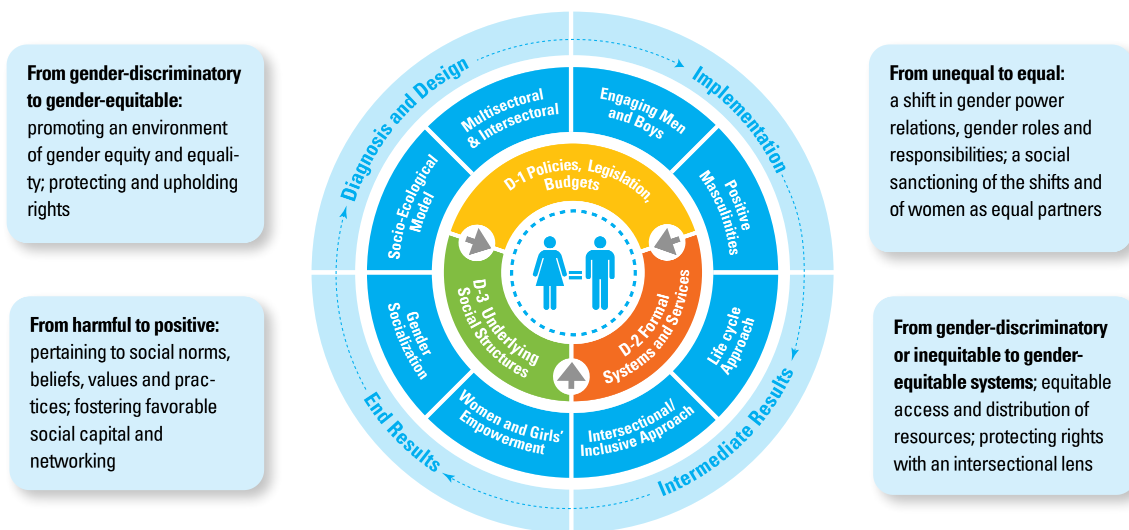
# Gender-Transformative Approaches and Promising Practices in Health, Nutrition and HIV Programming in Africa:

# Summary Findings and Recommendations

## Background

As part of a broader set of efforts to investigate gender-transformative approaches (GTA) in programming, UNICEF commissioned an assessment of its nutrition, health and HIV programming in Africa. A conceptual model was developed, bringing into a coherent whole the elements of UNICEF's understanding of gender-transformative programming across the programme cycle.




This conceptual model served as the principal tool to assess programme initiatives.[1] Through the examples of promising practices, this study endeavours to demonstrate the possibilities for gender-transformative programming, with the hope that UNICEF Offices will continue to be emboldened to tackle the underlying, root causes of gender inequalities, not only in health and nutrition but in all outcome areas.

[1] See full report, UNICEF. (2022). *A Review of Gender-Transformative Approaches and Promising Practices in Health, Nutrition and HIV Programming in Africa: From Theory to Practice;* and the companion document: UNICEF. (2022). Case Studies in Gender-Transformative Approaches in Health, Nutrition and HIV in UNICEF Tanzania, Côte d'Ivoire, South Africa, and Ghana.

## Summary Findings

Most initiatives reviewed are **promising practices**; they represent an early or emerging stage in their evolution towards gender-transformative programming and in the programme cycle. Mature examples of GTA distinguish themselves by their action across all dimensions of change – (1) promoting an enabling policy and legislative environment, (2) promoting an adequately resourced health system free of gender bias and stereotypes, (3) addressing social norm change at multiple levels, and (4) transforming unequal power relations, beginning with women/girls' empowerment. The GTA case studies are also at a more advanced stage of implementation than most of the promising practices.

### Dimension 1: Enabling gender-equitable laws, policies, and budgets

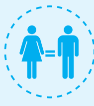
- The activity most commonly observed in this change dimension relates to efforts to integrate an effective model (e.g., the peer mentor model) into national plans. In general, support to national level plans and policies in health and nutrition (e.g., adolescent health policies) do not always contextualize the issues in a broader framework of gender equality rights, as is done in programming around harmful practices.
- Evidence also exists for support on singular policy issues, such as a re-entry policy for young mothers to return to school.
- Promoting positive fatherhood (as different from positive parenting) or positive masculinities at the policy level is only an emerging practice.

### Dimension 2: Fostering gender-equitable health systems and services

- Models and platforms, such as women's groups and nutrition groups, ultimately serve as safe spaces and sources of social capital conducive to expanding services and increasing women and girls' awareness of their health, nutrition and other rights.
- Solid evidence exists for use of a multisectoral approach in programming, particularly within the areas of harmful practices, adolescent programming, and nutrition. More attention is needed, however, to link nutrition to agriculture/food systems and the gendered control over and access to resources in relation to these systems.
- Notwithstanding a couple exemplary cases, curriculum-based interventions that target women and girls in their reproductive, maternal and caregiving roles attest to the risk of reinforcing gender stereotypes. It is important that discussions of good maternal, newborn and child health (MNCH) practices enhance women and girls' choice, control over resources, and decision making power in different spheres of their lives. This can only be done with the support and involvement of men as active proponents and agents of change, not as gatekeepers.
- Programme initiatives are taking positive steps to advance gender-responsive health, nutrition and HIV services, by making essential services more available to women and girls or adopting an integrated approach to service delivery. But gender barriers on the supply side continue to hamper women and girls' use of services. In some cases, this includes inadequate supply, choice and quality of commodities (such as medicines and contraceptives). In other cases, it is the lack of sex-disaggregated data or harmful gender stereotyping among health care personnel.

