



Patsy Collins Trust Fund Initiative: Gender Integration, Gender-based Violence (GBV) Prevention, and Social Norms Change

Thematic Brief





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Background

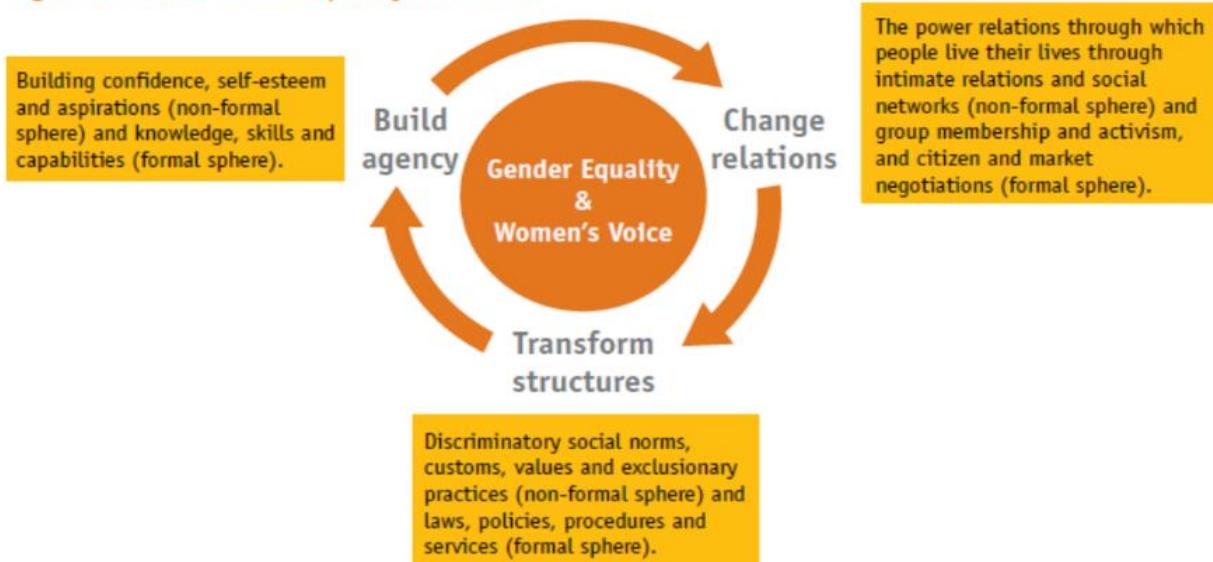
The 2030 Agenda for Sustainable Development shows that quality education, good health and well-being, gender equality and human rights are intrinsically intertwined.¹ Gender-based violence (GBV) not only violates the human rights of those experiencing it, but it also hinders economic and social development. Gender inequality and violence, including gender-based violence, are commonplace in many school settings. Outside of their homes, schools are one of the first places where girls experience negative gender, social, and cultural norms.² As schools are one of the locations where children build peer support networks, schools can also serve as spaces to discuss and address traditional gender norms and various forms of

¹ [21252030 Agenda for Sustainable Development web.pdf \(un.org\)](https://www.un.org/2030agenda/)

² [Gender-based violence | United Nations Population Fund \(unfpa.org\)](https://www.unfpa.org/gender-based-violence)

violence, including GBV, as well as work with children and adolescents to break cycles of violence.³

