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**Case Studies in
Gender-Transformative Approaches
in Health, Nutrition and HIV:**
UNICEF Tanzania, Côte d'Ivoire,
South Africa, and Ghana

For every child
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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.

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Acronyms

ABYM	Adolescent Boys and Young Men
AGYW	Adolescent Girls and Young Women
ART	Antiretroviral Treatment
ECCD	Early Childhood Care and Development
ECD	Early Childhood Development
EMTCT	Elimination of mother-to-child transmission
FGD	Focus group discussion
GES	Ghana Education Service
GBV	Gender-Based Violence
GRREAT	Girls Reproductive Health Rights and Empowerment Accelerated programme
GTA	Gender-Transformative Approach
HIV	Human Immunodeficiency Virus
IT	Information technology
KAP	Knowledge, attitudes and practices
LMT	Lively Minds Together
MHH	Menstrual Health and Hygiene
MNCWM&N	Maternal, newborn, child and women's health and nutrition
MSM	Men who have Sex with Men
MoGCSP	Ministry of Gender, Children and Social Protection
NAIA-AHW	National Accelerated Action and Investment Agenda for Adolescent Health and Well Being
NPA-VAWC	National Plan of Action on Ending Violence against Women and Children
PCR	Polymerase chain reaction
PMTCT	Prevention of Mother to Child Transmission
PrEP	Pre-exposure prophylaxis
PSP	Play Scheme Programme
RMNCIAH	Reproductive, Maternal, Neonatal, Child, Infant and Adolescent Health
SBCC	Social Behaviour Change and Communication
SGBV	Sexual and gender-based violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STEM	Science, Technology, Engineering and Mathematics
STI	Sexually transmitted infection
WASH	Water, Sanitation and Hygiene

Photograph: © UNICEF/ Pirozzi

Forging New Frontiers in Advancing Gender Equality

The Signposts to Gender-Transformative Programming
Integrating gender equality in UNICEF's programming is an ongoing process of building on what works, learning from mistakes, and then forging new frontiers. UNICEF has witnessed substantial contributions to gender equal outcomes through its gender-responsive actions, such as broadening its focus on adolescent girls and increasing their access to health and other services. The next leap for achieving sustainable outcomes for women and girls is to move beyond addressing immediate causes of poor health, malnutrition, or high risk to HIV to the underlying, root causes (such as patriarchal norms or control over women's sexuality). A gender-transformative approach seeks to unveil the structural causes for gender inequalities so that programming efforts are able to create an enabling environment for women and girls to access services and resources as rightsholders and gender-equal partners without fail.

Both the Western and Central Africa (WCAR) and Eastern and Southern Africa (ESAR) regions are facing many complex and interconnected health, humanitarian, demographic and economic challenges. The future of these regions is now compounded by the lingering health and socio-economic impacts of the COVID-19 pandemic, especially on women and girls. This study zeroes in on the health, nutrition and HIV sectors with the aim of accelerating progress in achieving better outcomes for women and girls. This case study report contributes to this aim by identifying solid examples of gender-transformative approaches in various subsectors, shedding light on the strategies leveraged, as well as some of challenges encountered.

This report is a companion document to the *"Review of Gender-Transformative Approaches and Promising Practices in Health, Nutrition and HIV Programming in Africa: From Theory to Practice"* The review document serves as background to this set of case studies and explains the theoretical underpinnings for examining the evidence for the case studies and the justification for the selection of these four cases.

The Case Studies
The selection of case studies was derived from a review of 29 different initiatives in health, nutrition and HIV across WCAR and ESAR. All four case studies listed below conform to the qualifications for a gender-transformative approach per the Model for Assessing Gender Transformative Approaches

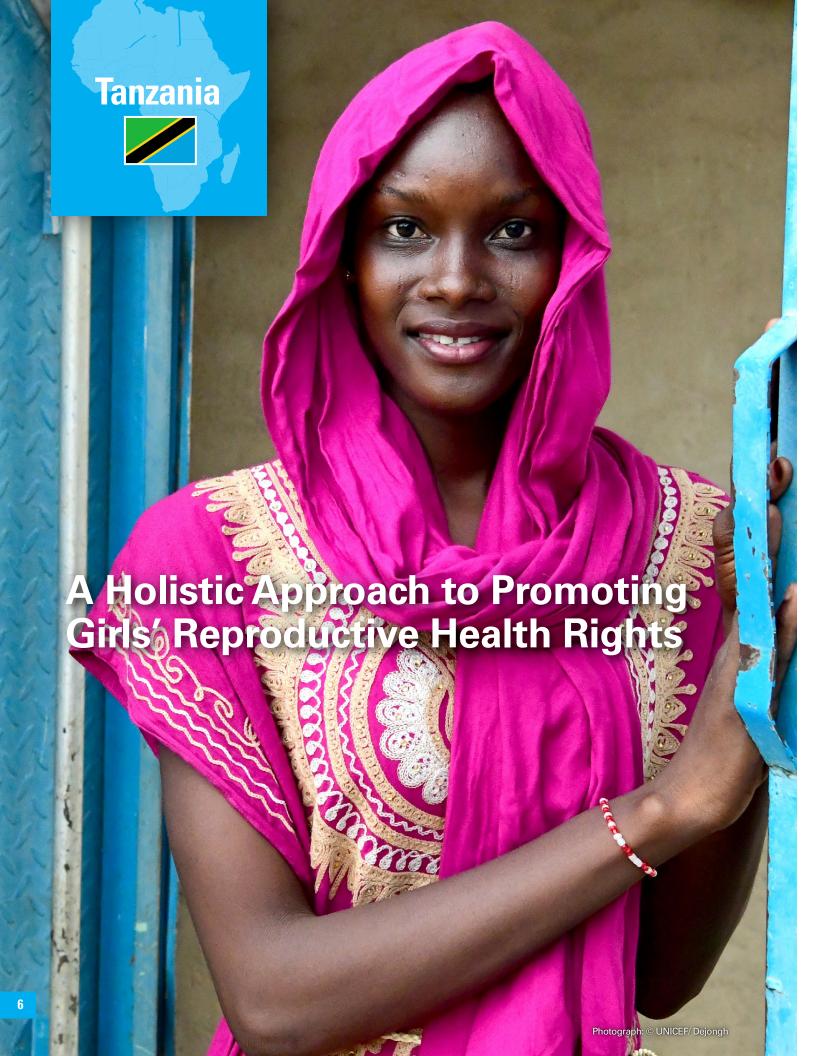| D-1 Policies, Legislation, Budgets | D-2 Formal Systems and Services | D-3 Underlying Social Structures | D-CORE Equal Gender Power Relations |

