns Hopkins University** (JHU) Bloomberg School of Public Health managed the team of GEAS researchers who executed the baseline and endline research for Growing Up GREAT! in a strong, continuing, relationship with local research partner the **Kinshasa School of Public Health** (KSPH).

Scale up

Growing Up GREAT! was designed for scale, so partnerships were formed with this goal in mind and a focus on selecting partners who could provide strong platforms for scale-up. In particular, the goal of institutionalizing Growing Up GREAT! required government support and commitment at the highest level. The **MOE** provided crucial support for implementation and supervision of school-based components of the intervention (See **Box 3**, p. 14) and is now institutionalizing school-based components through its Department of Family Life Education, including creating VYA school clubs, training teachers, and integrating the approach into classroom-based lessons of the National Family Life Education program. The **MOH**, via its *Programme National de Santé des Adolescents* (National Adolescent Health Program; PNSA), facilitated health linkages between Growing Up GREAT! and health facilities during implementation, and is playing a key role in scale up (below). Local CBOs are scaling up activities with out-of-school VYAs, parents and communities. Content experts from both ministries and CBOs became master trainers and remain as resource people for future sustainability.

The multi-disciplinary **Stakeholder Reference Group (SRG)** was Growing Up GREAT!'s technical advisory committee, with members from more than 50 governmental and civil society representatives engaged in adolescent RH. Chaired by the MOH/PNSA, the SRG institutionalized the intervention in ministry policies and planning documents, and built the capacity of local CBOs to take up the approach. The SRG was the primary body responsible for promoting scale up of Growing Up GREAT!: it provided technical input and support for scale up by sharing information across government structures and the wider development community; facilitated scale-up of tools; mobilized resources; and advocated for continued investments in VYAs. The Ministry of Gender, Family and Children, the Ministry of Social Affairs, and the Ministry of Youth and Sports also coordinated with project actors via their active participation in the Reference Group.

Although supported by a different donor, **Save the Children Canada** played an important role in supporting Growing Up GREAT! scale up through the Global Affairs Canada-funded *Bien Grandir Plus!*, which was launched in March 2018 to scale up and extend the scope of the current project in Kinshasa. *Bien Grandir Plus!* has expanded the VYA component to reach additional in- and out-of-school VYAs in schools and quartiers (neighborhoods) in the current project communes of Kimbanseke and Masina, and to a neighboring commune, Ndjili. The planned scale-up also includes discussion sessions for parents and community members, and support for teachers to use materials in their classrooms. Moreover, the project has adapted the materials from the GREAT toolkit for older adolescents (ages 15-19) and launched activities with in-school older adolescents through secondary schools, and with out-of-school older adolescents through community-based clubs. The funding from Global Affairs Canada is focused on expansion – aiming to reach as many adolescents as possible by 2021.

In this report, IRH uses the phrase **project team** as the collective Growing Up GREAT! actors, unless reference to a specific team member or organization is warranted.

¹ An established, formal body endorsed by the government of the DRC. See: <http://jeunescongo.e-monsite.com/>

Growing Up Great! Antecedent Interventions

Growing Up GREAT! drew from and consolidated elements of three evidence-based, norms-shifting projects that IRH and Save the Children managed in recent years.²

1. The Gender Roles, Equality and Transformation (GREAT) Project developed and tested a package of evidence-based, scalable, life-stage tailored interventions to transform gender norms, increase contraception use, reduce GBV, and promote gender-equitable attitudes among adolescents in post-conflict northern Uganda. The GREAT design aligned with the socio-ecological model, and emphasized simple, low-cost interventions, including dialogue-based, interactive activities (known collectively as the GREAT toolkit) for use by adolescent groups; a radio drama; the Community Action Cycle; and linkages to Village Health Teams. *Growing Up GREAT! used all elements of the GREAT toolkit with the exception of the radio dramas.*
2. GrowUp Smart was a curriculum-based package of interactive puberty and body literacy materials that IRH designed for VYAs and their caregivers in Rwanda. Weekly educational sessions with VYAs were supplemented by interactive materials adapted from GREAT, a set of puberty brochures, and a menstrual kit. The GrowUp Smart curriculum also featured informational sessions with caregivers to increase their knowledge and build their communication skills. *Several Growing Up GREAT! materials were inspired by GrowUp Smart content, including a simplified version of the menstrual kit.*
3. Choices, Voices, Promises was a gender norms transformative approach that Save the Children developed in Nepal, using a socio-ecological approach to foster change at three levels. The *Choices* curriculum promoted gender equity by engaging boys and girls in dialogue and reflection on social justice and gender norms. *Voices* engaged caregivers on gender equity in families, using emotion-based videos and facilitated group discussion. *Promises* used mass media to spark community-wide normative change and promote more gender equitable behaviors and norms. *Growing Up GREAT! modified the Voices element for caregivers and communities.*

The Social Norms That Growing Up Great! Addressed

The project team drew from existing research on norms-shifting interventions, undertaking original research in the form of social norms exploration, using the Social Norms Exploration Tool (SNET) with VYAs and adults in Kinshasa, to select four priority social norms that Growing Up GREAT! would address:

- *Intergenerational discussion of puberty, sex, sexuality, relationships, and contraception is taboo.* Adolescents who ask their caregivers for information about these topics are considered disrespectful. They may be suspected of promiscuity, reprimanded, or physically punished. This norm reinforces a culture of silence around RH that directly contributes to poor RH knowledge.
- *Adolescents who use health services are suspected of inappropriate behavior.* Many communities held a shared belief that adolescents who visit health centers are *de facto* sexually active and are seeking contraception or abortion. They were quick to express disapproval and judgement, which extended to adolescents' caregivers. Adolescents are acutely aware of these beliefs, which effectively discourage them from accessing health services.

² More information on the three antecedent projects is available in the Growing Up GREAT! Adaptation Guide (Annex B).

- *Boys' education is more important than girls' education and girls should do housework, but boys can enjoy leisure time.* Gender-inequitable norms limit VYAs' aspirations and opportunities, which, in turn, can limit knowledge, lead to unhealthy behaviors, and negatively affect life trajectories. Growing Up GREAT! chose this pair of gendered social norms as an implementation and research focus.
- *Violence is an acceptable way to resolve conflict and to discipline children, whose behavior may be closely monitored by caregivers and extended family members.* Communities felt that physical violence was an appropriate way to correct children's behavior. Notably, this attitude carried over into adolescents' peer and romantic relationships, reinforcing a norm of GBV as an acceptable means of interaction and control.

To be sure, the intervention dealt with an array of social and gendered norms but focused on the four above, due to their relevance to the VYAs' life stage, and their linkage to clear and observable behavioral changes. Growing Up GREAT! materials and activities included content to elicit reflection and dialogue about these norms in particular, but not to the exclusion of other relevant social norms.

Theoretical Base and Principles

The project team applied several evidence-based principles and approaches to the Growing Up GREAT! design:

- **Social norms and norms-shifting interventions:** All interventions within the Passages Project, aimed to shift *social norms*—the unwritten rules of behavior shared by members of a given group—that influence RH, including but not limited to gendered social norms. Thus, along with increasing VYAs' knowledge about RH, and building VYAs' self-efficacy skills to cope with puberty, Growing Up GREAT! sought to foster gender equitable attitudes, norms, and behaviors among VYAs.
- **Socio-ecological approach:** The literature identifies the need to take a holistic or 'ecological' approach to VYA health interventions, acknowledging the many layers of influence surrounding individuals (family, health and school systems, community). Growing Up GREAT! activities and materials engaged VYAs and an array of important others in their normative environment: caregivers,³ teachers, health service providers, and community leaders.
- **Scalability:** The project team and partners designed Growing Up GREAT! as an adaptable intervention that, pending positive outcomes, could be taken to scale by other implementers, with other populations, and in other contexts. The intervention design anticipated geographic expansion (horizontal scale up) to reach more people, and it anticipated institutionalization (vertical scale up) to ensure sustainability. Growing Up GREAT!'s implementation and research activities maintained a focus on scalability from the outset to simplify scale-up logistics and reduce costs.
- **Age group and life course perspective:** The literature identifies VYAs as a critical intervention demographic to increase knowledge about puberty and sexuality, and to instill social norms associated with good health outcomes in adolescence and beyond. Intervening prior to the onset of puberty can shape the health trajectory of an adolescent's life course and proactively prevent RH and other health problems, rather than address them as they arise.
- **Organized Diffusion:** The assumption of *efficiency of diffusion*, or the spread of new ideas among broader networks and communities, is fundamental to the success of a norms-shifting

³ The term "caregivers" is used throughout to refer to parents and other adult caregivers of VYAs. In Kinshasa, many VYAs live with grandparents, other relatives, or with a single parent (most often their mother).

intervention. Roger's diffusion of innovation theory posits that an individual experiences five distinct stages vis-à-vis an innovation: awareness, interest, evaluation, trial, and adoption (Rogers, 2003). Cleland and Wilson (1987) argue for the effectiveness of diffusion and ideation in the spread of new ideas among homogeneous populations, specifically around the increase in FP uptake. These authors and others propose that influential leaders and principal social networks are key to spreading new ideas and technologies.

- **Gender Synchronization:** A growing body of evidence shows that engaging both girls and boys, separately or together, is vital to breaking down gendered barriers to girls' opportunities (Greene & Levack, 2010). Including boys is a way to meet boys' specific needs and to ensure that boys understand girls' lived experiences (and vice-versa). This promotes understanding and empathy, and prepares boys and girls to be more involved in equitable partnerships in the future. It also ensures that interventions are fully rights-based, promoting the rights of all VYAs to information and services (VYA & Gender Design Guide; Save the Children, 2019).

Growing Up Great! Theory of Change

The Theory of Change (**Figure 1**) was developed simultaneously with the intervention, and has continued to evolve over time, as should all theories of change. The objectives of Growing Up GREAT! were to:

- Increase VYAs' knowledge, skills, and self-efficacy on topics related to puberty, sexuality, pregnancy, contraception, and health service seeking.
- Improve gender-equitable and non-violent attitudes and behaviors among VYAs.
- Improve the normative environment surrounding VYAs to discuss puberty, sexuality, pregnancy, and contraception with trusted adults, and to seek health services when needed.

Over the longer term, Growing Up GREAT! envisioned that the above implementation goals would support increased use of FP and RH services; decreased GBV; and decreased adolescent pregnancy.

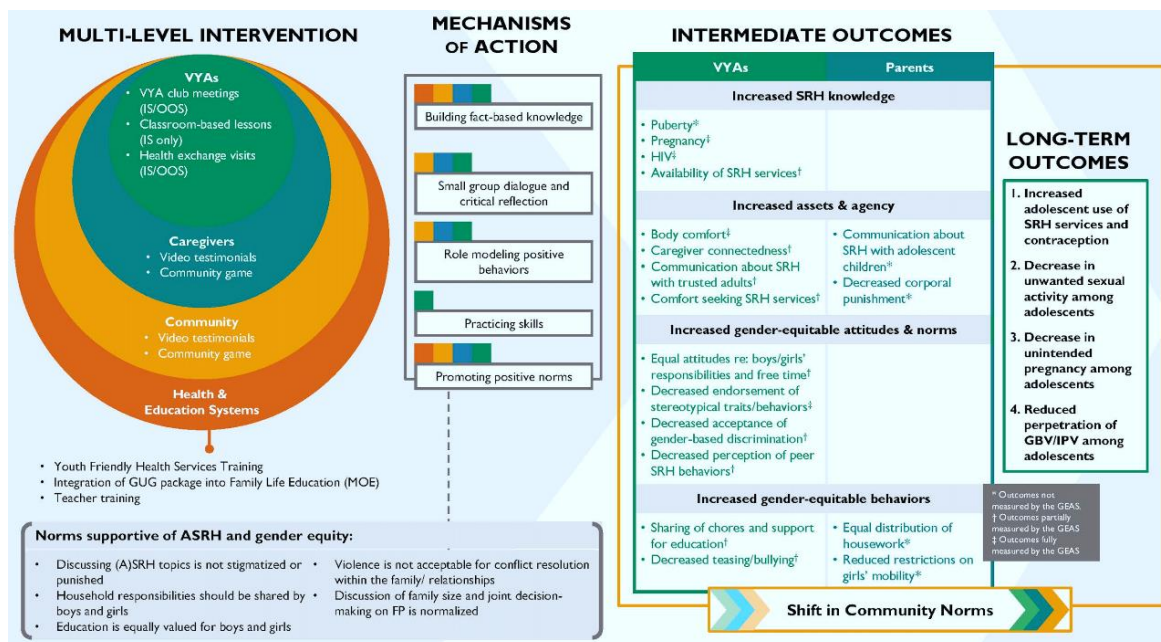


Figure 1 | Theory of Change

Growing Up GREAT!'s Theory of Change is based on the socio-ecological model, which acknowledges the many actors who influence VYAs. It suggests that efforts to create normative change must include parents, caregivers, and communities responsible for engendering a supportive normative environment for adolescents as they mature into adults. The multi-level intervention design and activities are described in more detail in **Box 3** below.

Mechanisms of action refer to mechanisms expected to affect change. They reflect the existing body of knowledge about what successfully shifts behaviors or norms. These mechanisms of action were inherent to the tools and approaches used at each level of the socio-ecological system. The colored boxes denote which mechanisms were leveraged at each level. Multiple mechanisms were used at each level, as they were meant to be mutually reinforcing. The combination of these interventions was expected to diffuse across participants and reference groups and result in our immediate and long-term outcomes. The specific norms addressed in the Theory of Change are listed in the bracketed section at the bottom. Confirmed by the social norms exploration prior to implementation, these norms are linked to a range of RH outcomes.

Intermediate outcomes are organized into four sections, all of which influence long-term outcomes. Save the Children included anticipated outcomes at both VYA level and parent level, since Growing Up GREAT! intended to create change at both levels as part of its normative approach. However, it is important to note that none of the parent outcomes were measured by the GEAS and many of the VYA outcomes were only partially measured by GEAS.

The yellow box surrounding outcomes represents the normative change sought by the intervention. It is an important part of the Theory of Change and its position is meaningful – it is both an outcome on its own, but also one that creates a supportive environment for the other intermediate and long-term outcomes we seek.

The Theory of Change hypothesized that these efforts to lay the groundwork with VYAs would contribute to long-term outcomes of increased adolescent use of RH and contraception, decreased unwanted sexual activity and unintended pregnancy and reduced perpetration of GBV among adolescents.

		2016				2017				2018				2019				2020	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Implement		Adaptation Phase				Implementation Phase				Preparation for Scale up Phase				Scale up Institutionally, Geographically					
						Learning Lab		Un-rest				Un-Rest							
Research		Rapid Assessment: Policy, Program, Context				SNET		SNET			Participatory Youth Eval	Rapid Learning Studies 1, 2, 3*							
						Baseline (GEAS Wave 1)						Endline (GEAS Wave 2)						GEAS Wave 3	
		Retrospective Cost Study						Prospective Cost Study											
		< ----- Quarterly and Annual Learning Meetings ----- >																	

< ----- **PASSAGES PROJECT** ----- >

< -- Separate

Funding -->

- * 1. Integrating Growing Up GREAT! activities in classes and VYA clubs.
- 2. Exchange visits between health service providers and VYAs.
- 3. Caregiver component of Growing Up GREAT!

Figure 2 | Growing Up Great! Timeline

Research & Learning Questions

Growing Up GREAT! and the five other interventions within the Passages Project had a substantial research and learning purpose. They aimed to contribute to the body of knowledge around norms-shifting interventions as they relate to RH, including implementation, effectiveness, evaluation, and scale up.

The research question that guided Growing Up GREAT! was: **Does an intervention for early adolescents that addresses gender norms, GBV, and RH lead to more equitable gender roles, delayed sexual debut and pregnancy, and increased FP use over the life course?**

As it progressed, the larger Passages Project developed a set of learning questions for its six interventions in the categories of (1) advancing understanding, (2) improving implementation, (3) enhancing evaluation, and (4) strengthening scalability of norms-shifting interventions.⁴ These questions, for Growing up GREAT!, are addressed in [Section Seven: Reflections and Learning](#).

⁴ These four categories are, at the level of the Passages Project, Legacy Contribution Areas. Passages leadership is committed to drawing on learnings from the six Passages interventions, and from other sources, to create Legacy Products that deepen the global knowledge and skills base in understanding, implementing, evaluating, and scaling effective norms-shifting interventions.