Figure 1: CARE's Gender Equality Framework

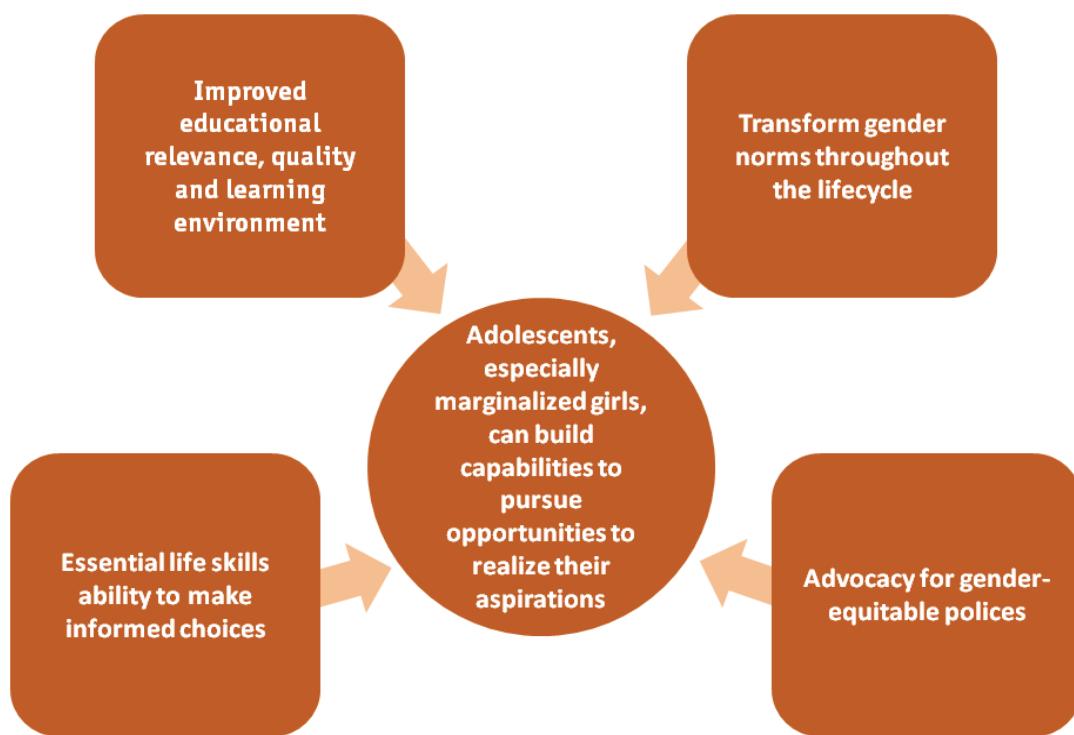


CARE's work aims to address the underlying causes of poverty and social injustice through strengthening gender equality and women's voices (GEWV). As depicted in Figure 1, CARE works to promote girls' agency, to address harmful gender and social norms, and to strengthen environments to promote greater engagement, participation and improved life prospects of girls. This is embedded into CARE's adolescent education and empowerment programming.

Since 2003, CARE has leveraged funding from the Patsy Collins Trust fund initiative (PCTFI) to design and deliver multi-country initiatives with the aim to increase access to quality education for marginalized girls; some of these initiatives included GBV-focused interventions. The third cohort of PCTFI was implemented in seven countries, namely Cambodia, India, Kenya, Mali, Nepal, Rwanda, and Zimbabwe between 2015-2021. During the Cohort 3 program design, transforming gender norms and advocating for gender equitable policies were identified as key pillars of adolescent girls' empowerment, particularly for marginalized girls, to pursue opportunities and realize their aspirations. To that end, "transforming gender norms throughout the lifecycle" was included as one of the four fundamental pillars of the Theory of Change (ToC) developed for adolescents' empowerment (See Figure 2 below). These include, among others, addressing underlying gender norms and power imbalances that impact adolescent reproductive health and education and meaningful participation of adolescents, their gatekeepers, and other relevant stakeholders to negotiate for and improve access to information and essential services for adolescents.

³ Perlson, S. & M. E. Greene. *Addressing the Intergenerational Transmission of Gender-Based Violence: Focus on Educational Settings*, June 2014, p. 3; p. 12. [CARE20GBV20and20Education20Report20FINAL20WEB.pdf](https://www.care.org/-/media/assets/care/advocacy-and-advocacy/advocacy-reports/20gbv-and-education-report.pdf)

Figure 2: PCTFI Theory of Change, PCTFI 3 Design Workshop⁴



At the design workshop held in 2015, key factors contributing to gender norms that influence and shape identity from a child's birth throughout her or his life were identified as critically dependent on parental, community, and intergenerational dialogues.⁵ The importance of engaging women, men and boys as change agents and peer role models, and providing girls with mentorship, leadership, and educational opportunities, were agreed upon strategies to influence gender and social norms. The choice of strategies highlighted the importance of not only focusing on the girls and taking action to build their empowerment with support of key stakeholders, but also on strengthening systems and structures (including education and health systems) to provide the resources and opportunities necessary to ensure equity and healthy progression into empowerment.

This thematic brief will outline how five of the PCTFI Cohort 3 projects were able to successfully challenge (through their designs, implementation, and adaptations) gender and social norms and to create enabling environments, support systems for the development of adolescent girls' self-confidence, and promote safety and protection against harmful norms and practices like early marriage and GBV.

⁴ CARE. *Girls' Education and Empowerment Consultative Workshop: Report January 2015*, pp. 8-16

⁵ CARE. *Girls' Education and Empowerment Consultative Workshop: Report January 2015*, p. 6; p. 11; p. 16

What We Know: Gender, GBV, Social Norms and Girls' Education

PCTFI Cohort 3 projects conducted baseline, midline, and endline evaluations to better understand barriers to education and empowerment for adolescents. Findings from the baselines and midlines were used to revisit and adapt planned activities to be more responsive to the needs of the target beneficiaries as well as to the context and challenges on the ground. Below is a snapshot of the findings from the programs in Cambodia, Nepal, Kenya, Rwanda, and Mali.