## Dimension 3: Transforming underlying social structures

- The use of the socio-ecological model is clearly visible in UNICEF programming, indicating an understanding that social norm change requires a shift at multiple levels (individual, household, community, institutions and society). It commonly appears in knowledge, attitudes and practice studies. However, with the exception of the Somalia Communities Care Project and harmful practice programmes, methodologies to *measure* social norm change at different levels are lacking.
- Edutainment is a particularly effective intervention for changing attitudes and perceptions around gender norms in relation to parenting, caregiving, nutrition and adolescent sexual and reproductive health and rights (SRHR). Similarly, other targeted efforts at gender socialisation, such as Ghana's early childhood development programme, contribute to gender-equitable changes in children and in parents/caregivers, at an individual level.
- Little evidence of an intersectional approach is seen, apart from the focus on adolescent girls/mothers, non-binary people (in Côte d'Ivoire) and those living with HIV. Few projects focused on women and girls living with disabilities or those out-of-school.



## Core dimension: Transforming unequal gender power relations

- Many programme initiatives put into practice women and girls' empowerment strategies to improve MNCH outcomes. Programming targeting adolescent girls and young women is consistently centred on empowerment, and often with a life cycle approach.
- There is anecdotal evidence of change in the gender division of labour, in gender roles, and women and girls' decision making across all thematic areas.
- While there is a discernible intent to engage men and boys, approaches remain focused on a support role and less on behaviour change strategies of men as gender-equal partners in household chores, parenting and childcare.
- UNICEF's target populations of women and girls are provided support in their reproductive, maternal, and caregiving roles, but some caution is necessary to ensure that women are positioned, first and foremost, as rightsholders, i.e., as women imbued with equal rights to services and resources and free to exercise their agency and leadership in making healthy decisions with others, to the benefit of their own lives, their children, their families and communities.

# Recommendations

## Diagnosis and Design

- **Ensure documented buy-in to gender transformation approaches** from the UNICEF Regional and Country Offices. This may include outlining key gender transformative actions in the country specific Gender Programmatic Reviews[2] or Gender Action Plans.
- **Continue gender analysis beyond the diagnostic phase** throughout the project to ensure that the intervention is reaching its goals from a gender transformation point of view.
- **Clearly identify the gender-transformative pathways in the theory of change (ToC) for the programme.** The socio-ecological model is useful for identifying behaviour change at multiple levels, moving beyond the community level for norm change. Still, more clarity is needed to define pathways for social change, while integrating the good practice strategies in the Conceptual Model of this study.
- **Ensure interventions are long-term to achieve gender transformation.** Gender transformative change takes time, and change has to take place across multiple levels. Some projects may start small as a pilot, and then be scaled up. Other interventions can be built upon, but always within the context of a long-term vision of gender-transformative change.
- **Address underlying social determinants of health.** Project designs should address underlying social determinants of health, including poverty, low levels of education, harmful religious practices, and policy and legal gaps.

## Implementation

- **Monitor fidelity to curriculum-based interventions.** Pertaining to mother or father groups, or facilitated dialogues, the facilitators first need to be assessed for their gender beliefs / attitudes, then adequately trained in a gender-transformative approach to the topic, and monitored to ensure consistency of the delivered intervention. The fidelity of the intervention requires consistent monitoring over time to ensure gender-transformative outcomes and to avoid negative unintended consequences.[3]
- **Promote a holistic approach across all change dimensions.** Working across all dimensions of the model strengthens the gender-transformative impact. Social norm change at the community level is sustained by an enabling policy and legislative environment. Empowering women and girls leads to results when their right to accessing services or to act in leadership roles is socially sanctioned. And women and girls' use of health care services is sustained by a system that is adequately resourced, based on principles of gender equity, and free of gender stereotypes.
- **Ensure interventions are multisectoral and intersectoral.** Pathways of change for gender transformation cut across sectors. Multisectoral approaches are more effective when the synergies between sectors can truly be leveraged (the intersectoral relations). Partnering with others, including other UN agencies, can provide the foundation for building gender-transformative solutions.

## Results

- **Ensure ongoing monitoring and regular evaluation**. Regular monitoring and evaluation should be done on all projects. This includes collecting output and outcome data to assess impact, as well as making adjustments to the intervention(s) as needed. This data will also assist in identifying any unintended positive or negative consequences, which can occur when implementing innovative gender-transformative approaches.
- **Reporting and evaluating gender results.** Programmes that have integrated gender-transformative approaches should be able to show how strategies put in place overcame specific gender barriers and achieved expected results. Just reporting against indicators that are sex-disaggregated will not convey how results are being achieved. Further, pilot projects, accompanied by rigorous research methods, have proven useful for understanding pathways for social change that are very context-specific.

[2] Country Offices undertake a GPR once in a country programme cycle to bring their programme in line with the Gender Action Plan. UNICEF issued new guidelines on the Gender Programmatic Review in 2021, reflecting the focus on gender-transformative approaches.

[3] See for example the Social Analysis and Action (SAA) approach of CARE: https://www.care.org/our-work/health/strengthening-healthcare/social-analysis-and-action-saa/ . Some organisations conduct a "values clarification" exercise to ensure whoever is delivering the curriculum fully embraces the feminist principles of equal and inalienable rights. See CEFM, & Sexuality Programs Working Group. (2019). *Tackling the Taboo: Sexuality and gender-transformative programmes to end child, early and forced marriage and unions. Summary report.*