SECTION THREE

Adaptation Phase

The adaptation phase of Growing Up GREAT! lasted from late 2015 until early 2017, and centered on:

- Creating project structures for coordination, guidance, learning, and implementation
- Creating project foundations for scale up, especially institutionalization
- Researching context, social norms, and determining costs
- Adapting or designing and testing materials and activities

ACTORS & ACTIVITIES IN ADAPTATION PHASE

Growing Up GREAT! was designed as a flexible intervention that balanced effectiveness and scalability. US-based experts from IRH and Save the Children were familiar with evidence and recommendations from antecedent interventions, and provided technical assistance to a DRC-based team that led adaptation activities and interfaced with local stakeholders. Other major actors in the Adaptation Phase were the project’s SRG members and implementing CBO partners.

Growing Up GREAT!’s **SRG** was convened by Save the Children and provided technical guidance across the life of the project. Its participation in the adaptation phase ensured the compatibility of intervention and context in Kinshasa: specifically, that messages and materials were relevant to participants and aligned with national strategies and priorities.

The project team identified and evaluated 20 youth-oriented CBOs for their potential fit as implementation partners through Growing Up GREAT!’s rapid assessment of policies, programs, and community context. Ultimately, eight were selected (IRH, 2016). Two CBO partners were chosen to implement activities with in-school VYAs, based on their capacity, reach, and presence in intervention communities. Another six CBOs were invited to lead activities with out-of-school VYAs, given their wide range of expertise and background, and extensive experience in the Masina and Kimbanseke communes where Growing Up GREAT! took place. These six groups worked closely with the *Réseaux Communautaires de Protection de l’Enfant* (RECOPE)⁵ to locate and enroll out-of-school youth in project activities. RECOPE, or community-based child protection networks, are mandated by the government of the DRC and collectively supported and supervised by the Ministry of Social Affairs, the Ministry of Women, Family, and Children’s Affairs, and a nationwide network of NGOs.

Save the Children held a preliminary training for the eight CBOs on Passages and Growing Up GREAT! about norms-shifting

Table 1: Youth-focused Community-Based Organizations implementing Growing Up GREAT!	
...with in-school VYAs	
<ul style="list-style-type: none"> • El Dorado • Réseau des adolescents et jeunes congolais en population et développement (RAJECOPOD) 	
...with out-of-school VYAs	
Masina Commune	Kimbanseke Commune
<ul style="list-style-type: none"> • Alliance Communautaire pour la Promotion des Droits fondamentaux au Congo • Union Des Jeunes Cadets • Association Pour le Bien Être Familial / Naissances Désirables. 	<ul style="list-style-type: none"> • Union Féminine du Millénaire • Associations des Défenseurs des Droits Humains pour le Développement Communautaire • Actions Chrétiennes pour la Défense des Droits de l’Enfant Défavorisé et de la Fille.

⁵ *Réseaux Communautaires de Protection de l’Enfant* (RECOPE) are community-based child protection volunteers in networks established by Save the Children under an earlier project.

approaches and child protection to ensure their ability to support ongoing intervention and materials development.

Materials Design, Adaptation & Testing

The Growing Up GREAT! project team outlined a process for adapting existing materials and developing new materials. Throughout 2016, they adapted materials from GREAT, GrowUp Smart, and Voices, Choices, Promises, all of which were originally implemented in rural communities, to the urban Kinshasa context, using a rapid but inclusive process that involved VYAs in defining and refining content. Several new materials were also created and tested to accompany the adapted toolkit.

Growing Up GREAT's [VYA Toolkit](#) contained a number of materials adapted from GREAT and GrowUp Smart (story books, activity cards, a game, and CycleBeads® for menstrual tracking). It also contained informational **Puberty Booklets** [[Boys Book](#) | [Girls Book](#)], which were inspired by GrowUp Smart materials, but developed specifically for the Kinshasa intervention. To create the take-home booklets, the SRG reviewed existing materials and made preliminary recommendations for adaptation to the Kinshasa context. A group of CBO partner staff then pre-tested the revised materials with VYAs and caregivers. During sessions with VYAs, Save the Children collected their questions about puberty and sexuality. They also held focus group discussions with older adolescents to understand their experiences of puberty and provide content for the Puberty Booklets. After another round of pre-testing, the SRG validated the Puberty Booklets and all other VYA Toolkit materials. These activities resulted, by early 2017, in materials that were well aligned with the realities of urban Kinshasa.

A set of six [Caregiver Testimonial Videos](#) showed local caregivers performing and discussing gender-equitable behaviors. The videos' purpose was to promote dialogue among viewers and inspire them take up the featured behaviors. To create the videos, the Growing Up GREAT! project team followed guidance from the Voices, Choices, Promises intervention. After conducting brief surveys with community members and reviewing preliminary GEAS research (done in preparation for baseline), the team selected five behaviors to highlight in the video series (**Box 2**). A sixth behavior, use of modern FP by adult caregivers, was subsequently developed. A local videography team filmed testimony from caregivers, community members, and adolescents who modeled these behaviors. All individuals featured in the videos resided in Kimbanseke or Masina. Viewing and feedback sessions with SRG and CBO members led to rough cuts of each video, which were further refined by Save the Children before submission to the SRG for feedback. Revised videos were pre-tested in discussion sessions with caregivers, then finalized in early 2017.

Growing Up GREAT! created three new [Health Provider and Teacher Resource Tools](#). These were: a two-page lesson plan for health provider-led sessions of VYA club meetings; guidance for VYA club visits to health facilities; and, for teachers, a resource document that mapped Growing Up GREAT! materials to chapters and topics within the MOE's national **Family Life Education curriculum**. The purpose of the latter tool was to facilitate use of VYA Toolkit materials during classroom-based lessons. Health service providers and teachers reviewed the tools for appropriateness and usability, and the SRG validated them.

Box 2. Caregiver Testimonial Videos: Highlighted Behaviors

- Promote equal division of household chores and equal time for homework.
- Keep girls in school until age 18 and delay marriage until secondary education is completed.
- Encourage girls to choose educational/ training opportunities that support their career of choice.
- Discuss puberty, sexuality and other RH topics with VYAs.
- Promote gender equitable, non-violent conflict resolution within the family and among peers
- Support open communication to allow families to choose their ideal family size and birth spacing.

Finally, the project team adapted the VYA [Activity Cards](#) and [Game](#) from GREAT – all part of the VYA Toolkit, which was used by VYAs, both in and out of school, during club meetings and by teachers as a teaching aide during classroom-based lessons of the Family Life Education curriculum, for in-school VYAs only. These printed materials were produced in French, the language of instruction, for in-school VYAs, and in Lingala for out-of-school VYAs. (The VYA Toolkit included all of the following materials: puberty books, storybooks, activity cards, game (for more information, see the Growing Up Great! Implementation Guide).

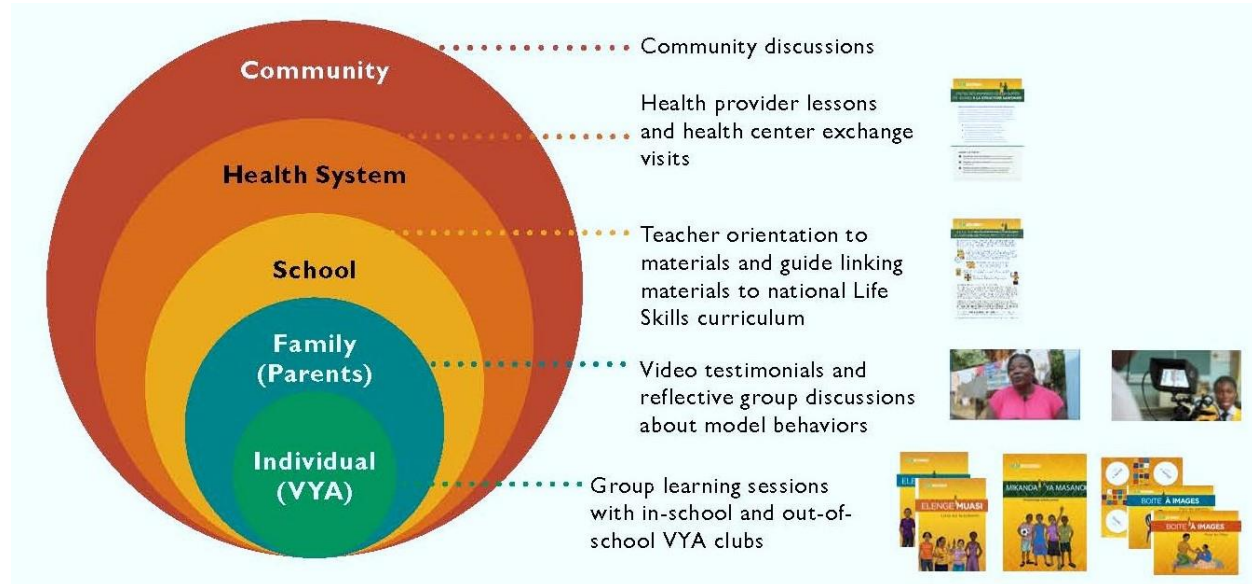
Note that Growing Up GREAT! differs for in- versus out-of-school VYAs.

Table 2. In-School Versus Out-of-school Very Young Adolescents	
For in-school VYAs	For out-of-school VYAs
Materials in French	Materials in Lingala
School-based clubs facilitated by VYA members	Community-based clubs facilitated by adult CBO facilitators
Classroom-based lessons of the Family Life Education curriculum, linked to the Growing Up GREAT! toolkit	.

The **Game** includes a game board and two sets of question cards – one for VYAs and one for adults. The adult question cards were used during the parent and community sessions of the intervention. The original GREAT design had a game as well, but it did not test well with folks in Kinshasa. As such, Save the Children designed a completely new game based on the locally known Jeu de Six game.

In sum, the Growing Up GREAT! intervention package featured a multi-level, multi-layered set of activities with VYAs, their caregivers, teachers, health providers and other influential community members. Following completion of the many interrelated activities devoted to designing, adapting, testing, translating, and re-testing Growing Up GREAT! materials, the intervention package (overleaf) was ready for use by early 2017.

Box 3. The Growing Up GREAT! Intervention Package



Growing Up GREAT! uses a socio-ecological model to structure content and activities that help participants gain information and address social and gender norms related to adolescent RH.

- **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 Growing Up GREAT! Toolkit over the course of the school year. Each school club of 25-30 VYAs nominates 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, meanwhile, meet weekly for 28 weeks; these sessions are facilitated by trained, partner CBO staff. The VYA Toolkit contains story books, activity cards, a game, a set of CycleBeads®, and take-home Puberty Booklets.
- **Family Level:** Caregiver Testimonial Videos
The caregivers of school- and community-based VYA club members participate in six sessions, each centered on viewing a caregiver testimonial video, and discussing the positive and gender-equitable behaviors featured in the video. The videos show local caregivers performing and discussing gender-equitable behaviors, and their purpose is to promote dialogue and imitation among viewers.
- **School Level:** Teachers received training on the VYA Toolkit and how to integrate it into classroom lessons of the Family Life Education program, as well how to support school-based clubs.
- **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 notable / influential community members, such as religious leaders and civic authorities. The sessions use caregiver testimonial videos and a participatory game to spark reflection and conversation.
- **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.

RESEARCH & PROGRAM LEARNING

Rapid Assessment of Policies, Programs, and Community Contexts of Out-of-School Very Young Adolescents

To ensure that the Growing Up GREAT! intervention package met the needs of VYAs and communities in Kinshasa, the project team undertook a *Rapid Assessment of Policies, Programs and Community Contexts of Out-of-School VYAs* (December 2015 through July 2016). A variety of data sources and methods (desk review, key informant interviews, analysis of PMA2020 survey data, dyad interviews with out-of-school adolescents and their caregivers, and a capacity assessment of youth-serving CBOs) produced information about the environment, challenges, and resources of this vulnerable population.

Box 4. Building the foundations for the intervention

- Established SRG
- Identified/engaged local implementing partners
- Completed school mapping exercise
- Developed and adapted materials
- Prepared for implementation
- Developed scale-up strategy
- Participated in social norms diagnostic

In the assessment's school mapping component, Save the Children scanned 134 schools in Kimbanseke and Masina: the schools were selected during the proposal stage because Save the Children had formed youth clubs in them for a previous project. However, the mapping found that the existing youth clubs were not suitable as they included few VYAs. The mapping tallied the number of VYA students; membership and purposes of in-school clubs; and the distance between each school and the nearest health facility/community health worker (CHW). The results revealed 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. Additionally, the assessment showed that school enrollment is fluid, with many adolescents leaving school for all or part of an academic year, due to lack of resources; as a result, some in-school VYAs are in grade levels not appropriate for their age. The team noted that VYAs are spread across multiple grade levels in both primary and secondary schools.

At the same time, a consultant hired by the JHU GEAS team conducted a rapid assessment of out-of-school VYAs. Findings indicated that up to 16% of school-aged youth were out of school at that moment in time, they often faced greater exposure to violence than in-school peers, and that school fees posed the greatest barrier to educational achievement. This assessment also found that some out-of-school VYAs lived with families, others on the street, and still others in institutional settings. Recognizing that street-connected VYAs have critical needs beyond the scope of Growing Up GREAT!, Save the Children made the decision to focus on VYAs living with families.

Growing Up GREAT's evaluation of 20 CBOs (of which eight became implementation partners) 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.

The rapid assessment prepared Growing Up GREAT! and implementing partner CBOs to select schools and surrounding communities for project participation (see [Section Five](#)). The assessment also gave the project team the opportunity to forge strategic linkages with government, NGOs, health services, and youth-led structures. Many key informants became members of the SRG.

Social Norms Exploration

Beginning in early 2017 and continuing through much of the year, the Growing Up GREAT! team used the Passages Project's [Social Norms Exploration Tool](#) (SNET) with VYAs, their caregivers, and their reference groups, to confirm that the social norms integrated into the project design and Theory of Change were those driving target behaviors, and to ensure that the intervention addressed those norms. Findings confirmed that underlying social norms had been appropriately identified and represented in Growing Up GREAT! materials.

Among important findings of the social norms exploration were: respondents viewed prioritization of education for boys, and the expectation that girls should be responsible for household chores, as an integral part of preparing children to skillfully assume their adult roles. Shame, upheld by religious beliefs, was a major reason that caregivers did not discuss puberty and sex with their children. Violence against girls was linked to social pressure for boys to prove their dominance and virility. Stigma and fear prevented VYAs from seeking health information and services.

Programmatic recommendations to influence the normative environment included: engaging caregivers and community members in discussions on VYA RH; providing caregivers accurate information to facilitate conversations with their children on puberty; amplifying the influence of positive role models; and emphasizing the difference between sex and gender at various life transition stages. Full results of the Growing Up GREAT SNET can be found in the Report on the Growing Up GREAT! Social Norms Exploration (only available in French).

Box 5. Topline SNET findings

- It is expected that boys be given precedence over girls in going to school.
- Girls are expected to take care of household chores.
- It is not socially accepted for caregivers to discuss puberty and sex with their children.
- Boys are expected to prove their virility through violent acts.
- Fear of being stigmatized (only prostitutes and sexually liberal people seek services) prevents VYAs from seeking health information and services alone.

THE LEARNING LAB

From March to August 2017, the project team conducted a Learning Lab to test Growing Up GREAT! in 40 schools and surrounding neighborhoods prior to full implementation.

The Learning Lab was not planned in the proposal. Rather, it was a solution proposed by the project team to fill the gap caused by delays in launching the GEAS baseline survey (Wave 1). This delay was due to the challenges of developing and piloting a survey instrument that could be used across six diverse sites, including Shanghai and Indonesia. The Learning Lab proved an excellent opportunity for the project team to gain implementation experience and gather feedback and lessons to improve Growing Up GREAT! while waiting for the survey to launch. The combination of learning and doing improved Growing Up GREAT!'s quality, effectiveness, and scalability (see VIII. Learning).

The project team, including the eight implementing CBOs, selected 40 schools within Masina and Kimbanseke communes not tagged for participation in Growing Up GREAT's planned implementation phase, nor as control areas for that phase. After a series of trainings and the creation of school and community-based clubs, VYA club meetings commenced in late May, as did teacher-led lessons during the school day. School clubs reached a total of 1,000 students (approximately 25 per school), and teacher-led sessions reached 4,217 more, for a total of 5,217 in-school VYAs. After the school year ended, the Learning Lab continued via a month-long summer camp supported by trained teachers and CBO facilitators. The camp was an opportunity for the project team to continue

gathering feedback on Growing Up GREAT!, especially the health provider lessons and clinic visits which were not tested before the end of the school term.

