



**A Review of  
Gender-Transformative Approaches  
and Promising Practices in  
Health, Nutrition and HIV  
Programming in Africa:  
From Theory to Practice**



For every child  
Whoever she is.  
Wherever he lives.  
Every child deserves a childhood.  
A future.  
A fair chance.  
That's why UNICEF is there.  
For each and every child.  
Working day in and day out.  
In more than 190 countries and territories.  
Reaching the hardest to reach.  
The furthest from help.  
The most excluded.  
It's why we stay to the end.  
And never give up.



for every child

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## Acronyms

<b>AGYW</b>	Adolescent Girls and Young Women
<b>ANC</b>	Antenatal Care
<b>ANJE</b>	Alimentation du Nourrisson et du Jeune Enfant
<b>ART</b>	Antiretroviral Treatment
<b>BCC</b>	Behaviour Change Communication
<b>BMGF-JIM</b>	Bill and Melinda Gates Foundation – Joint Investment Mechanism
<b>CCPP</b>	Childcare and Protection Programme
<b>CEFM</b>	Child, Early and Forced Marriage
<b>CfC</b>	Caring for the Caregiver
<b>CHW</b>	Community Health Worker
<b>CHV</b>	Community Health Volunteer
<b>CO</b>	Country Office
<b>CPV</b>	Child Protection Volunteer
<b>DRC</b>	Democratic Republic of Congo
<b>ECD</b>	Early Childhood Development
<b>ESAR</b>	East and Southern Africa Region
<b>FFM</b>	Fonds Français Muskoka
<b>FGM</b>	Female Genital Mutilation
<b>GAP</b>	Gender Action Plan
<b>GASPA</b>	Groupes d'apprentissage et de suivi de pratiques d'ANJE
<b>GBV</b>	Gender-Based Violence
<b>GRREAT</b>	Girls Reproductive Health Rights and Empowerment Accelerated programme
<b>GTA</b>	Gender-Transformative Approach
<b>HIV</b>	Human Immunodeficiency Virus
<b>IGA</b>	Income-generating activities
<b>KAP</b>	Knowledge, attitudes and practices
<b>MCH</b>	Maternal and Child Health
<b>MIYCN</b>	Maternal, Infant and Young Child Nutrition
<b>MNCH</b>	Maternal, Neonatal, and Child Health
<b>MSM</b>	Men who have Sex with Men
<b>NMNAAP</b>	National Multisectoral Nutrition Action Plan
<b>PMTCT</b>	Prevention of Mother to Child Transmission
<b>PrEP</b>	Pre-exposure prophylaxis
<b>RMNCIAH</b>	Reproductive, Maternal, Neonatal, Child, Infant and Adolescent Health
<b>RPFC</b>	National Responsible Parenting and Family Care
<b>SBCC</b>	Social Behaviour Change and Communication
<b>SCC</b>	Social Change Communication
<b>SRH</b>	Sexual and Reproductive Health
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>STI</b>	Sexually transmitted infection
<b>SWBO</b>	Stronger with Breastmilk Only
<b>ToC</b>	Theory of Change
<b>UN</b>	United Nations
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WCAR</b>	West and Central Africa Region

## Laying the Groundwork

The growing emphasis on gender-transformative approaches (GTA) in UNICEF's programming comes at a crucial time; in the wake of the COVID-19 pandemic, the multiplier effect of deep-seated gender inequalities hit hard with increases in gender-based violence (GBV), intimate partner violence, and unpaid care work.<sup>1</sup> Disruption in services and lockdowns reduced women and girls' access to services, resources and income. UNICEF Country Offices (COs) in the East and Southern Africa Region (ESAR) and the West and Central Africa Region (WCAR) noted the dire impacts of school closures on adolescent girls and children and the rise in adolescent pregnancies.<sup>2</sup> Moreover, the intersection of gender with key population groups,<sup>3</sup> persons with disabilities and other groups at risk "of being left behind" increased inequalities for many groups over the course of the pandemic.<sup>4</sup>

UNICEF's commitment to gender-transformative programming is formalized in its most recent Gender Action Plan 2022-25 (GAP). In the past few years, UNICEF has laid the conceptual and policy foundation for moving this agenda forward. This study contributes to a broader set of efforts to take stock of where COs are situated on the Gender Integration Continuum,<sup>5</sup> how their understanding of gender-transformative approaches is taking shape, and what lessons can be learned.<sup>6</sup> The study is focused on health, including nutrition and HIV, within the relevant Goal Areas of the GAP that encompass interventions targeting adolescents and adolescent girls in particular.<sup>7</sup> Interventions in these thematic areas face the notable risk of reinforcing gender stereotypes (e.g., women's reproductive and caretaking roles), by virtue of their target population.<sup>8</sup> However, as will be seen in the findings below, the increasing awareness of this risk and the opportunities that go with prioritizing the Second Decade of life bode well for UNICEF's intention to position women and girls in their primary role as rightsholders.<sup>9</sup>

“A gender-transformative approach is concerned with redressing gender inequalities, removing structural barriers, such as unequal roles and rights and empowering disadvantaged populations. In practice, this means working for change in: laws and policies, systems and services; distribution of resources; norms, beliefs and stereotypes; and behaviour and practices.”

Background Paper Series: Gender Transformative Programming

## The Conceptual Framework for Assessing Gender-Transformative Approaches

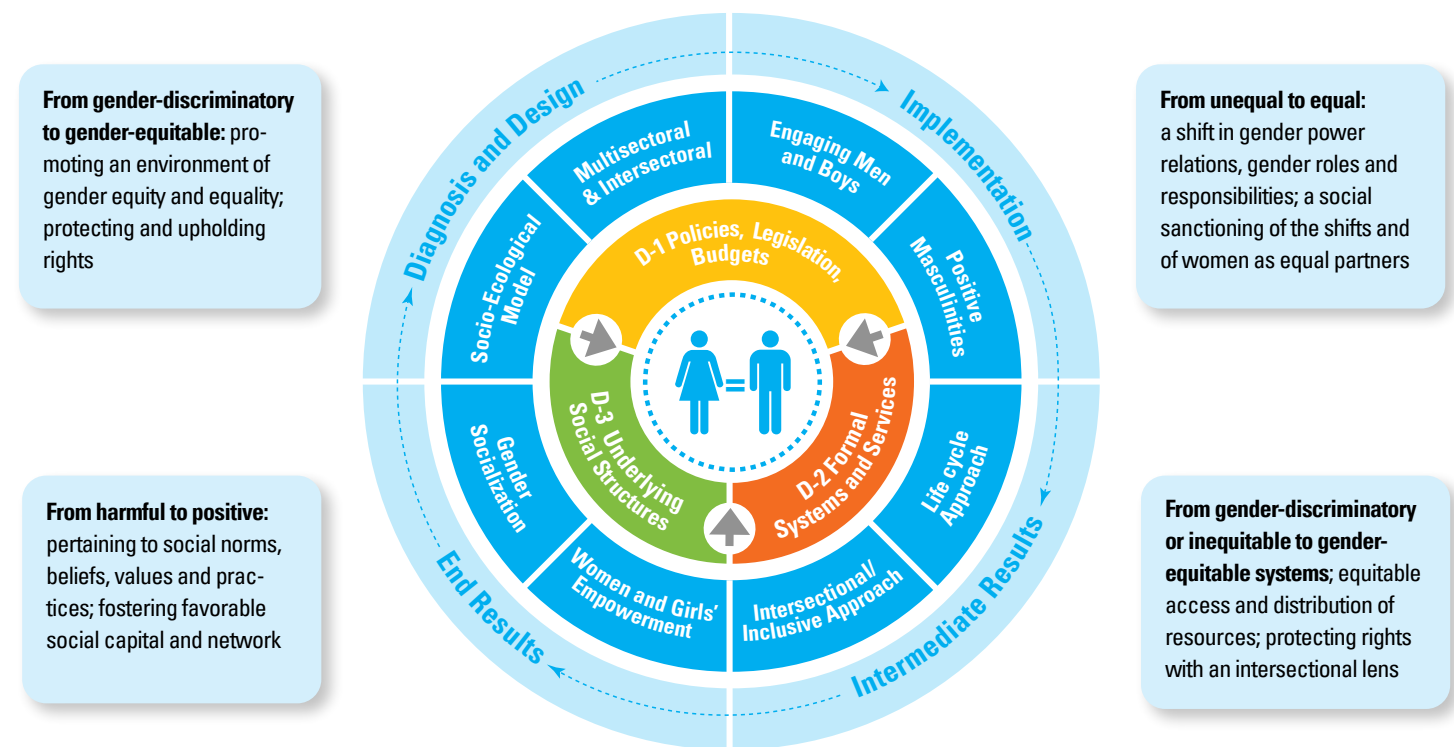
The model on the next page summarizes the combination of interactive components of gender-transformative programming:

