



Growing Up GREAT!

Sustainability of GUG!
Institutionalization
in the Ministries of Health
and Education: A Rapid
Qualitative Learning Study

August 2022

© 2023 Center on Gender Equity and Health at the University of California
San Diego

Recommended citation:

Experts SARL, Save the Children, Center on Gender Equity and Health. 2022. Sustainability of GUG! Institutionalization in the Ministries of Health and Education: A Rapid Qualitative Learning Study. La Jolla, CA: University of California San Diego for the Bill & Melinda Gates Foundation.

Attribution Statement:

This report was prepared by Felix Tshibangu and Alain Manda at EXPERTS SARL; Sarah Smith, Kathryn M. Barker, and Mariam Diakit  at the Center on Gender Equity and Health at the University of California San Diego (GEH/UCSD); and Jennifer Gayles at Save the Children.

This report and the Growing Up GREAT! project were made possible by the generous support of the Bill and Melinda Gates Foundation. The contents of this report are the responsibility of GEH/UCSD, EXPERTS SARL and Save the Children and do not necessarily reflect the views of the Bill & Melinda Gates Foundation or the University of California San Diego.

Table of Contents

| | |
|---|-----------|
| Overview of the Growing Up GREAT! Intervention..... | 4 |
| Methods used to assess the institutionalization of Growing Up GREAT! into national systems | 5 |
| Key findings at the community level..... | 6 |
| Recommendations at the community level..... | 9 |
| Key findings at the school level..... | 11 |
| Recommendations at the school level | 13 |
| Cross-cutting results..... | 14 |






List of Acronyms

| | |
|---------------------|---|
| CBO | Community-based Organization |
| DEVC | Family Life Education Directorate |
| DPS | Provincial Health Directorate |
| EPST | Ministry of Primary, Secondary and Technical Education |
| FLE | Family Life Education |
| FOSA | Health Facility |
| GEH | Center on Gender Equity and Health |
| GUG | Growing Up GREAT! |
| HIV | Human Immunodeficiency Virus |
| MSP | Ministry of Public Health |
| PNSA | National Adolescent Health Program |
| RECO | Community Relays |
| RECOPE | Community Networks for Child Protection |
| SC | Save the Children |
| STI | Sexually Transmitted Infection |
| SRH | Sexual and Reproductive Health |
| UCSD | University of California San Diego |
| USAID | United States Agency for International Development |
| VYAs | Very Young Adolescents |



Overview of the Growing Up GREAT! Intervention

Growing Up GREAT! (GUG) was implemented in Kinshasa, Democratic Republic of Congo, mainly targeting girls and boys ages 10 to 14. The first objective of the project was to build VYA knowledge, health- and gender-positive attitudes and skills, and self-efficacy. The second objective was to engage influential adults in the lives of adolescents, and the social systems in which VYAs live, in order to foster an environment that values and supports VYAs as they go through puberty. The intervention package was designed using the ecological model, and is therefore comprised of several components that aim to impact the structures and social relationships of adolescents at different levels.

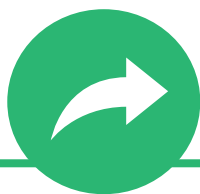
| | |
|---|---|
|  Individual level | Group learning sessions (education sessions) with in-school and out-of-school VYA clubs. |
|  Family level | Discussion groups with parents and caregivers about model intergenerational behaviors (with video testimonials by community members). |
|  School level | Teacher orientations on how to use the GUG toolkit in the classroom during family life education sessions. |
|  Health Care | Exchange visits between facility-based providers and VYAs. |
|  Community | Community discussions on adolescent reproductive health and behaviors that create supportive environments. |

How are GUG activities conducted?