(see companion document) - demonstrating attention to three critical dimensions of change: **(D1)** transforming policies, legislation and budgets, **(D2)** transforming formal systems and services, and **(D3)** transforming underlying social structures, centred around addressing adverse gender norms, as well as demonstrating at least an intent to address the core dimension **(D-CORE)**, a change in unequal gender power relations. Also, multiple strategies are leveraged to create the changes.

Each section begins with a brief summary of barriers that includes the analysis that informed the programme design. Progress is then described in relation to the dimensions of change, the contributing strategies, and the results. Each of the case studies illuminates diverse lessons and insights, along the different phases of the programme cycle that will build on UNICEF's endeavours to integrate gender-transformative approaches in these and other sectors. Each section ends with a set of priorities that reflect what this analysis is showing and what COs have already in the pipeline.

The Selected Cases

🇹🇿 **Tanzania**	**The Girls' Reproductive Health Rights and Empowerment Accelerated in Tanzania (GRREAT) Programme**
🇨🇮 **Côte d'Ivoire**	**The U-Test Project: Optimizing HIV self-testing and pre-exposure prophylaxis among at-risk adolescents and population groups**
🇿🇦 **South Africa**	**The Adolescent Girl and Young Women (AGYW) Peer Mentor Programme**
🇬🇭 **Ghana**	**Improving Early Childhood Development in Rural Ghana through Scalable Low-cost Community-run Play Schemes**

Tanzania

A Holistic Approach to Promoting Girls' Reproductive Health Rights

Photograph: © UNICEF/ Dejongh

The Barriers for Adolescent Girls

For the design of the programme, a baseline study of adolescent girls in the age categories of 10-14 and 15-19 years was conducted.

It adapted Oxfam's Girls' Empowerment Index,[1] capturing 10 aspects of empowerment, such as access to and control over resources, decision and influence, and self-perception and personal changes.[2] Girls' vulnerability is evident in national-level data showing that 27.3 per cent of teenage girls (aged 15–19) in Mainland Tanzania and 8.2 per cent of teenage girls (aged 15–19) in Zanzibar have started childbearing; 30 per cent of girls are married before age 18 years and only 33 per cent of girls were enrolled in lower secondary education in 2020.[3]

These risks have long-term consequences for girls' empowerment, wellbeing and development. Girls' lack of power to make informed sexual and reproductive choices is an underlying driver. Social stigma, laws and policies preventing the provision of Sexual Reproductive Health (SRH) services and judgmental attitudes of service providers act as further barriers to access.

> Girls' empowerment is not a service that can be provided to a person, but rather a personal journey of transformation that needs to be supported by everyone. After all, this journey takes place in the context of families, communities, and social institutions with often entrenched practices, taboos and attitudes that hinder the journey.
>
> *Source: Ngadaya, E. et al. (2020) Final Baseline Report.*

The Initiative in Brief

Girls' Reproductive Health, Rights and Empowerment Accelerated in Tanzania (GRREAT) is a five-year UNICEF and UNFPA joint programme (2019-2024) supported by Global Affairs Canada to support specific regions of Tanzania and Zanzibar for improving the sexual and reproductive health rights (SRHR), HIV, nutrition and well-being of vulnerable girls. The programme builds girls' health, social, education and economic assets by strengthening systems and adolescent SRHR, HIV and nutrition services; generating demand for services; and supporting financing, policies, and accountability in adolescent SRHR, HIV and nutrition. Addressing socio-cultural norms and practices as barriers to girls' voice, agency and access cuts across all areas of intervention.[4] GRREAT is complemented by the ONGEA radio drama series on the lives of young people aged 15-19 and their caregivers. As a principal channel for behaviour change communication, ONGEA provides information on SRHR; stimulates positive dialogue among adolescents, their peers and caregivers; and promotes positive behaviours and social norms.[5]

Notable Gender-Transformative Features

- Diagnostic study that included use of a Girls' Empowerment Index covering 10 domains and examined barriers at all levels – individual, families, communities and institutions