- The targeted dimensions of change with the transformation of unequal gender power relations at the core
- Strategies in use that contribute to the changes
- The phases of the programme cycle showing the actions and the results

This conceptual model served as the principal tool for assessing the programme initiatives under this study.

All elements of this model are derived from UNICEF's foundational understanding of the key elements of a gender-transformative approach and are confirmed by similar theoretical work on gender transformation.<sup>10</sup> For a full explanation of the strategies in use, refer to UNICEF's background papers on gender transformation.<sup>11</sup>

## Model for Assessing Gender-Transformative Programming



Dimensions of Change (D-1, D-2, D-3, D-CORE)



Diagnosis and Design	Implementation	Intermediate Results	End Results
<ul style="list-style-type: none"> <li>• Identify key concepts using the gender equity continuum.</li> <li>• Analyze root causes of systemic inequalities</li> <li>• Examine gender-related barriers in household, community and institutions</li> <li>• Identify the unequal gender power relations at different levels</li> <li>• Critically examine gender inequalities, gender roles, norms and dynamics</li> <li>• Analyze multiple and overlapping deprivations (by gender, age, disability, and other social variables)</li> </ul>	<ul style="list-style-type: none"> <li>• Actions that transform: unequal gender power relations; underlying social structures, policies and systems that perpetuate gender inequalities; adverse gender norms</li> <li>• Enablers: above strategies, complementary programming with UN sister agencies; multisectoral programmes or synergies between programmes</li> <li>• Institutional: make available the technical capacity to apply these strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Improvements in knowledge, attitude and practices towards girls/women, or toward more gender equitable perspectives</li> <li>• Increased agency of women and girls across different dimensions; strong leadership, decision making, and participation across different spheres; gender equitable distribution of roles; more equitable access to and control over resources</li> <li>• Norm changes at individual or household levels</li> <li>• Laws, policies, plans and budgets targeted for gender-responsiveness</li> <li>• Services, health or nutrition (or other relevant systems) targeted for gender-responsiveness</li> </ul>	<ul style="list-style-type: none"> <li>• Changes in condition and position of women and girls, becoming critical stakeholders and agents of change engaged at family, community and national levels</li> <li>• At scale – large numbers of girls / women reached</li> <li>• Costed and / or implemented policies and national plans that have been revised or adopted to reflect gender priorities</li> <li>• Other system-level changes: Norm change at an institutional or national level</li> <li>• Gender-responsive services / systems</li> </ul>

## The Study: Scope, Objectives and Methodology

The aim of the study is to promote learning around gender-transformative programming by identifying examples with empirical evidence that meet the dimensions of the Model for Assessing Gender Transformative Approaches (see Model). It is hoped the outcomes of the study will support UNICEF in its broader objective to develop gender-transformative theories of change in health, nutrition, and HIV programming and to scale up models that address gender barriers in both the short-term and long-term.

The methodology for this study consisted of an intensive document review, using an assessment criteria template based on the model, supplemented by interviews and follow-up questions with some UNICEF COs in West and Central Africa (WCA) and Eastern and Southern Africa (ESA).

The review assessed country initiatives/programmes against the four dimensions of change of the Model for Assessing Gender Transformative Approaches above and against the eight different implementation strategies contributing to those dimensions – socio-ecological, multisectoral, engaging men and boys, positive masculinities, gender socialisation, women’s empowerment, intersectional/inclusive, and life cycle. The review also considered whether any type of diagnosis of gender barriers had been conducted and classified the progress of the programme initiatives as **early** (still in the diagnostic or planning stage), **emerging** (implementation phase with evidence of actions and strategies) or **demonstrating some degree of results** (output or outcome level). These characteristics in combination were the basis for ascertaining whether an initiative qualified as gender-transformative either in its approach or as a promising practice. Four gender-transformative initiatives were identified and selected for more in-depth review. These case studies – carried out for Côte d’Ivoire, Ghana, Tanzania and South Africa - included interviews with CO staff and, for Côte d’Ivoire and Tanzania, focus group discussions with beneficiaries. Readers are referred to the full report, “Case Studies in Gender-Transformative Approaches: UNICEF Tanzania, Côte d’Ivoire, South Africa and Ghana.”

**Promising practices** are those initiatives evolving in the right direction, but which do not yet meet all the necessary conditions for being gender-transformative. Many are still at a nascent stage of development. These are featured as sidebars under each thematic area with illustrative actions to be taken and recommendations for improving gender-transformative aspects.

### A Gender-Transformative Approach

Demonstrates attention to all 3 critical dimensions of change: (1) policies, legislation and budgets, (2) formal systems and services, and (3) underlying social structures, AND demonstrates at least an intent to address the core dimension, a change in unequal gender power relations. A combination of strategies is also in use.

[See Model](#)

### A Gender-Transformative Promising Practice

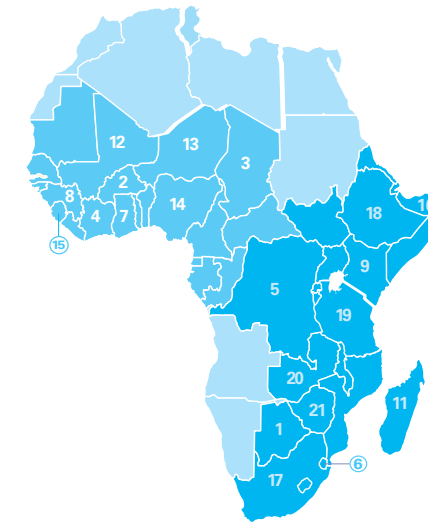
Demonstrates attention to at least 1 of the critical dimensions of change and efforts to apply at least 1 strategy contributing to the change, e.g., empowerment of women and girls.

[See Model](#)

## 29 Initiatives from 21 Countries in Africa

Eleven (11) of the initiatives are in the Eastern and Southern Africa Region (ESAR) and ten (10) are in the Western and Central African Region (WCAR).

