







Photograph: © UNICEF/ Milequem Diarassouba

# A Snapshot of Four Case Studies in Gender-Transformative Approaches in Health, Nutrition and HIV Programming in Africa

**Dimensions of Change**

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

*“UNICEF works for a world where countries actively work to transform harmful gender norms; mitigate the impacts of harmful masculinities on all children and adolescents; promote equality in relationships, opportunities, and power structures; and support the development of all children, adolescents, and women to their fullest potential.”*

*UNICEF Gender Policy 2021-2030, p. 4.*

UNICEF Country Offices are achieving results in health, nutrition and HIV programming using gender-transformative approaches (GTA). This snapshot highlights a selection of different GTA strategies across four country case studies. For a complete picture of each Country Office’s GTA strategies, please refer to the [full report](#) with evidence from Tanzania, Côte d’Ivoire, South Africa and Ghana.¹



# A Holistic Approach to Promoting Girls' Reproductive Health Rights



Photograph: © UNICEF/Dejongh

The GRREAT programme initiative is aimed at improving the sexual and reproductive health and rights (SRHR), HIV, nutrition and well-being of vulnerable girls.<sup>2</sup> The programme includes a radio drama series called “ONGEA” that covers the lives of young people aged 15-19 and their caregivers to promote positive behaviours in relation to adolescent Sexual Reproductive Health (SRH), HIV, violence prevention, nutrition and the importance of education.<sup>3</sup>

## Empowering girls

GRREAT aims to build girls’ social, health, education and economic assets. Changes in girls’ empowerment across 10 domains are measured using a composite index.<sup>4</sup> With the aim of removing gender-related barriers at individual, household, community and institutional level (a socio-ecological approach), the empowerment approach has contributed to girls’ greater autonomy, respect and recognition in their communities. Girls report feeling more valued and supported by their male peers and men in the community whose engagement is strengthened by the programme.<sup>5</sup>

## Adopting a multisectoral and holistic approach

Addressing the multidimensional needs of adolescents while aiming to reduce gender inequalities, GRREAT interventions support Government plans at national, regional and district levels, in health, HIV, SRHR, protection, and education systems / services, and engage healthcare providers and teachers to deliver gender-responsive services to adolescents free of stigma and discrimination.

**SRHR, HIV** prevention and nutrition information and services provided to:

878	Health care workers (66% female, 34% male)
3,410	Community health volunteers (72% female, 28% male)
2,821	Teachers (65% female, 35% male)
80,105	Adolescents and young people (55% female, 45% male) equipped with knowledge and skills in <b>SRHR</b> 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 norm

Source: UNICEF Tanzania (2022)

A parenting education component and the ONGEA radio drama are creating an enabling environment to transform harmful socio-cultural and gender norms. GRREAT even includes an economic strengthening component that assists girls, in particular, to develop their entrepreneurship skills, while contributing solutions to adolescent SRHR and nutrition.<sup>6</sup> At policy level, UNICEF’s technical support to Government has resulted in several priorities of the National Accelerated Action and Investment Agenda for Adolescent Health and Well Being (2021/22 – 2024/25) aligned with UNICEF’s own Gender Action Plan, 2022-2025.

## Tackling adverse social norms

GRREAT uses multiple avenues to shift attitudes towards girls’ (and adolescents’) access to SRH, HIV and nutrition services, across a wide range of stakeholder groups. ONGEA stimulates positive dialogue among adolescents, their peers and caregivers, that includes topics such as positive role models for redefining masculinity and manhood, and reminding parents of their role in their children’s SRH needs.<sup>7</sup>

“Through radio ONGEA, my family changed and understood the importance of sharing reproductive health education with me and supported me in the things that I could not say before as they felt I am still young and not married, though I already had a child and dropped out of school.”

*Female beneficiary  
(Focus Group Discussion held on 12 Apr. 2022, Mbeya)*



## Reaching the Most Vulnerable in HIV Prevention and Response



Photograph: © UNICEF/Dejongh

The U-Test Project uses peer education and social media to offer HIV prevention, self-testing, and treatment services as well as empowerment to adolescent girls and young women and non-binary people across key population groups.

### An intersectional approach

The project provides access to critical services for key population groups who are the most marginalized, hardest-to-reach and most at risk of violence. These include adolescent girls and young women aged 15-24, who bear a disproportionate burden of new HIV infections, and 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.<sup>8</sup> The U-Report<sup>9</sup> and other social media platforms have played a key role in enabling thousands of adolescent boys and girls to learn about testing, prevention, and peer counselling and to safely self-report enrolment in HIV services.

### Empowerment approach

Peer educators (most of whom are female) are recruited from the target population and undergo training to overcome their own gender-related vulnerabilities and to build their self-esteem. They deliver gender-responsive information to beneficiaries and empower them to self-test for HIV, to access services free of stigma, and to counsel those who face obstacles to adhering to anti-retroviral therapy or to pursuing care and treatment.