Gender and Social Norms Affecting Girls' Education

At the beginning of Cohort 3, baseline findings revealed that generally girls are often perceived or described as “weak,” “vulnerable” and dependent on parents or males by different groups, including by adolescents themselves.

For example, in **Cambodia**, the project baseline indicated about one quarter of teachers surveyed believed boys and girls are not “equally intelligent” and that boys and girls do not equally ask the teacher for help. At school and within households, girls reported being monitored more closely and their actions being called to account while boys reported escaping scrutiny and responsibility for their actions. These differences in how girls are perceived and treated negatively impact the enabling environment needed for girls to allocate sufficient time for learning at home given the already heavy load of chores, compared to boys. The same assessment showed that 48% students agreed that a good wife obeys her husband even if she disagrees while 13% students agreed that there are times when a husband needs to beat his wife.⁶ Gender based biases and different treatments of boys and girls reinforce the perceptions that girls are less than boys, that girls are expected to be submissive at home and at school and that girls are not expected to ask questions or challenge these norms.

In **Nepal**, CARE implemented the Hausala project to empower girls from Dalit, Muslim, and other marginalized communities in Rupandehi and Kapilvastu districts, in the Terai region. In this region, society is governed by patriarchal norms and a caste system that limits girls’ and women’s opportunities for self-determination and empowerment.⁷ The project’s baseline found that more than 70% of parents felt that their daughters must support the family in household work, and they could not provide enough time for their daughters to study at home. An adolescent girl from a focus group discussion summarized the gravity of the situation by saying, *“We don’t go to school since our parents do not want [us to]. Parents think that girls go to others’ house [house of their husband] after marriage, so they don’t need to study. There is no support from family.”* Parents also felt that travelling to and from school was not safe for their daughters, which contradicted girls’ own perceptions about their safety at school. 90% of girls considered the school to be safe, and 74% considered the way to/from school to be safe.⁸ Interestingly, 64% of the girls did not know where to report complaints of violence or abuse. Qualitative findings identified the prevalence of harassment and safety risks within and outside of the community, as identified by girls. Places such as roads, rivers and their periphery, markets, and public transport were considered by girls to be unsafe.⁹

In **Rwanda** girls have higher promotion and lower repetition and dropout rates compared to boys in primary schools in the Safe School for Girls (SS4G) project’s implementation areas (operating across 174 lower

⁶ CARE Cambodia. *Know and Grow Project, Baseline Report, 2017*, p. 25

⁷ CARE Nepal. *Hausala: Empowering Adolescent Girls in Nepal, Baseline Report, Feb 2017*, p. 9

⁸ Ibid, p. 46

⁹ Ibid, p. 46

secondary schools in the southern province). After transitioning into secondary school, however, girls' repetition and dropout rates surpass those of boys at ages 16-17.¹⁰ During the SS4G's baseline, teachers agreed that both boys and girls equally have the right to receive a formal education (94% of surveyed teachers agreed that both boys and girls have the same right to go to school).¹¹ However, there was less agreement that students have equal access to school (84% strongly agreed that both boys and girls have the same opportunity to get to school¹²) and that their classroom experiences were equitable between the sexes.¹³ At the baseline, teachers reported praising girls less than boys, with 56% and 64% reporting praising each sex "most of the time" or "almost always" respectively.¹⁴ While findings from the adolescents', heads of households', and teachers' surveys all indicated general support for gender equity, there appears to be some incongruence between teachers' gender attitudes and actual practices to promote gender equity in their praise of students.¹⁵

In **Mali**, the Education for Change (EFC) project was implemented in 50 schools in the rural Mopti region and in areas near the country's capital, Bamako. Baseline findings from the EFC project revealed that girls reported to have a disproportionate level of workload in comparison to boys (affecting 36% of girls (including 45% out-of-school adolescents)) handling domestic and childcare chores that are not attributed to the boy child.¹⁶ Restrictive gender roles are strongly anchored in cultural beliefs, silencing women and girls and affecting their life and education opportunities.