Country	Initiatives
Botswana (1)	2
Eswatini (6)	1
Kenya (9)	1
Lesotho (10)	2
Madagascar (11)	1
Somalia (16)	1
South Africa (17)	2
South Sudan (18)	1
Tanzania (19)	4
Zambia (20)	1
Zimbabwe (21)	1



Country	Initiatives
Burkina Faso (2)	1
Chad (3)	1
Côte d’Ivoire (4)	1
DRC (5)	1
Ghana (7)	2
Guinea (8)	1
Mali (12)	2
Niger (13)	1
Nigeria (14)	1
Sierra Leone (15)	1

## Findings

Five thematic areas provide a focus for examining the programme initiatives submitted by COs for review.

- 1 HIV/sexual and reproductive health and rights with a focus on adolescent girls
- 2 Harmful practices
- 3 Early childhood development (ECD)
- 4 Nutrition
- 5 Maternal, newborn, and child health (MNCH)

Each thematic section begins with a brief description of the country programme initiatives. **Good examples of strategies** for gender-transformation that have been particularly effective in this work are identified. Where relevant, **good practices by phase of the programme** cycle, especially in the diagnostic phase, are then highlighted. The section concludes with **challenges** in applying strategies or in achieving a transformation in any of the change dimensions – policies and laws; systems and services; and underlying social structures – as well as the core dimension relating to unequal gender power relations.

The icons indicate, overall for the thematic area, where the concentration of effort is across the change dimensions. Initiatives that embrace multiple change dimensions are stronger examples of gender-transformative programming.



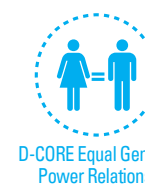
D-1 Policies, Legislation, Budgets



D-2 Formal Systems and Services



D-3 Underlying Social Structures



D-CORE Equal Gender Power Relations





**HIV / SRHR**  
with a focus on  
adolescent girls  
and young women  
(AGYW)

Photograph: © UNICEF/ Schermbrucker

This section on HIV/ sexual and reproductive health and rights (SRHR) draws on numerous examples of working with adolescent girls and young women (AGYW).

Lesotho	Botswana	South Africa	Tanzania
A multi-sectoral peer mentor programme to improve the health and wellbeing of young mothers and their children	A radio drama series to improve the SRH of youth, using a combination of physical and virtual channels to reach AYP	A peer mentor programme supporting young mothers in access to and uptake of HIV, and maternal/child health services	Programme to support girls' reproductive health rights & empowerment, incl. a radio drama series on SRH, HIV, and nutrition for adolescents
Zimbabwe	Cote d'Ivoire	Zambia	
A young mentor mother programme for mothers living with HIV aged 15-24	A pilot in HIV self-testing for key population groups, with a focus on addressing gender gaps	A knowledge, attitudes and practices study of adolescent and young mothers' use of SRH and HIV services	

## Good Strategy Examples

In a general sense, programmes with a focus on AGYW that came under review show robustness in empowerment strategies for women and girls which is an appropriate entry point for gender transformation. A multisectoral approach is also commonly adopted in adolescent programming and in addressing the multiple vulnerabilities of adolescents and women living with HIV.<sup>12</sup> Attention to norm change is present in this work but variable in scope. While there are good examples of other approaches below, more emphasis could be given to men and boys' engagement as this work progresses and to developing a more intentional intersectional/inclusive approach.



### Women and girls' empowerment.

An empowerment approach is an especially important entry point for the most vulnerable, hard-to-reach groups, such as young mothers who are HIV-positive. The peer mentor model in South Africa, Lesotho and Zimbabwe builds social capital for young mothers and autonomy over their own health, nutrition and childcare practices. The support of peer mentors generates demand as well as access to a comprehensive array of services. Tanzania's Girls Reproductive Health Rights and Empowerment Accelerated (GRREAT) programme has applied an empowerment approach based on a Girls' Empowerment Index that measures the changes.<sup>13</sup>



### Gender socialisation through edutainment.

It is worth noting that use of radio programmes and other digital platforms proliferated during the COVID-19 pandemic as a means to keep young people engaged in dialogue on HIV and SRH and in close contact with services.<sup>14</sup> Edutainment programmes, such as Botswana's MTV Shuga programme and Tanzania's ONGEA radio programme, have sought to target unequal gender power relations and norms directly. Both programmes have impacted adolescent listeners who are adopting healthier and more gender-equitable SRH behaviours. The intergenerational dialogue, which ONGEA is promoting is key to challenging gender norms relating to adolescent SRH, given the influence of parents and caregivers over adolescent decision making.



### Promoting positive masculinities.

Some episodes of the ONGEA radio series promote positive masculinities. These episodes convey important messages for an adolescent age group and their caregivers that help to disassociate masculinity from violent and dominant behaviour present in the culture. The Botswana MTV Shuga also addresses masculinities and gender norms in teaching youth about healthy relationships.



### A multisectoral and holistic approach.

Tanzania's GRREAT programme that has shaped services around asset building for girls in education, health, protection and social capital provides the scope for adopting a multisectoral approach, an appropriate response to the inter-related set of barriers to girls' development and wellbeing.<sup>15</sup> Other initiatives as well – Lesotho, Zimbabwe and South Africa – have adopted a multisectoral approach to integrate mental health services, GBV screening, and facilitated access to education, income and food security baskets for AGYW living with HIV.<sup>16</sup>



### An inclusive and intersectional approach.

The peer educator technique in the U-Test project in Côte d'Ivoire has been highly effective in its outreach to population groups of different gender identities and at high risk of violence. Key population groups face so much stigmatization and discrimination that they otherwise would not seek health services. Peer educators from these population groups have been able to increase rates of self-testing and build bridges between these vulnerable groups and the health system.

## Good Practices by Phase of Programme

### Gender analysis in the diagnostic phase.

Both regions have prioritized HIV prevention programmes for AGYW who account for 30 per cent of new HIV infections.<sup>17 18</sup> HIV initiatives in different countries often include in their analyses the wide range of gender inequalities and structural factors driving the higher HIV incidence rates among young women under 30, as compared to men of the same age. See the Zambia diagnosis example in the sidebar.



### Use of the socio-ecological model during the diagnostic phase.

The Zambia knowledge, attitudes and practice (KAP) study used a conceptual framework that captured behaviour changes for individual, interpersonal, community and societal levels. Multiple levels of change are essential to building a supportive environment for adolescent SRH.



### Uptake of the model after the pilot phase.

All the peer mentor model initiatives have succeeded in obtaining government buy-in (for example, the training and accreditation of the model offered by the Ministry of Health in Zimbabwe) so that the model becomes institutionalised.

### Promising Practice

#### Zambia: Adolescent and Sexual Reproductive Health Programme

The knowledge, attitudes and practices (KAP) study on the use of SRH, prevention of vertical HIV transmission and HIV services by AGYW aged 15 to 24, is an example of a promising practice in the diagnostic phase and in the use of a socio-ecological model for analysis. It informed the Social Behaviour Change Communication (SBCC) activities of different stakeholders to help create demand for SRH, HIV and SGBV services for AGYW. The study raised a number of critical barriers to AGYW access to these services, such as:

- Their low socio-economic status making it difficult to pay the cost of a letter from a village chief, if they are not able to attend their antenatal care (ANC) visit without their spouse
- Continued engagement in transactional sex due to poverty, increasing exposure to sexually transmitted infections (STIs), HIV and unintended pregnancies
- The lack of spousal or partner support which discourages the use of HIV, SRH, ANC, and family planning services
- The lack of privacy and perceived confidentiality at health facilities and judgmental attitudes

Young women prefer to disclose HIV positive status to parents rather than partners or peers for fear of stigma, abandonment and neglect of children, as well as the discrimination in communities. Fear of discrimination contributes to non-adherence to HIV treatment and mother-infant loss to follow-up services.