Key stakeholder priorities were identified during the Learning Lab. The MOE and the MOH, along with teachers and community members, saw VYAs as a critical age group, and were enthusiastic about the potential of Growing Up GREAT! to improve health outcomes of early adolescents. Ministry representatives were integrally involved in all aspects of the program, from adaptation through scale-up planning, and continually expressed their commitment to sustaining the intervention. Growing Up GREAT! held two formal learning meetings during the Learning Lab: their purpose was to cultivate critical reflection and discussion with implementing partners and stakeholders on challenges, successes, and lessons learned from the implementation. The first meeting (early June 2017) resulted in important reflections on the preparatory period, trainings, and distribution of materials. The second meeting (late August 2017) engaged additional partners and youth representatives to review monitoring and study data, summarize lessons, prioritize a series of recommendations, and consider the scalability of each recommended change or addition.

Near the end of the Learning Lab, IRH led a *mini-evaluation* with KSPH, Save the Children, and CBO partners to evaluate the feasibility and acceptability of the Growing Up GREAT! intervention. Focus group discussions and in-depth interviews with 155 VYAs, caregivers, teachers, health providers, VYA club leaders, and CBOs found that:

1. Caregiver understanding and buy-in is essential for club member retention.
2. Adequately informing and involving the school administration, especially in private schools, is crucial.
3. Household responsibilities prevent some girls from participating in clubs.
4. Achieving gender parity in caregiver and community sessions is a challenge: more women than men attend.
5. Facilitation challenges discouraged use of certain materials, namely the game and some activity cards.
6. Health exchange visits must be organized well in advance to ensure they do not place undue burden on VYAs.

Results of this evaluation, along with discussion and findings from the learning meetings led to a series of key recommendations, validated by all stakeholders, that were ultimately integrated into a revised intervention design for the full implementation period. These program adjustments are summarized in **Table 3** below.

Table 3. Programmatic Recommendations Integrated into Implementation Design	
VYAs	<ol style="list-style-type: none"> 1. Provide intensive support and weekly supervision for VYA club leaders during the first month. 2. Strive to reach VYAs not selected to participate in clubs via peer-to-peer learning (diffusion) or community-level activities. 3. Ensure that club leaders have strong facilitation skills and can probe, deepen group discussions.
Caregivers	<ol style="list-style-type: none"> 1. Contact caregivers prior to starting VYA club meetings to ensure understanding and approval of content and activities. 2. Use several channels to inform caregivers: direct communication, PTAs, routine school notifications. 3. Experiment with times/days to encourage equal participation of women and men.

Community	<ol style="list-style-type: none"> 1. Hold activities in several locations for maximum reach. 2. Invite opinion leaders and respected community members to increase reach. 3. Use existing community events or regular celebrations as opportunities to amplify new ideas and behaviors.
School	<ol style="list-style-type: none"> 1. Engage all school officials to ensure uptake and support for school-based clubs. 2. Leverage relationships with government partners to build school cooperation and compliance through existing structures. 3. Anticipate additional training days to train or refresh teachers on national life skills curricula.
Other	<ol style="list-style-type: none"> 1. Spend time building local partner capacity in social norm change approaches and reporting. 2. Conduct joint supervision visits with Ministry officials to reinforce capacity and lay foundation for scale up and sustainability. 3. Consider forming a Youth Council to provide meaningful feedback on implementation and monitoring, and to create mentoring relationship for VYAs and older adolescents.

SECTION FOUR

Implementation Phase

The planned Growing Up GREAT! implementation phase began in July 2017, following integration of lessons from the Learning Lab, and continued through mid-2018. Implementation with out-of-school VYAs began in July, while in-school activities started in September, when the school year began. (See Section VII. Outcomes and Results for a discussion of the GEAS survey results.)

ACTORS & ACTIVITIES

Save the Children continued to engage members of the SRG via monthly, joint monitoring and supervision visits. Representatives of the MOE joined visits of VYA school club sessions and/or support visits for teachers integrating the materials into lessons. Likewise, representatives of the Ministry of Social Affairs, which oversees programs for out-of-school and other vulnerable adolescents, participated in monitoring community-based club sessions. Finally, representatives of the PNSA supported supervision of health provider lessons with VYA clubs (in-school and out-of-school) and health center visits. The SRG was also active in quarterly learning meetings.

Numerous activities also ensured meaningful youth engagement in Growing Up GREAT!'s implementation, monitoring, and evaluation. On a foundational level, the role of Club Committees (a half-dozen girls and boys in each school club elected by their peers) in convening and leading VYA school club activities reflected the project's embrace of inclusion and youth leadership principles. Additionally, the Youth Council (a diverse group of Growing Up GREAT! and Bien Grandir Plus youth, local youth government, and youth mentors working to ensure meaningful youth participation and accountability) met twice during the implementation period. An inaugural meeting of the body in April 2018 was an important opportunity for members to meet each other, craft the mission and vision of the Council, and understand their role in ensuring program quality and accountability. The second meeting, in June 2018, provided a forum for VYAs to share their experiences and thoughts about the Participatory Youth Evaluation (May-August 2018), itself an important youth engagement effort, and formulate recommendations for youth participation in future assessments (the youth evaluation, which used qualitative research methods to assess community-level effects of the intervention, is described in Section VIII.B below).

IMPLEMENTATION WITHIN & ACROSS SOCIO-ECOLOGICAL LEVELS

Out-of-School Implementation

During June-August 2017, six CBOs, supported by Save the Children and RECOPE community liaisons, conducted outreach with caregivers, families, and community members to identify and engage out-of-school youth. The total population of out-of-school VYAs enrolled was roughly balanced in gender and age across the 10-14 age spectrum. Due to political unrest, it was deemed unwise for CBOs and RECOPE to organically enroll out-of-school youth. However, an existing database of out-of-school youth was identified, from which a selection was contacted and enrolled. Ultimately, CBOs established 19 community-based clubs for a total of 382 out-of-school VYAs (213 boys; 169 girls). The youth were selected if they elected to enroll, had an adult sponsor such as a parent, met the age criteria, and had a permanent residence in either Masina or Kimbanseke. These criteria were selected to increase likelihood of retention in the study cohort over time.

In August 2017, the CBOs actively participated in the second Learning Lab learning meeting, integrated all applicable recommendations into their operations, and began to hold sessions with out-of-school VYA clubs. Supportive supervision visits, in which Save the Children and CBO staff observed activities and mentored club facilitators, took place weekly throughout the implementation period. Representatives from the Ministry of Social Affairs joined these visits twice a month.

In-school Implementation

Preparatory work for implementation of Growing Up GREAT! with in-school VYAs began as schools opened in September 2017. Save the Children collected enrollment data in the 40 target schools to support club formation. As during the Learning Lab, club members were identified via an open process: all interested 10- to-14-year-olds in relevant primary or secondary grades were eligible, but selections were ultimately made based on the children's proximity to schools, on the hypothesis that living close to school would increase likelihood of consistent attendance at club sessions. The project team endeavored to ensure equal representation across grade levels, and to enroll children from different families, rather than sibling pairs or multiples to maximize our reach. Club members were encouraged to discuss the new ideas they were learning with their family. By excluding sibling pairs, we were able to reach a greater number of VYAs directly and indirectly. By the end of October 2017, the team had identified Club Committees (six VYAs per school, an equal number of boys and girls per committee) to facilitate school club sessions and completed preparations for the teacher training and Club Committee orientation.

Save the Children and in-school CBOs, with support from the MOE, trained a total of 240 VYA Club Committee members in October and November 2017 in a half-day training on the Growing Up GREAT! approach and tools. Note that, based on feedback, subsequent trainings of this kind (in the scale up phase) were expanded to a full day.

The five-day teacher training, co-organized by Save the Children and the MOE, also occurred in November. A total of 134 teachers received an accelerated training on the national Family Life Education curriculum and orientation to Growing Up GREAT! materials.

VYA school club sessions led by Club Committee members and supported by trained teachers commenced in early December 2017. Each principal worked with teachers to propose a weekly meeting time and responses were compiled into a master calendar. School-based clubs met continuously through the remainder of the school year, until just before the exam period in June 2018. Save the Children and in-school CBO partners conducted supportive supervision visits weekly. Representatives of the MOE joined these visits and, when possible, made the visits dual-purpose by providing support to teachers, as the latter integrated Growing Up GREAT! materials into classroom-based lessons of the Family Life Education curriculum.

Caregiver engagement began in October 2017, coinciding with VYA Club Committee trainings, so that VYA club sessions could begin immediately following the first caregiver session. A key recommendation of the Learning Lab was to ensure that caregivers of VYAs were formally introduced to Growing Up GREAT! materials, and that they approved of their children's participation, before launching VYA club sessions. This activity was, therefore, integrated into the first caregiver video testimonial screening and discussion session, and greatly facilitated caregiver support of VYA activities.

Caregiver sessions and **community sessions** occurred concurrently. Each CBO partner held one or two of each type of session per week for caregivers of the VYAs whom the CBO supported. These sessions brought together around 25 caregivers to view testimonial videos and engage in reflective discussion facilitated by CBO staff, who made particular efforts to gather the same individuals each time: this helped build rapport and encourage open discussion about the challenges of embracing

new norms and behaviors. Many sessions, especially those for caregivers of out-of-school VYAs, who often live in single-headed households or with extended family members, included grandparents, aunts/uncles, and other guardians, in addition to biological parents. Caregivers were invited to attend a total of six sessions.

Community sessions, hosted by the six CBOs that worked with out-of-school VYAs and by corresponding RECOPE, were designed to reach as many community members as possible to promote diffusion of new ideas. Religious and civic leaders were intentionally invited, along with community groups and the general population. Two community sessions were held in each intervention neighborhood (*quartier*) during the pilot.

Linkage activities with **health services** – provider-led lessons for VYA clubs and health center visits – began in April after the project team finalized a schedule of activities that was approved by the MOH and health center directors. Two youth-friendly health services trainings in May, led by Population Services International and its local affiliate, *Association de Santé Familiale*,⁶ in conjunction with PNSA, ensured that 55 health providers and administrative staff from 14 facilities in Masina and Kimbanseke were familiar with the basic tenets of adolescent-friendly services and Growing Up GREAT! materials for health workers. Each VYA club received one provider-led lesson and made one visit to a nearby health center. Representatives of the PNSA supported supervision of these activities.

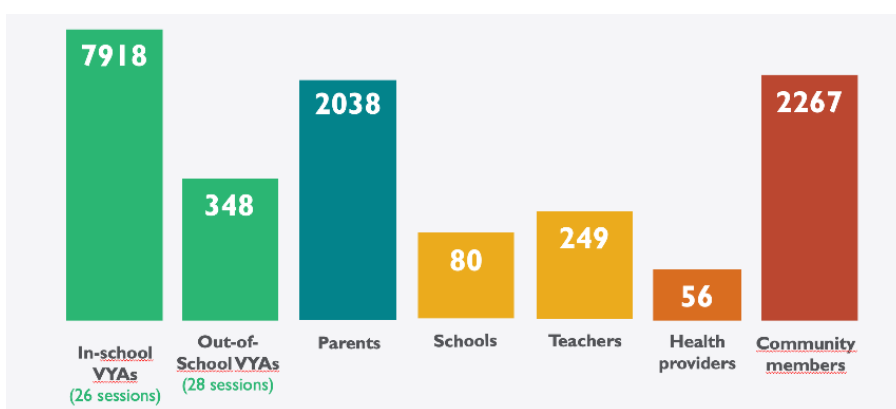


Figure 3 | # of Activities and Individuals Reached (2018-2019)

IMPLEMENTATION MONITORING & LEARNING

Monitoring

A comprehensive monitoring system tracked implementation progress and quality. Facilitators used simple, visual data collection tools to collect basic information about each activity. Separate monitoring tools used during joint supervision visits evaluated facilitator skills and overall intervention quality. Monitoring data were submitted and reviewed jointly by Save the Children and CBO partners each month, and summary analyses were presented at quarterly Learning Meetings.

Despite a rigorous monitoring system, there were several challenges. In Fall 2020, the project team undertook a Data Quality Audit which resulted in several key takeaways.

The number of club sessions reported by CBOs during the intervention (i.e., monitoring data reported in monthly reports and subsequently recorded in the project database) **differed from the number of sessions tabulated from data collection forms during the audit.** The gap was more significant for school clubs. In total, only 37.5% of activities reported to have taken place in the three-month period being investigated could be independently verified. Several factors may have

⁶ PSI and ASF were initially members of the Passages Project Consortium, providing service-side support and training for Growing Up GREAT! and for a second Passages intervention in Kinshasa. Changes to the two organizations' in-country registration mid-project meant they were unable to continue as consortium members.

contributed to this gap. Some data collection forms may have gone missing, thereby affecting data totals— any data that could not be corroborated directly by hard copy forms were not counted in the audit. In addition, some CBOs were not able to hold sessions in June 2020 due to exam schedules, a one-time interruption that would not have affected implementation in other months. (The Data Quality Audit only sampled data from the last three months of implementation – April to June). However, it is also possible that there were significant errors in the data submitted by CBOs which were aggregated into the master database.

Monitoring data did not differentiate between VYA club members and other inquisitive VYAs who participated in club meetings. Previous discussions with the project team had highlighted this gap, compelling the team to fine tune the monitoring forms with clear instructions on how to record attendance of both club members and other VYAs. It may further explain why there was strong participation in club sessions, but relatively lower rates of exposure in the GEAS evaluation.

The lack of support from teachers for the school clubs may have led to poor documentation of attendance. One of the main roles of the teacher focal points was to help VYAs fill out data forms. Though forms were designed with pictures and minimal text to aid in completion, some VYAs still struggled with the French language, which was necessary to align with the language of instruction in schools. As a result, the quality of data from school club attendance sheets varied.

GEAS Data Utilization Workshop

Led by JHU and KSPH, with guidance from IRH, the GEAS baseline study began shortly before the Implementation Phase launched and continued through month 2017. Section V provides details of the GEAS study design and actors, and presents Wave 1, Wave 2 and Wave 3 findings. Here the report discusses those baseline findings that prompted *immediate, real-time modifications* to Growing Up GREAT! implementation.

In May 2018, US-based staff from Save the Children, IRH, and JHU gathered for a data utilization workshop to review baseline results in depth, and discuss how key results could inform small, meaningful changes to the intervention. The workshop also provided an opportunity to discuss and finalize intervention exposure questions for subsequent rounds of data collection. Not all recommendations from the workshop could be feasibly incorporated into the tool and intervention design due to the survey timing, which had to align with global study priorities. Action items from the data utilization meeting were:

- Responses revealed deep or uneven misunderstanding about pregnancy risk and prevention. The project team planned to place greater emphasis on these topics, as well as STI/HIV prevention, through more frequent use of materials on those topics.
- Adverse childhood events were reported at higher rates than expected and were highest among out-of-school girls. The team took this as confirmation that they were reaching many of the most vulnerable children and strengthened child protection structure to ensure referrals to services (as desired/necessary by law). We made several adjustments to increase girl participation in OOS groups, however barriers such as mobility restrictions and (gendered) household responsibilities were difficult to overcome.
- Parental aspirations around school achievement were notably high. This, along with results from the social norms exploration, indicated that parents' reasons for withdrawing girls from school likely had more to do with poverty than social norms.
- Household composition indicated that extended family members such as grandparents and aunts/uncles play important caregiving roles in VYAs' lives. Out-of-school VYAs, in particular, were more likely to live in single-parent (mostly female) or grandparent-headed households. This indicated a need to engage other caregivers in community activities.

Learning Meetings

Building from successful learning approaches begun during the Learning Lab, Save the Children continued to hold quarterly learning meetings with implementing partners during implementation. Participants included CBO representatives (facilitators, project managers, and M&E officers), school actors, and government officials. The purpose of the learning meetings was to report on activities; review monitoring and supervision data; cultivate critical reflection and discussion with all implementing partners and stakeholders on key challenges, successes, and lessons learned; and agree upon any needed adjustments.

The first learning meeting of the implementation phase, in December 2017, ensured that feedback from the Learning Lab was incorporated into ongoing work. The second (March 2018) focused exclusively on GEAS baseline results. Participants discussed how certain findings, such as strong endorsement of negative gender attitudes and norms, poor body image, and extremely low RH knowledge, reinforced the need for the Growing Up GREAT! intervention. The final Learning Meeting of the Implementation Phase (June 2018) informed the development of the final scale-up strategy, and the design of the Growing Up GREAT! Implementation Guide. **Table 4** highlights some of the key challenges identified during the learning meetings, categorized by three main recommendations.

