

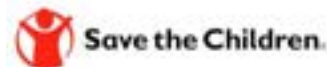
Growing Up GREAT! Results & VYA Investments

What do we know? Where should we go?

Wednesday, January 6, 2021

9am-11am Pacific / 12pm-2pm Eastern

Callie Simon, Jen Gayles,
Kathryn M. Barker, Rebecka Lundgren



What We'll Discuss



INTRODUCTIONS



BACKGROUND



INTERVENTION



RESULTS



DISCUSSION



INTRODUCTIONS

Why are we coming together now?



3 waves of survey and monitoring data



Strong government support and buy-in

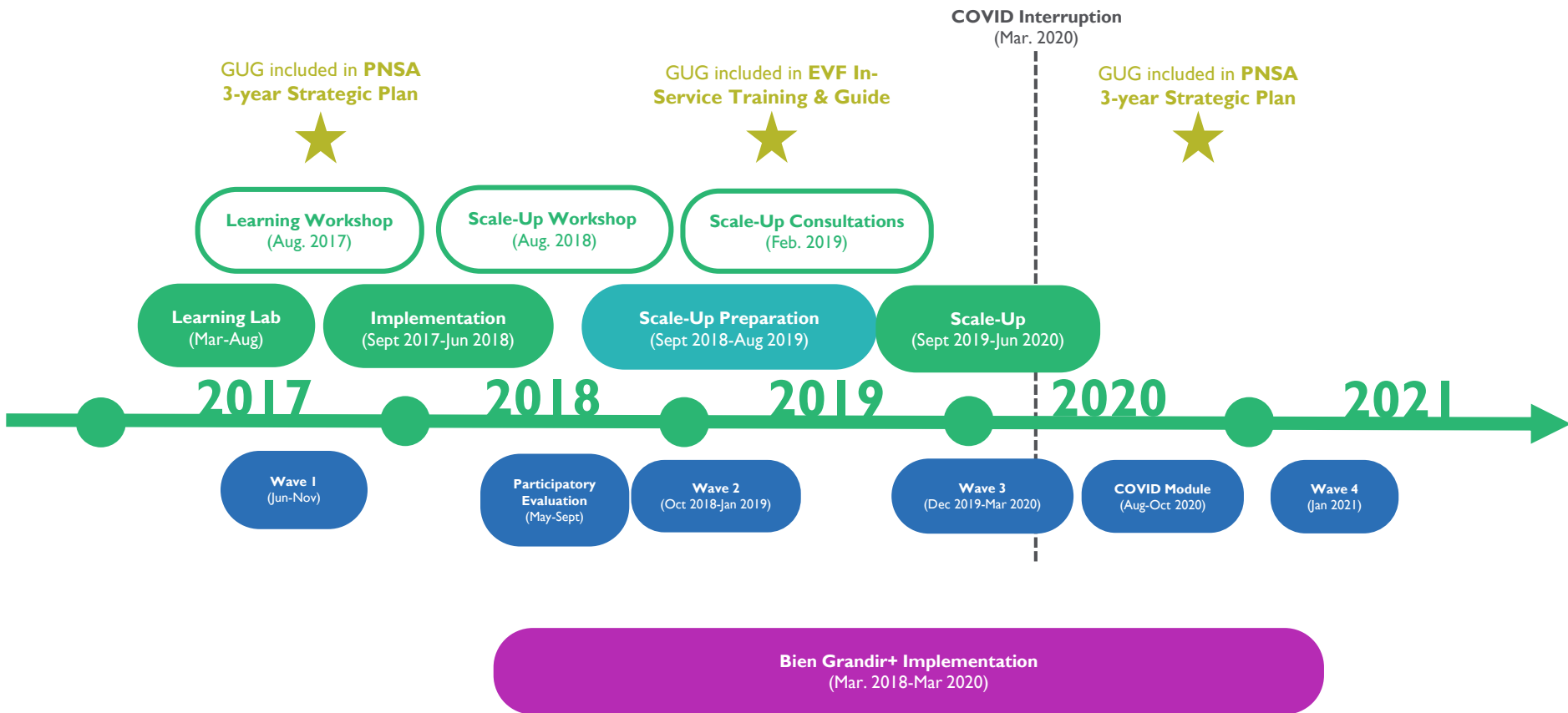


Beginning widespread dissemination of lessons learned under Passages Project

PURPOSE

- Reflect on what the results tell us and what we want to continue to learn.
- Discuss how the GUG story contributes to the broader VYA landscape and our way forward.

Where are we in the *Growing Up GREAT! (GUG)* life cycle?





BACKGROUND

Where does *Growing Up GREAT!* fit?

Very young adolescence is an optimal window for promoting positive youth development, SRH, and other health and development outcomes.

- **Rapid brain development** second only to the first 1,000 days (Dahl, 2018)
- Significant **physical and socio-emotional development** – opportunity to catalyze healthy development (Igras et al, 2014; McCarthy et al, 2016; Patton & Viner, 2007; WHO, 2011; Woog & Kågesten, 2017)
- Increasingly gendered experience and expectations – **opportunity to foster more gender-equitable attitudes, behaviors and norms** before firmly entrenched (Blum et al., 2017; Chandra-Mouli et al., 2017; Igras et al., 2014; Gupta & Santhya, 2020)
- The attitudes, behaviors, and developmental assets put in place during this time **shape lifelong reproductive trajectories** (Chandra-Mouli et al., 2017; Patton et al., 2016; Punzi & Hekster, 2019; Sawyer et al, 2012)
- Improving VYA outcomes contributes to **multiple SDGs**



A Bridge from **Puberty** to **Contraceptive Use**



INTERNAL ASSETS

- ✓ Fertility awareness, body literacy
- ✓ Gender equitable attitudes & roles
- ✓ Health service seeking capacity
- ✓ Self-efficacy to advocate for themselves
- ✓ Capacity for critical reflection



STRUCTURAL

- ✓ Youth friendly health services
- ✓ Quality, safe education
- ✓ Economic opportunities
- ✓ Legal/policy protections
- ✓ Resources



FAMILY & COMMUNITY

- ✓ Safety
- ✓ Intergenerational dialogue
- ✓ Equitable gender norms
- ✓ Strong economic and social support networks

State of the VYA field



2010 VYA landscape found **only 18 curriculum-based studies with specific strategies to reach VYA** to improve SRH outcomes.



Last decade seen concerted efforts to grow evidence base.

- My Changing Body, GREAT, Choices, Voices, Promises, GEAS, GAGE/Act with Her, AGEF, NISITU, AGI-K
- Seminal publications on VYA SRH from Guttmacher Institute, Population Council, GEAS, IRH



Recent landscape found **60 programs and 5 cross-country research initiatives.** Growing up GREAT is among them.

Contributions to the evidence-base:

Intersection between *Growing up GREAT!* and the GEAS



Build knowledge on effective strategies to improve VYA SRH and gender outcomes:

- Transportability of programs to urban settings
- Application of social norm theory and norm-shifting approaches
- Youth participation, engagement



Understand longer-term effects of VYA interventions on gender and indicators related to SRH (through GEAS study)



Generate insight on scale-up of VYA programs: How? When? Through which pathways? Costs?



INTERVENTION

What is *Growing Up GREAT?*

Growing Up GREAT!