The KAP study recommends targeting adolescent boys and young men to support their partners' access to services; male engagement programmes that focus on youth mentorship to promote use of SRH services; and parental training and community dialogue to build a supportive environment.

*Chama-Chiliba, C. M., Kaonga, O., & Kanshinka, E. (2021). Knowledge and use of Sexual Reproductive Health and HIV services among Adolescent Girls and Young Women in Central and Western Provinces: A Qualitative Knowledge Attitudes and Practices Study. 2gether4SRHR, UNICEF, Sweden.*

## Challenges



### Men and boys' engagement.

Even while acknowledging the importance of involving male partners to reduce the high HIV risk levels among young women in the diagnostic phase, this is a particular challenge in the context of young girls' low status and risk of GBV. Despite the Zimbabwe initiative reporting some positive results in enrolling partners in testing and ART, both UNICEF Zimbabwe and South Africa have noted the struggle in getting young girls to disclose their status to their partners and even in enrolling partners in HIV testing and ART.<sup>19</sup> The Zambia example expounds on the barriers for AGYW. Disclosure is all the more difficult for women and girls of key population groups, such as sex workers exposed to violence by clients in Cote d'Ivoire.<sup>20</sup>



### GTA

#### Empowerment

A personal journey during which an adolescent [or woman/girl], through increased assets and critical awareness develops a clear and evolving understanding of themselves, their rights and opportunities in the world around them, and through increased agency, and voice and participation, have the power to make personal and public choices for the improvement of their lives and their world.

*UNICEF 2020. Technical Note on Adolescent Empowerment. New York, NY: UNICEF*



## Harmful Practices



Photograph: © UNICEF/ Holt

The thematic area on harmful practices pertains mainly to gender-based violence (GBV), child, early, and forced marriage (CEFM), and female genital mutilation (FGM).

Although harmful practices fall within the goal area of Child Protection, the health system plays a pivotal role in prevention and addressing the impacts of harmful practices on women and girls' physical, mental and sexual health and wellbeing.<sup>21</sup> UNICEF has played a key role in advancing a gender-transformative approach to address FGM, CEFM, and GBV through the global programmes implemented jointly with its sister agencies, UN Women and UNFPA.<sup>22</sup>

Mali	Somalia
An ensemble of initiatives on prevention of and response to violence against women, incl. CEFM, FGM and GBV in development and conflict-affected zones.	Prevention, risk mitigation and response to sexual violence, incl. FGM, against women and girls in conflict and natural disaster-affected settings.

## Good Strategy Examples

For the thematic area of harmful practices, the socio-ecological model, the focus on adverse gender norms, and a holistic approach that addresses all change dimensions are most prominent. Such programmes that have grappled with multiple levels of norm change to achieve a societal shift are compelling for their insights on social change processes.

### Holistic approach.

UNICEF Mali offers a vibrant example of a holistic approach, operating in all three change dimensions and under the umbrella of its adolescent programming. The comprehensive approach of programmes on harmful practices lends itself well to a gender-transformative approach, as exemplified below:



- **Legislative change:** UNICEF Mali is advocating for a legislative framework that will protect children from all forms of violence, including child marriage and FGM. It is also supporting the government to promote integration of mental health and psychosocial support across a range of services.<sup>23</sup>



- **Access to appropriate services:** Girls who are victims of different forms of violence are given access to health, psychosocial and justice services. Adolescent-friendly health services offer response to GBV survivors and protection for girls.



- **Targeting and engaging a diverse set of dutybearers:** The CO aims to upgrade the capacity and skills of communities – parents, community leaders, gatekeepers, health workers, teachers, and social workers - as well as adolescent girls and boys to be protected from all harmful practices.



### A socio-ecological approach.

The Communities Care (CC) project in Somalia is a well-documented example of a gender-transformative approach. Readers are referred to other available publications for more detailed information on the programme.<sup>24</sup> Diverse and influential community members engage in structured dialogues that enable them to diagnose GBV as a problem and identify norms that support gender equality. Community members further build collective solutions to the problem of violence against women and girls, and advocate for laws and policies that support non-violent practices.<sup>25</sup>



### Male engagement.

Owing to its focused attention on social norm change, male engagement in the CC Project goes beyond allyship to women and girls; men and boys are equally confronted, alongside women and girls, to reflect on their beliefs and practices in dialogue with others.<sup>26</sup>

### Gender socialisation within health care and other services.

To transform harmful social norms, the CC programme targeting extended to service providers in GBV prevention and response (health care, community health workers, police, and psychosocial support). This contributed to significant improvements in community confidence that women and girls could obtain compassionate care and support from GBV services.<sup>27</sup> Through the Fonds Français Muskoka (FFM) programme, UNICEF Mali also undertook to train health care and other service providers for prevention and response to GBV but also on concepts of gender equality and rights for the prevention of violence within a health care setting.<sup>28</sup>



## Good Practices by Phase of Programme

### Root cause analysis during diagnostic phase.

Work on addressing harmful practices has clearly established the analytical link between patriarchy/gender inequality and the myriad social determinants that allow harmful practices to thrive.<sup>29</sup> Discriminatory traditional practices, religious practices, legal gaps, low levels of education, and poverty, which lead to adverse health outcomes for adolescent girls and their children, are just a few.<sup>30</sup> Both Mali and Somalia reflect strong root cause analysis informing their programme interventions.<sup>31</sup>

### Rigorous research on processes of social change (monitoring and evaluation).

The CC Project has been evaluating the effectiveness of its model to change social norms in GBV for over eight years, showing that when norms around GBV undergo a positive shift, the effect is lasting. The success in a social norm change intervention lies in incremental shifts.<sup>32</sup> The CC Project invested in rigorous research for measuring social norm interventions and produced a social norm measure that has been used within a longitudinal impact evaluation.<sup>33</sup> This has made it possible to elucidate the pathways of change that contribute to reversing adverse gender norms.

## Challenges

### The extended timeline for social norm change.

The Somalia case mirrors the experience of so many other programmes to end child marriage, FGM and GBV in the persistent engagement with communities and a range of different duty bearers for progress to be made in changing entrenched social norms.<sup>34</sup> Small steps are important milestones, and the challenge is to stay focused on the change process and to persist in overcoming the setbacks on the road to ending harmful practice.



## Early Childhood Development (ECD)



Photograph: © UNICEF/ Holt

### The ECD examples highlight the importance of building caregiver confidence in the role they play in their children's lives.