- Cross-cutting approach in implementation to tackle social norms and promote positive attitudes among diverse groups towards girls' (and adolescents in general) access to SRH, HIV and nutrition services

- A girls' empowerment approach that is comprehensive, addressing social, health, education and economic assets

- A notably holistic and multisectoral approach to addressing the RMNCAH,[6] SRHR, HIV, WASH and nutrition needs of adolescents and its attention to gender inequalities

- A balanced set of actions across all three critical change dimensions and to the core dimension to address unequal gender power relations

SRHR, HIV prevention and nutrition information and services provided to adolescents through:

878	Health care workers (**66%** female, **34%** male)
3,410	Community health volunteers (**72%** female, **28%** male)
2,821	Teachers (**65%** female, **35%** male)

Source: UNICEF Tanzania (2022)

Responding to the Change Dimensions

Transforming systems and services

Comprehensive in scope, the GRREAT interventions support Government's plans in health (inc. HIV, SRH and nutrition) protection, and education systems / services from community to national levels in ways that respond directly to the needs of adolescent girls. The significant investment in building capacity of healthcare providers at facility, community and school levels to deliver services to adolescents incorporates into its technical content an understanding of gender, sexuality, stigma and discrimination.[7] Adolescent & youth-friendly health facilities that are being upgraded have available male and female peer educators to facilitate the communication with communities to allow girls to access services. Like healthcare workers, teachers have also been trained in providing gender-responsive, adolescent-friendly SRHR and nutrition services and a life skills package for adolescents to learn about SRH, healthy habits and gender equality.

Empowerment strategies are at the very heart of the programme. Numerous benefits for adolescents have been documented. Girls in the focus group discussion (FGD) report a gain in self-confidence, savings and financial literacy, active participation in schooling, acquired ability to facilitate discussions with other girls on various developmental matters, greater autonomy, more respect and recognition in the community and from boys who are in the programme, and more caution in their sexual relationships with boys.[8]

Empowerment extends to girls' economic assets. The GRREAT Grow Leadership Programme trains (mostly) adolescent girls on entrepreneurship, information technology (IT) skills, SRH, problem solving, among others to enable them to contribute solutions to adolescent SRHR and nutrition.[9] Adolescent girls and boys who complete the programme can then join Youth Savings and Loans Associations to generate capital and provide an ecosystem for their emerging ideas. Even girls' menstrual health & hygiene (MHH) is being addressed by engaging out-of-school adolescent girls and boys in a project to manufacture reusable sanitary pads, with a view to also supporting the income of young mothers not in school. Through another related programme, the Cash Plus, out-of-school adolescent girls have access to small grants.[10]

> *I have learned to be independent as now I can earn my own money and don't need to request support from my parents. I am not having the mindset of having sex with boys to get money as I can earn from the business that I do.*
>
> *Female beneficiary, FGD, 12 Apr. 2022, Mbeya*

Transforming underlying social structures and unequal gender power relations

The GRREAT programme adapted its approach to the political and sociocultural contexts of Mainland Tanzania vs. the Zanzibar Islands, the latter being semi-autonomous, with full government autonomy over development policy, and a 98 per cent Muslim population.[11] The programme used multiple avenues to improve attitudes about SRHR and nutrition among families, parents, communities, community leaders and influencers as part of the enabling environment for adolescent girls and boys. The parenting education programme has proven effective in addressing harmful socio-cultural and gender norms.[12] Community parenting support groups (that average 65 per cent females and 35 per cent males) were established with the same purpose; and orientation sessions informed traditional, religious and local leaders on prevention of violence against women and children.

The 36 episodes of the ONGEA radio drama series cover topics such as positive role models for redefining masculinity and manhood, and reminding parents of their role in their children's SRH needs.[13] Adolescents reported better knowledge on diverse topics, such as where to access services related to violence; how to support girls during menstruation; and how to avoid risky environments that can expose them to early, unplanned or unsafe sex.[14] The GRREAT programme also features the Sara radio programme targeting adolescents aged 10-14 in schools, that, during an earlier pilot phase, had success in reducing early pregnancies and school dropouts, among others.[15]

> **Changes reported by female beneficiaries:**
>
> *Our village leaders now are more educated, and they even look for us and ask when we will have our meetings so that they can attend and support. This also made them commit that they will be helping us to identify adolescents who can join the groups.*
>
> *- In school we also have good relationships with teachers and children who we are working with.*
>
> *- We are also working with the government representatives, who are also giving us all the support we need.*
>
> *FGD, 12 Apr. 2022, Mbeya*

The U-Report platform[16] is also being leveraged to reach vulnerable adolescent girls and boys with information on Adolescent Sexual Reproductive Health (ASRH) and nutrition, although girls represent roughly 30 per cent of users. Weekly polls were conducted during 2020 on a range of topics, such as SRH, living with HIV during COVID, and MHH, to enable youth to share their views.[17] Youth leadership is now being supported through AfriYAN[18] that includes orientation on gender issues, life skills, leadership and lobbying.[19]

At its midpoint, the GRREAT programme has demonstrated good use of a multi-pronged approach to effect gender-equitable attitudes and responses from different stakeholders to support adolescent girls' and boys' SRHR and empowerment.