Gender role equality through VYA small group and family engagement

Does an intervention for early adolescents that addresses gender norms, gender-based violence (GBV), and sexual and reproductive health (SRH) lead to more equitable gender roles, delayed sexual debut and pregnancy, and increased family planning use over the adolescent life course?



SNAPSHOT

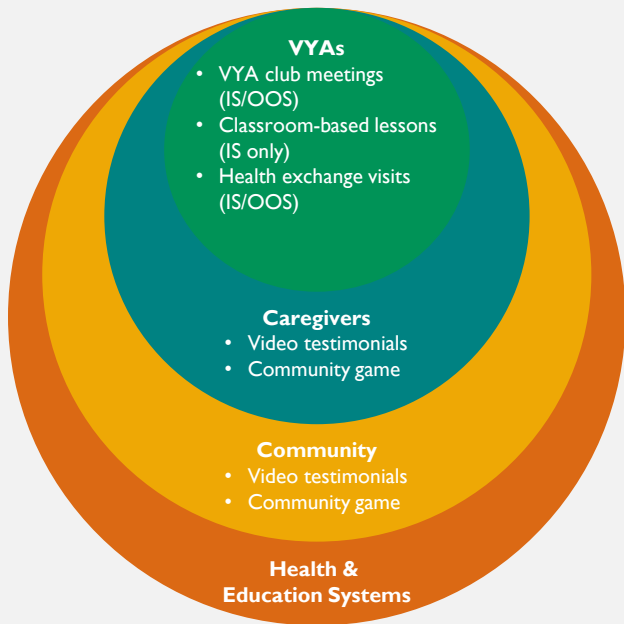
- Scope:** 2 peri-urban communes in Kinshasa
- Target:** 10-14 year boys/girls in primary schools; out-of-school 10-14 year boys/girls and parents
- Design:** Quasi-experimental longitudinal study following 2,000 VYAs over 4 years



CONTEXT

Growing Up GREAT!

MULTI-LEVEL INTERVENTION

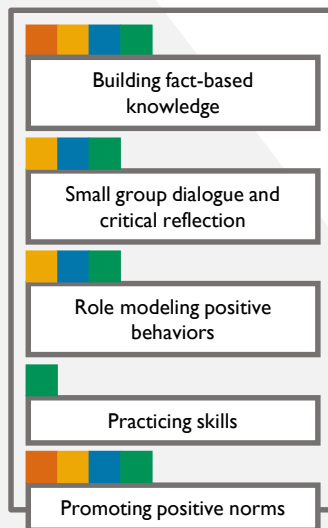


- Youth Friendly Health Services Training
- Integration of GUG package into Family Life Education (MOE)
- Teacher training

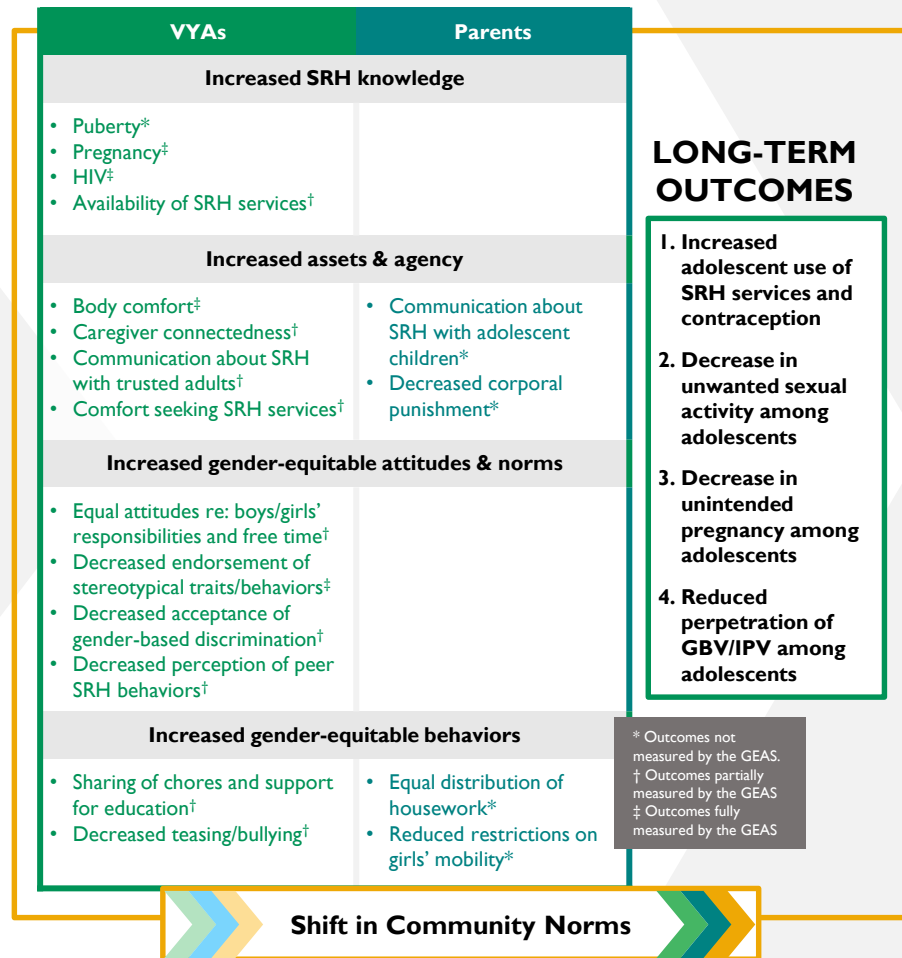
Norms supportive of ASRH and gender equity:

- Discussing (A)SRH topics is not stigmatized or punished
- Household responsibilities should be shared by boys and girls
- Education is equally valued for boys and girls
- Violence is not acceptable for conflict resolution within the family/ relationships
- Discussion of family size and joint decision-making on FP is normalized