Table 4. Cross-cutting challenges addressed during learning meetings		
Family Life Education	Management and Facilitation of Out-of-School Sessions	Family Engagement in the Voices Sessions
<ul style="list-style-type: none"> The MOE to support integration of the Family Life Education curriculum into coursework. PNSA and MOE/Family Life Education department to include content on pregnancy and STI/HIV risk and prevention: knowledge is low on these topics. 	<ul style="list-style-type: none"> CBOs working with out-of-school VYA clubs to ensure better retention by documenting absences or cases of refusal to participate. CBO facilitators to redouble efforts to engage girls in out-of-school groups to improve low participation rates. 	<ul style="list-style-type: none"> Extended family members must be included in caregiver sessions, given the large proportion of VYAs in single-caregiver or grandparent-headed households. CBOs to experiment with different days and times for caregiver sessions to encourage male participation. 'Model' male caregivers to invite other male caregivers in caregiver sessions to promote male participation.

SECTION FIVE

Evaluation & Learning

Study Findings

The impact of Growing Up GREAT! was assessed via both a quasi-experimental quantitative outcome evaluation and a qualitative evaluation led by youth. The **quantitative evaluation** was conducted in coordination with JHU and KSPH as part of the longitudinal GEAS. The survey collected data from girls and boys who participated in Growing Up GREAT! 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, after the Learning Lab activities were complete and before Growing Up GREAT! 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. A third wave of data collection occurred approximately one year after the Growing Up GREAT! intervention ended. Findings from Wave 3 are also included in results tables to indicate whether the impact was seen one year after the end of the intervention. Additional discussion is provided after the presentation of the endline results.

In addition to the quantitative evaluation using the GEAS data, a 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 Growing Up GREAT!. For this qualitative evaluation, VYA club members, with guidance from KSPH, used participatory interviews and story-collection techniques.

Together, the two studies provide insight into the multi-level impacts of Growing Up GREAT! The studies are compared in **Table 5**, below. In the remainder of this section, findings from the quantitative evaluation are presented, with related qualitative findings provided in accompanying text boxes.

Box 6. Key Findings after One Year of Implementation

Growing Up GREAT! improves the RH knowledge, skills, and gender awareness of girls and boys, ages 10 to 14, known as VYAs. It yields similar improvements in adults, to create a strong developmental environment that enables VYAs to mature in healthier ways.

Certain aspects of the program are particularly effective for out-of-school VYAs, namely:

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

The program also helps parents/caregivers, teachers, and health care providers by:

- Building adult-child communication skills
- Increasing awareness of VYAs as young people with their own thoughts and desires
- Acting with greater gender-equality towards girls and boys

Table 5. Study Design and Methods Used to Assess the Effect of Growing Up Great!

	Quantitative Survey	Participatory Qualitative Evaluation
Study Design	<ul style="list-style-type: none"> • Longitudinal, quasi-experimental research design with intervention and control groups (baseline and endline conducted approximately one year later) • Randomly sampled VYAs 	<ul style="list-style-type: none"> • Endline-only • Purposively sampled participants (intervention only) in Growing Up GREAT! activities
Conducted by	<ul style="list-style-type: none"> • KSPH; GEAS; JHU • Professional Enumerators 	<ul style="list-style-type: none"> • KSPH; Save the Children; IRH • Trained VYA Evaluators

Respondents	<ul style="list-style-type: none"> • In-school and out-of-school VYA girls and boys • n=2,519 ○ Intervention group, n=1,276 ○ Control group, n=1,243 	<ul style="list-style-type: none"> • In-school and out-of-school VYA girls and boys • Caregivers of VYA club members • Teachers • Health providers • n=54
Methods	<ul style="list-style-type: none"> • Quantitative survey questionnaire 	<ul style="list-style-type: none"> • Semi-structured interviews • 'Most Significant Change' story collection
Research Question(s)	<ul style="list-style-type: none"> • What are the effects of the Growing Up GREAT! intervention on VYAs': ○ RH Knowledge ○ Assets and Agency ○ Gender-equitable attitudes ○ Gender-equitable behaviors 	<ul style="list-style-type: none"> • What are the most significant changes that participants have experienced since the start of Growing Up GREAT!? • How has the participation of VYAs in Growing Up GREAT! influenced their development? • How has VYAs' communication with peers, family, and teachers on puberty, body literacy, and healthy relationships changed since Growing Up GREAT! began? • How have parents/caregivers changed due to their own and their children's participation in Growing Up GREAT!?

QUANTITATIVE SURVEY: METHODS

Sampling

In-school adolescents were recruited in the same neighborhoods as out-of-school adolescents to facilitate follow-up for the intervention groups and avoid contamination across study groups. Save the Children and CBOs conducted a mapping exercise of all schools in neighborhoods within the two selected municipalities that included all primary or secondary schools enrolling adolescents ages 10-14 within each municipality. Schools were grouped into school type (e.g. public, religious, or private). Twenty schools in each municipality were selected using Excel, with the expectation that each school would enroll 25 students in the survey. School leaders were invited to a meeting with the research team to provide an explanation of the survey, and subsequently establish a list of all pupils age 10-14 each in the control and intervention zones. In the event that the list was around or below 25 adolescents, all children were contacted. If a school's list was greater than 25 students, simple random sampling was applied to select 25 participants, divided by sex. The list was given to the school leaders to facilitate contact with participants.

Out-of-school participants in both the control and intervention groups were randomly selected from neighborhoods within the participating communes of Masina and Kimbanseke. Control and intervention participants were sampled from different neighborhoods to avoid contamination. CBOs, in conjunction with Save the Children, identified out-of-school adolescents aged 10-14 years old by establishing a sampling list of out-of-school adolescents living in the included neighborhoods. CBOs retained only VYAs who met the following inclusion criteria: lived in a household, left school over two years ago, did not expect to be enrolled in school the following year, and did not expect to leave their current neighborhood. VYAs were then selected from this list by simple random sampling to establish groups of 25 children who were recruited for the intervention.

Participants who had completed baseline surveys were re-contacted by KSPH and invited to complete the endline survey. Initial retention rates between baseline and Wave 2 were 78%. In order to increase this retention rate, the data collection team held meetings with entities involved in

Table 6. Final Sample Size (at Wave 2)			
Intervention	n	Control	n
In-school VYAs	914	In-school VYAs	901
Out-of-school VYAs	362	Out-of-school VYAs	342
Total	1276		1243

recruitment of both intervention and control group participants to reduce loss-to-follow up rates. During these meetings, the data collection team provided a list of participants who were not reached in their initial re-contact efforts, with contact information including addresses and phone numbers. After attempting to reach these participants by telephone (largely unsuccessful), data collectors were deployed to home addresses

provided at baseline to attempt to reach additional participants. Data collectors then collected additional information, telephone numbers or physical addresses to reach participants whose families had moved in the interim. These extra efforts helped raise participant Wave 2 retention rates from 78% to 89% of the original sample. The final analytic sample size for the outcome evaluation is presented in **Table 6**. Additional details on data collection procedures can be found in the GEAS Wave 2 Report (GEAS Wave 2 follow up Report, 2019).

At the time of caregiver consent, sociodemographic and household information was collected. The caregiver questionnaire took about 15 minutes and was either self-administered or done with the help of an interviewer if the caregiver had difficulty navigating the tablet-based survey.

Survey Instruments

Two GEAS survey tools were used to assess the effects of the Growing Up GREAT! intervention on VYAs' RH knowledge, assets and agency, gender-equitable attitudes, and gender-equitable behaviors. These were the: Health Instrument and the Gender Norms Instrument (available at geastudy.org). The measures used in these survey tools were developed, fine-tuned, and validated over the course of four years. The formative phase of research involved a mixed-methods approach. This process involved qualitative research with adolescents and their parents and guardians to establish the foundation of these quantitative measures. The resulting quantitative measures were piloted over two rounds with early adolescents to validate and finalize the instruments. The measures were subsequently tested for face validity, piloted, and re-piloted. The resulting GEAS survey measure captures familial, school, and social contexts; mental and physical health; RH skills; romantic relationships; pubertal development; gender norm perceptions; empowerment; and a vignettes-based measure of gender equality.

The GEAS Wave 2 instrument in Kinshasa mirrors the baseline survey, with modifications to alleviate survey burden, adapting the instrument to maturing adolescents and improving on questions that were not informative at baseline. A set of questions was also included to assess exposure to the GUG! Intervention or other programs covering content related to gender or SRH. Specifically, several questions in the sociodemographic sections were not asked in Wave 2, but replaced by questions exploring recent life events, which occurred since the last interview, including family illnesses/deaths, partnerships, schooling, and employment. Lifetime adverse childhood experiences were not included in Wave 2, but adolescents were asked about specific adverse experiences occurring in the last year. In addition, questions on first sexual health experience were not repeated for adolescents who reported experiencing those events in baseline.

A set of new questions related to RH and mental health were also introduced to strengthen or test the validity of current measures. A depression scale (the Patient Health Questionnaire-9) was added to the survey in Wave 2 to validate the GEAS depressive symptom checklist, included in both the baseline and Wave 2 surveys. The Wave 2 survey also includes a validated scale to assess anxiety (the Generalized Anxiety Disorder-7 scale). Additional measures to complement baseline items

assessing FP knowledge were added using the series of questions on FP awareness derived from DHS and used in PMA 2020. The FP awareness questions were only asked to adolescents who turned 15, in order to compare our sample distribution with data collected among 15-year-old respondents in PMA 2020. A few questions were revised, such as menstrual hygiene management, to solicit more informative responses in Wave 2.

QUALITATIVE PARTICIPATORY YOUTH EVALUATION: METHODS

The youth-led qualitative participatory evaluation took place in the communes of Masina and Kimbanseke between May and June 2018, and sought to answer four research questions:

1. What are the most significant changes that participants have experienced since the start of Growing Up GREAT!?
2. How has the participation of VYAs in Growing Up GREAT! influenced their development?
3. How has VYAs' communication with peers, family, and teachers on puberty, body literacy, and healthy relationships changed since Growing Up GREAT! began?
4. How have parents/caregivers changed due to their own and their children's participation in Growing Up GREAT!?

To answer these questions, the evaluation used both Most Significant Change (MSC) and Participatory Ethnographic Evaluation and Research (PEER) methodologies to interview and observe VYAs involved in Growing Up GREAT!, along with their parents, teachers, and health providers. Both of these participatory action research and evaluation methodologies have been used in a variety of low-resource settings and were adapted for use by VYA evaluators.

Sampling & Data Collection

Purposeful sampling was used to ensure equal representation of school types and communities among respondents, and no less than 2 VYAs, 1 teacher, and 2 parents/caregivers per club. In total, 70 individuals were interviewed: 24 VYAs (12 in-school, 12 out-of-school), 24 parent/caregivers (12 of in-school VYAs, 12 of out-of-school VYAs), 12 teachers, and 10 health providers. Respondents were approached at the school or club for adolescents, at the school for the teacher, at home for parents/caregivers, and at the health center or hospital for providers. All selected study respondents were informed in advance of the youth-led evaluation and gave their free consent to participate. Save the Children staff sought and obtained parental consent and adolescent assent to share stories about the most significant changes due to Growing Up GREAT!.

VYA evaluators were trained in basic evaluation concepts, PEER and MSC methodologies, and interviewing techniques. The VYA evaluators were also partnered with youth evaluator mentors (ages 18-24) and members of CBOs. The CBO members identified the interview respondents, made appointments, and arranged the meetings. The data collection was organized during the week according to their course schedule, and included both interviews and observations. The VYA evaluators began by collecting the most significant change stories (MSCs) with parents, teachers, and VYAs. They then used the information gathered through the MSC process to inform interviews and observations using PEER with respondents in similar categories.

At each interview, CBO members and mentors helped the VYA evaluators set up and check materials. After helping to situate the VYA evaluators, the CBO staff members withdrew to a distance sufficient not to interfere with the interview, to allow for confidentiality and to respect the respondent's privacy. After explaining the study, the interview was held in a quiet place that was convenient for the respondent, away from noise and out of sight. Interviews lasted a maximum of 30 minutes. Interviews were conducted in Lingala, the most widely spoken national language in Kinshasa, and to

a lesser extent in French. Respondents had the option of using Lingala or French to answer questions. They were recorded after permission was obtained from the respondent. The VYA evaluator used an appropriate interview guide to guide the discussion, which also served as a checklist. The VYAs debriefed and recorded impressions with the youth mentors after each interview to ensure that all data had been captured. The youth evaluator mentors were responsible for ensuring the transcripts of the recordings. Observations were conducted throughout the data collection process and were based on an observation guide. The VYA evaluators were asked to draw what they saw and explain it to the youth evaluator mentor, who transcribed the scene.

Data Analysis

Interviews were transcribed from the language of the interview, often Lingala, into French by the youth evaluator mentors. Field notes and impressions gathered at the end of the interviews were also collected. The most significant change stories were extracted from the transcripts by a research assistant, corrected for spelling and synthesized. They were read and reread to cut out small pieces that could be used for speed reading by the same research assistant. After being anonymized, they were then submitted to the VYA evaluators and youth evaluator mentors for validation. The validated MSC stories were then submitted to a committee of CBO members and Save the Children staff for selection of a few of the most salient stories.

The transcripts from both the PEER and CPS interviews and the observation notes were analyzed using Atlas-ti software and coded thematically according to the themes presented in the interview guide. The results for each theme were then presented to the VYA evaluators during a data analysis workshop. In this workshop, the VYA evaluators familiarized themselves with the data by theme through reading and rereading, and then divided into groups by theme to propose summaries and illustrations for each theme. These were recorded on a sheet of paper by the youth evaluator mentors and were presented out to the larger group for the other VYA evaluators to react to, and a consensus was found for each theme. The proposed syntheses were used by the principal investigator in the final evaluation report.

GROWING UP GREAT! EXPOSURE

Intervention Exposure in the Intervention Group

At endline, 80% of adolescents interviewed from the intervention group reported participating in at least one of three Growing Up GREAT! activities (VYA club, classroom session, or community session) in the previous year (**Figure 4**). Of those, 60% of respondents reported attending a VYA club meeting, and 31% a classroom session. (8% of VYAs reported attending a community session for caregivers and other adults, though these activities were not intended for VYAs.) Of the 80% who reported attending any activity type, nearly all (97%) reported that the event was conducted as part of Growing Up GREAT! Over two-thirds of participants in the intervention group (67%) had seen the Growing Up GREAT! Puberty Booklet.

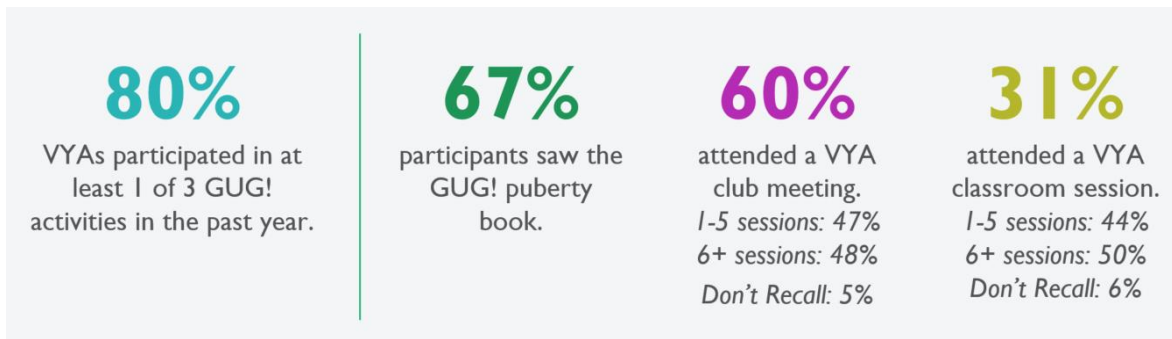


Figure 4 | Intervention Exposure among Intervention Group

VYAs in the intervention group who reported exposure to Growing Up GREAT! were slightly older than those who did not. A higher share of girls than boys (81% compared to 71%) were exposed to Growing Up GREAT!. Exposed adolescents were more likely to be literate (76% versus 69%), and at appropriate grade level for their age (71% versus 64%) than non-exposed adolescents in the intervention group. No differences in family characteristics (wealth or parental structure) were found by Growing Up GREAT! exposure.