GBV – Female Genital Mutilation (FGM), Early Marriage, and Girls' Education

Early marriage, GBV and FGM are among the worst identified harmful practices to affect girls' well-being and their ability to fulfill their right to access, remain in, and transition through education. These violations to girls' basic human rights to education also carry lifelong consequences for girls' physical and psychological development as well as for their overall growth beyond their access to education.¹⁷

In **Kenya**, FGM is believed to "manage" girls' sexuality, reduce their sexual urge, and reduce risks of teenage pregnancy. At the baseline under the Adolescent Empowerment Project (AEP) in Kenya, 15% of respondents reported that FGM is still practiced, and 42% said there is no action against perpetrators of FGM.¹⁸ Cultural practices such as early marriage and female genital cutting (FGC) negatively impact girls' education. Once girls are circumcised, they are often married off to older men which results in girls dropping out of school to become wives and to start families. Additionally, early marriage and early pregnancies were reported to be associated with school dropout, poverty or peer pressure.¹⁹ Nearly 86% (85.6) of out-of-school girls in Kajiado and 45.3% of out-of-school girls in Mukuru who reported having had sex before,

¹⁰ Laterite. (2017). *Understanding Dropout and Repetition in Rwanda. Full Report*. MINEDUC and UNICEF, p. 43. <http://www.rencp.org/wp-content/uploads/2018/09/DROPOUT-STUDY-FULL-REPORT.pdf>; Rwanda-Ministry of Gender and Family Promotion, 2018- 2024 Strategic Plan, p.17

¹¹ JBS International. (2017). *Safe Schools for Girls (SS4G) and Better Environment for Education (BEE) Projects Baseline Report*, p. 48

¹² Ibid, p. 56

¹³ Ibid, p. 1

¹⁴ Ibid, p. 57

¹⁵ Ibid, p. 48

¹⁶ CARE Mali. *Mali: Education for Change. Baseline*, December 2016-January 2017, pp. 43-44

¹⁷ <https://www.unicef.org/protection/harmful-practices>

¹⁸ CARE International in Kenya. (2017). *The Patsy Collins Trust Fund Initiative (PCTFI), Adolescent Empowerment Program (AEP): Baseline Survey, Gender and Power Analysis 2016 (Draft Report 3)*, p. 26

¹⁹ [Child marriage | UNICEF; Early childbearing and teenage pregnancy rates by country - UNICEF DATA](#)

have also been pregnant before; while for in-school girls, only 0.7% in Kajiado and none in Mukuru reported the same.²⁰

In **Cambodia**, girls drop out of school more than boys due to early marriage, lack of money to pay for school, and long distance to secondary schools. The baseline findings indicated that almost half of students displayed negative attitudes towards gender norms. Nearly 25% of the students agreed that a woman could be hit for committing certain acts while another 24% could not decide whether this was an appropriate behavior or not toward women.²¹

In **Mali**, 4% of Malian in-school girls (aged 10 to 19) sampled at the baseline were married.²² During the baseline, early marriage was reported to be a worrying reality for 41% and 42% of in-school and out-of-school girls respectively.²³ Accordingly, teachers in the communities where the project took place supported actions that would contribute to greater awareness of GBV and its various forms among adolescent girls.²⁴ The baseline revealed that in-school adolescents in Bandiagara city are more victims of harassment (8%) than those in Mopti city center (3%) and mainly girls (7%). (It should also be noted that 2% of boys in school and 1.8% of boys out of school have been victims of sexual harassment.²⁵) These findings reinforce the fear of sexual harassment as a hindering factor to girls' education causing families to de-prioritize education for girls out of fear for their safety and well-being. In addition to sexual harassment being more frequent among in-school adolescents, harassment was measured as more prevalent in urban areas as compared to rural areas (4.9% versus 2.4%).²⁶

Adolescent Sexual Reproductive Health & Rights (ASRHR) and Girls' Education

Providing information on and raising awareness among adolescents about their sexual and reproductive health and decision-making about their bodies are important aspects to prepare them for their adult lives and to prevent unwanted pregnancies. Considering the sensitivities around ASRHR (considered taboo in many communities), adolescents often do not access accurate information about their bodies and how to navigate the challenges of puberty and body changes, as well as how to make informed ASRHR choices/decisions.

Moreover, girls often don't get such information from their mothers, teachers, or health services providers, leaving them vulnerable to misinformation and related risks. This is one of the reasons why many of the projects included an ASRHR component to ensure teachers/mentors were trained and equipped with age-appropriate and accurate information, as well as with skills on how to transmit "sensitive" information in ways that adolescents would be responsive to. This helped teachers and mentors to be better able to guide young girls and boys through open conversations about topics often seen as "taboo." Some of these trainings focused on how to support teachers and mentors overcome their own misconceptions and biases around ASRHR.