MECHANISMS OF ACTION

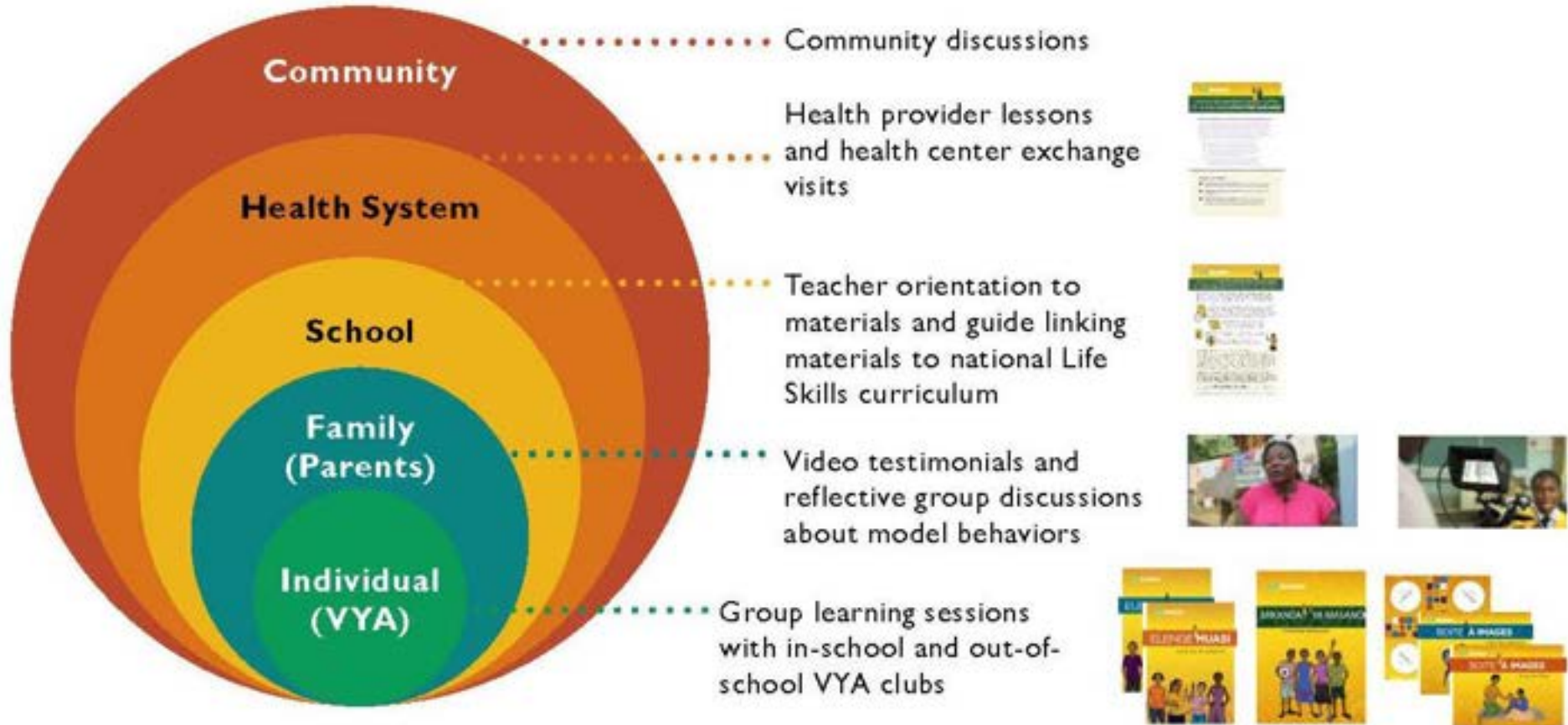


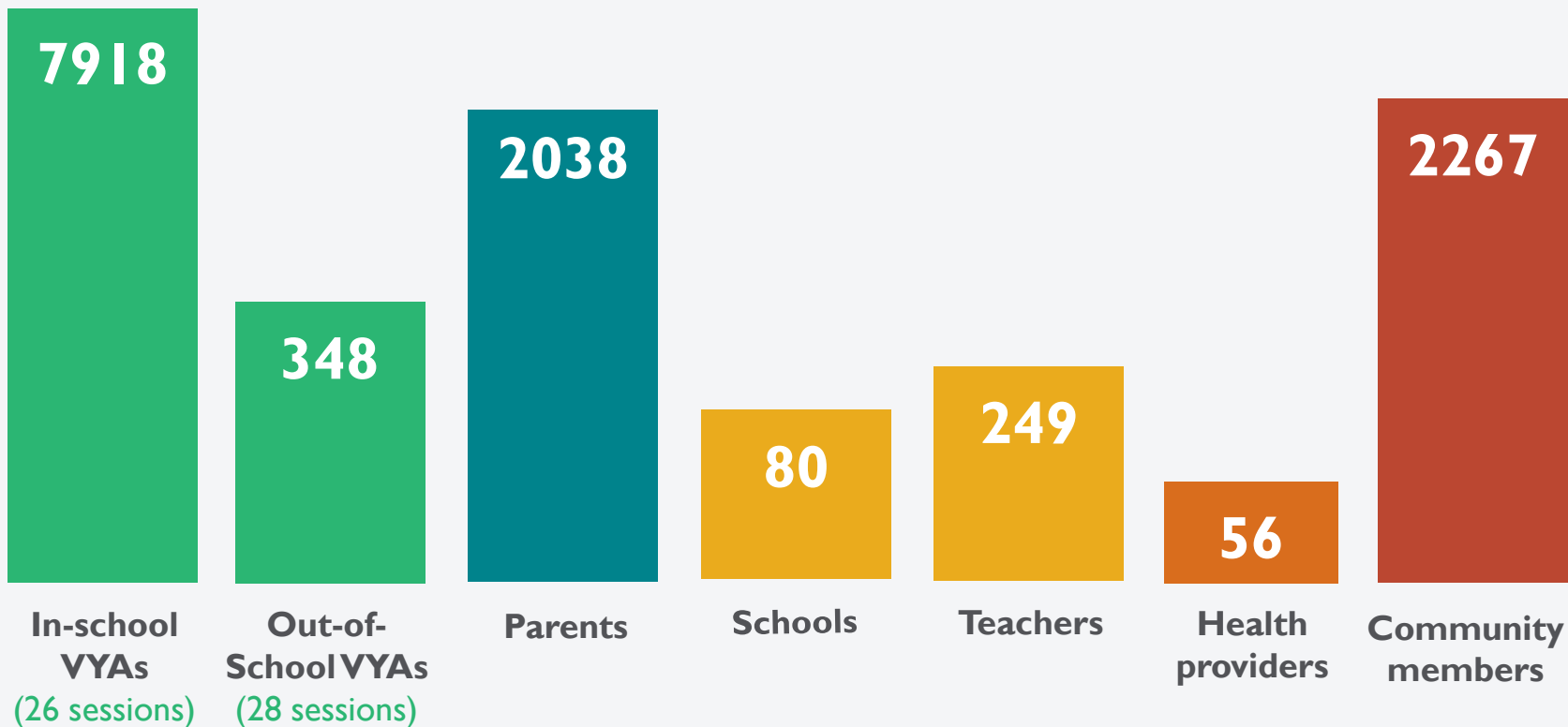
INTERMEDIATE OUTCOMES



* Outcomes not measured by the GEAS.
 † Outcomes partially measured by the GEAS
 ‡ Outcomes fully measured by the GEAS

Intervention Design





of activities and individuals reached (2018-2019)

Source: SCI monitoring data

Intervention Exposure among *Intervention Group*

80%

VYAs participated in at least 1 of 3 GUG! activities in the past year.

67%

participants saw the GUG! puberty book.

60%

attended a VYA club meeting.
1-5 sessions: 47%
6+ sessions: 48%
Don't Recall: 5%

31%

attended a VYA classroom session.
1-5 sessions: 44%
6+ sessions: 50%
Don't Recall: 6%

Intervention Exposure among *Control Group*

27%

VYAs participated in at least 1 of 3 GUG! activities in the past year.

6%

participants saw the GUG! puberty book.