In schools, mixed groups of school-going girls and boys ages 10 to 14 participate in weekly sessions on puberty, healthy behaviors and relationships, and equitable gender roles. Visits to a local health center and a lesson from a health services provider are also provided. In the community or in remedial education centers (known as *centres de rattrapage*), the same activities are carried out with out-of-school girls and boys. The parents and caregivers of VYAs are equally called to participate in GUG activities, and especially in video sessions.

After proving its effectiveness in an initial pilot, the project reach was expanded in Kinshasa through the involvement of additional schools, and it was also integrated into the operational action plans of the ministries involved in its institutionalization. To support activities at the community level, Save the Children engaged community-based organizations (CBOs) to support the implementation of activities. These CBOs worked to strengthen the capacity of focal point teachers to carry out the activities of the school component and community relays (known as *relais communautaires* or RECO) and Community Networks for Child Protection (known as *réseaux communautaire pour la protection des enfants* or RECOPE) for the community component.

After these initial scale-up efforts of GUG, Save the Children engaged ministry partners to work towards institutionalization for sustainable scale-up, which eventually led to the integration of GUG within relevant programs of the Ministry of Primary, Secondary and Technical Education (EPST) and the Ministry of Health, National Adolescent Health Program (PNSA). Given these achievements, and with the current funding cycle coming to an end, Save the Children considered the transition of GUG activities to Ministry leadership feasible. As such, the PNSA would support the RECOs/RECOPEs in the implementation of community sessions, while the EPST would support the focal point teachers in the implementation of school club activities.



Methods used to assess the institutionalization of Growing Up GREAT! into national systems

This qualitative study was conducted between February and April 2022 to determine the convenience of the involvement of Community Relays (RECO)/Community Networks for Child Protection (RECOPE) and focal point teachers in GUG activities, and to guarantee the continuity of the interventions in Kinshasa by successfully transferring skills needed for implementation from CBO partners to those employed by the ministry partners.

The specific objectives of the study were to:

- Describe the functioning of the transfer of skills to RECO/RECOPE and document "lessons learned"
- Improve the understanding of the process to successfully transfer skills to focal point teachers for the implementation of activities at school.

Qualitative data were collected through six focus group discussions (three FGDs for each phase) and individual interviews. There were 85 study participants, 44 of whom participated in individual interviews and 41 in focus group discussions. Respondents were all actors directly involved in the integration of the intervention package either at the community or school level. They included RECO/RECOPE, community-based organization (CBO) staff, PNSA officials, health facility (FOSA) staff, focal point teachers and directors of the intervention schools (public, private and religious schools), head inspectors and leaders from the Family Life Education Directorate (DEVC) within the EPST. The protection of participants was ensured throughout the process by considering ethical aspects and safety measures related to COVID-19.



Key findings at the community level

The approach of giving the RECO the responsibility of organizing and facilitating the video sessions

The approach was regarded as generally good by the majority of study participants and particularly good by PNSA officials because it is a logical next step in the sustainability of the project. The most important thing is that the PNSA will now have to regularly monitor, as part of the coordination efforts, certain indicators through this community activity in order to integrate them into the strategic plan.

"We need to have partner activities, ... and make it a government approach, so I think that when SAVE came up with the plan for the parent video forum, we accepted it and we integrated it directly into our strategic plan and even into our OAP." (PNSA Official)

The shift of responsibility from CBOs to RECO/RECOPE and why

All participants confirmed the relevance of transferring to the RECO the responsibilities of organizing and facilitating video sessions in the community to ensure the sustainability of the intervention. According to some participants, this is a logical continuation of institutionalization, in that RECO/RECOPE are state actors (under the supervision of the Ministries of Health and Social Affairs) that are already working to address health issues in communities. Moreover, they are known and trusted by community members. Interviews with CBO leaders and

RECO/RECOPEs both pointed out that without the involvement of the RECOs/RECOPEs, the project might not have succeeded, and they attributed the large number of parents attending video sessions to RECO involvement.