An important entry point for engaging caregivers, in the context of ECD, is empowering mothers and fathers in good health, hygiene and nutrition practices. For mothers, the empowerment aspects are especially critical in broadening their decision making power in the home as related to their own health rights and their children's development. For fathers, the emphasis lies in expanding their role to ensure a safe, healthy and nurturing environment for their children and as a caregiving partner.<sup>35</sup>

Mali	Ghana	Tanzania	South Africa
A pilot in applying the Caring for the Caregiver module for frontline workers to improve caregivers' self-care and confidence	A programme that empowers volunteer uneducated mothers to run educational play-based activities for preschoolers	Support to a national agenda on parenting and family care and a drama series on positive parenting practices	The MenCare fatherhood programme aimed at social service professionals, fathers and their partners

#### GTA

#### Improved Family Relations in Mali

A community health worker used "The Emotions basket" with a woman to learn that she was on the verge of divorce because her husband did not interact with the family or provide financial support for the children. The "Resource Mapping" exercise was then used as a means to identify a source of support, one of her husband's friends, to speak to her husband about the problem. This friend's intervention helped save the marriage and the husband became more engaged with the children and household tasks.

Source: Box 3. The counselling approach in action. Page 19 of UNICEF (2019). *Caring for the Caregiver: The Experiences of Mali and Sierra Leone. Reference Document.* UNICEF

## Good Strategy Examples



Most of the initiatives that revolve around parenting roles have in common a gender socialisation component to support a shift away from a stereotypical gendered division of labour. However, while they have raised awareness of the role of fathers in caregiving and have empowered mothers, transforming unequal gender power relations within the household is perhaps the next major barrier to tackle. These initiatives also involve service provision and in the case of Tanzania, which is advanced in implementation, one finds evidence of support to a national agenda on parenting.



#### Gender socialisation / gender norm change:



- **A more supportive caregiving environment for women.** In Mali, the Caring for the Caregiver (CfC) (see sidebar on next page) recognized women's caregiving burden and the multiple stressors in their daily lives. Counselling by nutrition support group volunteers (who are women) is aimed at reducing mothers' caregiving burden and garnering more support for them. It builds social assets for women and their sense of agency within the household and community.



- **Gender socialisation in play-based preschool learning.** The Ghana "Lively Minds" programme empowered uneducated mothers as Volunteer Mothers to provide training on parenting health care and life skills for children and parents, supplemented by weekly radio broadcasts to reinforce the messages.<sup>36</sup> The programme noted increased fluidity in how parents assign roles to girls and boys at home and in the gendered division of labour, resulting, in some cases, in improved family income.

- **Focusing on the relationship between male and female partners.** The MenCare South Africa Childcare and Protection Programme (CCPP) with Sonke Gender Justice and the South Africa Department of Social Development trained social service workers on the impact which fathers have on caregiving, gender non-violence and the gender roles in caregiving; a phase two trained child and youth care workers, as well as male beneficiaries and their partners, on similar topics.<sup>37</sup> The programme succeeded in shifting attitudes among participants from viewing fathers purely as providers to supporters and partners. Female participants in both the South Africa and Mali initiatives noted improved partner communication, resulting in better relationships with their husbands (see box to right).<sup>38</sup>

- **Raising awareness of the role of fathers in parenting.** UNICEF Tanzania's support to the National Responsible Parenting and Family Care (RPFCA) Agenda included a drama series called Safari ya Malezi on positive parenting broadcasted on the Mainland and Zanzibar. The drama series reached a large number of parents and primary caregivers, improved the audience's knowledge of the role of a father in parenting, but was less successful in changing views on fathers supporting a pregnant spouse in household chores.<sup>39</sup> The South Africa training of social service professionals, men and their partners also led to fathers becoming more willing to share domestic and caregiving duties.



#### Training and harnessing the support of service providers to create the shift in power dynamics.

Both the Mali and the South Africa examples reveal the power of involving health workers and social service professionals and leveraging the caregiver's social network (see Mali sidebar) to reach out to men in the role as fathers / partners and promote gender-equal parenting practices. The case of South Africa's MenCare also highlights the importance of a training curriculum for service providers to address their own gender-stereotypical attitudes and to prevent the use of and exposure to violence for social service professionals.

## Challenges

### Empowering women within their role as caregivers.

The CfC intervention demonstrates how women's enhanced agency as caregivers can reverberate on family dynamics in a positive way. As it can reinforce a presumption of engaging men and fathers only as allies of women caregivers (rather than as equal caregivers), it suggests as a next step more focused attention on unequal gender power relations that position women as equal rightsholders and partners.

### Empowering women as volunteer workers.

Empowering women to be of service to the community, in particular to other women in their role as mothers, caregivers or parents, has benefits for both the women trained and for others; however, empowering women to serve in those roles as "volunteers" can reinforce women's unremunerated work. This challenge deserves consideration in evaluating programmes (and programme scale-up) that rely strongly on their role for effectiveness and in a scale-up phase.

### Gender socialisation to overturn negative masculinities.

The Ghana initiative exemplifies the vital role of integrating gender socialisation in ECD to reverse gender stereotypes intergenerationally. However, gender re-socialisation is also needed in parenting programmes to enable positive models of masculinity to emerge; as the South Africa MenCare programme revealed, male stereotypes of fathers as absent, violent or disengaged also need to change, and can, with a more central focus on fathers.

## Promising Practice

### Mali – Caring for the Caregiver

Mali (and Sierra Leone) was selected for testing the Caring for the Caregiver (CfC) training module to respond to the gap in caregivers' emotional well-being in resource-constrained low- and middle-income countries. CfC is one of four multi-sectoral packages for ECD programming. The module builds skills of frontline workers in a strengths-based counselling approach that increases caregivers' confidence, and helps them develop stress-management, self-care and conflict resolution skills.

The module addresses the mother, the child, the relationship between them, and the caregiving environment. Volunteer workers counsel mothers on nutrition and feeding practices. Community health workers (CHWs) manage malnutrition cases and supervise the nutrition support group volunteers.

Positive results for caregivers have included an ability to resolve significant problems together with family and community members, leading to positive effects on their own well-being and family relationships.

One of the lessons learned from the pilot phase is that a stronger gender equity lens is needed in the next adaptation of the CfC module and that "engaging fathers and extended family more directly may have even greater benefits and would respond to the global need for attention to gender differences in parenting interventions." Content will also be added to detect signs of GBV and how to refer survivors.

Source: UNICEF (2019). *Caring for the Caregiver: The Experiences of Mali and Sierra Leone. Reference Document*, p. 23.; and UNICEF (2021). *Caring for the Caregiver: Gender Recommendations*, 4 June 2021.

## Nutrition



Photograph: © UNICEF/Dejongh

## Climate-related disasters that have doubled in number since 1990 and health epidemics including COVID-19 have posed a serious threat to food and nutritional security.

These trends have exacerbated maternal and child malnutrition.<sup>40</sup> The nutrition sector recognizes the crucial role that women and girls play in the nutritional status of their communities, and that women and girls are more deeply affected by nutrition crises. When women's agency, condition and position improve, the benefits ripple out to everyone.<sup>41</sup> In a gender-transformative approach, addressing the underlying determinants of malnutrition - women's lower status and position, poor decision-making power, limited access to and control over resources, and the unpaid heavy burden of domestic and care work - is critical. And because malnutrition is a consequence of the intersection between health and nutrition, education, water, sanitation and hygiene (WASH), food systems and social protection, gender barriers across all these domains affect the nutrition status of women, children and their families.