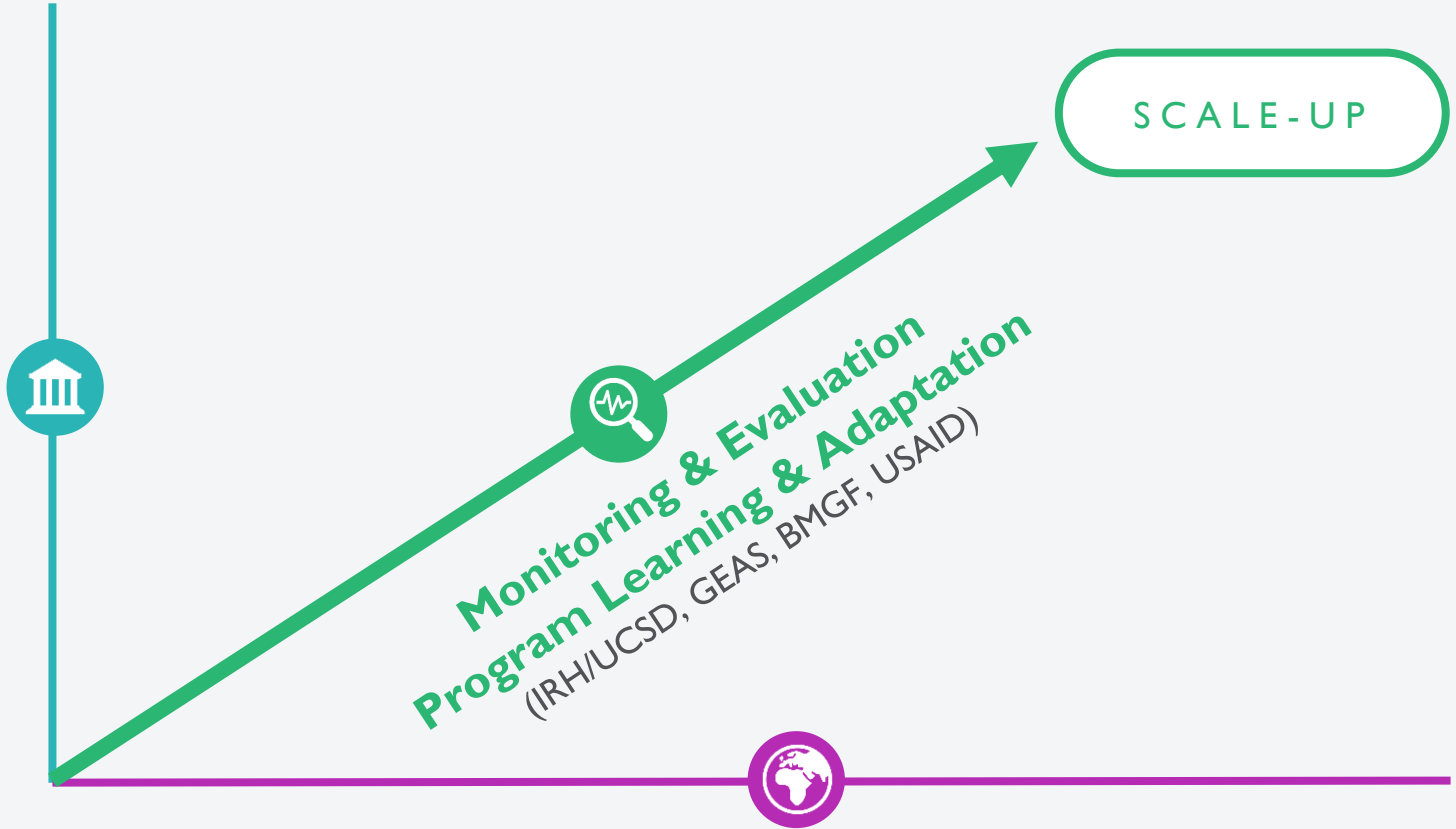
11%

attended a VYA club meeting.
1-5 sessions: 71%
6+ sessions: 21%
Don't Recall: 8%

16%

attended a VYA classroom session.
1-5 sessions: 48%
6-10 sessions: 44%
Don't Recall: 8%

Institutionalization via Ministries
of Health & Education and NGOs
(BMGF, SAVE)



Geographic expansion and adaptation for older adolescents
(15-19 years) (GAC, SAVE/BG+)

SCALE-UP (2019-2021)



Institutionalization

- Master Trainers in key Ministries and NGOs
- School-led creation of VYA clubs in 80 original schools and 20 new schools
- GUG in FLE training manual/teaching guide
- Integrated FLE lessons using VYA Toolkit
- CBO implementation of community clubs
- Parent and community activities integrated into MOH community-based health structures
- Collaboration with MOE/MOH to integrate GUG into supervision processes
- Advocacy for inclusion of GUG in MOE/MOH strategic documents, including work plans and budgets



Expansion

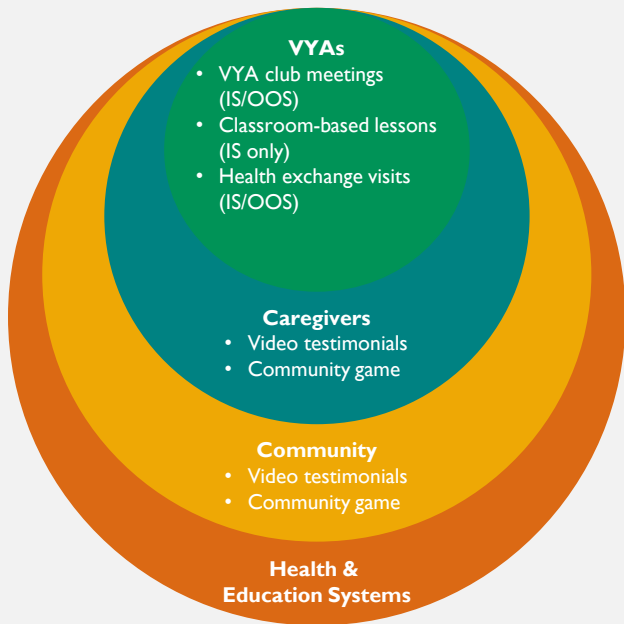
- Implementation of GUG in 250 schools (BG+)
- Adaptation of GUG toolkit for older adolescents
- Engagement of key reference group (grands frères/sœurs)



RESULTS

What do we know?

MULTI-LEVEL INTERVENTION

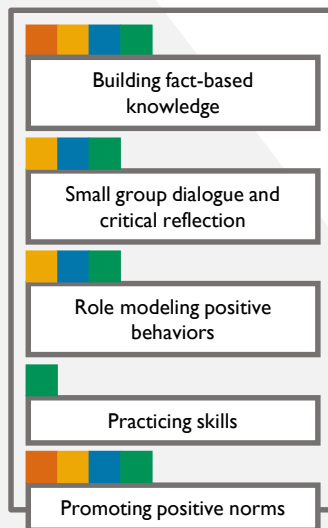


- Youth Friendly Health Services Training
- Integration of GUG package into Family Life Education (MOE)
- Teacher training

