

Project Brief: GAP Year Study

Full Title of Study/Programme	Girls Achieve Power (GAP) Year: Building Health, Social and Educational Assets for Empowering Girls at Critical Time of Adolescent Transition
Technical Focus Area/Key Words	To empower adolescent girls in the areas of health, education, social and economic assets while shifting gender attitudes and encouraging positive behavior change among adolescent boys. Utilizing an ecological model, GAP Year will work with schools, communities, parents, NGOs and health care facilities to encourage a culture of health and safety. Importantly we will also build the evidence base around the impact of asset-building approaches for adolescents.
Summary paragraph (max 200 words)	Adolescent girls and young women (AGYW) are at increased risk of HIV acquisition, unwanted pregnancy, and gender-based violence which is attributed to poor access to social, economic, educational, and health assets in addition to gender inequality. This study adopts an ecological framework in delivering a series of behavioural interventions to empower adolescent girls' agency and safety while shifting gender attitudes and encouraging positive behavioral change among adolescent boys at the various levels of the ecosystem i.e. individual, relationship and community. The research study aims to reduce school dropout, increase reporting of violence, creating a safe supporting and enabling learning environment, improve health-seeking behavior, as well as building an evidence base asset intervention, among adolescent learners in a low-income setting in South Africa.
Primary Objectives	<ul style="list-style-type: none"> - Objective 1: To increase adolescent girls' asset base, agency, safety, and collective capabilities through sport-based educational interventions and mentoring; - Objective 2: Create an enabling environment for adolescent girls by transforming schools into hubs of safety and support; - Objective 3: Develop an evidence base around programming to address gender-based vulnerability at this critical time in young people's lives
Secondary Objectives	<ul style="list-style-type: none"> - Determine the impact of the intervention on access to health, socio-economic, social, and educational assets; and social norms and gender empowerment; - Determine the impact of the study intervention on creating an enabling school climate for adolescents, and safety at schools.
Primary Endpoint/Outcome	<ul style="list-style-type: none"> - Reduced school drop out of adolescents between grades 8-10 - Increased reported experiences of gender base violence between grades 8-10
Secondary Endpoint/Outcome	<ul style="list-style-type: none"> • Increase in the number of adolescents accessing health care disaggregated by type of health service, age • Improved SRH knowledge

	<ul style="list-style-type: none"> • Increased access to socio-economic assets • Increased access to social support networks • Improved response to social norms and empowerment • Improved school safety • Improved gender equity relationships disaggregated by sex • Improved parent-child relationships • Technical assistance to Provincial and National Departments of Health and Education
Study Design	Cluster randomized design
Study arms	13 intervention schools and 13 control schools
Study population	Grade 8 learners, school administrators, educators, principals, coaches and learner' parents/guardians, health care workers and Thuthuzela centers, Departments of Education and health
Study sample size	2730 girls and 1850 boys across both arms
Follow up/duration	4 years study intervention: Recruitment and enrollment of all study participants February 2017 along with baseline data collection (Feb – April 2018 in Gauteng). Interventions implemented between April 2017 – September 2019. Endline data collection for Khayelitsha (June – Nov 2019), Gauteng (Oct – Dec 2020).
Study/Programme sites	Grant activities will be conducted in two provinces in South Africa (Western Cape and Gauteng)
Study/Programme duration	Four years (2016-2020) – costed extension until December 2020
Intervention	<p>Adolescent learners will be randomized to the intervention and comparison schools. The intervention schools will receive planned the following:</p> <ol style="list-style-type: none"> 1. Adapted afterschool CSE programme using soccer as a platform of learning and engagement. The programme will be delivered to girls and boys separately in their first year and a combined mixed gender intervention in the second year 2. Training and implementation of the National School Safety Framework (NSSF) with follow up on safety indicators over 2 years 3. Linkage to care intervention including mapping of health facilities, utilization of drop boxes and evaluation cards for completion by learners; peer navigation and collaboration with local partners to facilitate testing and knowledge sharing. This also includes centers for post violence care. 4. Session specific SMSs sent to parents during the intervention to increase parent learner dialogue and parent dialogues before and after intervention
Progress Update	<ul style="list-style-type: none"> - Baseline data has been collected from 2881 learners (25 /26 schools) and disseminated on various platforms, to Province, District and school level stakeholders. - Approximately 2800 learners have taken part in the GAP Year afterschool intervention (Year 1 and 2)