Burkina Faso	Dem. Rep. of Congo	Guinea	South Sudan
A multisectoral programme to support the nutrition, health and wellbeing of children under age 5, adolescent girls and pregnant and lactating women	A multisectoral and integrated social services programme targeting mothers and children that included a study on anemia	Support to women's groups on good infant and child feeding practices that expanded to platforms for women's empowerment	Nutrition service delivery platforms used as a natural entry point for GBV risk mitigation for women and girls

## Good Strategy Examples

The examples reviewed highlight attention to women's empowerment as an entry point, as was the case above for HIV/SRH with a focus on adolescent girls, and a stepping stone to broadening the field of actors. These platforms have the potential to shed light on pathways of change for gender equality in nutrition, if other inter-related sectors, such as WASH, social protection and agriculture, are in alignment. For South Sudan, the nutrition platform has a further potential as a safe space for addressing GBV and possibly other basic social services for women and girls in rural areas.

### Women's empowerment: platforms for broader change.

- The Guinea example (see sidebar to right) leveraged women's groups for improving infant and child feeding practices through culinary demonstrations conducted by women. This activity in itself, as the CO acknowledged, may risk reinforcing gender stereotypes. However, the women's groups became a platform for engaging in local governance and organizing units for economic development activities that had positive impacts on the family budget, health and nutrition.
- Under the Bill and Melinda Gates Foundation-Joint Investment Mechanism (BMGF-JIM), the Burkina Faso GASPA platform (groupes d'apprentissage et de suivi de pratiques d'ANJE) or 'learning and monitoring groups on infant and child feeding practices', was established. Husband support groups that co-existed with the GASPA supported pregnant women in their ANC visits and gave women the liberty to decide for themselves on visits to the health centre.<sup>42</sup> The holistic analysis on gender and nutrition led the CO to plan for discussion groups and community dialogue with men, leaders, grandmothers, and caretakers of children, whose behaviours affect women's health.

### Promoting positive masculinities.

Both the Burkina Faso and DRC examples, which come under the BMGF-JIM, have planned activities to promote positive masculinities in the next phase. For Burkina Faso, this will involve creating spaces for men and boys around masculinities with the aim to support women and girls' decision making, rather than merely supporting them in healthy nutritional practices. These strategies are yet to be articulated.

### A gender-transformative multisectoral / integrated approach.

- The Burkina Faso and DRC initiatives recognize that economic inclusion, WASH, adolescent girls as a focus, SRH, and social protection, are not only closely inter-connected to nutrition but have engrained gender inequalities that affect pathways to better nutrition. DRC is planning an agricultural intervention for women, providing them with seeds and a space for growing fruits and vegetables, an idea which, nonetheless, requires gender-sensitive design to avoid male co-optation and an additional labour burden for women.<sup>43</sup> WASH activities in DRC will specifically involve women in the supply chain of sanitation initiatives.
- The South Sudan nutrition service delivery platforms, which are trusted spaces for women and girls who interact with nutrition staff, have proven to be a natural entry point for offering GBV mitigation services. Frontline staff who deliver quality nutrition services are now equipped to serve as contact points for GBV referrals and/or case management. The integration of GBV in nutrition programming is an innovation that is undergoing research by UNICEF and its partner Action Against Hunger to ascertain whether GBV risk mitigation activities are enhancing nutrition-specific outcomes.<sup>44</sup>



Photograph: © UNICEF/ Guinea

## Good Practices by Phase of Programme

### Multidimensional gender analysis of anemia in the diagnostic phase.

The DRC programme conducted a study on women with anaemia; it noted the lack of financial resources as the main barrier to receiving treatment, combined with having to ask permission from their husbands to seek health care or to use family planning methods.<sup>45</sup> Because malaria is a main cause of anaemia, further studies are suggested to explore the link between women's domestic chores and malaria, as these chores require them to go outside when mosquito activity is high. The findings have led the CO to develop a multi-pronged approach to address anaemia that goes beyond nutrition to address women's leadership in communities, SRHR, business management, their engagement in the WASH supply chain, and GBV.

### Root cause analysis of infant and young child feeding practices (IYCFP).

The Burkina Faso diagnosis of IYCFP brought to light the poor decision-making power of women and girls, its effects on their level of education, health and autonomy and the subsequent effect on child nutrition.<sup>46</sup> This analysis also revealed the importance of engaging a range of powerholders with influence and control over a woman's right to decision making for women to gain the autonomy they need.

## Challenges

### An intersectoral approach: linking nutrition to food systems.

In all the initiatives reviewed, there is little reference to food systems in relation to nutrition. While this is not UNICEF's area of expertise, partnership strategies could be a solution to ensure synergies with agriculture and food systems. Even though women's labour burden in agriculture significantly exceeds that of men, women's opportunities for leadership and economic empowerment are compromised by unequal power relations and limited access to and control over productive resources.<sup>47</sup> Given that men maintain control over food decisions (what to grow, what is for sale and for consumption, etc.), merely supporting breastfeeding mothers is not tantamount to a gender-transformative response to malnutrition.

### Norm change: the role and behaviours of community health workers.

Strengthening the healthcare workforce to deliver a continuum of services is an incentive for mothers to seek care, but not if health care workers demonstrate violent behaviour towards pregnant women who have missed their follow up appointments, as one study in Guinea showed.<sup>48</sup> In another country initiative, CHWs who were mostly male had difficulty accessing pregnant and breastfeeding women in delivering an essential package of services for child and infant health/nutrition. Health care workers who display gender-discriminatory, gender-inappropriate, and/or disrespectful treatment of women will only add to the multiple barriers women face in accessing the health system.<sup>49</sup>

### Promising Practice

#### Guinea: The Platform of Women's Groups

In collaboration with the Food and Nutrition Division and the Assistance Programme to Convergence Communes, UNICEF Guinea undertook an initiative in 40 convergence communes (sites of synergistic investments for local development) to combat malnutrition. From 2019 to 2020, UNICEF supported 800 women's groups, with an average of 30 members each, in activities to prevent stunting. The groups received training to conduct awareness raising sessions and cooking demonstrations for pregnant and breastfeeding women. Themes related to breastfeeding, dietary diversity, complementary feeding of the child, and related MNCH topics.

The women's group participants experienced a decrease in the number of malnourished children, the uptake of good nutritional practices, the adoption of early and exclusive breastfeeding, reduction of health care expenses, and reduction of student absenteeism, among others.

As the women's groups had been in existence for an average of five years, many were already capable of carrying out local development initiatives. They developed IGAs, such as market gardening and soap-making, that allowed them to become autonomous and to remain functional without external funding. Most groups expressed the intent to continue their activities in awareness raising and cooking demonstrations at the end of UNICEF's support. These groups became empowered, benefitting from mutual support and solidarity, gaining a voice in their communities, and defending the rights of adolescent girls against child marriage and other forms of violence. Their husbands and local authorities welcomed their contributions to the household and to the community.

The support to women's groups shows how empowerment improves women's status in the home and community; however, to break out of gender stereotypical roles, enable women to lead, and reduce their unpaid labour and care burdens, further progress towards a gender-transformative approach will be needed.

*Source: Conde, Y. (2021). Documentation de la contribution des groupements de femmes dans la prévention du retard de croissance dans les communes de convergence de Guinée. Période de mise en oeuvre: Mars-mai 2021. UNICEF Guinée.*

Health care workers who display gender-discriminatory, gender-inappropriate, and/or disrespectful treatment of women will only add to the multiple barriers women face in accessing the health system.<sup>49</sup>



## Maternal, Infant and Young Child Health

Photograph: © UNICEF/ Dejongh



### Positive masculinities: the “how” of engaging men in infant and maternal health.

With MenEngage, UNICEF Madagascar led a process of promoting positive masculinities across the strategic directions of the next National Gender Equality Policy and assembled different organizations with gender expertise to participate in the task. This builds on prior work of UNICEF and MenEngage to engage men in mother-child health and in domestic chores to reduce inequalities in the work environment and in the home. This initiative, still in its infancy, expects to put in place a coalition of civil society organizations who will commit to the task of proposing actions (see sidebar) that can be integrated into the national policy.