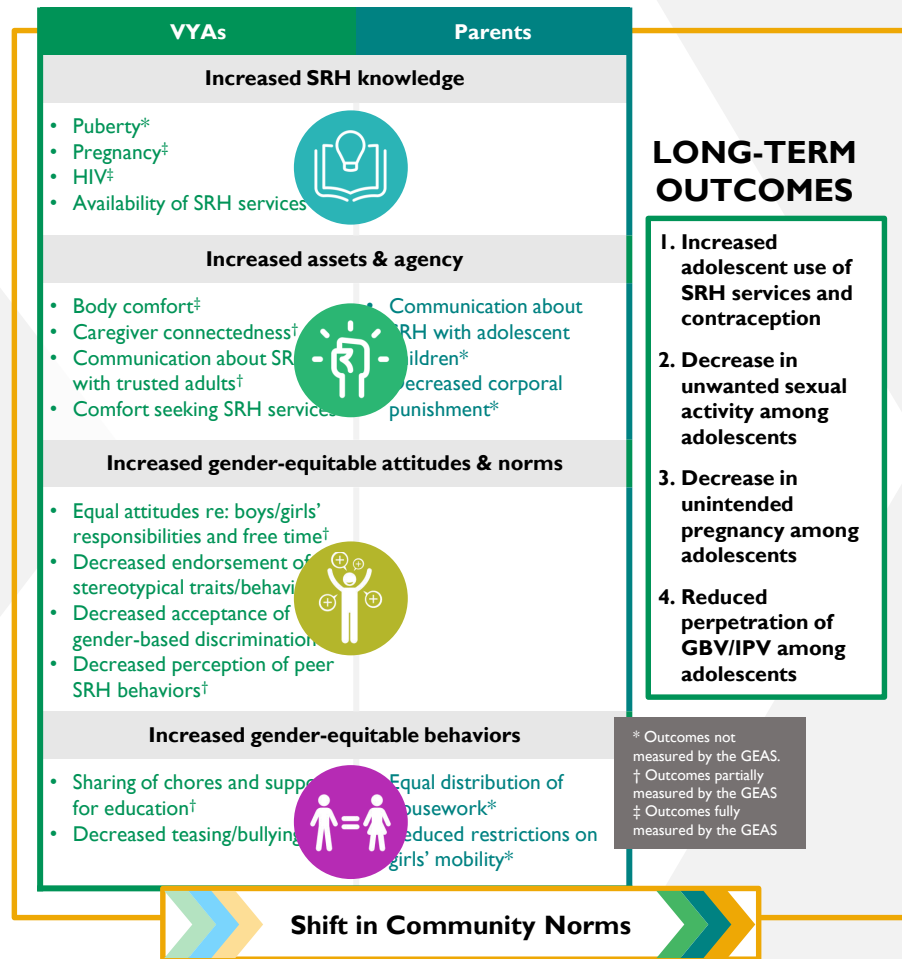
Norms supportive of ASRH and gender equity:

- Discussing (A)SRH topics is not stigmatized or punished
- Household responsibilities should be shared by boys and girls
- Education is equally valued for boys and girls
- Violence is not acceptable for conflict resolution within the family/relationships
- Discussion of family size and joint decision-making on FP is normalized

MECHANISMS OF ACTION



INTERMEDIATE OUTCOMES



* Outcomes not measured by the GEAS.
 † Outcomes partially measured by the GEAS
 ‡ Outcomes fully measured by the GEAS

Intermediate Outcomes



Increased
SRH
Knowledge



Increased
Agency &
Assets



Increased
Gender-
Equitable
Attitudes &
Norms



Increased
Gender-
Equitable
Behaviors

Approaches to assess GUG! Impact

Global Early Adolescent Study (GEAS)



Longitudinal Quasi-experimental Design

Intervention and Control Arms, divided by IS/OOS

Wave 1 (2017)

n=2,842 VYA

Wave 2 (2018)

n=2,519 VYA

Wave 3 (2019)

n=2,376 VYA



Difference in Difference analysis

Assesses differences between the intervention and control groups while accounting for baseline differences



Intention to Treat (ITT) analysis

Comparison of intervention and control regardless of GUG exposure

Approaches to assess GUG! Impact

Youth-led Participatory Qualitative Evaluation

Aim: Gather participant perspectives on individual, family, healthcare, normative changes in the community due to GUG!

- Interviews and story-collection from VYAs and adults collected by 6 VYA from GUG! clubs and 6 youth researcher-mentors
- Most significant change stories (30)
- Interviews on parent-child communication changes due to GUG! (24)
- School-based observations to assess gender relationships between adolescent peers outside of clubs. (12)



QUANTITATIVE RESULTS

Global Early Adolescent Study (GEAS) Results











OUTCOME I

Increased SRH Knowledge



SRH KNOWLEDGE













EFFECT OF INTERVENTION RELATIVE TO CONTROL GROUP

	EFFECT OF INTERVENTION RELATIVE TO CONTROL GROUP	
	IN-SCHOOL INTERVENTION, N=914; CONTROL, N=901	OUT-OF-SCHOOL INTERVENTION, N=362; CONTROL, N=342
	W3	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
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



SRH KNOWLEDGE

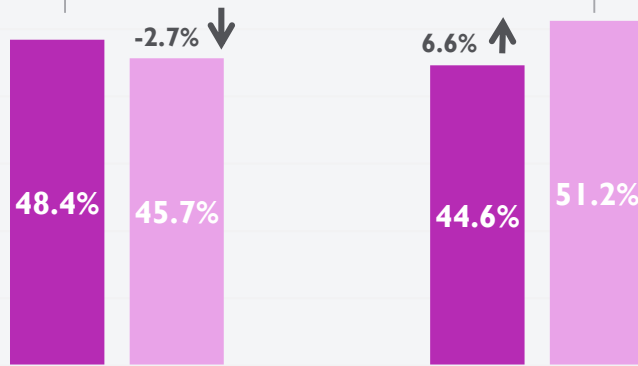
EFFECT OF INTERVENTION RELATIVE TO CONTROL GROUP

	EFFECT OF INTERVENTION RELATIVE TO CONTROL GROUP	
	IN-SCHOOL INTERVENTION, N=914; CONTROL, N=901	OUT-OF-SCHOOL INTERVENTION, N=362; CONTROL, N=342
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
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



Knows where to go to get contraception (girls only)

OR=1.46 (p=0.033)



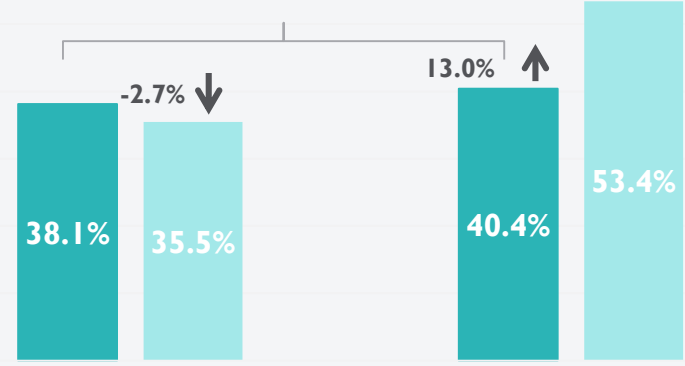
Control

Intervention

■ Wave 1 ■ Wave 2

IN-SCHOOL VYA

OR=2.96 (p<0.001)



Control

Intervention

■ Wave 1 ■ Wave 2

OUT-OF-SCHOOL VYA











OUTCOME 2

Increased Assets & Agency



**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 CONTRACEPTION (ASKED OF GIRLS ONLY)	 I, N=315; C, N=286 OR=1.46 (0.94, 2.26), P=0.090		 I, N=93; C, N=93 OR=1.92 (0.84, 4.41), P=0.124	
COMFORT WITH PUBERTAL DEVELOPMENT	 I, N=492; C, N=451 OR=1.16 (0.40, 3.36), P=0.782		 I, N=198; C, N=138 OR=0.51 (0.04, 6.46), P=0.660	
BODY SATISFACTION INDEX (5 PT)	 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	