Very Young Adolescent Club Meetings: Thirty percent of those who attended a VYA club meeting had helped to lead at least one session, over two-thirds (71%) attended a VYA club meeting where a health provider led the meeting, and a similar proportion participated in a clinic visit as part of the VYA club. Nearly half of adolescents attended one to five VYA club sessions (out of 20 potential sessions), and one-third had attended a VYA club in the past three months. The most common materials that intervention VYAs reported using in the VYA club sessions were the puberty books (61% and 66% for the girl and boy versions, respectively). Out-of-school girls were more likely than boys to have attended a VYA club meeting in the past year (70% versus 52%). The same held true for in-school girls (67% versus 53%). Girls were far more likely to report the girls’ versions of materials used and boys, the boys’ versions of materials used during the sessions.

Classroom Sessions: Teachers were trained to use Growing Up GREAT! materials in conjunction with the Family Life Education curriculum (or with curriculum of other relevant classes such as science or health). No overall number or frequency of classroom-based lessons was suggested by the intervention, and the Family Life Education was not yet fully integrated into the core curriculum in Kinshasa schools when Growing Up GREAT! began. Thus, classroom sessions varied significantly by school. Of the 31% of VYAs in the intervention group who attended any classroom session in the previous year, about half had attended five or fewer; 18% of participants attended 6-10 sessions; 12% attended 11-15 sessions and 15% of participants attended 16 sessions or more. The puberty books were the materials most used during the classroom session, followed by the game, activity cards, and storybooks. As with VYA club sessions, girls were far more likely to report that the girls’ versions of materials were used and the boys more likely to report that the boys’ versions were used.

Topics Discussed by Very Young Adolescents during Growing Up GREAT! Activities: Ninety-five percent of adolescents reported discussing puberty. The next most discussed topics were menstruation (79%, more common among girls than boys in both in- and out-of-school groups), girls’ and boys’ roles, and girls’ education. Seventeen percent of the intervention group had ever asked questions of a health provider, with no differences observed by sex. About a fifth of the intervention group had ever participated in other activities or community groups on similar topics.

Intervention Exposure in the Control Group

By the time of the endline survey, roughly a quarter (27%) of respondents in the control group reported participating in any of the three types of Growing Up GREAT! activities (**Figure 5**). This represents significant contamination between the intervention and control groups – with 8 in 10 adolescents in the intervention group and 3 in 10 adolescents in the control reporting they attended a GUG! event since baseline. Results presented in the next section are, therefore, potentially subject to over- or under-estimation due to this contamination rate across study groups. As shown in Figure 6, however, although 27% of participants in the control group did report exposure to the Growing Up GREAT!, the dose was relatively low. For example, among the 11% of respondents who reported attending a VYA club meeting, the majority (71%) said they attended 5 or fewer sessions (far less than the total number of sessions in the full intervention).

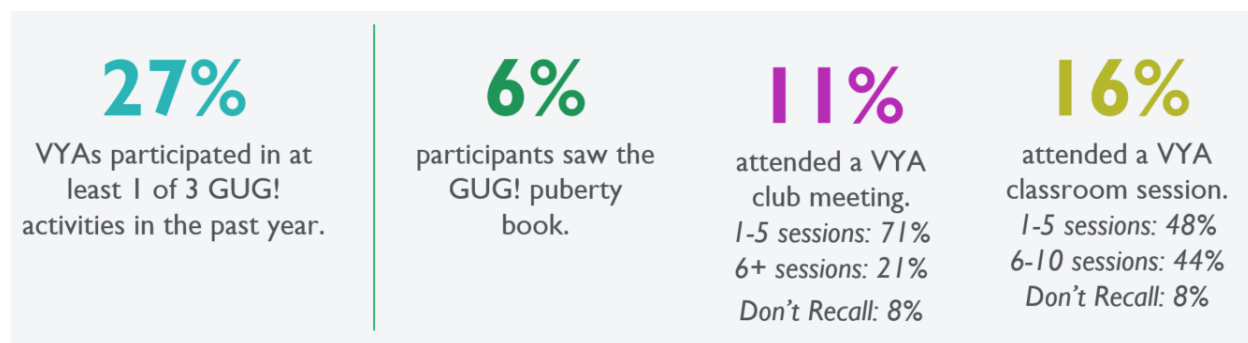


Figure 5 | Intervention Exposure among Control Group

DATA ANALYSIS

The quantitative evaluation used a difference-in-differences statistical approach to compare average changes in the intervention, versus the control group between baseline and endline. This statistical approach allows the examination of how the two groups have evolved over the course of the one-year follow-up, and how these changes compare between the two groups. Intent to treat (ITT) analysis (comparison of intervention and control regardless of GUG! exposure) is presented, although a per protocol analysis (PPA, comparison of exposed intervention to non-exposed controls) was also conducted, given the significant proportion of adolescents in the control group exposed to GUG! and the significant proportion of adolescents in the intervention who had little exposure to GUG!. However, in all cases except for those specifically mentioned in the results tables below, there were no differences in findings between the ITT and PPA results.

RESULTS

After implementation of Growing Up GREAT! activities in Kimbanseke and Masina, endline data showed significant improvements among VYAs in the areas of RH knowledge and skills, violence prevention, and gender equity. Results summarized in Table 12 are based on difference-in-differences analyses. The largest and most significant changes in RH knowledge and communication, and gender-equitable attitudes regarding sharing of household chores. Increase in gender-equitable behaviors were also seen in out-of-school VYAs involved in Growing Up GREAT!. Summary findings presented in **Table 7** are elaborated upon in narrative form and more detailed tables in the sections that follow.

Table 7. Effect of Growing Up Great! at Wave 2 (one year after baseline; 3 months after intervention ended)
(based on difference-in-differences analyses between control and intervention group)

		In-School (IS)	Out of School (OOS)
Key Thematic Goals		X No improvement comparing intervention and control groups (p≥0.05) ✓ Improvement comparing intervention and control groups (p<0.05)	
Increased RH Knowledge	Pregnancy knowledge index	✓	X
	HIV knowledge index	✓	✓ (per protocol analysis)
	Knows where to get information about menstruation (girls only)	✓	✓
	Knows where to get contraception (girls only)	✓	✓
	Knows where to get condoms	✓ (girls only*)	✓ (especially among girls*)
Increased Assets & Agency	Body satisfaction index	X	✓ (girls only)
	Comfort with pubertal development	X	X
	Caregiver connectedness	✓	✓
	RH communication about ...		
	Body changes	X	X
	Sexual relationships	X	✓ (girls only)
	Pregnancy and how it occurs	X	X
Contraception	X	✓ (esp. <12 y/o)	
	Expectation of good treatment if seeking contraception (girls only)	X	X
	Decreased perception of peer sexual behavior (kissing, romantic touching, intercourse)	X	X
Increased Gender-equitable Attitudes	Expectations of equal sharing of household chores between boys and girls	✓	✓ (especially among girls)
	Reduced attitudes/beliefs about:		
	Sexual double standard	X	X
	Gender-stereotypical roles (e.g., male breadwinner)	X	X
	Gender-stereotypical traits (e.g., male toughness)	X	X
	Lowered tolerance for discrimination against gender-atypical peers	X (got worse)	X
Increased Gender-equitable Behaviors	Brother helped with chores (from sister's perspective)	X	X
	Brother helped sister with chores (from brother's perspective)	X	✓
	Experienced teasing and verbal bullying	X	✓
	Experienced physical violence such as slapping or kicking	X	X
	Perpetrated teasing, bullying, or physical violence	X	✓ (boys only)

* Results showing significance ‘especially among’ a certain group mean that there were statistically significant findings for the overall group (by school status), and very strong effects among a given sub-population (by either age or sex). For example, for the ‘knows where to get condoms’ indicator, these findings were statistically significant for the overall out-of-school group, but the results were even stronger for girls. For results where only one group has significance, there were no statistically significant effects in the overall group, but when analyzed by sub-population, statistically significant results were found. For example, there were not statistically significant findings overall for in-school adolescents, but when disaggregated by sex and age, statistically significant findings were noted for in-school girls.

Tables 8-14 provide additional statistical information. In these tables, the overall analytical sample size presented in **Table 8** is used throughout, unless otherwise noted in the individual cells. Checkmarks in a cell indicate a statistically significant intervention effect (2 checks indicate strong effects with odds ratios over 2), and Xs indicate no effect (p -value ≥ 0.05). We have also included columns for the Wave 3 results – or intervention effects sustained a year and a half year after the intervention ended. For these columns, gray shading indicates that there was no effect at Wave 3, and colored shading indicates a sustained or statistically significant intervention effect.

Increased Reproductive Health Knowledge

Growing Up GREAT! showed significant improvements in all five domains of RH knowledge among program participants (**Table 8**). These include: 1) Pregnancy prevention knowledge, 2) HIV prevention knowledge, 3) Where to get condoms, and for girls only: 4) Where to get information about menstruation; and 5) contraception. The only area that did not show statistically significant improvement in this RH knowledge domain was in pregnancy knowledge among out-of-school VYAs. For example, although the Pregnancy Knowledge Index, which included 12 items ranging from statements such as, “A girl can get pregnant the first time she has sexual intercourse” to “A boy can be fertile every day of the month,” showed improvements for both in-school and out-of-school VYAs, with positive mean score differences between the intervention and control group. However, this improvement was only statistically significant for in-school VYAs (mean score difference for IS = 0.35 (95% CI: 0.12, 0.61, $p=0.003$; for OOS = 0.37 (95% CI: (-0.03, 0.77, $p=0.070$)).

Table 8. Growing Up GREAT!'s Impact on Reproductive Health Knowledge				
	Effect of Intervention Relative to Control Group			
	In-School Intervention, n=914; Control, n=901	W3	Out-Of-School Intervention, n=362; Control, n=342	W3
Pregnancy Knowledge Index	✓ Mean score difference 0.36 (0.12, 0.61), $p=0.003$		× Mean score difference 0.37 (-0.03, 0.77), $p=0.070$	
HIV Knowledge Index	✓ Mean score difference 0.16 (0.03, 0.29), $p=0.017$		✓ (per protocol analysis) Mean score difference 0.28 (0.03, 0.54), $p=0.031$	
Where to Get Condoms	✓ (girls only) Girls: OR=1.55 (1.06, 2.27), $p=0.023$		✓✓ (especially girls) OR=2.03 (1.37, 3.01), $p<0.001$	

Where to Get Information about Menstruation (Asked of Menarchal Girls)	✓✓ I, n=326; C, n=314 OR=2.10 (1.34, 3.29), p=0.001		✓✓ I, n=92; C, n=109 OR=4.18 (1.95, 9.00), p<0.001 (especially girls <12 years)	
Where to Get Contraception (Asked of Girls Only)	✓ I, n=474; C, n=448 OR=1.46 (1.03, 2.06), p=0.033		✓✓ I, n=155; C, n=170 OR=2.96 (1.66, 5.29), p<0.001	

NB: Gray cells in the Wave 3 columns indicate no effect seen, with colored shading representing a statistically significant effect seen between control and intervention groups at Wave 3.

The most extensive changes were in out-of-school girls who participated in Growing Up GREAT!, who were almost four times more likely to know where to get condoms (OR=3.83 [1.99, 7.38]) than the control group. In-school girls in the intervention were 1.5 times more likely to know where to get condoms (OR=1.55 [1.06, 2.27]) compared to the control group. This effect was also seen in the indicators on where to get information about menstruation and contraception. Out-of-school girls in the intervention were four times more likely to know where to get information about menstruation

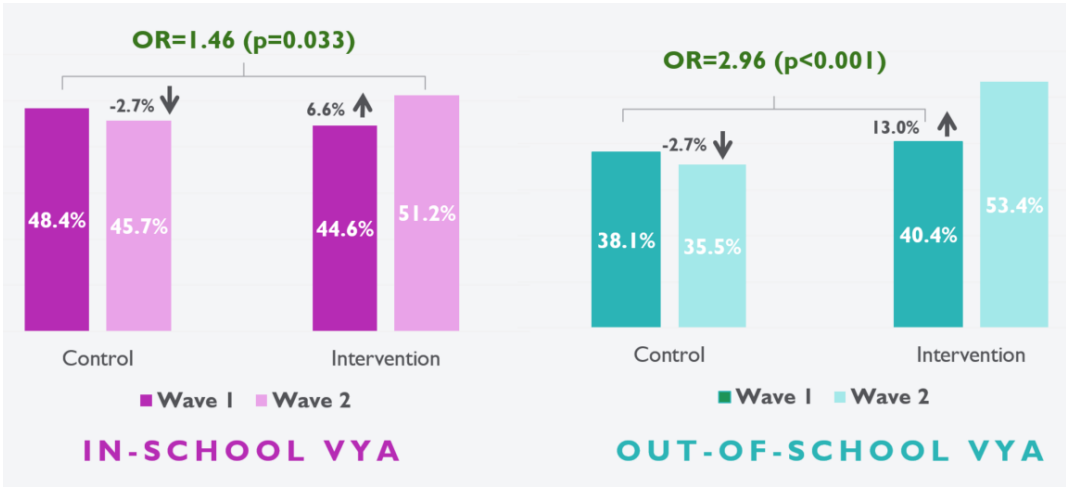


Figure 6 | Intervention Effect on Girls' Knowledge on Where to Go to Get Contraception

(OR=4.18[1.95, 9.00]), and nearly three times more likely to know where to get contraception (OR=2.96[1.66, 5.29]) than the girls in the control group (for example, see **Figure 6**). In-school girls in the intervention were 2.1 times more likely to know where to get information about menstruation (OR=2.10[1.34, 3.29]), and 1.5 times more likely to know where to get information about contraception (OR=1.46[1.03, 2.06]), as compared to the control group.

Increased Assets and Agency

The domain of assets and agency was measured in the GEAS through: 1) Body satisfaction; 2) Comfort with pubertal development; 3) Connectedness to caregiver; 4) Communicating with others about RH topics including body changes, sexual relationships, pregnancy and how it occurs, and contraception; and 5) whether girls expected to be treated well when getting contraception (results shown in **Tables 10 and 11**).

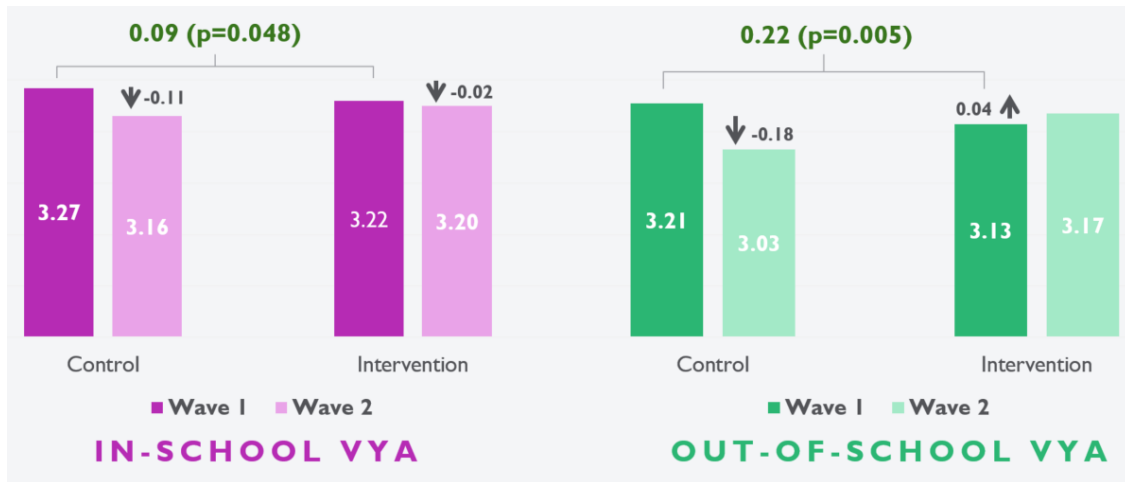


Figure 7 | Growing Up GREAT! Impact on Caregiver Connectedness, among In-School and Out-of-School Very Young Adolescents

By endline, we see intervention effects for caregiver connectedness⁷ for both in-school and out-of-school VYAs (see **Figure 7**), and in body satisfaction⁸ for out-of-school girls. Younger out-of-school adolescent girls (under 12 years old) who participated in Growing Up GREAT! became even more satisfied with their bodies compared to girl and boy peers in the control group. No intervention effects were seen in the expectation of good treatment if seeking contraception (among girls), nor in the comfort with pubertal development indicator (**Table 9**).