### Male engagement: designing campaigns and media messages that target men.

Sierra Leone conducted a knowledge, attitudes, practices and barriers study relating to maternal, infant and young child nutrition (MIYCN), as well as a media analysis, that illuminated the influence men have over practices and the importance of their mutual responsibility in caring for children.<sup>51</sup> The multimedia analysis, designed to inform the five-year National MIYCN Social Behaviour Change and Communication Strategy (SBCC), found that MIYCN messaging did not have a strong impact on fathers.<sup>52</sup> The media analysis proposed ways to impact fathers to recognize their role in MIYCN beyond financial provisioning, through male role modelling, peer education and Father Support Groups. The SBCC Strategy that ensued targeted husbands or male partners to support women in ANC visits, nutrition, breastfeeding practices, and household chores so that women could attend appointments. Husbands and partners of pregnant women as well as religious network leaders were also targeted by the Stronger with Breastmilk Only (SWBO) Campaign which UNICEF developed as an outcome of the SBCC Strategy.<sup>53</sup> These efforts at least demonstrate a broad and inclusive reach in messaging.

## Promising Practice

### Madagascar: Promoting Positive Masculinities

UNICEF and MenEngage completed a gender analysis of the situation in maternal and child health (MCH) and prepared a set of recommended actions at each level of the socio-ecological model. It inquired into the role that men can assume in contributing to better MCH outcomes. The recommended actions, which will be part of the process of advocating with other civil society actors around the next National Gender Equality Policy, are summarized as follows:

1. Provide trainings for groups of men and boys as part of community mobilization programs
2. Combine actions to train men and boys with raising awareness among traditional healers, local and religious leaders
3. Plan for operational research to test the most effective and relevant messaging (for campaigns)
4. Identify men in the community who influence the behaviour of others
5. Plan service-oriented programs that render facilities friendly to men, with information materials specifically designed for men, possibly with alternative hours
6. Train service providers on how to work with and engage men
7. Collect, analyze and disseminate evidence to strengthen advocacy

Source: UNICEF Madagascar. (2020). *Implication des hommes dans la santé maternelle et infantile.*

## Challenges



### Norm change: the gender biases within the health system.

A large-scale programme such as Guinea’s that has wide coverage, spanning the gamut of services for mothers, infants, young children and adolescents (girls and boys), was not designed to be gender-transformative when it was launched a decade ago. This review confirms the programme’s gender-sensitive approach, targeting adolescent girls and areas with low MNCH indicators, for example; it is otherwise not geared to removing structural barriers underlying gender disparities in health. Yet, programmes such as this one have the potential to mobilize more resources for reproductive, maternal, neonatal, child, adolescent and infant health, i.e., the national plan, which Guinea has done through its advocacy work.<sup>54</sup> At this level of influence, a next step, towards a more gender-transformative approach, would be to address the gender biases and stereotypes within the health system<sup>55</sup> and ensure the supply side (such as stocks of supplies and contraceptives) offers quality and choice for women.<sup>56</sup>

### Male engagement: from a support role to a gender-equal partner.

Most MCH and nutrition interventions that seek to address male involvement position men in a support role to mothers, pregnant women, and breastfeeding women. These interventions do result in progress, from men restricting women’s movement or refusing them access to health care, to providing their female partners with the resources or the consent to receive care. However, a gender-transformative approach would, in the long run, address the unequal access to and control over resources (such as food), the status and decision-making power of women, and the imbalances in gender roles, and not only during periods when women are more vulnerable or need time to attend appointments.

Kenya	Madagascar	Guinea	Sierra Leone
A diagnostic study on the gender sensitivity and competencies of CHWs and child protection volunteers (CPVs)	A strategy to engage men in infant and maternal health at national level	A large-scale, joint UN programme on reproductive, maternal, neonatal, child, infant and adolescent health (RMNCIAH)	A KAP study and multimedia analysis that informed a campaign to promote breastfeeding and an advocacy strategy for a national CHW policy

## Good Strategy Examples

There are notable efforts under this thematic area to engage men in maternal and child health. These are still in an early stage but demonstrate awareness of men’s role in actively supporting women to access services. The theme of gender bias within the health care system repeats itself (as for nutrition) but the Kenya initiative is a step in the right direction.



### Social norm change: addressing gender perceptions and competencies of CHWs.


Under the BMGF-JIM, UNICEF Kenya has undertaken research with the aim to improve the capacity of male and female CHWs and CPVs to provide services to adolescents and in GBV prevention and response. The research demonstrated a need for equipping staff to overcome, rather than reinforce, gender barriers in access to services and to provide gender-responsive services. Sierra Leone has supported a National Community Health Workers Policy that aims to strengthen the health workforce and promote their integration into the national health system.<sup>50</sup> It expects to increase the proportion of female CHWs, however, the policy itself does not articulate the gender dimensions of this cadre.


## Summary and Recommendations


Most initiatives reviewed prove to be promising practices with the ambition to evolve into gender-transformative approaches. A good proportion of initiatives in the diagnostic phase demonstrate a holistic analysis of underlying causes of gender inequalities. The more recent Gender Programmatic Reviews, which Country Offices undertake once in a country programme cycle to bring their programme in line with the Gender Action Plan, appear useful for this purpose. A smaller number of cases (see Case Study Report),<sup>57</sup> such as Communities Care, represent the maturity of a gender-transformative approach.


### Summary

The following table identifies the good practices in the use of strategies, as well as gaps, both in relation to the change dimensions.

 <b>Dimension 1: Laws, policies and budgets</b>	
<b>Good Practices</b>	
<ul style="list-style-type: none"> <li>• Advocacy and policy change as it pertains to harmful practices</li> <li>• Uptake at national level of piloted models, such as the U-Test or peer mentor model</li> <li>• One example demonstrating support to a national parenting agenda through a drama series on positive parenting</li> </ul>	
<b>Gaps</b>	
<ul style="list-style-type: none"> <li>• Limited reference to changes at the level of policies, laws and budgets to support gender equality rights in health, HIV and nutrition that are also linked to a broader set of rights for women and girls</li> <li>• Limited evidence of policy change to promote positive fatherhood specifically (apart from parenting practices) and positive masculinities</li> </ul>	

 <b>Dimension 2: Systems and services</b>	
<b>Good Practices</b>	
<ul style="list-style-type: none"> <li>• Some curriculum-based interventions, such as the MenCare South Africa CCPP, that are helping to reverse harmful gender stereotypes</li> <li>• Models, such as the peer mentor and peer educator models, that generate demand for health services</li> <li>• Women's empowerment strategies and different platforms as good entry points to improving MNCH outcomes</li> <li>• A multisectoral approach, especially related to nutrition, harmful practices, and adolescent programming</li> </ul>	
<b>Gaps</b>	
<ul style="list-style-type: none"> <li>• Other curriculum-based interventions that risk reinforcing gender stereotypes. E.g., the difference between discussing women's access to health services and breastfeeding practices versus discussing her choices, such as when and how many children a woman might want to have</li> <li>• Fewer initiatives that target the supply side (than the demand) to offer women quality and choice, and few examples addressing the gender biases and stereotypes within the health system</li> <li>• Less evidence in ensuring the employment of female CHWs and paying CHWs so as not to further institutionalize women's unpaid work</li> <li>• The need for more and better sex-disaggregated data across health, HIV and nutrition</li> </ul>	