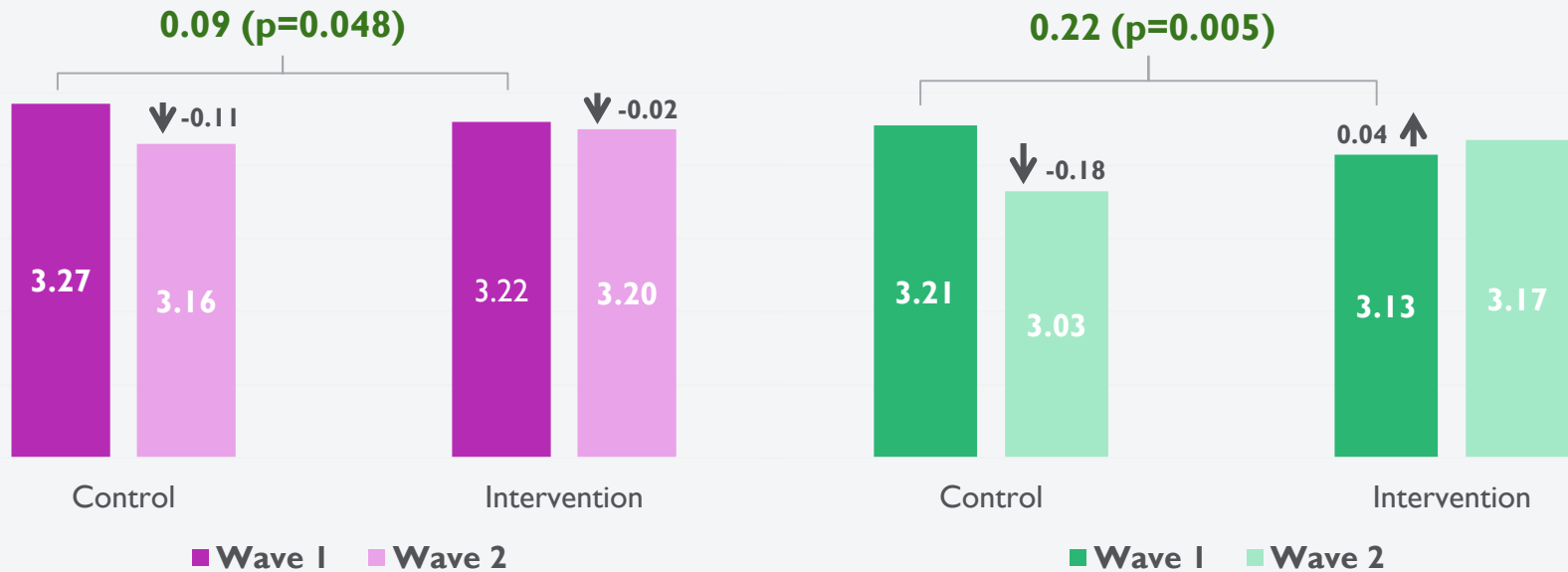
**CONNECTEDNESS,
PERCEIVED QUALITY
OF SERVICES AND
BODY COMFORT**

EFFECT OF INTERVENTION RELATIVE TO CONTROL GROUP

	IN-SCHOOL INTERVENTION, N=XX; CONTROL, N=XX	W3	OUT-OF-SCHOOL INTERVENTION, N=XX; CONTROL, N=XX	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	
PERCEPTION OF QUALITY OF SERVICES (ASKED OF GIRLS ONLY)	✗ I, N=315; C, N=286 OR=1.46 (0.94, 2.26), P=0.090		✗ I, N=93; C, N=93 OR=1.92 (0.84, 4.41), P=0.124	
COMFORT WITH PUBERTAL DEVELOPMENT	✗ I, N=492; C, N=451 OR=1.16 (0.40, 3.36), P=0.782		✗ I, N=198; C, N=138 OR=0.51 (0.04, 6.46), P=0.660	
BODY SATISFACTION INDEX (5 PT)	✗ 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	



Caregiver connectedness



IN-SCHOOL VYA

OUT-OF-SCHOOL VYA



**SRH
COMMUNICATION,
WITH OTHERS
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		<12 Y/O



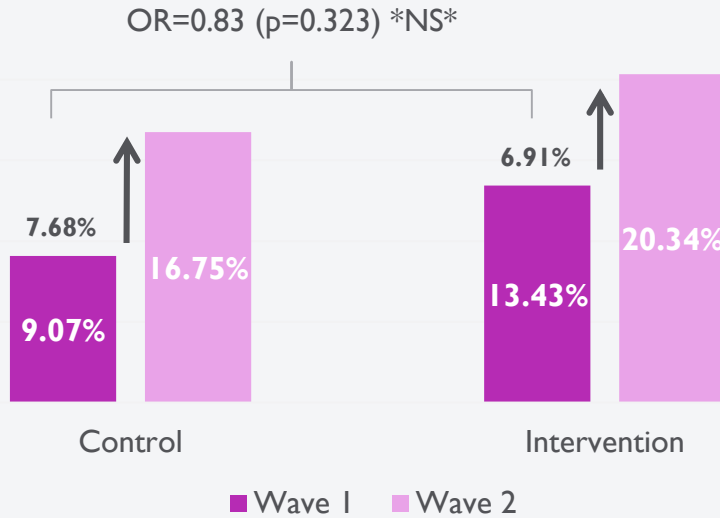
SRH COMMUNICATION, WITH OTHERS ABOUT...

EFFECT OF INTERVENTION RELATIVE TO CONTROL GROUP

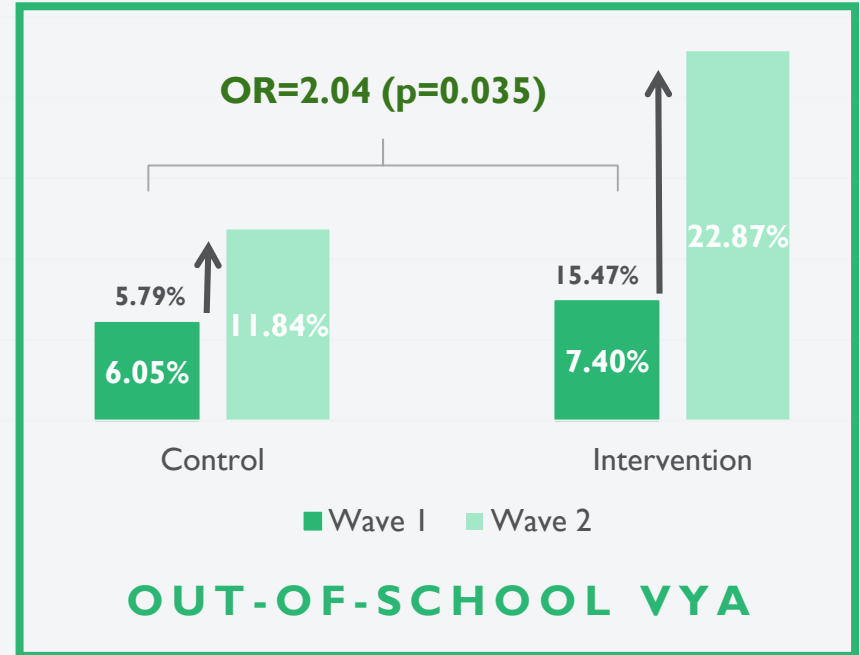
	IN-SCHOOL INTERVENTION, N=914; CONTROL, N=901		W3	OUT-OF-SCHOOL INTERVENTION, N=362; CONTROL, N=342		W3
	...BODY CHANGES	X OR=0.94 (0.74, 1.18), P=0.583			X OR=0.93 (0.64, 1.36), P=0.713	
...SEXUAL RELATIONSHIPS	X OR=0.83 (0.58, 1.20), P=0.323		✓ (ONLY FOR GIRLS) GIRLS: OR=4.44 (1.74, 11.33), P=0.002 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		<12 Y/O