### Tackling stigma and discrimination based on gender, sexual orientation, and HIV status

Peer educators collaborate with dedicated health facilities where trained service providers deliver services friendly to adolescent girls and young women and key population groups in a non-discriminatory manner. Community dialogue engages perpetrators of violence, the local police force, and community leaders to address bias and stigma and foster an enabling environment for these population groups to demand and access services.

### Scaling up

The Government of Côte d'Ivoire is now leading on implementation of the U-Test model which has been integrated in the National Strategic Plan 2021-2025 for HIV and STI control, as a response to specific HIV needs of adolescents and youth, including key population groups in different contexts.

#### 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)

“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  
(Focus Group Discussion held on 2 Apr. 2022, Abidjan)*

## South Africa



# The Young Peer Mentor Mother Support Project



Photograph: © UNICEF/ Edward Kabuye

Young mothers, most of whom are HIV-positive, act as peer mentors to pregnant or breastfeeding adolescent girls and young women (AGYW) to access HIV services, essential maternal and child services, education and psychosocial support.<sup>10</sup> This initiative, along with a comprehensive knowledge, attitudes and practices (KAP) study (2021), constitutes the building blocks for a planned UNICEF-UNFPA joint programme on empowering women and girls for sexual & reproductive health rights (SRHR).

### Empowerment approach

A targeted response to the most vulnerable AGYW, aged 15-24, who are disproportionately affected by HIV,<sup>11</sup> has been made possible by the peer mentor model. Peer mentors directly provide HIV testing services to their clients and help them overcome the social and emotional barriers to accessing a continuum of support services for AGYW and their babies. The results (see statistics below) demonstrate the scale of both reach and effectiveness, when young mothers, especially with HIV-positive status, are not afraid to seek help due to stigma.

### A full-scale and in-depth diagnosis of HIV, SRHR, and GBV challenges to AGYW

With UNFPA, UNICEF completed a KAP study of AGYW, adolescent boys and young men (ABYM), community members and community actors on SRHR, HIV and gender-based violence (GBV), a mapping of health and social sector stakeholders providing such services and a full literature review on the topic.<sup>12</sup> This comprehensive analysis took stock of the gender barriers across all change dimensions (see schemata on p.1), with recommendations to improve access to and uptake of services and to address patriarchal norms and cultural practices.

### An implicit socio-ecological approach

Young mothers and their infants need the support of partners, family, the community, and the institutions that provide services, to guarantee their health and well-being and safely disclose their HIV status. The aforementioned research revealed the harmful gender norms and discriminatory attitudes at the level of adolescents, community leaders (traditional, religious, political), parents, men and boys, and a plethora of institutions, e.g., health care service providers, police and justice, and educators, with the aim of informing the new joint programme.

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

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

Ghana



# Positive Gender Socialisation in Early Childhood Development



Photograph: © UNICEF/Asselin

Teachers and parents are re-socialising gender roles among pre-school children and reversing gender stereotypes in their communities through (a) empowering uneducated mothers with life skills and facilitating gender-neutral play-based activities for pre-schoolers and (b) engaging teachers and education officials in a pilot to test lessons dedicated to gender themes with pre-schoolers. A complementary radio programme is teaching parents and caregivers how to be active agents in gender-responsive child development practices at home. Together, these activities support child development, education and nutrition.

## Targeting young children of pre-school age within a lifecycle approach to programming

By mainstreaming gender socialisation into an early childhood development (ECD) programme, UNICEF is working on the prevention side of reducing rates of child marriage, early and unintended pregnancy and school drop-out, that manifest as gender barriers in girls' education and life opportunities. Initiatives to transform gender relations from an early age strengthen the results of UNICEF's support to girls' education in general.

## Parenting practices that engage mothers and fathers in play schemes

Led by trained volunteer mothers, the play schemes of the Early Childhood Education (ECE) Programme contributed to children's cognitive and socio-emotional skills and reduced acute malnutrition and stunting, while instilling positive gender socialisation in preschoolers.<sup>13</sup> The Programme then created content for volunteer fathers to encourage them as equal caregivers. The "Lively Minds Together"

radio programme helped parents and caregivers to adopt new early childhood care and education practices at home and to value children's education, especially that of girls. Enrolment and attendance rates in schools subsequently rose.<sup>14</sup>

## Transforming attitudes and practices of education personnel as dutybearers in promoting positive gender socialisation

Pre-school teachers and education officials in two districts assumed responsibility for piloting lessons on gender themes targeting pre-schoolers, with the aid of interactive, locally contextualised materials. The radio programme leveraged education personnel already familiar with ECD techniques for enacting gender re-socialisation scenarios. Sample episodes included the "nutrition" episode that raises awareness on culinary restrictions that are harmful to women and the unborn child; or the "pretend play" episode to encourage parents to support their children's aspirations without gender bias.