- Of those enrolled into the survey at baseline (1470), 86.5% (1273) completed the survey at endline between June and Oct 2019 in Khayelitsha (Western Cape). Preliminary findings in Khayelitsha show the following:
 - Progression data, collected at school level for each participant, shows no significant difference between control and intervention arms. When assessing school progression among those who participated in either GAP 1 or GAP 2 there is a slightly higher progression rate amongst those in the intervention (95% (968)) compared to those in the control group (93.9% (420)); however not statistically significant.
 - At endline, 23.3% (294) have ever experienced violence: of these, 83.3% (245) had experienced 1 type of violence. At baseline, 70.7% (331) of participants noted that they told someone that the violence had happened: at endline this increased to 77.1% (226). This change was more pronounced among the intervention group. Between baseline and endline, there was an increase in the informal reporting of violence to friends, teachers and the principal while there was a decrease in reporting to a parent.
 - Between baseline and endline there was an increase in formally reporting violence to a healthcare provider, from 11.5% to 16.3%.
 - The percentage of participants dating has increased as the cohort aged: 51.6% (810) at baseline were dating, compared to 64.5% (811) at endline ($p=0.035$). The age of the partner they are dating has decreased as the greatest proportion of participants at endline (40.9% (332)) are now dating someone the same age as them. At baseline, 25% (208) were dating someone more than 10 years older than them: this has decreased to 11.5% (94) at endline. This difference is more pronounced in males in the intervention arm.
 - Participants in both arms have decreased their number of sexual partners: 43.2% (350) were dating more than one person at baseline, which has now reduced to 22.9% (186) ($p=0.027$) at endline.
 - Overall, data shows that there have been positive changes around gender norms and empowerment as the cohort have progressed from grades 8 to 10. At baseline, 83.1% (1178) felt that a girl can suggest to her boyfriend that he can use a condom: this increased to 91.9% (1153) at endline ($P<0.031$).
 - At baseline, 17.0% (240) believed that girls who wear

	<p>miniskirts want to have sex: at endline, the number holding this perception reduced to 6.1% (77) (P<0.001).</p> <ul style="list-style-type: none"> - Overall, there was increased uptake of healthcare services between baseline and endline. Appendix 14 provides findings from the learner’s linkage and access to healthcare. At baseline, 54.1% (491) had visited a clinic in the last year: this increased to 73.5% (645) at endline, and the increase was more pronounced in the intervention arm (P=0.057). Those reporting having had an HIV test almost doubled: from 45.0% (707) at baseline to 81.7% (1028) at endline, with a larger increase in the intervention arm. - Data shows an increase in those discussing contraception with their partner: from 49.0% (220) at baseline to 70.6% (470) at endline, with 85.5% (402) noting that they discussed this before they had sex, rather than after. These changes were more pronounced in the intervention arm. - Of those who had had sex in the last 3 months, there was a significant increase in condom use in the intervention arm: from 70.6% (135) at baseline to 81.7% (202) at endline (p=0.026). <ul style="list-style-type: none"> - Endline data collection to start in Gauteng from Oct – Dec 2020 – to be done at community level, not school level - National School Safety Framework Learner and educator surveys have been completed in 7 schools in Western Cape and Gauteng. - All GAP Year learners have received basic self-defence workshops, equipping them with situational awareness, self-defence techniques using your voice, bag work. - Qualitative data collection: several focus group discussions (FGDs) carried out with 206 GAP Year participants, 41 coaches participated in the FGD’s, 12 IDIs with mentors. Seventeen parents were interviewed across all sites.
Investigators	Dr Saiqa Mullick (PI) and Nicolette Naidoo (Co-PI)
Other Partners & Collaborators	Grassroots Soccer, Sonke Gender Justice, Path International, Population Council, Department of Basic Education, Gauteng Department of Education (GDE) and Western Cape Education Department (WCDE), Department of Health, Department of Social Development, NGO Community, and Youth and Community Advisory Boards.
Sponsors/Donors	Bill and Melinda Gates Foundation
Publications/key presentations to date	<p><i>Published:</i></p> <ol style="list-style-type: none"> 1. Kutwayo, A., S., C., P., N., Malotana, M., Dyani, S., & Mullick, S. (2018). Implementing the Good Participatory Practice

Guidelines in the Girls Achieve Power Trial in South Africa. SAGE Open. <https://doi.org/10.1177/2158244018809149>

Publications (in draft):

1. Yah, CS., Naidoo, NP, Magida, A., Mullick, S. Girls Achieve Power: Building Health, Social and Educational Assets for Empowering Girls at Critical Time of Adolescent Transition: A Trial Protocol.