Transforming laws, policies and budgets

GRREAT supported the launch of the National Accelerated Action and Investment Agenda for Adolescent Health and Well Being (NAIA-AHW) 2021/22 — 2024/25 by the Prime Minister of Tanzania in 2021. The NAIA reflects several priorities that align with UNICEF's own Gender Action Plan, 2022-2025 among them, keeping girls in schools and supporting adolescent pregnant mothers to return to school; addressing child marriage, adolescent pregnancy, sexual health, leadership and well-being; and confronting harmful gender social norms.[20]

UNICEF Tanzania played an advocacy and technical support role in the following policies, guidelines and plans at national level that contribute to overcoming key gender barriers:[21]

- National Life Skills Framework for schools and teacher education in Mainland (awaiting approval)
- The National Plan of Action on Ending Violence against Women and Children (NPA-VAWC 2017/18 – 2021/22)
- Teenage Mothers and Adolescent Girls' Re-entry Policy for girls who drop out of school due to pregnancy
- Zanzibar Council of Scholars (Ulemma) declaration to eliminate all under age marriages (February 2020)

The Next Set of Priorities

UNICEF, UNFPA and the Government of Tanzania envision the following actions to build on progress to date in gender-transformative programming:

- Complete a detailed gender assessment to ascertain which interventions are gender-transformative and identify gaps and opportunities for scale up of the same.

- Complete a midline assessment of GRREAT to (a) assess the extent to which planned supply, demand and enabling environment targets have been achieved and (b) strengthen the empowerment of young women and men throughout the programme.

- In view of all the social behaviour change and communication (SBCC) work being done under GRREAT, it will be important to develop a robust methodology for monitoring norm change within families, communities, and institutions.

80,105	Adolescents and young people (**55%** female, **45%** male) equipped with knowledge and skills in **SRHR** and nutrition
36,595	Parents and caregivers (**67%** female, **33%** male) reached
13,645	Religious/traditional leaders and community members reached with key messages on preventing harmful socio-cultural norms

Source: UNICEF Tanzania (2022)

Côte d'Ivoire

Reaching the Most Vulnerable in HIV Prevention and Response

Photograph: © UNICEF/ Dejongh

The Barriers for Key Population Groups and Adolescents from an Intersectional Perspective

UNICEF Côte d'Ivoire examines the social determinants of health and HIV [22] and, using an intersectional lens that takes account of gender combined with sexual identity, socioeconomic status, age, as well as other variables, has chosen to target:

(a) adolescent girls and young women, who bear a disproportionate burden of new HIV infections within the age group of 15–24. This trend is driven by gender inequalities, violence, exploitation, social deprivation, and economic exclusion; and **(b)** young key populations—adolescents exploited in sex work, young men who have sex with men (MSM), youth in conflict with the law, people who inject drugs, and young transgender people.[23] Key population groups are highly stigmatized and among the most marginalized, the hardest to reach and the most at risk of violence.[24] In the absence of laws to protect the rights of sexual minorities, the U-Test project deliberately extends the notion of gender beyond the male/female binary.

The Initiative in Brief

The U-Test Project in Côte d'Ivoire, launched in 2019, is an innovation in reaching vulnerable adolescents and youth aged 15-24—including girls and non-binary people cutting across key population groups—with HIV prevention services and empowerment. These services cover awareness-raising with HIV risk assessment; distribution of commodities (condoms, gels, HIV self-tests); referral to a health centre; STI screening, care and treatment; anti-retroviral therapy (ART) and pre-exposure prophylaxis (PrEP); monitoring of difficult cases; home-based support for retention on care; and Gender-Based Violence (GBV) prevention and response services. This package of services is offered through peer educators recruited from the target population groups and given training based on a national curriculum. Community dialogues address stigma against the target populations and improve their access to services. The project conducts outreach through social media and the U-Report platform, using Rapid Pro[25] that enables the project to manage and analyse social media data in real-time and to continually identify new hotspots.

Notable Gender-Transformative Features

- Strong representation of an intersectional approach
- Diagnosis of underlying structural causes that drive gender inequalities, such as poverty, lack of education, and harmful social norms
- Access to critical resources and services for key population groups and adolescent girls, who are marginalized and stigmatized (especially those who are HIV-positive)
- An empowerment approach that is inherent in the engagement of peer educators and beneficiaries

Responding to the Change Dimensions

Transforming systems and services

The U-Test Project has prioritized demand generation and access to health services and HIV prevention and treatment through two main delivery mechanisms - online channels and peer educators, most of whom are female.[26] Their outreach has made HIV self-testing accessible to people at risk who might not otherwise test. This initiative reached more women than men with HIV self-testing, since women are disproportionately represented among those with new infections.[27] Peer educators delivered gender-responsive information to beneficiaries and empowered them to access services with less self-stigma. Trained service providers also delivered services friendly to AGYW and key population groups in a non-discriminatory manner.

Further, the U-Report and socio-media platforms enable thousands of adolescent boys and girls to learn about testing, prevention, and peer counselling and to safely self-report enrolment in HIV services. Data disaggregated by target population group continues to inform decisions and strategies to progressively overcome gendered bottlenecks.

Transforming underlying social structures and unequal gender power relations

At this stage, self-testing and access to treatment represent a major breakthrough in surmounting the exclusion barrier of key population groups and adolescent girls and young women (AGYW). Peer educators undergo training that helps them to overcome their own gender-related vulnerabilities and build their self-esteem. This facilitates their communication with those in a similar situation.