Table 9. Growing Up GREAT!'s Impact on Connectedness, Perceived Quality of Services, and Body Comfort				
	Effect of Intervention Relative to Control Group			
	In-School Intervention, n=914; Control, n=901	W3	Out-of-School Intervention, n=362; Control, n=342	W3
Caregiver Connectedness	✓ Mean score difference 0.09 (0.0008, 0.1828), p=0.048		✓ Mean score difference 0.22 (0.07, 0.38), p=0.005	
Expectation of Good Treatment if Seeking	✗ I, n=315; C, n=286		✗ I, n=93; C, n=93	

7 GEAS survey items that were used to assess caregiver connectedness included how comfortable the VYA felt talking with their main caregiver about changes with their body, problems with their boyfriend or girlfriend, and whether the VYA felt close to their caregiver and that their caregiver cared about what the VYA was thinking and feeling.

8 GEAS survey items used to assess body satisfaction included statements to which the VYAs could agree or disagree. These included: On the whole, I feel satisfied with my body; I worry about the way my body looks; I like the way I look; I often wish my body was different; I am worried that my body is not developing normally.

Contraception (asked of girls only)	OR=1.46 (0.94, 2.26), p=0.090		OR=1.92 (0.84, 4.41), p=0.124	
Comfort with Pubertal Development	X I, n=492; C, n=451 OR=1.16 (0.40, 3.36), p=0.782		X I, n=198; C, n=138 OR=0.51 (0.04, 6.46), p=0.660	
Body Satisfaction Index (5 pt)	X Mean score difference 0.03 (-0.07, 0.14), p=0.513		✓ (girls only) Mean score difference 0.27 (0.03, 0.51), p=0.028	

NB: Gray cells in the Wave 3 columns indicate no effect seen, with colored shading representing a statistically significant effect seen between control and intervention groups at Wave 3.

The GEAS survey asked VYAs if they had ever talked with anyone in the past year about: 1) body changes, 2) sexual relationships, 3) pregnancy and how it occurs, and 4) contraception. By endline, out-of-school VYAs in Growing Up GREAT! showed increased communication behaviors on the topics of sexual relationships and contraception. When examined by sex and age, the effect for communication about sexual relationships was driven among female participants, with out of school girls in the intervention nearly 4.5 times more likely to have discussed sexual relationships with someone as compared to girls in the control group (OR=4.44 [1.74, 11.33]) (see **Table 10**).

Table 10. Growing Up Great!'s Impact on Reproductive Health Communication with Others				
Communication About...	Effect of Intervention Relative to Control Group			
	In-School Intervention, n=914; Control, n=901	W3	Out-Of-School Intervention, n=362; Control, n=342	W3
...Body Changes	X OR=0.94 (0.74, 1.18), p=0.583		X OR=0.93 (0.64, 1.36), p=0.713	
...Sexual Relationships	X OR=0.83 (0.58, 1.20), p=0.323		✓✓ (only for girls) Girls: OR=4.44 (1.74, 11.33), p=0.002 Boys: OR=1.19 (0.54, 2.58), p=0.668	
...Pregnancy and How It Occurs	X OR=0.72 (0.52, 1.101), p=0.061		X OR=1.53 (0.87, 2.70), p=0.139	
...Contraception	X OR=0.82 (0.58, 1.16), p=0.269		✓✓ (especially for <12y/o) Overall: OR=2.04 (1.05, 3.95), p=0.035 <12 y/o: OR=13.31 (2.60, 68.09), p=0.002	<12Y /O

NB: Gray cells in the Wave 3 columns indicate no effect seen, with colored shading representing a statistically significant effect seen between control and intervention groups at Wave 3.

For contraception, in-school girls were 2 times more likely (OR=2.04 [1.05, 3.95]) compared to controls to discuss contraception. These effects were most pronounced among younger (under 12 years of age) out-of-school VYAs, who were over 13 times more likely (OR=13.30 [2.61-68.2]) to discuss contraception, as compared to the control group (see **Figure 8**).

When we looked at endline 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.

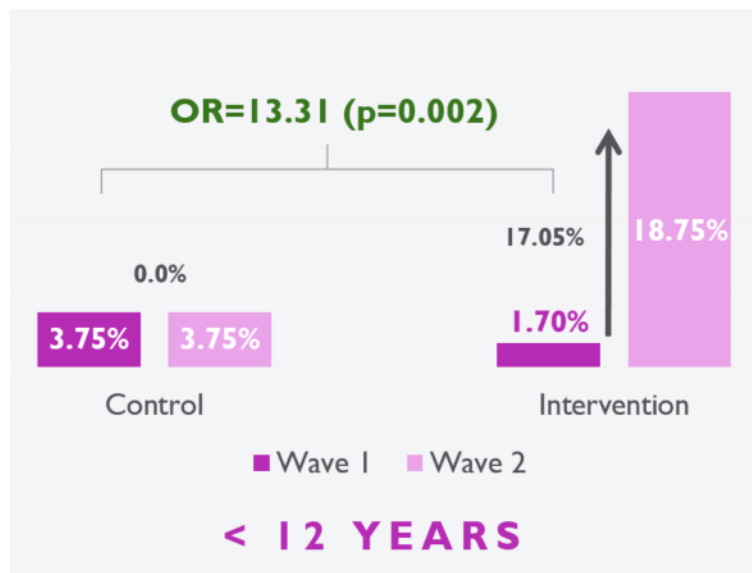


Figure 8 | Communication with Others about Contraception, among Out-of-School Girls, Aged 12 Years or Younger

The GEAS survey also asked VYAs whether they thought some or many of their close friends had ever: 1) kissed a boyfriend or girlfriend, 2) touched another boy's or girl's private parts, and 3) had sex. As shown in **Table 11**, no intervention effects were seen on these indicators for either the in-school or out-of-school groups

Table 11. Growing Up Great's Impact on Perceptions of Peer Sexual Behavior				
Perceptions That Some/Many Close Friends Have ...	Effect of Intervention Relative to Control Group			
	In-School Intervention, n=914; Control, n=901	W3	Out-Of-School Intervention, n=362; Control, n=342	W3
...Kissed a Boyfriend or Girlfriend	X OR=0.97 (0.73, 1.29), p=0.846		X OR=1.39 (0.88, 2.20), p=0.154	
...Touched Another Boy's or Girl's Private Parts	X OR=0.79 (0.56, 1.11), p=0.175		X OR=1.02 (0.60, 1.73), p=0.949	
...Had Sex	X OR=0.93 (0.62, 1.40), p=0.744		X OR=0.79 (0.45, 1.38), p=0.411	

NB: Gray cells in the Wave 3 columns indicate no effect seen, with colored shading representing a statistically significant effect seen between control and intervention groups at Wave 3.

Increased Gender-Equitable Attitudes

Several gender-equitable perceptions (attitudes) shifted among intervention versus control VYAs. For example, significant attitude shifts were seen in in VYA responses to agreeing that boys and girls should be equally responsible for household chores. Compared to the control group, in-school VYAs in Growing Up GREAT! were twice as likely (OR=1.92 [1.46, 2.52]) to agree with the statement that boys and girls should be equally responsible for household chores. This effect was more pronounced among out-of-school VYAs, with Growing Up GREAT! participants more than three times more likely to agree, relative to the control group. This effect was especially strong among out-of-school girls in the intervention, who were eight times (OR=8.08 [3.79-17.25]) more likely to approve of equal chore sharing than controls (**Table 12**).

No shifts were seen, however, for the indicator of sexual double standard, a concept documenting situation in which boys are socially rewarded for romantic and sexual activity, while girls are penalized. In addition, no intervention effects were seen for gender stereotypical traits and roles, such as traits of male toughness and female vulnerability, and roles where a woman should take care of her family and home, and a man should be the one who brings in money.

Table 12. Growing Up GREAT!'s Impact on Attitudes Regarding Boys'/Girls' Roles, Traits, Activities				
	Effect of Intervention Relative to Control Group			
	In-School Intervention, n=914; Control, n=901	W3	Out-of-School Intervention, n=362; Control, n=342	W3
Sexual Double Standard (e.g., not ok for girls to have boyfriends)	X Mean diff. in score 0.02 (p=0.613)		X Mean diff. in score 0.08 (p=0.377)	
Gender-Stereotypical Roles (e.g., the male breadwinner)	X Mean diff. in score -0.06 (-0.15, 0.03), p=0.171		X Mean diff. in score 0.01 (-0.13, 0.15), p=0.901	
Gender-Stereotypical Traits (e.g., male toughness)	X Mean diff. in score 0.07 (-0.01, 0.14), p=0.613		X Mean diff. in score 0.06 (-0.06, 0.19), p=0.336	
Gender Equality in Household Chores	✓ OR=1.92 (1.46, 2.52), p<0.001		✓✓ (especially for girls) Girls: OR=8.08 (3.79, 17.25), p<0.001 Boys: OR=2.33 (1.29, 4.19), p=0.005	
Decreased Acceptance of Gender-Based Discrimination	✓ Against boys: OR=1.35 (1.05, 1.75), p=0.019 Against girls: OR=1.28 (1.00, 1.64), p=0.047		X Against boys: OR=0.88 (0.56, 1.38), p=0.573 Against girls: OR=0.89 (0.58, 1.36), p=0.597	

NB: Gray cells in the Wave 3 columns indicate no effect seen, with colored shading representing a statistically significant effect seen between control and intervention groups at Wave 3.

No intervention effects were seen for out-of-school participants in decreased acceptance of gender-based discrimination, which was measured by asking participants whether it was okay to tease a boy who acts like a girl, or a girl who acts like a boy. Intervention effects were, however, seen between the control and intervention in the in-school group, but in an unexpected direction (see **Figure 9**). Among in-school VYAs, roughly two-thirds of the controls felt this discrimination was okay against both boys and girls, but this level of agreement dropped slightly across waves. This level of acceptance increased among the in-school intervention group, although at levels of acceptance that were still lower than among controls at endline. More research is needed to understand why this trend was seen among in-school VYAs, however some hypotheses include that the intervention had no effect on this outcome and it was simply that the two groups became more similar over time (i.e., with the intervention group increasing and the control group decreasing in acceptance of these attitudes).

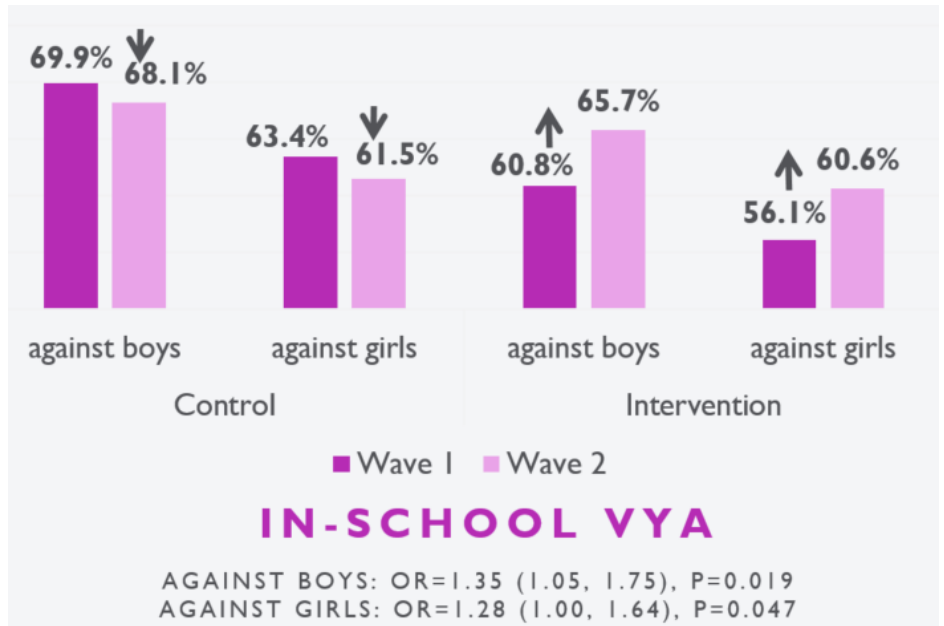


Figure 9 | Acceptance of Gender-Based Teasing and Discrimination

Results from the qualitative study among VYAs (**Box 7**) also indicate that the most significant changes for VYAs were related to changes in the home. These included improved knowledge of gender equity in the family, as related to chores and time management.

Box 7. From Their Perspective: Key Changes Due to Growing Up GREAT! Noted by Very Young Adolescents
 (Source: Participatory Youth [Qualitative] Evaluation)



VYA-Evaluator collecting a Most Significant Change story from a VYA peer

The most significant changes for VYA girls and boys took place at home:

- Improved knowledge and practice of gender equity in the family.
- New understanding of how children and adolescents should be engaged in household chores.
- Appreciation of new time management at home by parents/caregivers, e.g., having time for studying.

“Before, I didn’t do anything like chores at home. I spent my time playing football with my friends ... At the Growing Up GREAT! Club, I learned about all the household chores [that have to be done]. What girls did, I also started to do. I believe that it is good for a boy to do chores ... “
 VYA boy, 12 years old

Increased Gender-Equitable Behaviors

The GEAS survey captured several behavioral indicators linked to gender equity. These included: 1) gender-equitable sharing of chores; 2) teasing and bullying victimization; 3) physical violence victimization; and 4) a combined measure of violence perpetration (verbal bullying and/or physical violence). Results are shown in **Tables 13 & 14**. Impacts on chore sharing behavior were seen only among male out-of-school VYAs, who were 2.5 times more likely than controls to say that they had helped their sisters with chores (OR=2.50 [1.15, 5.46]).

Table 13. Growing Up GREAT!'s Impact on Chore Sharing Behavior				
	Effect of Intervention Relative to Control Group			
	In-School Intervention, n=914; Control, n=901	W3	Out-of-School Intervention, n=362; Control, n=342	W3
Brother helped (from sisters' perspective)	X I, n=381; C, n=367 OR=1.20 (0.85, 1.70), p=0.308	<12	X I, n=126; C, n=142 OR=1.58 (0.83, 3.03), p=0.167	
Helped sisters (from brothers' perspective)	X I, n=360; C, n=382 OR=0.95 (0.56, 1.61), p=0.845		✓✓ I, n=167; C, n=144 OR 2.50 (1.15, 5.46), p=0.021	

NB: Gray cells in the Wave 3 columns indicate no effect seen, with colored shading representing a statistically significant effect seen between control and intervention groups at Wave 3.

By endline the Growing Up GREAT! intervention group showed a more significant drop in experiencing teasing and perpetration of violence than the control group. Compared to controls, out-of-school VYAs in the intervention group were less likely to have experienced teasing or verbal bullying (OR=0.62 [0.42, 0.91]). In addition, out-of-school boys in the intervention group were less likely to verbally tease, bully, slap, kick, or act in other physical ways against their peers (OR 0.50 [0.28, 0.88]).

Table 14. Growing Up GREAT!'s Impact on Bullying and Violence Victimization and Perpetration				
	Effect of Intervention Relative to Control Group			
	In-School Intervention, n=914; Control, n=901	W3	Out-of-School Intervention, n=362; Control, n=342	W3
Experienced Teasing and Verbal Bullying	X OR=1.10 (0.85, 1.43), p=0.455		✓ OR=0.62 (0.42, 0.91), p=0.014	
Experienced Physical Violence Such as Slapping or Kicking	X OR 0.95 (0.70, 1.30), p=0.756		X OR=0.76 (0.48, 1.21), p=0.250	

Perpetrated Teasing, Bullying, and/or Physical Violence	X OR=0.86 (0.66, 1.13), p=0.285	✓ (boys only) Boys: OR=0.50 (0.28, 0.88), p=0.016 Girls: OR=1.45 (0.78, 2.69), p=0.234
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NB: Gray cells in the Wave 3 columns indicate no effect seen, with colored shading representing a statistically significant effect seen between control and intervention groups at Wave 3.

WAVE 3: GROWING UP GREAT!'S SUSTAINED EFFECTS

The GEAS is a five-year longitudinal study. As such, even though the Growing Up GREAT! intervention only occurred between baseline and endline (Waves 1 and 2 of the GEAS), an additional wave of data was collected in 2019. As such, we can use these findings to examine what, if any, effects seen at the evaluation endline (Wave 2) were sustained at Wave 3.