"... without the implication of RECOPEs and RECOs, nothing would succeed. At one point, we were dismissed by CBOs. At that time, the CBO facilitators were those who organized sessions with the parents of the school children, but that was not for long. That is why they thought it was a good idea to assign the task to us to ensure that activities were carried out successfully. The difference between us RECO/RECOPE and the CBO facilitators was that we know the parents of the children in school well but we don't always wait for the teachers to invite the parents to the school. Instead, we visit the parents in their homes to sensitize them, whereas they were only waiting for the teachers to invite the parents. In brief, our closeness to the parents was once again the basis for the success of the project." (RECO/RECOPE Participant)

"We RECOPE know the schools of our communities well Another example, we had selected a school which was in an area where insecurity reigned given the existence of KULUNA gangs. The CBOs did not know that on the day they had left to visit the school, on the way to the school, a group of KULUNA outlaws followed them and the CBOs quickly got back into the car to go home. If they had asked us, we would have informed them in advance." (RECO/RECOPE participant)

The RECO and RECOPE discussion group unanimously affirmed that they were able to continue the implementation of GUG activities. Indeed, they are convinced that they have the capacity to accomplish all the tasks of the video sessions (mobilization and sensitization of community members, facilitation of the video sessions...). In addition to their experiences, their capacity is strengthened through training and coaching from the CBOs.

The approach is feasible and acceptable

The approach was considered generally feasible and acceptable because of the responsibilities assigned to the RECO/RECOPE for the implementation of community activities. Through their daily activities, they have gained experience and good organization to carry out the video sessions with the parents of VYAs. In addition, given that they are members of the community, they are more familiar with its social dynamics and relationships. Moreover, they are available and can easily bring children to health facilities. They communicate easily with young adolescents and can refer them to health facilities if they have a problem, as they are known, respected and appreciated, and have a good relationship with the members of their communities. Some participants felt that without the direct involvement of RECOs/RECOPEs, the implementation of this approach would have been difficult given the lack of trust community members have towards CBOs.

"Yes, it is in their attributions, that is to say, when you read the attributions of the providers, there are the health care providers who also do sensitization and, let's say, they do communication in addition to that, they do the management. Now in the attributions of the community they only do the communication that concerns them. They don't do the management, and when there is a health problem while they are communicating with young adolescents, what do they do, they direct the health care providers, so I think that this task is really well done by the community providers and RECOPE." (PNSA Official)

"I think yes, because we are part of the community, people have a lot more trust in us... since the people in the community know that we are the ones who are in charge, they will come directly to us to present the problem because they trust us and we always find solutions." (RECO/RECOPE Participant)

PNSA / MSP actors who should be engaged to ensure integration of the approach

According to the CBO leaders who participated in this study, the health zones, health facilities, and the offices of the zonal chief medical officers are the structures that should be engaged to continue the implementation of GUG activities with the PNSA. Furthermore, the state must rely on technical and financial partners within the field of adolescent sexual and reproductive health (SRH). Some of the organizations that were referenced during interviews included:

| International organizations | NGOs and faith-based and community associations | Other |
|---|---|-------------------------------|
| UNFPA UNICEF Pathfinder DKT Oxfam | RACOSH ABF THE CHURCH OF CHRIST IN CONGO | Ministry of Social Affairs |



Recommendations at the community level

I. Training

According to representatives from PNSA and service providers who were interviewed, in order to guarantee the continuity of the implementation of the video sessions, RECOs/RECOPEs must first benefit from continuous training in capacity building. Training will be necessary as the PNSA will be obliged to train all staff who will be involved in the continuation of the project, especially to cope with the mobility/turnover of RECO/RECOPE who have already been trained.