²⁰ CARE International in Kenya. (2017). *Adolescent Sexual and Reproductive Health: Baseline Survey Final Report, Adolescent Empowerment Program*, p. 52

²¹ CARE Cambodia, *Know and Grow Project, Baseline Report, 2017*, p. 79

²² CARE Mali. *Mali: Education for Change. Baseline Report, December 2016-January 2017*, p. 9

²³ Ibid, pp. 43-44

²⁴ Ibid, pp. 37-38

²⁵ Ibid, p. 26

²⁶ Ibid, p. 35

In **Mali**, the baseline for the Education for Change (EFC) project revealed that 25.7% of school authorities integrated sexual and reproductive health activities in their curriculum. That proportion was higher in urban areas (30%) than in rural areas (20%).²⁷ Teachers provided little support to students in terms of sexual and reproductive health, and approximately one third of them did not provide any support. Those who supported mainly provided counseling (51.6%), oriented students around sexual and reproductive health services (21.9%), or integrated some ASRHR topics into their teaching agenda (10.9%).²⁸ More than 6 out of 10 adolescents surveyed indicated that they think that the health center is the main source of information for ASRHR and sexually transmitted diseases (STDs).²⁹

In **Rwanda**, the baseline for the Safe Schools for Girls project established that adolescent access to ASRHR information appeared high with primary sources of information being parents and teachers. Eighty-seven percent of adolescents reported that they received ASRHR related information. Six percent of adolescents (more for boys (9%) than for girls (3%)) reported that they had had sex and the average age for the first sexual interactions being 10,³⁰ but rates of condom use among sexually active adolescents was below 20% (and 82% of those reporting being sexually active reported they didn't use a condom during their last intercourse).³¹ At the baseline, 75% of all the adolescents who took the survey reported that they knew where to get contraceptives from if they wanted them and that they could convince their partners to have safe sex.³² Four percent reported that they were currently using a contraceptive method other than condoms.³³ For those responding that they had not had sexual intercourse, 95% (97 boys and 93 girls) reported that they would use a condom if they ever had sex before marriage.³⁴

Even though parents want their children to learn about sexuality (91% of the surveyed parents at baseline strongly agreed that ASRHR school be taught in the classroom)³⁵, attitudes about ASRHR were not consistently positive among heads of households. Many heads of households (39%) felt they would get in trouble with their communities if the community found out that they had helped an adolescent find ASRHR services)³⁶, many were embarrassed (44%) or find it difficult to talk to their children about it themselves.³⁷ Teachers' opinions regarding the specific aspects of ASRHR needing to be addressed (93% of the surveyed teachers strongly agreed that ASRHR topic should be taught in classroom³⁸) revealed biased perceptions towards boys during the baseline (with 30% of the surveyed teachers strongly disagreeing that girls should be taught where to access birth control pills if they need them while only 12% strongly disagreed that boys should be taught how to use condoms).³⁹

²⁷ CARE International in Mali. PCTFI Education for Change Project Baseline Report, p. 37

²⁸ Ibid, p. 38

²⁹ Ibid, p. 29

³⁰ JBS International. (2017). *Safe Schools for Girls (SS4G) and Better Environment for Education (BEE) Projects Baseline Report*, p. 26

³¹ Ibid, p. 73

³² Ibid, p. 22

³³ Ibid, p. 22

³⁴ Ibid, p. 22

³⁵ Ibid, p. 31

³⁶ Ibid, p. 32

³⁷ Ibid, p. 2

³⁸ Ibid, p. 56

³⁹ Ibid, p. 56

Project Approaches, Adaptations and Results

Each of the five PCTFI country programs explored in this technical brief adapted selected approaches to integrate gender equity, GBV prevention and mitigation interventions to transform discriminatory gender and social norms. (See the summary of interventions of each country program in Annex 1.) Country program interventions used integrated approaches to address negative gender and social norms and GBV against adolescent girls at the household, school, and community levels. Based on appropriateness for and readiness of the community, activities were contextualized. Some of the interventions directly addressed gender and GBV issues while others utilized indirect ways of supporting the cause for gender equality, GBV prevention, and mitigation of the effects of GBV.

Gender and GBV Training for Adolescents and Teachers

The projects carried out awareness raising activities and trainings about issues related to gender and social norms as well as barriers to girls' education. These activities and trainings targeted key stakeholders, including teachers, parents, and adolescent boys and girls. Findings from the different baselines showcased the lack of awareness and understanding of hindering beliefs and attitudes towards adolescents' well-being, right to information, and right to education, particularly for girls.