Peer educators offer beneficiaries companionship, especially when they learn they are HIV-positive. If the person's partner or family interferes with their adherence to daily intake of ARTs, peer educators continue to counsel them on the benefits of follow-up and to guide them to the appropriate health centre.[28] Women infected with HIV have more difficulty adhering to treatment because of stigma, the potential loss of her husband and marriage, or violence in the home.[29] Community dialogue that engages perpetrators of violence, the local police force, and community leaders also exists to address bias and stigma and foster an enabling environment for these population groups to demand and access services.

Transforming laws, policies and budgets

The U-Test initiative is integrated in the National Strategic Plan 2021-2025 for HIV and STI control, as a response model to specific HIV needs of adolescents and youth, including key population groups in different contexts. The implementation of this new strategy will contribute to the sustainability of the project and of its main achievements.[30]

That the Government leads on implementation of the U-Test may help to eventually overturn restrictive laws, namely, Law no. 2014-430, dated 14 July 2014, on protection and control in the fight against HIV/AIDS,[31] which does not allow for enrolment of adolescents under age 16 in prevention programmes.[32]

The Next Set of Priorities

- A gender balance among users of the U-Report platform has not yet been achieved, with girls being under-represented. UNICEF is now prioritizing efforts to achieve gender parity among users.[33]

- Gender norm transformation features prominently in UNICEF's latest Programme Strategy Note for Adolescents and Youth (2021-2025).[34] The intent includes a programme for engaging men and boys in sexual and reproductive health and rights (SRHR) and facilitating gender-equitable SRHR practices; and inter-community dialogue on the sexual health rights of adolescents and youth.

- Empowerment of the most vulnerable adolescent girls in the age group of transitioning from adolescence to adulthood is a key strategy that UNICEF is using, not only for girls at risk of HIV but at risk of a host of other vulnerabilities.

HIV Prevention Interventions

22,832	Young people reached
44,671	**HIVST** kits distributed
93	Peer educators: **50** female and **43** male

Source: Elton John Foundation (2021)

"Every morning, I go around the sites to talk with the girls, even those who don't want me there. I am there anyway and we discuss everything and anything..."

Peer educator (FGD, 2 Apr. 2022, Abidjan)

"I am no longer afraid to go to the hospital. When I have a problem, I go see Grandma (nickname of peer educator) who helps me . . ."

Beneficiary, mother of three children (FGD, 2 Apr. 2022, Abidjan)

Photograph: © UNICEF/ Milequem Diarassouba

The Young Peer Mentor Mother Support Project

The Barriers for Adolescent Girls and Young Women

Similar to the situation in Côte d'Ivoire, adolescent girls and young women (AGYW) aged 15-24 in South Africa are disproportionately affected by HIV.[35]

The AGYW risk to HIV is age and gender-related, leaving them particularly vulnerable to sexual and gender-based violence (SGBV), early sexual debut, transactional sex, sex with older men, early marriage and childbearing, limited availability of and accessibility to sexual and reproductive health (SRH) and HIV prevention services, discriminatory gender norms, and economic and educational exclusion.[36] For those who test positive, late initiation into ART, poor adherence and retention in care is common, and the COVID-19 pandemic accentuated these challenges. Further, male sexual partners, adolescent boys and young men (ABYM) and parents / guardians, whose attitudes and beliefs have a large impact, are rarely included in programmes to address HIV among AGYW.[37]

The Initiative in Brief

In the context of the health and HIV challenges faced by AGYW in South Africa, UNICEF's response consists of two initiatives that have been reviewed for this study:

- Launched in 2016, the Young Peer Mentor Mother Support Project (the "peer mentor model" for short) uses peer mentors, at facility and community levels, to enrol and support pregnant and postnatal AGYW (aged 10 to 24) in HIV prevention, testing, treatment and care as well as prevention of mother-to-child transmission (PMTCT) and maternal, newborn, child and women's health and nutrition (MNCWM&N) services. The project was scaled up to four districts and adopted as part of the Global EMTCT (elimination of mother-to-child transmission) Plan.[38]

- The completion of a study, with UNFPA, in 2021 on Knowledge, Attitude, and Practice (KAP) of AGYW, ABYM, community members and community actors on SRHR, HIV and GBV, a mapping of health and social sector stakeholders providing such services and a full literature review related to both the KAP and the mapping.[39]

Both initiatives will inform a joint programme between UNICEF and UNFPA on "Empowering Women and Girls for SRHR in South Africa" and will help in delivering a SBCC campaign.

Notable Gender-Transformative Features

- An investment in baseline research on HIV, SRHR, and GBV that (i) is exceptional in scale, depth and coverage; (ii) adopts an intersectional gender perspective (see textbox next page); (iii) examines attitudes and practices at multiple levels; and (iv) fully investigates all change dimensions

- Access to critical resources and services for young pregnant adolescents and mothers, HIV-negative and HIV-positive through the peer mentor model

- A women's empowerment approach that is inherent in the peer mentor model

- A multisectoral approach implicit in the KAP study to inform the women and girls' SRHR programme

Responding to the Change Dimensions

Transforming systems and services

The peer mentor model has filled a critical gap in services for young, pregnant, and HIV-positive mothers. The plethora of services such as support groups, education and psychosocial support, referrals, and active client follow-up; in addition to integrated MNCWH&N/HIV services. The program has notable results in increasing HIV testing, ART use, and retention in care for young mothers, as well as in rates of early infant diagnosis (HIV Polymerase Chain Reaction [PCR] testing of infants at birth).[40] As in other peer mentor models,[41] peer mothers provide a safe space for young mothers to learn and share without judgment or stigma. Peer educators themselves are young mothers with a child and most of them are also HIV-positive.[42] They empower young mothers to build their resilience and autonomy and to reduce their fears of seeking help, especially as related to their HIV status and mental health.