 <b>Dimension 3: Underlying social structures</b>	
<b>Good Practices</b>	
<ul style="list-style-type: none"> <li>• Analyses, including KAP studies, that use a socio-ecological model and examine underlying causes of gender inequalities</li> <li>• The effective use of edutainment that is changing attitudes and perceptions of gender norms among adolescents, caregivers, parents, and community members</li> <li>• Gender socialisation in parenting and caregiving that is having a positive effect on family relationships</li> <li>• Discernible intent to develop strategies for male engagement</li> </ul>	
<b>Gaps</b>	
<ul style="list-style-type: none"> <li>• Male engagement remains focused on a support role and less on behaviour change strategies of men as gender-equal partners in household chores, parenting and childcare</li> <li>• Little evidence of an intersectional approach, apart from the focus on adolescent girls/mothers and those living with HIV. Few projects focused on women and girls living with disabilities or those out-of-school</li> <li>• With the exception of harmful practice programmes, limited documentation of norm change</li> </ul>	

 <b>Core dimension: Transforming unequal gender power relations</b>	
<b>Good Practices</b>	
<ul style="list-style-type: none"> <li>• Anecdotal evidence of change in the gender division of labour, women and girls' decision making, and gender roles</li> <li>• A growing awareness of the importance of promoting positive masculinities for long-term norm change</li> </ul>	
<b>Gaps</b>	
<ul style="list-style-type: none"> <li>• More evidence needed to demonstrate the perspective of women as rightsholders. This means women are imbued with equal rights to services and resources and are 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.</li> </ul>	



Photograph: © UNICEF/ Guinea

## 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 GPRs or Gender Action Plans.
- Gender analysis needs to continue 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. 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, 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.<sup>58</sup>
- 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 attempting 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.



# Endnotes

- <sup>1</sup> Fisseha, S., & et al. (2021). COVID-19: The Turning Point for Gender Equality. *The Lancet*, 398 (10299), 471–474.
- <sup>2</sup> Other effects on girls include a rise in intergenerational sex, increasing the risk of HIV, and increased sexual abuse and harassment of adolescent girls. (a) Maula, J. (2021). *Gender Programmatic Review for UNICEF Zimbabwe: Final Report*. UNICEF Zimbabwe. (b) UNICEF Ghana. (2021). *Sparkling adolescent girls' participation and interest in STEM* [Education Case Study]. (c) ONU Femmes, le Haut-Commissariat des Nations Unies aux Droits de l'Homme (HCDH), & UNICEF Guinée. (n.d.). *Enquête Rapide sur les Effets de la Covid-19. Une perspective genre. République de Guinée 2020*. (Women Count). UN Women.
- <sup>3</sup> Groups at increased risk of HIV such as MSM, sex workers, transgender people, people who inject drugs, people living on the street or in prison.
- <sup>4</sup> ONU Femmes, HCDH et UNICEF Guinée (n.d.).
- <sup>5</sup> Jalal, S., & Belachew, H. (2021, September 16). *Webinar on Gender Transformative Programming*. With contributions from ODI.
- <sup>6</sup> See the recent global publication: UNICEF. (2022). *Gender-Transformative Programming in UNICEF: Selected Case Studies*. UNICEF.
- <sup>7</sup> UNICEF. (n.d.). *UNICEF Gender Action Plan, 2022-2025*. See also the Final Inception Report (2022) for this study.
- <sup>8</sup> O'Leary, M. (2020). *A Gender-Transformative Framework for Nutrition: Advancing Nutrition and Gender Equality Together*. World Vision Canada.
- <sup>9</sup> Several of the Gender Programmatic Reviews (GPRs) that came under review as part of this study, the recent Guidance for the next generation of GPRs, CO Programme Strategic Notes, and some of the diagnostic studies supporting programmes in health and nutrition demonstrate clear intent to address the root causes of gender inequalities.
- <sup>10</sup> See for example the GenderAtWork framework [here](#) and Frontline Aids. (2021). *Good Practice Guide: Gender-Transformative Approaches to HIV*. Frontline AIDS. East Sussex, United Kingdom. See: <https://frontlineaids.org/resources/gender-transformative-approaches-to-hiv-good-practice-guide/>.
- <sup>11</sup> Marcus, R., Samuels, F., Jalal, S., & Belachew, H. (n.d.). *Gender-Transformative Programming* (Background Paper Series, UNICEF Gender Policy and Action Plan 2022-2025). UNICEF and Overseas Development Institute (ODI).
- <sup>12</sup> UNICEF ESARO. (2021). *UNICEF's HIV Programming in the Context of COVID-19: Building Back Better for Children, Adolescents and Women. Compendium of innovative approaches in Eastern and Southern Africa, Volume II*. UNICEF ESARO, p. 6.
- <sup>13</sup> See "Case Studies in Gender-Transformative Approaches: UNICEF Tanzania, Côte d'Ivoire, South Africa and Ghana" and Ngadaya, E., Shayo, E., Sirili, N., Kimaro, G., Kahwa, A., Mahende, C., Ferdinand, R., Soka, G., Donard, F., Kagaruki, G., Senkoro, M., Ismagula, K., & Mfinaga, S. (2020). *Final Report: Baseline Study for the Girls Reproductive Health, Rights, and Empowerment Accelerated in Tanzania initiative for girls in Zanzibar, Mbeya and Songwe Regions*.
- <sup>14</sup> UNICEF ESARO. (2021).
- <sup>15</sup> See "Case Studies in Gender-Transformative Approaches: UNICEF Tanzania, Côte d'Ivoire, South Africa and Ghana".
- <sup>16</sup> UNICEF ESARO. (2020). *Addressing the needs of adolescent and young mothers affected by HIV in Eastern and Southern Africa*, pp. 11f. See also UNICEF ESARO. (2021), p. 11.
- <sup>17</sup> UNICEF. (n.d.). *Operational Framework for Scaling Up Investments in HIV Prevention Programmes Among Adolescent Girls and Young Women in West and Central Africa*.
- <sup>18</sup> UNICEF ESARO. (2020). *Addressing the needs of adolescent and young mothers affected by HIV in Eastern and Southern Africa*, p. 3.
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- <sup>47</sup> O'Leary, M. (2020), p. 12.
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- <sup>49</sup> See Kenya's example in next section for their work in upgrading skills of community health workers.
- <sup>50</sup> Sierra Leone Ministry of Health and Sanitation. (2021). *National Community Health Worker Policy 2021*.
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- <sup>52</sup> Parke, S. (2021). *Media Analysis for the National SBCC Strategy for Maternal, Infant, and Young Child Nutrition in Sierra Leone*. UNICEF Sierra Leone.
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- <sup>55</sup> The Guinea Gender Programmatic Review names a few of these biases: Insufficient attention to the health system issues that limit women's access to services; the lack of sex-disaggregated data which is a barrier to addressing the gender determinants of health and the allocation of resources; sexism and gender inequalities among health and social sector staff; and unequal gender distribution among staff and resource persons supporting programs and initiatives. See: *Revue Programmatique Genre de la République de Guinée (Rapport final)*. (2020). UNICEF.
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