"Well! They are doing a GREAT job, they have the capacity; they have the skills to facilitate the sessions. The biggest problem they have is that they neither respect the sessions, the holding of activities, nor the planning. They do not respect the activities. So, I don't know if it's because they know that we are there to assist them in carrying out the activities. I wonder today if the CBOs no longer existed, can they continue." (CBO leader)

"Because there are what we call many departures. There are some who come, there are others who sometimes leave for other commitments elsewhere, and these are persons who represent a considerable proportion of the participants." (CBO Leader)

The capacity of RECO/RECOPE is limited in terms of reporting activities. This was more evident in the RECOPE group. With regards to administrative procedures, many mistakes were identified in their files. On the other hand, some RECOs/RECOPEs do not respect the time allocated for their activity, especially the video sessions. That is to say, they don't respect the time or the duration of the sessions. Often, they arrive late for sessions that had already been scheduled. In addition, it was observed in some cases that RECOs/RECOPEs did not take all the necessary steps to prepare for the sessions. For example, the rooms where the sessions were to be held were not appropriate, or the materials for the planned activity were not ready. For better continuity, the CBOs recommend a regular capacity building program rather than one-time trainings for RECOs/RECOPEs.

2. Supervision

A need for supervision was expressed for all activities of the intervention, as this will allow for an evaluation of the impact of activities conducted in the field. For them to be more effective, RECOs/RECOPEs must be supervised, and they must also report to the central office of the health zone.

It was recommended that a coaching or supervisory structure be put in place to accompany and monitor RECOs/RECOPEs on a quarterly or semi-annual basis. This would enable the PNSA to:

- Maintain constant contact with the field teams;
- Ensure that facilitators provide regular activity reports;
- Establish monitoring methods to encourage facilitators.

3. Coordination

According to PNSA leaders, two key steps must be taken to ensure better coordination of GUG activities: oversee the implementation of the intervention package and have good management with all stakeholders, whether RECOPE or the Provincial Health Directorate (DPS).

According to health facility personnel, the PNSA must provide all the material and human resources necessary for better coordination:

- To have materials for the projection of films (video kits, television sets, overhead projectors and others), but also didactic materials such as books, board games, and any other material necessary for the implementation of GUG activities.
- To have financial support since there will be monitoring and supervision activities that will need to be done at both the provincial and national levels.
- Develop a monitoring plan and work from a schedule that was agreed-upon by all stakeholders to ensure activities are carried out properly.



Key findings at the school level

1. The engagement of focal point teachers

Club sessions are facilitated by youth leaders who are members of the selected club and trained. Therefore, the role of the focal point teachers is limited to assisting these leaders facilitate the sessions and providing support in case the leaders encountered any difficulties. It was found that teachers who are dedicated to their work are very committed to the activities. These teachers are motivated by a desire to transmit and share their knowledge; they respect their program of activities and the established activity calendar. In spite of constraints, they strive to achieve quality results that were expected, such as carrying out all the planned monthly activities. Additionally, one of the reasons for their motivation is their love for children and their dedication to the education and well-being of children. Moreover, the attitude and behavior of the children encourages teachers to become even more involved. As such, the availability or interest that students show and demonstrate by participating in club activities is also a motivating factor. Despite these motivational elements, the support of the school principal is crucial for the teacher to be more engaged. Indeed, the lack of interest of school principals due to misunderstandings (e.g., believing that the teacher is paid by the project to carry out these activities) can be a source of demotivation for teachers.

2. Procedures for implementing activities needs to be improved

Respondents did not identify any challenges with the implementation protocol (e.g., recruiting children for school clubs, selecting VYA leaders, communicating with parents of VYAs, etc.).

The processes for organizing club sessions in most schools are generally well established. There is some collaboration between the focal point teachers and school principals in the implementation of this activity. Activity calendars containing dates and times of activities are usually developed by the focal point teachers, in collaboration with their school principals, and club leaders are notified well in advance of the activities. Even if the schedule is already planned in advance, the school administration is always informed about the date of the club session, the time, and the topic to be discussed with the club members.