Since the launch of the peer mentor model, the afore-mentioned KAP study and the mapping of health and social services have delivered a full and comprehensive analysis of barriers to GBV care and support, SRHR, and HIV prevention and response — at institutional, community, and individual levels. Barriers are reported in relation to availability, accessibility, acceptability and quality of services (GBV, SRHR, HIV). Among the findings, comprehensive sexuality education and behaviour change programmes for AGYW and ABYM are not widely available, and psychosocial counselling for AGYW is sorely lacking.[43] The new joint UNICEF-UNFPA programme, to be informed by this research, is particularly concerned with making available response services that are free of bias and discrimination.

> The stigma and discrimination (and sometimes further abuse) experienced at clinics and police stations makes SRHR, GBV and HIV services unacceptable to AGYW, and results in a reluctance to use these services. While this affects AGYW generally, AGYW who are LGBTQIA+, sex workers, persons with disabilities and undocumented migrants experience more pronounced challenges in accessing these services.
>
> *Source: Final Report – Mapping of SGBV, SRHR, and HIV Services (2021), p. iv.*

Transforming underlying social structures and unequal gender power relations

Under the peer mentor project, young mothers are encouraged to bring a family member / male partner to a health appointment as support is key to sustain both the young mother and infant's health, but disclosure of HIV status is difficult. Higher cases of infant HIV positivity are related to non-disclosure and lack of support from other caregivers in the household.[44] In response to these and other challenges, the KAP study is providing a more complete picture of how a diverse set of actors and their views can hinder AGYW from exercising their SRHR. It demonstrates how negative attitudes of actors within formal systems (health, justice, police) deter AGYW from seeking services and how family systems impact directly on girls' choices, such as whether to leave an abusive partner.[45] It also reveals girls' own perceptions of what is permissible in terms of their bodies and in their relationships; and how they perceive HIV and condom use, pregnancy and motherhood.

> Patriarchal norms . . . is yet the main cause of AGYW's misguided understanding of what they should consent to in relationships, their rights to protect against STIs and decisions on pregnancy.
>
> *Source: Document and Literature Review for the Mapping of SGBV, SRHR, and HIV Services (2021), p. 100-101.*

Transforming laws, policies and budgets

The peer mentor model is transitioning to adoption by the Government, who has thus far assumed responsibility for paying peer mentors in two of the four districts. UNICEF expects to shift to a technical assistance role, as the model is scaled up.

UNICEF is supporting the development of the new National Strategic Plan for HIV, Tuberculosis and STIs to strengthen the emphasis on the needs of adolescent girls and boys who have been more severely impacted by both HIV and COVID-19, as compared to adults.[46]

As part of the KAP study, policies and legislation relating to GBV, SRHR, and HIV were closely reviewed. The age of consent requirement was examined for eight SRH and related rights. For HIV and contraception, age of consent was lowered to 12 years. Overall, the South Africa legislation is aligned with various conventions that protect the rights of women and girls against violence and is favourable to the SRHR of AGYW. The greater challenge is in implementing the policies so that AGYW can increase their access to services.[47]

The Next Set of Priorities

- UNICEF South Africa will be implementing the joint programme "Empowering Women and Girls for SRHR in South Africa" with UNFPA, which is an opportunity to (i) put in place solutions to overcoming gender barriers across all change dimensions and (ii) ensure that the central focus on women and girls has a clear male engagement strategy.

- If the baseline research for the joint programme is leveraged to develop a SBCC strategy, it is a key opportunity to target actors across multiple levels of the socio-ecological model.

- The outcomes of the formative evaluation of the peer mentor model being conducted during the course of this study can serve as empirical evidence for identifying ways that male partners, family systems and community environments can be more supportive to adolescent pregnant and young mothers, especially those living with HIV. The KAP study can also be leveraged to inform the next scale up of the peer mentor model in ways that engage a multiplicity of stakeholders in norm change processes.

25,228	Pregnant **AGYW** enrolled in **2021**
97%	Testing rate
95%	Antiretroviral treatment (ART) initiation rate
68%	Average birth **PCR** rate

Source: AGYW Peer Mentor Programme in South Africa (2021)

Photograph: © UNICEF/ South Africa

Positive Gender Socialisation in Early Childhood Development

The Gender Barriers in Early Childhood

Early childhood, from birth to age five, is an intense period of gender socialisation. By age three, a child has already developed a sense of gender identity and the qualities associated with it.[48]

Through a socialisation process, girls and boys assimilate different values, skills, and behaviour patterns and are mostly influenced, at this age, by the attitudes of parents, close caregivers, and teachers.[49] In Ghana, rural schools, including kindergarten level, face shortages of teachers and play-based resources; teaching methods are rote-based and not necessarily gender-sensitive.[50] Rural areas are known for high rates of child malnutrition, poor handwashing practices, and low levels of maternal education.[51] Community perceptions on the value of girls' vs. boys' education and the gendered parental responsibilities for child care and nutrition reinforce gender stereotypes and adverse gender norms.[52] Further, the disparities in girls' education and unequal gender power relations, if not addressed early on, result in considerable loss of opportunities for girls in adolescence (e.g., early pregnancy and motherhood).[53]