Communication with others about contraception (IS/OOS)



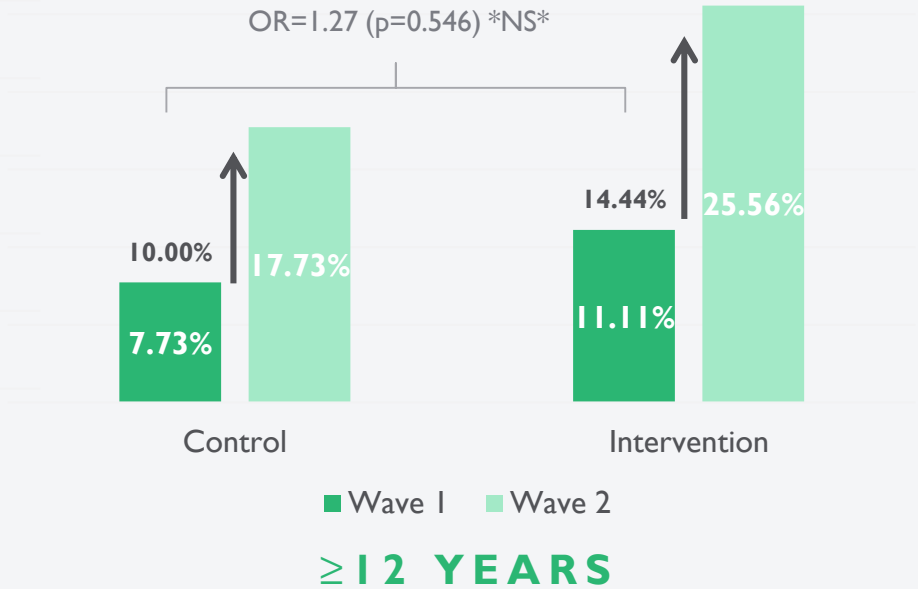
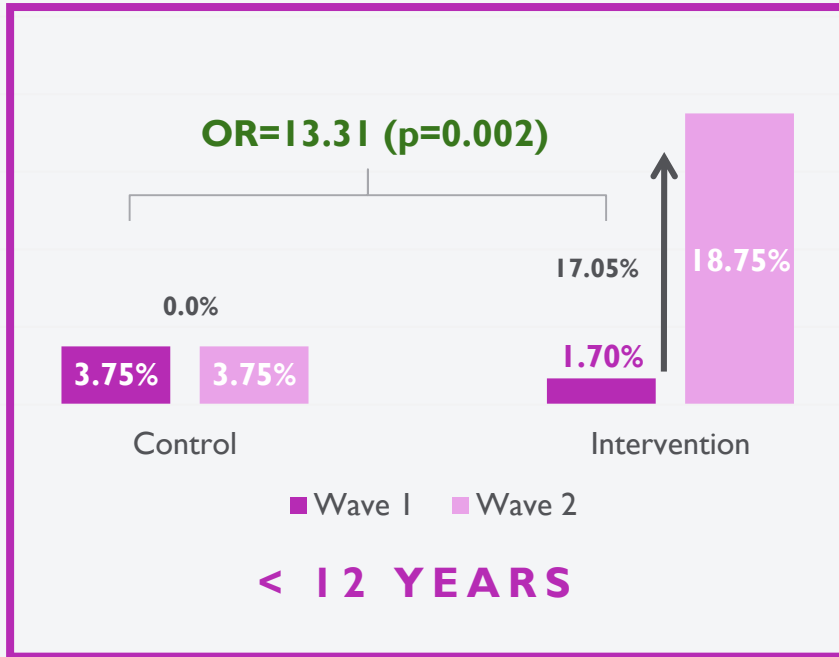
IN-SCHOOL VYA



OUT-OF-SCHOOL VYA



Communication with others about contraception (OOS by age)



Who do girls and boys talk with on SRH topics?



VYA tend to **talk with others of the same sex**



VYA boys are far more likely than girls to **talk with friends and brothers**



VYA girls are far more likely than boys to talk with **mother** and **sisters**



No significant differences by school status



OUTCOME 3

Increased Gender-Equitable Attitudes & Norms



**ATTITUDES RE:
BOYS'/GIRLS' ROLES,
TRAITS, ACTIVITIES**

EFFECT OF INTERVENTION RELATIVE TO CONTROL GROUP

	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	



**ATTITUDES RE:
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

**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**



**AGAINST BOYS: OR=0.88 (0.56,
1.38), P=0.573
AGAINST GIRLS: OR=0.89 (0.58,
1.36), P=0.597**



**ATTITUDES RE:
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

**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**



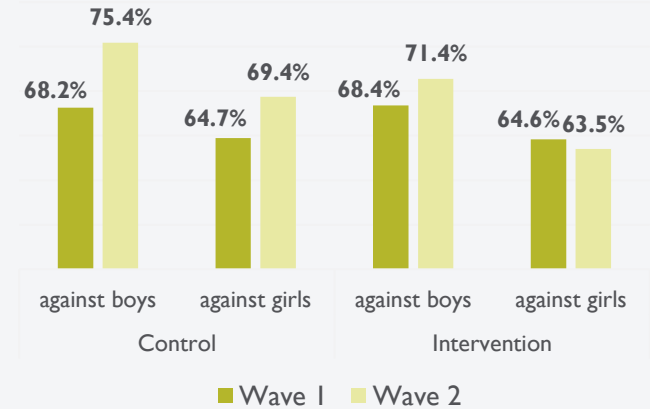
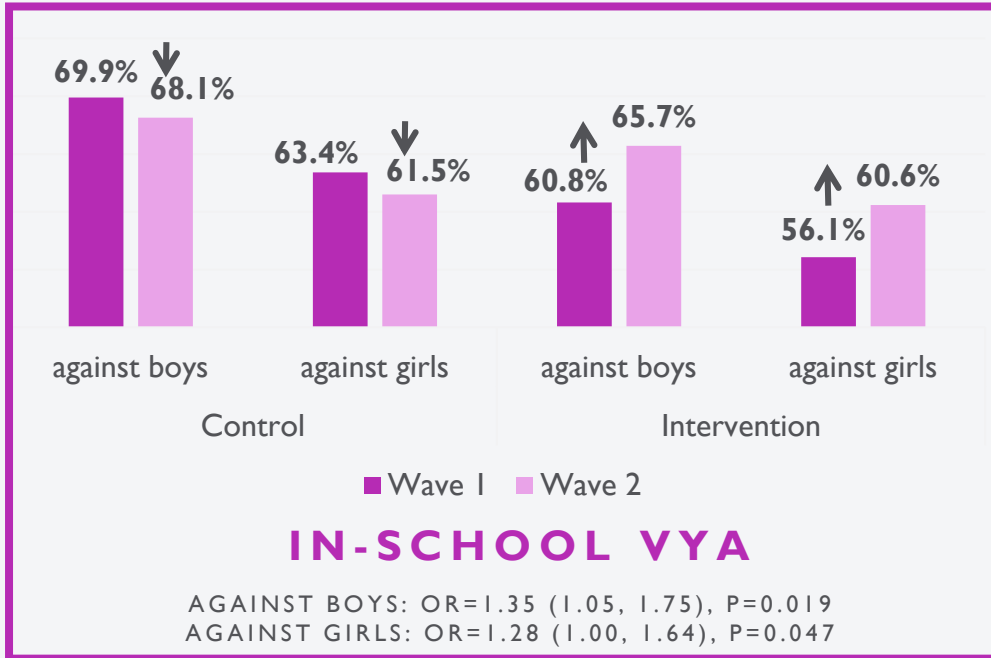
AGAINST BOYS: OR=1.35 (1.05,
1.75), P=0.019
AGAINST GIRLS: OR=1.28 (1.00,
1.64), P=0.047