Presentations and Conference Abstracts:

1. Two abstracts accepted to HIV and Adolescent workshop – Nov 2020
 - Perceptions and experiences of puberty among participants of the GAP Year programme in three townships, South Africa: Qualitative findings
 - Adolescent experiences of and recommendations for healthcare services in Soweto and Tembisa, Gauteng, South Africa: findings from the GAP Year Trial
2. Two abstracts submitted to IAS 2019, Mexico City, Mexico
 - Risky Sexual Behaviour Among in-school Adolescents Participating in the Girls Achieve Power Trial in South Africa: Priority Concerns for High HIV Prevalence Settings.
 - Uptake, Knowledge, Perception, and Quality of HIV Testing and Sexual and Reproductive Health services among Adolescents participating in the GAP Year Trial: South Africa.
3. Nicolette Naidoo - Overview of GAP Year Trial and Baseline Findings: Considerations for Achieving Impact. RTI Conference on Ending Gender Inequalities, Johannesburg, 8-9 October 2018
4. One oral presentation and four abstracts accepted to the 2nd International Conference on HIV and Adolescence, 8-10 October 2018
 - Assessing the knowledge and perceptions regarding HIV Testing Services (HTS) and Sexual Reproductive Health & Rights (SRHR) among in-school adolescents enrolled in the GAP Year trial, Khayelitsha, South Africa. (oral)
 - A modified intervention mapping approach to develop a sexual reproductive health curriculum to reduce sexual risk behaviour, for both adolescent boys and girls in Khayelitsha Township in the Western Cape Province, South Africa
 - Implementing the Good Participatory Practice Guidelines in the Girls Achieve Power (GAP) trial in South Africa
 - Factors associated with self-reported HIV testing among adolescents participating in the Girls Achieve Power (GAP Year) cluster randomised trial, Khayelitsha, Cape Town, South Africa
 - Demographic and sexual risky behavioural factors

	<p>associated with failing a grade among adolescents attending public high schools in a high HIV setting, Khayelitsha, South Africa.</p> <ol style="list-style-type: none"> 5. Wits University Faculty of Health Sciences Research Day, Johannesburg, 6 September 2018 <ul style="list-style-type: none"> • Contraceptive use and risky sexual behaviour among adolescent boys and girls attending public high schools in a South African township: Khayelitsha (<i>this poster won the best poster presentation prize</i>) • Implementing the Good Participatory Practice Guidelines in the Girls Achieve Power (GAP) trial in South Africa 6. Stakeholder presentations on GAP year to National and Provincial Departments of Education and Health 7. Magida A, Adeagbo OA, Mullick S, Naidoo NP, Yah CS. The use of soccer based Human Immunodeficiency Virus (HIV) and Sexual and Reproductive Health (SRH) education interventions among adolescents in sub-Saharan Africa: A scoping review. Poster presented at Public Health Association of South Africa Conference 2016. 8. Nicolette Naidoo - Implementing an innovative peer led health promotion and education intervention to empower in and out of school youth. Satellite Session at HEAIDS conference, June 2017 9. Magida A, Naidoo NP, Yah CS, Nukeri, C, Gubesa, T and, S, Mullick. Perceived school and community safety: insights from adolescent boys and girls in Soweto and Khayelitsha. Poster presented at SAAIDS, 2017 10. Ayanda Magida, Nicolette Naidoo, Clarence Yah, Saiqa Mullick. Reality through the lens of adolescent girls: using formative research to involve and engage adolescent: ' girls in the conceptualization of the GAP year program – Abstract accepted to IAAH conference in Delhi, October 2017 11. Ayanda Magida, Nicolette Naidoo, Clarence Yah, Saiqa Mullick. Black is beautiful and white is common”: adolescent girls’ perceptions of self and body image. Abstract accepted to IAAH conference in Delhi, October 2017
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References

1. Eiraldi R, K.M., Jawad AF, Fishman J, Glick HA, Schwartz BS, Cacia J, Wandersman A, Beidas R., *A hybrid effectiveness-implementation cluster randomized trial of group CBT for anxiety in urban schools: rationale, design, and methods*. Implement Sci, 2016. **11**.
2. Roman NV, F., J.M. , *The prevalence of intimate partner violence in the family: a systematic review of the implications for adolescents in Africa*. Family practice, 2013. **30**(3): p. 256-65