The Initiative in Brief

The Play Scheme Programme (PSP) is implemented by the Ministry of Education (MOE)/Ghana Education Service (GES) with financial and technical support from UNICEF and Lively Minds. It is aimed at improving the home and preschool environments primarily by empowering volunteer uneducated mothers to run educational play-based activities for pre-schoolers. This pilot was supplemented by capacity building of teachers and education officials in order to break gender stereotypes in the classroom environment and promote positive gender socialisation.[54] A radio series, "Lively Minds Together" (LMT), was initiated during the COVID-19 lockdown on gender-responsive parenting to support young children's development and education.[55] The radio programme leveraged GES personnel who had already been trained in the ECD techniques with pre-schoolers.

Notable Gender-Transformative Features

- Gender socialisation targeting young children of preschool age

- A women's empowerment approach for uneducated mothers to build their life skills, while developing improved education and nutrition practices for their children

- Parenting practices that value girls' education and engage both fathers and mothers in play schemes and early child stimulation without gender stereotyping

- A life cycle approach that links adolescent pregnancy and drop-out to prevention efforts in early childhood

- Transformation of attitudes and practices of education personnel and their demonstrated capacity to accept responsibility for reversing gender stereotypes and promoting positive socialisation

Responding to the Change Dimensions

Transforming systems and services

Volunteer mothers, who are mostly illiterate, were trained by teachers on how to facilitate play schemes in their communities. The mothers learned to run a play station and teach using discovery-based methods (rather than rote) for indoors and outdoors. Mothers were taught to facilitate games, using gender-neutral materials, e.g., the shapes and colours, and to ensure that their facilitation did not reinforce traditional gender roles or ideals of femininity / masculinity. The programme had positive results on children's cognitive and socio-emotional skills, reduced acute malnutrition and stunting, and thus enhanced their school readiness.[56] Volunteer mothers had more productive time with their children (reading, stories, singing, playing) and better knowledge of child development and preschool quality. As an incentive, mothers were offered monthly workshops on different parenting and personal development topics, such as nutrition, self-esteem, life skills, and malaria prevention. Fathers were invited to attend for every third parenting workshop.

In 2020, UNICEF undertook capacity building for Lively Minds, preschool teachers and GES officials to integrate gender and gender socialisation perspectives into education processes. This also came in response to school closures due to COVID-19 and concerns over the gap in learning. Communities in Garu and Tolon Districts were selected for the pilot on the basis of widespread gender inequalities.[57] The activity used both radio and supplementary reading books in local languages, with scenarios on gender roles informed by local contexts. District monitors visited the communities regularly to investigate the impacts in the home and community. Parents of preschool children shared testimonies that boys were beginning to help with household chores, such as fetching water or sweeping the yard. Both girls and boys grew to appreciate that their actions were unrelated to their gender.[58]

Transforming underlying social structures and unequal gender power relations

In response to the education gaps during COVID-19, the radio series "Lively Minds Together," sought to alter the knowledge, attitudes and practices of caregivers and parents in favour of gender-responsive parenting practices. It did so by integrating content on gender-responsive treatment of children in broadcasts focused on stimulation of young children, with practical tips on how to make toys from local materials. According to the evaluation occurring roughly 20 months after start-up, a slightly higher percentage of men (N=122, 85.3%) reported listening as compared with women (N=185, 75.5%).[59] The programme helped shift attitudes of parents and caregivers to value the education of all children, including that of girls, and in sup-

porting their learning at home. Over 90 per cent of listeners reported that the programme influenced their decision to use new early childhood practices at home. It reduced the use of violence in disciplining children. Parents and caregivers also felt the programme helped them understand that disabilities were not a result of family curses. Key informants also noted increased enrolment and attendance rates in schools.[60]

The Play Scheme Programme has confronted difficulties with male (father) engagement. The evaluation found that husbands of volunteer mothers were not happy with their wives' time away from the farm and domestic chores. Lively Minds also discovered that men were not comfortable sitting in sessions with women. The

Moroyana delivering a lesson at Bugwia

Photograph: © UNICEF Ghana

programme responded by testing the recruitment of volunteer fathers (265) in selected districts and also developing course content for men to facilitate their commitment and engagement. These trainings for men are helping to re-socialise male behaviours to assume their responsibilities as fathers and equal caregivers.

Transforming laws, policies and budgets

- The play-based pre-primary ECE programme implemented by MOE/GES fits within UNICEF's broader programming endeavour to address gender gaps in education, improve the status of girls at multiple levels, and create more gender-equitable shifts among men and boys. With this in mind, UNICEF Ghana has taken a life cycle approach to girls' education, addressing gender barriers from early childhood through secondary school education. Mainstreaming gender socialisation into early childhood programmes mitigates risks to girls' education later, notably child marriage, early and unwanted pregnancy and school drop-out. UNICEF is playing an active role in the Ministry of Education's policy on the re-entry of young mothers to school.[61] The re-entry policy adopts a holistic approach to adolescent girls' needs, with measures for early detection and prevention of pregnancy and for service referrals for young mothers after delivery, to ensure their education outcomes remain unaffected. UNICEF also has a programme to promote girls' access to Science, Technology, Engineering and Mathematics (STEM) education, from Kindergarten to junior high school.