In most schools, it was generally observed that formal, written procedures for the use of GUG project materials have not been established. However, in many of the schools sampled, GUG materials were typically kept in the principal's office. If needed, they are made available to the focal point teachers during the entire duration of the class or club sessions in exchange for a signed document or note upon receipt and delivery of the materials. Undoubtedly, as a result of the training, the focal point teachers have the capacity to continue supporting school club activities without any support from Save the Children and CBOs. Despite their mastery of the approach, the lack remuneration or reimbursement for transportation and communication costs may be an obstacle to continuity, as some focal point teachers explained.

3. Perceptions around ensuring sustainability of Growing Up GREAT! in EPST

DEVC leaders believe the implementation of GUG activities in schools will not be possible without ministry approval. A ministerial order will ensure the sustainability of school clubs. In their opinion, the most important procedures or steps to be taken to ensure the integration of school clubs nationwide mainly have to do with the legal framework. Therefore, the integration of GUG in schools must be expressed as a need addressed to the Ministry of Education (EPST) by the DEVC through the annual operational action plan.

Accreditation does not seem to be sufficient to guarantee the sustainability of the integration of GUG activities. There are questions regarding the capacity of EPST to continue the activities. Indeed, participants had diverse opinions with regards to the continuity of the GUG intervention with the focal point teachers. Some are optimistic, as they find that EPST symbolizes the organizational power of education and has all the capacities to guarantee the continuity of GUG activities. Meanwhile, others are skeptical and think that despite its technical capacities, EPST may encounter financial difficulties in ensuring a better continuity of this program, notably in making teaching materials available to all schools and ensuring monitoring and supervision.



Recommendations at the school level

1. Training

The EPST must take into consideration several parameters, notably the amount of work and time that will have to be devoted to training the people involved (promoters/school directors, prefects, focal point teachers, inspectors, club leaders).

2. Supervision

To guarantee better continuity, focal point teachers must be supervised and monitored in their execution of FLE classes and support of GUG club-based activities; in addition, they must be associated with the Training and Supervision basic unit (whose mission is to train and supervise the school's under-qualified teachers by their colleagues who have significant experience and skills) because the latter must be operationalized for them to teach well.

3. Coordination

- Have human resources that have the capacity to coordinate the program (the core group of experts, teachers, the students themselves, parents). For example, the core group of experts is able to use previous training in GUG programs to provide training at all levels;
- Have financial resources (from the state budget allocated to EPST and eventual financial support from partners) to support the reproduction of materials and tools, as well as program activities, training, and capacity building;
- Have logistical support to ensure ongoing training in the schools and monitoring of all activities;
- Provide schools with all didactic materials and learning tools such as puberty workbooks, storybooks, activity cards, and games, etc.



Cross-cutting results

At the national level (Government)

The Democratic Republic of Congo, through its government, must take ownership of this project by providing the PNSA with its institutional support in order to ensure the sustainability of the approach through the implementation of the following actions:

- Establish an annual budget available to PNSA for the implementation of the GUG program;
- Gradually expand the approach in the country as program results and progress are achieved;
- Implement a communication and awareness strategy for the entire national community on the benefits of the GUG program;
- Establish a monitoring and evaluation committee to track progress of project implementation; this committee could be composed of the Ministry of Health, the Ministry of Social Affairs, and the PNSA.

PNSA/EPST

- Continue to work in collaboration with all other partners within the framework of the partner forum and with structures who address themes related to youth and adolescent health (HIV, STIs, etc.);
- Work in collaboration with community-based organizations to mentor or supervise RECOs/RECOPEs and focal point teachers;
- Consider recruiting RECOs/RECOPEs and focal point teachers for the sustainability of the approach.

Save the Children

Save the Children, as a partner and initiator of the project, can support the sustainability of the project by implementing the following measures:

- Initiate a gradual process of disengagement from the GUG program to support a smooth transition to the PNSA and EPST;
- Solicit a firm commitment from the State or the Congolese Government for the perpetuation of the project through a document jointly drafted and signed.