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

Source: Lively Minds (2022)

### Gender-Responsive Parenting

“Applies key principles such as gender equality and inclusion, and promotes positive gender norms and socialisation, in order to transform imbalanced power structures in families (and future generations)”

UNICEF. N.d. Technical Note on Gender-Responsive Parenting, p. 4.

## Endnotes

1 UNICEF. (2022). Case Studies in Gender-Transformative Approaches in Health, Nutrition and HIV in UNICEF Tanzania, Côte d'Ivoire, South Africa, and Ghana. See also the companion document: UNICEF. (2022). "Review of Gender-Transformative Approaches and Promising Practices in Health, Nutrition and HIV Programming in Africa: From Theory to Practice" that describes the conceptual framework used in selecting these case studies.

2 GRREAT is a joint UNICEF and UNFPA programme (2019-2024) supported by Global Affairs Canada and implemented in specific regions of Tanzania and Zanzibar, UNICEF Tanzania. (2020). *GRREAT Initiative Brief*.

3 ONGEA is implemented under the guidance of both the Tanzania and the Zanzibar Commissions for AIDS with UNICEF support.

4 Adapted from Oxfam's Empowerment Index. See Lombardini, S., Bowman, K. and Garwood, R. (2017) 'A "How To" Guide to Measuring Women's Empowerment: Sharing experience from Oxfam's impact evaluations', Oxfam GB. Cited in Ngadaya, E. et al. (2020).

5 Focus group discussion with 9 beneficiary girls aged 18 to 22, on 12 April 2022 in Mbeya.

6 The Grow Leadership Programme, implemented in partnership with Rlabs, builds adolescent capacity in entrepreneurship, creativity, critical thinking, problem solving, SRH, nutrition and basic IT skills, such as safe use of the internet. See: UNICEF Tanzania. (2021). *GRREAT Annual Programme Narrative Progress Report. Reporting Period: 1 January 2020—31 March 2021*, pp. 22-23.

7 For a full review of ONGEA's promising practices in achieving gender equality, see UNICEF Tanzania. (2020). *Gender Equality Promising Practices in Tanzanian Programming*.

8 UNICEF Canada, & UNICEF Cote d'Ivoire. (n.d.). *UNICEF Canada Transition-to-Scale Health Impact Questionnaire: Transforming the HIV epidemic among young people in Cote d'Ivoire: Optimizing self-testing and PrEP enhanced virtual and social networks*.

9 The U-Report platform is a messaging tool used with adolescents in 68 countries. For more information, see here: <https://www.unicef.org/innovation/U-Report>.

10 The Young Peer Mentor Mother Support Project, implemented in partnership with the Department of Health (National and Gauteng Province) and Mothers2Mothers (m2m), targets AGYW and young mothers (15-24 years) in pregnancy and postnatal period and their children up to two years of age. It aims to improve their access to and uptake of quality adolescent and youth friendly HIV, PMTCT and MNCH services as well as improve linkages to care and retention in care. Peer mentors based in communities and health facilities support both HIV-infected and HIV-negative AGYW in education, psychosocial support and HIV prevention services that include partner self-testing and PrEP. See: UNICEF S. Africa. (2022). *HIV Programme Brief: Adolescent Girls and Young Women and HIV*.

11 In 2020, AGYW accounted for 43 per cent of the HIV burden. See UNICEF S. Africa. (2022). *HIV Programme Brief: Adolescent Girls and Young Women and HIV*.

12 (i) Davies, N., Chikwanda, M., & Chames, C. (2021). *Final Report: Situation Analysis of Knowledge, Attitudes and Behaviour of Adolescent Girls and Young Women (AGYW) and Community Actors about SRH, HIV, GBV in Nelson Mandela Metro, Alfred Nzo and uThukela districts in South Africa*. UNICEF and UNFPA; (ii) Chames, C., Wessels-Ziervogel, W., & Sigenu, Z. (2021). *Final Report: Mapping of SGBV, SRHR and HIV Services in Nelson Mandela Metro, Alfred Nzo and uThukela Districts in South Africa*. UNICEF and UNFPA.

13 Attansio, O., Krutikova, S., Cattani, S., Caeyers, B., Cardona Sosa, L., & Leighton, P. (2020). *Improving Early Childhood Development and Health with a Community-Run Program in Rural Ghana* [Preliminary Results Brief]. Lively Minds; Institute for Poverty Action.

14 Agyei-Quartey, J., & Tanga, P. (2021). *Lively Minds Together: Radio Program Evaluation* [Evaluation Report]. Lively Minds; Farm Radio International, pp. 7 – 10.



unicef   
for every child

for every child, empowerment