In **Cambodia**, Gender, Equity and Diversity (GED) trainings were provided to teachers through which gender, gender equity, diversity, biases, stereotyping, and discrimination were explored with the aim of (1) promoting and deepening understanding of gender equity and diversity, (2) challenging attitudes and social norms around inequality, and (3) encouraging behavioral change. Trained teachers demonstrated willingness and openness to learn about and to adapt their teaching approaches to be more inclusive and changed some of their attitudes about boys and girls. In addition to the trainings, classroom observations were conducted using a gender-focused observation tool, and coaching was provided to participating teachers to help improve their instructional practices to be more student-centered and gender-sensitive. For students, peer counselling, girls' clubs, and youth clubs were key intervention entry points on a variety of topics such as gender, ASRHR and leadership skills. Teachers who were trained under the project were observed to use ethnicity-appropriate and inclusive strategies in class, such as allowing students to discuss answers to questions in their native language, asking questions that engage ethnic minority students, and encouraging quiet and/or marginalized students to respond and to ask questions when they are unsure or need further clarification.

Through the Know & Grow project in **Cambodia**, while attitudes about boys and girls not being equally good at school improved from the baseline (37%) as reported by students, at the midline, 27% of students still thought that both sexes are not equally good at school, suggesting that changing attitudes around girls' and boys' inherent abilities may require more time and reinforcement within communities, schools, and households.⁴⁰ That said, at the midline, 89% of students also believed that boys and girls have an equal chance of getting a well-respected job after school, significantly higher than at the baseline (80%), reflecting improved attitudes around capabilities as they relate to gender.⁴¹ Other GBV attitudes (related to the belief about violence towards women being acceptable or unacceptable) improved significantly from baseline to midline (from 62% to 77% desired agreement to attitude questions).⁴² The percentage of students agreeing that there are times when a husband needs to beat his wife was reduced from 13% at the baseline to 2%

⁴⁰ CARE Cambodia, *Know and Grow Project, Baseline Report*, 2017, p. 40; CARE Cambodia, *Know and Grow Project, Midterm Evaluation Report*, July 2019, p. 10

⁴¹ CARE Cambodia, *Know and Grow Project, Midterm Evaluation Report*, July 2019, p. 10.

⁴² Ibid, p. 11

at the endline.⁴³

On the other hand, peer counseling and girls'/boys'/youth clubs were found to be less effective in integrating and addressing gender and GBV issues. Limited regular monitoring and support from teachers, club members' hesitation to and discomfort with discussing sensitive issues like GBV with others, and the long list of topics expected to be covered by the groups, were all reported to have contributed to the limited progress.⁴⁴ Based on these findings, the team adapted the approach to train and support youth clubs as well as participating teachers on the Social Analyses and Action (SAA) methodology to promote self-reflection on ASRHR biases and perceptions as well as to be able to more easily engage in dialogues on persisting GBV issues with students.

Social Analysis and Action (SAA) is a facilitated process where individuals and communities explore and challenge social and cultural norms, beliefs and practices that shape their lives. It involves participatory reflections that explore and challenge social factors that negatively impact individual lives and well-being with the goal of creating a more gender equitable and enabling environment for the community. SAA reinforces both the voice and agency of individuals as well as introducing discussions on social norms and equity issues into that process.

Teachers increasingly provided one-on-one or group-to-group support as required to both sexes and different ethnic groups and encouraged equitable participation in class.

In **Mali**, the Education for Change (EFC) project team provided training to four secondary school inspectors, 16 focal point teachers, and 20 school principals (16 men, 4 women) on how to talk about gender, GBV, and ASRHR topics in ways that are responsive to the age and sensitivities of learners. The endline reported that they believed it is normal for adolescents aged 12-14 to receive training and capacity building on GBV (79% in rural; 91% in urban).⁴⁵ Findings from the midline survey revealed that school authorities and teachers had increased their support of girls' accessing information and materials for menstrual hygiene management (MHM) and MHM services, as reported by 77% of girls interviewed in Bandiagara city and 38% in Mopti city center.⁴⁶ However, the targeted schools were not all properly equipped to respond effectively to MHM. For example, only 24% of schools had separate toilets for girls and boys; only 9% had sanitary napkins; and only 36% had lockers for girls.⁴⁷ In response, the project built separate latrines for boys and girls in 24% of project schools.