As shown in the tables above, there were several intervention effects that were sustained. These included:

- In-school girls were more likely than controls at Wave 3 to know where to get information about menstruation.
- Out-of-school VYAs were more likely than controls to have higher levels of caregiver connectedness.
- Out-of-school VYAs ages 12 years and younger were more likely than controls to communicate with others about contraception.
- Among both in-school and out-of-school VYAs, the intervention group was more likely to agree with the statement that boys and girls should be equally responsible for household chores.
- By Wave 3, girls in the intervention group were more likely than those in the control to report that their brothers had helped with household chores.

Growing Up GREAT!'s Impact on Adults

The multi-level design of Growing Up GREAT! engaged important adults in the lives of VYAs and the social systems in which VYAs resided to foster an environment that valued and supported girls and boys in their journey through puberty. With a better base of knowledge, more open attitudes, and improved skills, and via their subsequent interactions with VYAs, adults in Growing Up GREAT! should provide a more supportive, gender-equal environment for VYAs. Growing Up GREAT! sought to impact four aspects of this support: caregiver monitoring, connectedness, communication, and protection. The first set of findings on these topics is from the quantitative survey and reflects how VYAs saw changes in their caregivers. The second set of results and discussions (**Boxes 8 and 9**) are from the Participatory Youth (qualitative) Evaluation.

By endline, VYAs reported adults substantially changed their attitudes and behaviors, demonstrating more equitable relationships and supportive communication. Much less change was seen in other areas, perhaps because as Growing Up GREAT! began, two-thirds to three-quarters of VYAs reported that caregivers were already connected, caring, and engaged in their daily lives.

1. **Caregiver Awareness and Monitoring of Very Young Adolescent Activities:** Caregiver monitoring was defined as awareness of adolescents' whereabouts and school performance, and who their friends were. By endline, little change in caregiver monitoring was reported by VYAs in the intervention versus control.

2. **Connectedness and Caring between Very Young Adolescents and Their Caregivers:** By endline, VYAs who participated in Growing Up GREAT! were 1.5 times more likely to feel cared for by their caregivers than the control group. Also, out-of-school VYAs participating in the intervention reported greater connectedness with their caregiver than the control group.
3. **Modeling Gender Equity and Two-Way Communication:** By endline, significantly more VYAs in the intervention (both IS and OOS) reported that their caregivers were more gender-equitable by assigning boys household chores. These VYAs also reported increased communication with caregivers on contraception. Out-of-school VYAs were about 1.6 times more likely to discuss pregnancy with a parent or adult (OR: 1.64 [0.51, 5.33]) compared to controls. This was true regardless of VYA age.
4. **Providing for and Protecting Very Young Adolescents:** A final element of being a caring caregiver revolved around ensuring children's protection via awareness of their actions and whereabouts. This was addressed in the findings on parental monitoring, above, and also reflected in the qualitative evaluation (see **Box 8** below). Qualitative data from parent interviews reflected the quantitative survey findings. Caregivers noted they were increasingly using two-way communication instead of shouting at the children in their home.

Box 8. From Their Perspective: Key Changes Due to Growing Up GREAT! Noted by Parents/Caregivers

(Source: Participatory Youth [Qualitative] Evaluation)

“Now, I don't shout at them anymore. When there is a problem, we sit down and reason together. The children have become more understandable, and I no longer shout.”

- Mother of VYA

“I did not know how to supervise and educate my children well. My boy did nothing and went out as he wanted ... In the Growing Up GREAT! activities, I learned that all children are equal and must work. My boy, now when he wakes up in the morning, draws water and helps his sister to do the dishes ... ”

- Father of VYA

The most significant changes for parents/caregivers of VYAs were in communication and attitudes and intentions to practice gender-equitable actions towards their children in the home. VYAs and parents/caregivers now talk about puberty and other sensitive issues. They have:

- Learned from their children
- Gained a better understanding and practice of gender equity in household activities.
- Better understood the principles of supervision of adolescent children.
- Have an increased understanding of how supervision and protection need to extend equally to boys and girls.



5. **Enabling Teachers & Health Care Providers to Support Very Young Adolescents in Their Journey through Puberty:** The Participatory Youth (qualitative) Evaluation assessed shifts in attitudes and behaviors of teachers and healthcare providers who participated in Growing Up GREAT!. Interviews uncovered similar changes to those reported by caregivers, with more supportive attitudes and behaviors reported in school and healthcare settings. Teachers and providers viewed VYAs in a more positive light, remarking that they saw VYAs as youth with their own ideas—that is, no longer children with limited capacities. Accordingly, adults were using new skills and ways of interacting and communicating that supported VYAs in more gender-equitable and adolescent-friendly ways.

Box 9. From Their Perspective: Key Changes Due to Growing Up GREAT! Noted by Teachers & Health Care Providers

(Source: Participatory Youth [Qualitative] Evaluation)

"Many of the things in the family life education curriculum were taboo...Certain words were not pronounceable, and it was abstract ... But, with Growing Up GREAT!, books are made available. They provide information on all the subjects taught. The teacher and the children have the content [illustrated] with pictures. I am comfortable when I am in front of the children to speak ... "

- Male teacher

Teachers mentioned these most significant changes:

- Having easy-to-use student and teacher materials, even for sensitive subjects
- Being able to combine didactic classroom lessons with game-type activities of Growing Up GREAT! to facilitate VYA engagement and assimilation
- Being impressed with how children developed as VYAs, and their openness to discussions on topics such as puberty

Health care providers mentioned new opportunities and skills to interact with VYAs, and how exchange visits with VYAs improved their understanding of VYA needs:

- Providers were impressed and surprised by the level of VYA knowledge about puberty, body changes, and gender norms, and their openness to asking question and discussing such topics
- Providers felt they improved their relationship with young clients, e.g., using knowledge and skills received from training in adolescent RH

"Adolescents only consulted us during illnesses and were accompanied by their parents... After the activities of Growing Up GREAT!, adolescents now come to the health center to consult us and to ask questions about puberty and adolescence. We guide them with the correct explanations..."

- Male provider

SECTION SIX

Preparing to Scale: Beginning with the End in Mind

RESEARCH AND PROGRAM LEARNING TO INFORM SCALE-UP

The Growing Up GREAT! team conducted several studies post-implementation, using qualitative and quantitative research methodologies to gather information to guide scale-up planning. These included a scoping of previously scaled parent/caregiver programs and three rapid learning studies conducted by KSPH to fill implementation knowledge gaps and inform adjustments for intervention components. The foci of the three rapid learning studies were: 1) Integration of Growing Up GREAT! in classrooms and school clubs; 2) CHWs/Health Exchange visits; and 3) Parent/caregiver sessions.

Scoping Review of Scaled Parent/Caregiver Programs

The Growing Up GREAT! project team engaged SPRING Impact to undertake a scoping review of parent-focused RH interventions that had been scaled in the past, and to identify lessons that could inform the scale up strategy in the DRC. The review provided useful information on the characteristics of parent interventions that have gone to scale, platforms and approaches used, and challenges encountered during scale up. The results included seven case studies to highlight potential platforms and approaches for sustainability. The findings can be summarized in four domains:

1. *Intervention characteristics:* Many interventions that have scaled are curriculum-based and emphasize skill-building. Male involvement and clear recruitment and selection processes are common challenges for parent engagement interventions.
2. *Platform:* Many support sustainability by scaling through embedded community networks with clear implementer selection criteria.
3. *Approach:* To scale parent engagement interventions through these platforms, interventions are adapted locally and implementers are enabled via systematic capacity-building and resources.
4. *Scale-related challenges:* Identifying, recruiting, and training implementers can be challenging, costly, and time-consuming; scaling through government systems adds challenges of gaining approval and simplifying programming for government uptake.

Rapid Learning Study I: Integrating Growing Up GREAT! into Classes and Very Young Adolescent Clubs

This study, with teachers and school leadership in the 40 intervention schools, 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. KSPH conducted this learning study to: 1) evaluate the strengths and challenges of club-based and classroom-based use of Growing Up GREAT! materials through the perspectives of teachers and CBOs; and 2) identify good practices and elements to be strengthened, modified, or added to enhance the impact of these activities and facilitate their scale up. Top-line results are shared in **Table 15**.

Table 15. Integrating Growing Up GREAT! Activities in Very Young Adolescent Clubs and Classrooms

	Club-based	Classroom-based
Indicators of Success	<ul style="list-style-type: none"> Improved knowledge Improved CBO attitudes towards adolescent RH Ideas diffusing outside clubs 	<ul style="list-style-type: none"> Improved youth knowledge Youth more comfortable discussing RH topics with Growing Up GREAT! curriculum (compared to government Family Life Education) Materials diffusing to other schools Improved teacher pedagogy
Strengths	<ul style="list-style-type: none"> VYAs motivated and engaged; most participate consistently Materials well appreciated 	<ul style="list-style-type: none"> Materials widely appreciated, especially the puberty books
Challenges	<ul style="list-style-type: none"> Some VYAs do not participate consistently Some parents wish to withdraw their children after seeing the Puberty Booklet Many 6th year students graduate and move on to another school Activities delayed in some clubs 	<ul style="list-style-type: none"> Some parents confiscate materials they find too suggestive or contrary to their values
Challenges Related to Light Touch Scale Up Approach	<ul style="list-style-type: none"> Poor motivation when snacks not provided 	<ul style="list-style-type: none"> Insufficient materials for all groups interested in using them

Based on these results, key takeaways related to integrating Growing Up GREAT! activities in VYA clubs and classrooms included:

1. Club activities: continue as they are, including refreshments.
2. Targeting youth: possibly exclude 6th year students because of other competing priorities (exam preparation) and graduation.
3. Teacher motivation: consider strategies other than financial incentives to motivate teachers.
4. Teacher training: increase training time.
5. Materials: the Puberty Booklets contain images that certain caregivers found sensitive, yet VYAs greatly appreciated them. Consider providing additional copies of materials to increase access.
6. Caregiver concerns: some confiscated the materials they found too suggestive or contrary to their values. Consider ways to further sensitize caregivers so they are more comfortable with the material.
7. Participation in both the clubs and the classroom-based sessions strengthened learning. Consider integration into the school curriculum as the key scale up strategy, reinforced for some students by participation in the clubs.

Rapid Learning Study 2: Exchange Visits between Health Service Providers and Very Young Adolescents

The second rapid learning study examined the feasibility, utility, and potential for scale of health exchange components, including provider lessons and clinic visits, from the perspective of health providers and implementing partners. Also led by KSPH, the study's objectives were to: 1) evaluate the strengths and challenges of exchange visits between health providers and VYAs; and 2) identify good practices and elements to be strengthened, modified, or added to enhance the impact of these visits and facilitate scale up. Study results underscored the challenges of scheduling visits due to limited provider availability, and the need to train more providers, including more women (most providers are men, which may discourage VYA girls' participation). Top-line results are shared in **Table 16**.

Table 16. Exchange Visits between Health Service Providers and Very Young Adolescents

Indicators of Success	<ul style="list-style-type: none"> • VYAs learning how to talk about RH (new vocabulary) • Improved knowledge of RH • RH knowledge diffusing • Both girls and boys participate actively and ask questions
Strengths	<ul style="list-style-type: none"> • Excellent coordination between school officials, CBOs, and providers • Interactive and animated visits demonstrate provider commitment • VYAs enjoy and appreciate the exchange visits • Availability of providers, despite their busy schedule • Generally, providers are patient and non-judgmental • Teachers use simple language
Challenges	<ul style="list-style-type: none"> • Busy provider schedules • Visits conflict with the school schedule of some VYAs • Some parents refuse to allow their VYAs to participate • Some CBOs did not respect the scheduled time (were late) or date of visits • Lack of private spaces for discussions between providers and VYAs

Based on these results, some key takeaways from the second Rapid Learning Study were:

- VYAs highly appreciated the visits. Providers enjoyed them too.
- Organization of exchange visits: providers suggested coordinating with ample lead time and scheduling visits in the afternoon when the health center is less crowded.
- VYA behavior: after the exchange visits offered opportunities for VYAs to interact with providers, there were a few reports of VYAs visiting health facilities independently to ask questions.
- Provider behavior: providers benefited from Growing Up GREAT! because it improved their knowledge and attitudes, yet some VYAs noted that providers continued to withhold information about anatomy and reproductive physiology, because they felt VYAs were too young. Further training is needed to address values-driven judgment.
- Accompaniment and presence of parents during visits: Some VYAs reported this, and it is unclear whether it was a positive or negative finding. This is something to watch for in future.

Rapid Learning Study 3: The Caregiver Component of Growing Up GREAT!

Finally, the third rapid learning study examined the caregiver component and provided critical information about who participated, what caregivers took away from the sessions, and how to improve the sessions' effectiveness. The objectives of this study, also conducted by KSPH, were to: 1) assess the feasibility and effectiveness of the caregiver component

Table 17. Caregiver Component Study

Indicators of Success	<ul style="list-style-type: none"> • Caregivers acquiring and sharing knowledge
Strengths	<ul style="list-style-type: none"> • Caregivers appreciate the CBO facilitators' teaching techniques • Caregivers appreciate scheduling of sessions based on their availability, session reminders, and the opportunity to attend catch up sessions • Game is very well liked
Challenges	<ul style="list-style-type: none"> • Some venues were not conducive to the video sessions (too hot, too bright, too crowded) • Facilitators' occasional lack of timeliness or cancelling sessions without notification was off-putting • Low participation of male caregivers
Challenges Related to Light-touch Scale-up Approach	<ul style="list-style-type: none"> • Caregivers desired compensation for participation, including refreshments and reimbursement of transportation costs

and 2) identify good practices to be maintained and strengthened and elements to be adapted/modified/added to promote the impact of these activities and facilitate their scale up. Key results are shared in **Table 17**.

Based on these results, key takeaways from the **Caregiver Component Study** were:

- Overall appreciation of session topics, especially communication and sharing of household tasks. In some cases, sensitive topics such as FP were not as valued.
- Participants acquired and diffused new knowledge.
- Caregivers suggested extending the duration and scope of activities.
- The board game was well liked. Can it be promoted outside of the caregiver sessions?
- As expected, low participation of male caregivers was due to social factors such as: children live in female-headed households and gendered belief that education is a female caregiver's responsibility. Suggestions to increase male participation include planning sessions devoted to the male caregiver to promote male engagement and participation.
- Reinforce the CBO facilitator's knowledge, skills, and abilities related to the video content, discussion, and their self-efficacy in delivering video-sessions.

Activity-based Costing to Inform Scale Up

Throughout the planning and implementation phases of Growing Up GREAT!, Save the Children conducted a concurrent and retrospective activity-based costing study, with guidance from FHI 360 and IRH, using the **Costing Primer for Norms-shifting Interventions**. The purpose of the costing study was to understand the human and financial resources required to adapt and implement the intervention. This information was collected to help Save the Children and implementing partners, including the DRC MOE and Ministry of Public Health, 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. Notably, the results of the study provided per-activity cost estimates so that organizations interested in taking up the intervention could identify the resources required to implement with both in-school and out-of-school adolescents (See the Costing Primer for results).

Costing was completed in two phases. **Phase 1** (project start up) began in 2016 immediately after project launch and included costs associated with the adaptation of materials tested elsewhere to the context of urban megacity Kinshasa; the development of new resource materials for Family Life Education teachers and facility-based providers; creation of and engagement with a high-level technical advisory group to review and validate these materials; training for Save the Children and implementing partner staff; mapping of all schools in the intervention zone; and the creation of school-based and community-based VYA clubs. **Phase 2** (Implementation) began in mid-2017 and included costs associated with pilot implementation of all core intervention activities, as well as monitoring and continued stakeholder engagement.

A detailed case study of Growing Up GREAT's experience conducting this study can be found at the end of the Costing Primer for Norms-Shifting Interventions. In summary, the overall cost of resources used to implement the intervention over a 30-month period was ~ \$15,000 per month. The total cost of Phase 1 (preparing for implementation – right hand cluster of figure below) was approximately \$271,000, of which 56% was direct non-labor costs and the remaining 44% direct labor. However, these costs should be interpreted with care, as the expensive, urban context of Kinshasa is quite particular.

The total cost of Phase 2 (implementation) was approximately \$130,000 over 10-months or ~\$13,000/month for supporting 58 clubs (40 in-school clubs and 18 out-of-school clubs), of which 33% was direct non-labor costs and the remaining 67% direct labor. Of the four core intervention components, the VYA club sessions and the health linkage activities were the most costly, representing ~10% each of the total intervention cost. Community sessions were the least costly activity, since they were led by community-based volunteers and took place less frequently than other activities.