- The Ministry of Gender, Children and Social Protection (MoGCSP), whose mandate is to coordinate the affairs of all children aged 0-8 years, recently evaluated the Early Childhood Care and Development (ECCD) Policy, revealing the unintended consequences of inequities experienced by female caregivers.[62] The burd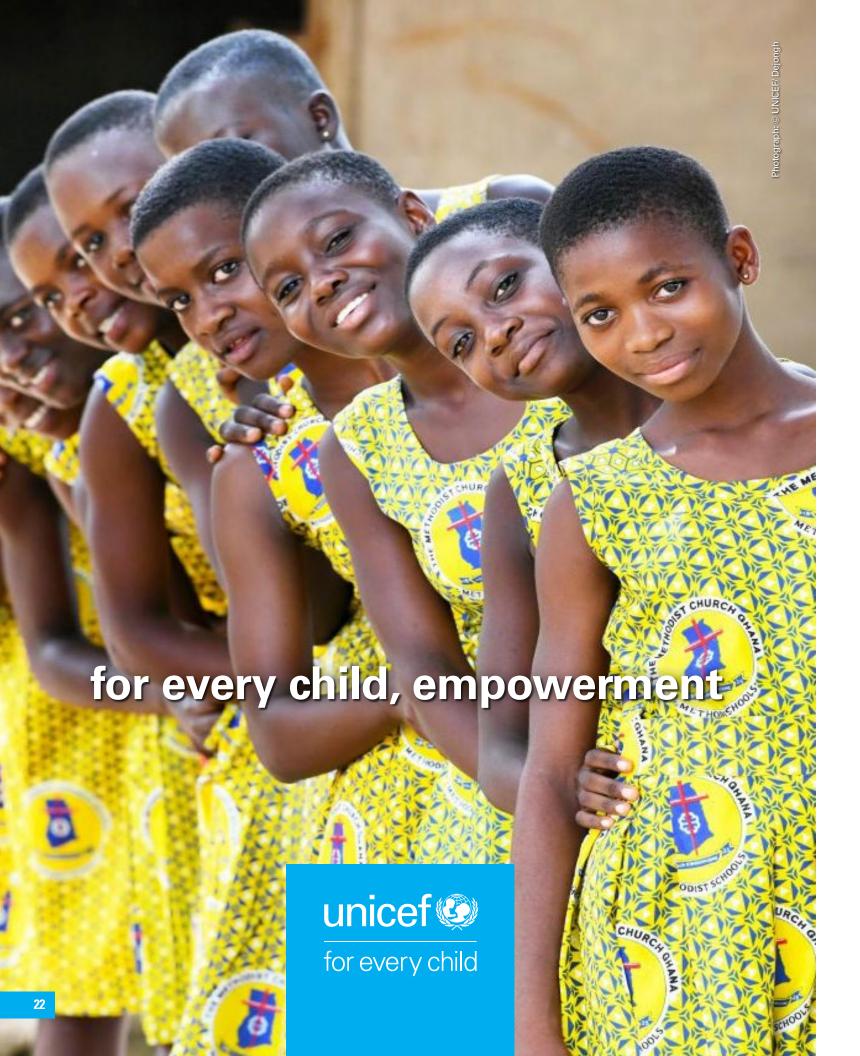en for responsive caregiving falls disproportionately on women. The magnitude of costs associated with unpaid care work, not least the foregone economic opportunities for women, cannot be under-estimated. Children also suffer the consequences of this disadvantage to women. Due to UNICEF support to the ongoing policy review process, the Government adopted the key recommendation to prioritize early childhood care as a way to recognize, reduce and redistribute unpaid care work, as part of the next iteration of the policy.

> **Extract of Script from Episode on the Role of the Father in Parenting**
>
> ***Presenter to the "father":*** I am fine. What is happening here though? Are you a maid now? I see your wife has taken over. Are you the donkey and she your owner? You need to be a man. Get control of your home before it is too late.
>
> ***Co-presenter:*** But friend, why do you think it is below me to spend time with my children? It is my responsibility as a man and a father to ensure the children are nurtured and have what they need. I enjoy spending time with my children. I teach them songs and numbers to keep their minds strong. I want my children to be independent when they grow up. When we spend this time together, they are learning skills that will give them success in future.
>
> *Source: Lively Minds. N.d. Radio scenarios on gender socialisation*

The Next Set of Priorities

- The CO is now developing an advocacy tool to promote a broader community investment in girls' education; it will be issuing community engagement guidelines to support positive gender socialisation in early childhood development and education.

- UNICEF will continue to provide technical support to the government of Ghana to design, implement and review policies with a gender equality and adolescent girls' focus. UNICEF will support strengthened coordination and multisectoral dialogue on gender equality in relation to normative and policy frameworks and the Sustainable Development Goals (gender-specific and gender-mainstreamed). Through various platforms, the CO will facilitate adolescent girls' and young women's meaningful participation in these dialogues and in partnerships on gender equality.

26,422	Mothers reached
73,942	Kindergarten children reached
2,683	Kindergarten teachers reached
18	Districts in **8** regions

Source: Lively Minds (2022)

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Endnotes

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