In **Rwanda**, the SS4G project trained 1,620 (784 female and 836 male) schoolteachers as club mentors to deliver a comprehensive package that combined various lessons/thematics including gender equity/social norms (girls' and women's rights, social barriers to women' empowerment), ASRHR, leadership skills (self-confidence, voice, vision, organization/planning, decision-making plus peer collaboration), and financial literacy to adolescents. The project also trained 350 peer mentors as well as 20 master trainers to provide peer-to-peer support as well as regular supervision and coaching to teacher mentors. Adolescent mentorship sessions led by adult mentors and one-on-one support to learners occurred weekly in designated safe spaces. These spaces allow for privacy while students share their issues with their mentors such as adolescent saving clubs and mentorship activities. Members of each club (made up of 20-25

⁴³ Hoban, L. and J. Williams. *Know and Grow Project Endline Report*, October 2021, p. 41

⁴⁴ CARE Cambodia, *Know and Grow Project, Midterm Evaluation Report*, July 2019, p. 7

⁴⁵ CARE Mali: *Mali: Education for Change. Baseline Report*, December 2016-January 2017, p. 33

⁴⁶ Laboratoire d'Etudes de Formation en Analyse Statistique (LEFAS). (2019). *Rapport de l'étude à mi-parcours du projet EFC*, p. 34

⁴⁷ Ibid, p. 33

adolescents) met for 2-3 hours each week, conducted their own saving activities using an adapted CARE's VSLA (Village Saving and Loans Associations) model tailored for adolescents and guided by the mentors through sessions focusing on topics as per the club's mentorship guidelines. Learners were encouraged to explore sensitive issues including children's and women's rights, gender/GBV, traditional social norms, early marriage and ASRHR in a room used for counselling students or some other location where learners feel safe and where they can hold these conversations in private.

By the project's endline, the percentage of respondents who thought it was normal for girls to drop out of school and get married remained relatively constant from the baseline (from 51.7% at baseline to 43.43% at endline⁴⁸). The proportion who believed it was normal for girls only to drop out and get married increased by about 8 percentage points between the baseline and the endline evaluation (from 12.5% to 20%⁴⁹). The endline evaluation data showed that exposure time for mentors contributed to fewer students viewing it as normal for girls to drop out and to marry (16.38% of girls with a mentor compared to 31% among those without a mentor).⁵⁰

GBV, ASRHR, and Adolescent-Led Advocacy

Through adolescent-led awareness raising activities, communities across the five countries highlighted in this brief were sensitized about ASRHR service access, gender, prevention of GBV, and child marriage. Participating schools organized "open days" and "education days" where local and community actors, particularly adolescents' parents, actively participated in discussions and learned about positive changes from their own children. These activities were equally beneficial to adolescents and trained them to become agents of change.

In **Mali**, as a girl- and adolescent-led advocacy and empowerment approach, the E4C project developed a dynamic interaction process with students through group discussions and SMS exchanges to deliver critical ASRHR information to adolescents. Topics shared and discussed included sexually transmitted diseases (STDs), the use of contraceptives, unwanted pregnancy, child marriage, GBV, drug addiction and its consequences affecting adolescents' lives, etc. The project approaches created a variety of (in-person and virtual) safe spaces⁵¹ for dialogue and inquiries about sensitive topics (at times anonymously). To improve adolescent boys' and girls' ASRHR awareness and decision making around ASRHR issues, SMS messages were sent directly to adolescents and/or ASRHR topics were discussed in Friendship Circles (leadership clubs). All groups were directly or indirectly supported and guided by trained focal point teachers. The endline evaluation revealed that among students with access to a mobile telephone (personal or distributed by the project), 49% received an SMS about ASRHR while 31% said they had received information about ASRHR through Friendship Circles.⁵²

In **Rwanda** the endline findings suggest that belonging to a youth group or saving groups appears to contribute to increased confidence in accessing ASRHR-related services. Almost all the girls (95.98%) surveyed at the endline reported that they knew where to get contraceptives compared to 75% at the baseline.⁵³ However, despite these findings, the actual rate of self-reported use of condoms among girls

⁴⁸ Grassroots Research. (2021). *Endline Evaluation Safe Schools for Girls Final Report*, p. 32

⁴⁹ Ibid, p. 33

⁵⁰ Ibid, p. 33

⁵¹ In the context of the EFC project in Mali, "safe spaces" include messages and questions shared virtually using an e-platform (M-platform) with adolescents and teachers. This platform ensured confidentiality/privacy of users while enabling adolescents to engage around sensitive issues related to ASRH, GBV, etc.

⁵² Daouna Developpement Conseils. (2021). *Evaluation Finale du Projet Education pour le Changement, "Jannde Yiriwere,"* p. 86

⁵³ Grassroots Research. (2021). *Endline Evaluation Safe Schools for Girls Final Report*, pp. 26-27

decreased by half from 40% at the baseline to 29.03% at the endline.⁵⁴ Girls who believed that “real men don’t wear condoms” were more likely than their male peers to believe that women are responsible for protection instead of men.⁵⁵ This illustrates a potential incongruence between adolescents’ intentions of engaging in safe sex practices and actual use of contraceptives and may suggest that girls’ low use of condoms and protection measures are related to perceptions that boys do not “want” condoms. It also highlights the power dynamics related to gender/social norms regarding expectations about women’s and girls’ decision making about their bodies and reproductive health. Women and girls are socialized to predict/understand boys’/men’s needs even in situations where these may contradict or conflict with their own standards for their safety and reproductive health.