AGAINST BOYS: OR=0.88 (0.56,
1.38), P=0.573
AGAINST GIRLS: OR=0.89 (0.58,
1.36), P=0.597




Decreased acceptance of gender-based discrimination






OUTCOME 4

Increased Gender-Equitable Behaviors

 SHARING OF CHORES	EFFECT OF INTERVENTION RELATIVE TO CONTROL GROUP			
	IN-SCHOOL	W3	OUT-OF-SCHOOL	W3
BROTHER HELPED (FROM SISTERS' PERSPECTIVE)	<p>X</p> <p>I, N=381; C, N=367 OR=1.20 (0.85, 1.70), P=0.308</p>	<12	<p>X</p> <p>I, N=126; C, N=142 OR=1.58 (0.83, 3.03), P=0.167</p>	
HELPED SISTERS (FROM BROTHERS' PERSPECTIVE)	<p>X</p> <p>I, N=360; C, N=382 OR=0.95 (0.56, 1.61), P=0.845</p>		<p>✓</p> <p>I, N=167; C, N=144 OR 2.50 (1.15, 5.46), P=0.021</p>	

 REDUCTION IN BULLYING/ VIOLENCE	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	<p style="text-align: center;">X</p> <p>OR=1.10 (0.85, 1.43), P=0.455</p>		<p style="text-align: center;">✓</p> <p>OR=0.62 (0.42, 0.91), P=0.014</p>	
EXPERIENCED PHYSICAL VIOLENCE SUCH AS SLAPPING OR KICKING	<p style="text-align: center;">X</p> <p>OR 0.95 (0.70, 1.30), P=0.756</p>		<p style="text-align: center;">X</p> <p>OR=0.76 (0.48, 1.21), P=0.250</p>	
PERPETRATED TEASING, BULLYING, AND/OR PHYSICAL VIOLENCE	<p style="text-align: center;">X</p> <p>OR=0.86 (0.66, 1.13), P=0.285</p>		<p style="text-align: center;">✓</p> <p>(BOYS ONLY) BOYS: OR=0.50 (0.28, 0.88), P=0.016 GIRLS: OR=1.45 (0.78, 2.69), P=0.234</p>	



QUALITATIVE FINDINGS

Youth-led Participatory Evaluation Results

VYAs note **changes 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



Caregivers note **changes in communication.**



Now talk about
puberty and other
sensitive issues.




Better
understanding
and practice of
gender equity in
household activities.



Increased
understanding
of how to
supervise
adolescents.



Improved
awareness of
gender equitable
supervision and
protection.



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

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

Teachers note key changes in the classroom.



Having easy-to-use student and teacher materials, even for sensitive subjects.



Ability to combine didactic classroom lessons with game-type activities of *Growing Up GREAT!* to facilitate VYA engagement and learning.



Appreciation of how children develop and their openness to discuss topics such as puberty.



Many of the things in the family life education curriculum were taboo...Certain words were not pronounce-able, 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



Health care providers note **improved understanding of VYA.**



New opportunities and skills to interact with VYAs.



Better understanding of VYA needs through exchange visits.



Favorably surprised by VYA knowledge and openness to discussion.



Improved relationship with young clients, applying knowledge and skills from training.



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





SUMMARY & DISCUSSION

Together, where do we go from here?



SUMMARY

- GUG! improves SRH knowledge, caregiver connectedness, and gender equitable behaviors among VYAs.
- Qualitative data suggests that GUG! improves the skills and attitudes of caregivers, teachers, and health care providers, creating a more supportive environment for VYAs.
- GUG! addresses inequities and demonstrates stronger results among out-of-school and younger adolescents

CREDIBLE

- Demonstrated key impacts
- Reflects best practice

OBSERVABLE

Stakeholders engaged in GUG! and BG+ for 6 years

RELEVANT

Meets needs expressed by VYA, parents, teachers, government and donors

RELATIVE ADVANTAGE

- Improvement over previous approaches
- Addresses implementation feasibility at scale
- Better than alternatives (nothing for out-of-school and didactic FLE for in-school VYA)

Why are we scaling up *Growing Up GREAT?*

COMPATIBLE

Government interest and commitment, already embedded in policies and plans

EASY TO INSTALL

Designed, piloted in Learning Lab and revised for fit to Kinshasa education and health systems

TESTABLE

Ongoing qualitative and quantitative knowledge generation

We still have questions.

Why didn't we see expected impact in some areas?

- Body comfort
- Comfort with menstruation
- Communication about body changes and pregnancy
- Selected gender equality measures

What are realistic short- and long-term expectations with this intervention?

How can we continue to improve VYA program effectiveness and scalability?



How can VYA programming continue to get better?

- Intervention dose: how long, how frequent, how much?
- Quality and dose of the parent and systems components
- How do we improve facilitation quality or reduce reliance on facilitation skills?
- Challenging contexts and urban settings: need adaptable and resilient program models



How can measurement continue to get better?

- Are we measuring the right outcomes among VYAs?
- Are we measuring our constructs well?
- Need to go beyond VYA-level indicators to look at impact on caregivers, parents and systems.

Current VYA learning opportunities to help address these issues

- Passages/GUG! **participatory youth evaluation** (round two)
- BMGF/GUG! **learning studies** (radio broadcasts, scale up)
- GUG+/GAC qualitative study on role of **peers/siblings**
- BMGF/GUG! *scale up monitoring and learning*
- Passages **comparative analysis**: Grandmother's Project/GUG!
- **GAGE**



Let's discuss:

- How does this work address our assumption that **early investment** is important?
- What can realistically be **learned about intervention** from the GEAS?
- What is the **next generation** of early adolescent investment and learning?
- How do we **share what we've learned?** With whom?



Thank you!

- 3. Livre sur la pu
- 4. Livre sur la pu
- 5. Cartes d'act
- 6. Plateau d



BILL & MELINDA
GATES foundation



UC San Diego
SCHOOL OF MEDICINE