Costing insights were a valuable resource in informing future plans related to implementation of Growing Up GREAT! and to inform scale up.

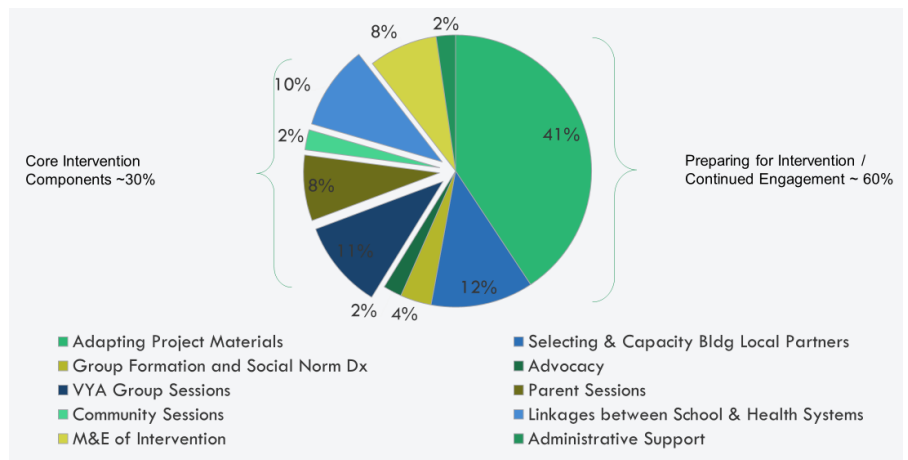


Figure 10 | Component Cost of GUG! as % of Total

SCALE-UP ACTORS & ACTIVITIES

The Preparing to Scale Phase of Growing Up GREAT! began in August 2018 and was aimed at ensuring solid guidance for Growing Up GREAT's institutionalization (vertical scale up) into key Congolese Ministry platforms. It also set the stage for the geographic expansion (horizontal scale up) of Bien Grandir Plus!, the Global Affairs Canada-funded complementary intervention that began in March 2018. Scale up is funded by the companion Bill & Melinda Gates grant and Global Affairs Canada, although it has largely been on hold since March 2020, due to the pandemic.

The Growing Up GREAT! team began to lay the groundwork for scale from project inception. The first scale-up workshop was held in August 2016 in Kinshasa. A preliminary scale-up plan was developed in 2016, guided by ExpandNet framework and principles, and with technical assistance from Dr. Alexis Ntabona of ExpandNet. It focused on generating credible, actionable evidence, engaging stakeholders, and developing a scalable intervention. This and subsequent workshops deepened scale-up understanding and planning, and built the project team's ability to troubleshoot problems as they arose. During these workshops, Save the Children completed a preliminary assessment of the readiness of Growing Up GREAT! for scale up. Results identified gaps and areas for improvement, including meaningful engagement of stakeholders in scale-up planning, and establishment of cost assessment mechanisms that were addressed through a series of learning and scale-up consultations in August 2017 and 2018, and the retrospective and prospective costing studies.

After analysis of the results of the endline survey (GEAS Wave 2), the Growing Up GREAT! team held a workshop to discuss results of the survey and participatory youth evaluation, along with implementation experience, to decide whether the results justified further implementation and scale. We organized our discussion by the CORRECT criteria for scale up and came to the decision to continue to the scale up phase (Glaser et al., 1983). **Figure 12** presents the results of the workshop deliberations.

Engagement of local stakeholders was essential to build a foundation for scale up throughout the life of the project. These stakeholders were primarily engaged via the SRG, which included government bodies, international and national NGOs, and CBO partners, many of whom carried out activities during the implementation phase. The SRG provided support for strategic scale-up planning and implementation, and

began to identify opportunities to integrate Growing Up GREAT! into other broad public health frameworks. Representatives from the MOE and MOH co-sponsored the SRG and expressed their commitment to sustaining Growing Up GREAT!. Key members, including the Director of the PNSA and the National Family Life Education Directorate were eager to move Growing Up GREAT! forward through support for institutionalization.

Learnings from the implementation phase of Growing Up GREAT! and findings from the GEAS endline survey pointed to a handful of revisions to the intervention, especially the video discussion guides for caregiver and community sessions. The guides were revised to include practical skills-building for communication with VYAs and non-violent discipline, a topic frequently requested by participants during implementation. Moreover, to increase caregiver comfort with key topics (a need made apparent by the results of the learning studies described below), the video discussion guide was expanded into six guides, or one per video. This improved usability and flow, and added questions to increase discussion of positive behaviors. The revised guides also provided more background information, including a description of the group-based dialogue approach and objectives, and recommendations for identifying locations conducive to the caregiver and community sessions.

The project team also used this moment of transition to incorporate feedback from the Learning Lab and pilot periods on minor grammatical, language, and layout adjustments in the VYA package of materials to improve usability. The modified materials were validated by the multi-sectoral SRG during a two-day meeting in February 2019. In the same meeting, Growing Up GREAT! actors planned the upcoming geographic scale up of the intervention, originally scheduled for mid-2019. Participants identified opportunities to conduct joint activities with Bien Grandir Plus (quarterly meetings, phased trainings, supervision visits by Ministry officials engaged in both projects) and, thus, ensure integration and avoid duplication.

Scale-up partners (**Box 10**) are the MOE, the MOH, and local NGOs. Each is supporting institutionalization of a different component of the intervention. The MOE is institutionalizing Growing Up Great! in two ways: first, through roll out of a formal protocol for creation and maintenance of school-based clubs and second, by integrating Growing Up Great! into the Family Life Education program (including in-service training documents, teacher manual, and other

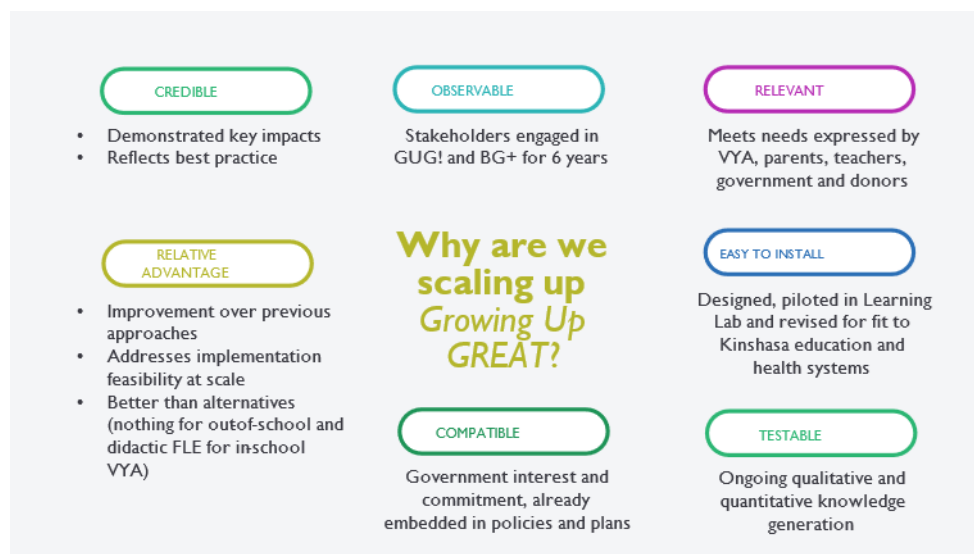


Figure 12 | Assessment of Growing Up GREAT! Scalability

strategy documents). Two lead NGOs are supporting the MOE/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 is institutionalizing Growing Up Great! by continuing to support the health exchange activities with facility-based providers. There were ongoing discussions about the possibility of institutionalizing the parent and community sessions through the MOH via their CHWs, but that did not come to fruition before the pandemic paused activities.

Box 10.
Scale Up Partners

- **In-school VYAs:** EPSP/EVF
- **Out-of-school VYAs:** Two (new) CBOs with support from experienced CBOs
- **Parents/Families:** Four CBOs (2 old, 2 new)
- **Communities:** Four CBOs (2 old, 2 new)
- **Links with the health systems:** MoH/PNSA

Geographic scale up planned for the Passages work was very light. Scaling up is continuing in 18 new schools (20 was our target). The focus is very much on institutionalization; thus, prioritization was placed on returning to the 80 schools from the Learning Lab and Implementation periods to re-establish school clubs (more sustainably, we hope) following the new protocol, and with the fully integrated Family Life Education program. However, Bien Grandir Plus! represents a sizeable geographic scale-up of Growing Up Great! as well.

Scale up was planned to continue post Passages with funding from the Bill & Melinda Gates Foundation. The following activities took place prior to the COVID pause in March 2020.

- Training of Master Trainers (May 2019), teacher trainings, mapping of schools to confirm enrollment numbers
- Creation of school-based and community-based clubs
- Identification and training of (most) school club committees – the committee of six VYAs elected by peers to receive training on Growing Up Great! and lead club meetings
- VYA club meetings – a few had begun
- Parent and community sessions – a few had begun among parents of out-of-school VYAs

After all activities were paused in March in response to school closures due to COVID-19, support shifted to the distance learning program launched by the MOE in collaboration with UNICEF. Led by KSPH, a learning study is currently underway to assess the broadcast distance learning, especially with respect to Save the Children's contributions for the Family Life Education broadcasts. The study explores VYAs' perceptions and experiences listening to the Family Life Education broadcast.

At the time of preparing this report (May 2021), schools are slowly beginning to open, and the scale-up team intends to implement a revised scale-up model with activities that respect social distancing and safety measures. Save the Children continues to support the distance learning program, which will likely continue through the end of the school year.

SECTION SEVEN:

Reflections, Learnings, and Conclusions

INTERVENTION EFFECT

Growing Up GREAT! has two aims. The first aim is to increase puberty and RH knowledge, gender-equitable attitudes and behaviors, and self-efficacy of girls and boys ages 10 to 14. The second aim is to engage important adults in the lives of adolescents and the social systems in which VYAs are situated to foster an environment that values and supports their journey through puberty. Through its nine-month multi-level intervention package with VYAs and adults, Growing Up GREAT! showed significant effects in building RH knowledge, caregiver connectedness, and gender equitable attitudes and behaviors among VYAs. 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.

Evaluation results also indicate Growing up GREAT! 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. Qualitative research and further data analysis is ongoing to shed light on why the intervention did not have expected results in these areas.

IMPLEMENTATION LEARNINGS

The Growing up GREAT! team has also identified key learnings from their work adapting, piloting, and scaling a multi-level intervention for in- and out-of-school early adolescents.

Learning #1: While it is well recognized that social norms interventions must be adapted for new contexts, the amount of time and preparatory work needed for this process may be underestimated.

Growing up GREAT! is an adaptation of approaches and tools previously tested in Rwanda, Uganda, and Nepal. While the processes of gender socialization and puberty are fundamentally similar in all three settings, the context and implementation opportunities varied significantly. For example, in Uganda, GREAT was able to work with existing adolescent clubs. This was not the case in Kinshasa, where the intervention had to incorporate an additional step of club formation. In Uganda, the radio program was a key component of the intervention. In Kinshasa, on the other hand, radio listenership was low, compelling Save the Children to find an alternative route with the parent/caregiver videos. Growing up GREAT! had scheduled a nine-month period for the adaptation

process, but even this proved tight, and the unexpected addition of the Learning Lab provided further opportunity to prepare the intervention for the pilot phase.

Learning #2: Most projects are initially conceptualized during the proposal phase based on the team’s best assumptions. Formative research or social norms exploration is important to test those assumptions and identify the norms and reference groups associated with program goals in a specific geographic context and time.

For example, the team developed a parent testimonial video encouraging caregivers to keep girls in school, before learning from the SNET that reasons for school dropout are largely financial. The SNET also revealed that religious leaders, including both pastors and their wives, are key reference groups for adolescents and parents, which prompted the project team to engage them more purposefully in community activities. Additionally, formative research and consultations with key stakeholders also revealed the need to include additional information about HIV, which is a growing challenge in the densely populated, urban setting of Kinshasa.

Learning #3: Implementing social norms interventions at scale entails trade-offs. Growing Up GREAT! was designed for large-scale implementation, with intentional efforts to streamline the intervention and its implementation. This resulted in a lighter-touch approach, with less direct oversight. This may have affected quality and impact.

Trainings were kept to a minimum number of days, and in-school sessions were facilitated by VYAs themselves. While this streamlined approach allowed Growing Up GREAT! to build a significant footprint, it affected the quality of the intervention delivery and likely shaped results. The lighter-touch approach also means less intensive monitoring in an effort to keep the approach scalable.

Learning # 4: To address inequity, it is important to understand the needs and assets of different segments of the early adolescent population, and how these shift over time. With insight into the most vulnerable VYA segments, the team is better able to design programs to address their needs and monitor and assess program effectiveness over time.

From inception, Growing Up GREAT! struggled with the challenge of reaching out-of-school adolescents with a norms-focused intervention designed to be taken to scale. Through initial formative research and stakeholder consultation, the team decided to focus on girls and boys who were out of school, sometimes intermittently, but still living in a family setting. Careful analysis of each round of survey data showed us that the effects of the intervention were greater on the most vulnerable and that experiences of vulnerability shifted over the years. In general, the intervention appears to have had the effect of accelerating progress or bridging the gap between in-and -out of school children, boys and girls, and younger and older adolescents. The most disadvantaged segment varied by age and area (e.g., mental health, violence experience, RH knowledge). This study

Box 11. Key Learning & Recommendations

- **Contextualization takes time.** Projects should ensure adequate time and resources for adaptation and build in opportunities for continued adjustments.
- **Formative work is critical to ensuring norms-shifting interventions effectively target existing social norms.** Projects should deploy approaches to test and confirm assumptions about norms-driven behaviors.
- **Designing scalable social norms interventions may require trade-offs.** It can be challenging to find the balance between simplifying for scalability and ensuring enough intensity to shift norms.
- **Further segmentation is needed within VYA programs.** Better understanding the needs and assets of different groups of VYAs will enable stronger program design and effectiveness.

reinforced recognition of the heterogeneity of VYAs - 10-year-olds differ from 14-year-olds from a developmental perspective, and in terms of existing exposure to RH information.

IMPLEMENTATION AND EVALUATION RECOMMENDATIONS

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 Growing Up Great! improves the skills and attitudes of caregivers, teachers, and health care providers, creating a more supportive environment for VYAs. Most importantly, Growing Up GREAT! 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. Growing Up GREAT! is included in the PNSA's 3-year strategic plan as the flagship approach for engaging and supporting adolescent RH 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 and teaching aids. Both Ministries are currently advocating to bilateral partners and international NGOs for continued funding of the approach.

There is much still to learn about how to improve Growing Up GREAT! and similar interventions designed to improve gender equity and RH among early adolescents. Critical questions remain, such as: 1) What should the intervention dosage be for optimal effects? How long, how frequent, how much? 2) What is the minimum quality and dosage needed for the parent and systems components? and 3) How do we improve facilitation quality or reduce reliance on facilitation skills? Answers to these questions are being sought in two additional waves of the GEAS survey to track changes over time in the VYA cohort, ongoing mediation analysis of the first three rounds of surveys, and qualitative learning studies. 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. At the same time, the Growing Up GREAT! consortium will continue to support the MOE as they scale up the program and document progress and lessons learned.

RESOURCES FOR FURTHER READING

Program Brief: [Growing up GREAT!](#) (English and French)

Program Brief: [Intentional Youth Engagement in the Passages Project](#) (highlighting Growing Up GREAT!)

Program Brief: [Adaptive Management: Learning and Action Approaches to Implementing Norms-shifting Interventions](#) (highlighting Growing Up GREAT!)

Research Report: [Growing Up GREAT! Baseline Results Report](#) (English and French)

Research Report: [Growing Up GREAT! GEAS Wave 2 Report](#)

Research Report: [Growing Up GREAT! Global Early Adolescent Study Wave 3 Report](#)

Presentation: [Presentations: From Puberty to Parenthood, a Social Norms Resource Forum](#) (highlighting Growing Up GREAT!)

Program Tool: [Costing of Norms-shifting Interventions: A Passages Project Primer](#) (highlighting Growing Up GREAT!)

Program Tool: [VYA Toolkit](#)

Program Materials: [Growing Up GREAT! Adaptation Guide](#)

Blog: [Kokoma Malamu! Out-of-school adolescents are Growing Up GREAT in Kinshasa, DRC](#)

Blog: [Improving Voluntary Use of Modern Family Planning Through Shifting Norms with Young Couples](#)

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