GBV Training and Awareness Raising

To prepare girls to take on leadership roles within their communities, schools, and households, girls’ collectives in **Nepal** were trained to carry out Participatory Action Research (PAR) with the aim of analyzing girls’ situations and challenges within their respective communities. As a part of activities related to the PAR process, girls’ collectives conducted surveys in their villages and found that many girls are out of school, they are getting married early, and they do not have vital registration documents such as citizenship certificate (that would improve access to education and other critical services).⁵⁶ The evidence from the PAR process was used to inform girl-led actions such as rallies, interactions with parents, participation in local and national events involving local/national education officials and local/national media, inter-girls’ collectives dialogues, and broader advocacy efforts through various fora. Girls’ collectives’ participants were able to facilitate the return to school by 98 adolescent girls, 174 adolescent girls were processed for citizenship, and 52 adolescent girls’ marriages were postponed.⁵⁷

In **Mali**, 60 women leaders were trained on ASRHR, GBV and gender equity. A total of 310 local and community decision makers (55 women, 255 men) were involved in community meetings. These meetings served as a call for commitment and action around securing children’s (especially girls’) right to education. The meetings held social weight and a call for accountability so community members and decision makers would effectively change behaviors and practices that were hindering children from exercising their right to education, decision making around their marital life, and sexuality. Results included, among others, Directorates of Academies and CAP (*centres d’animation pédagogique*/academic and pedagogic centers) of Mopti city center and Bandiagara city, as well as school principals, agreeing to authorize the integration of topics related to ASRHR and GBV into the school curricula of 50 partner schools. Additionally, 315 teachers (84 women, 231 men) were trained and taught ASRHR and GBV in each of the 50 schools from 2017 to 2018, and in 41 schools in the second half of 2019.⁵⁸

In **Rwanda**, mentors were trained on psychosocial support and stress management and were guided on how to identify and establish safe spaces for individual one-on-one sessions, in compliance with safeguarding protocols (ensuring that one male or female adolescent is supported by a same-sex mentor) and ensuring that the space for the sessions provided both privacy and safety. The protocol also included ensuring that there was another adult present during the one-on-one sessions. Findings from the project’s monitoring data covering 61% of project schools suggested that teacher mentors led 1,039 individual mentorship sessions. During these sessions, girls represented 60% of students who requested support

⁵⁴ Ibid, p. 25

⁵⁵ Ibid, p. 27

⁵⁶ CARE Nepal. (2021). *Maitri Phase End Progress Report*, p. 2

⁵⁷ Ibid, p. 2

⁵⁸ Daouna Developpement Conseils. (2021). *Evaluation Finale du Projet Education pour le Changement, "Jannde Yiriwere,"* p. 121

from the teacher mentors, and 60% of all the students who requested support were related to issues of ASRHR. As a result of these sessions, the proportion of respondents that felt they knew who to reach out to in case of gender-based violence increased from 89.4% at baseline to 95.9% at endline.⁵⁹ The proportion of students who were able to identify someone to reach out to in case of physical violence, emotional abuse, or economic violence (limiting access to financial opportunities and resources) increased by almost 40 percentage points; the proportion of students who could identify someone in the case of physical violence increased by 35 percentage points.⁶⁰

The SS4G project also noted a slight increase in GBV awareness from 44% at the baseline to 48% at the endline⁶¹ and increased reporting of violence (to police and through national GBV reporting mechanisms as well as through hotlines) both at school and at home (with the percentage of respondents who felt they knew where to report increasing from 87.9% at baseline to 95.5% at endline).⁶² More than half of the respondents at endline identified local authorities (65.3% against 62% at midline) and the police (88% against 52% at midline) as the main potential providers of support. Other identified sources for reporting include parents (23%, a drop from 42% at midline), school principals (20.4%) and mentors (6.12%).⁶³

When asked if girls were safe at their schools, the percentage of teachers who think girls are safe increased from 86.15% at baseline to 92.7% at endline.⁶⁴ Teachers' opinions were consistent with those of their students. When asked if students felt safe at home, the proportion increased slightly from 83.7% at baseline to 85.3 at endline.⁶⁵ Furthermore, respondents (boys and girls) knew whom to reach out to for support if somebody they knew had experienced violence. The proportion of respondents who felt they knew to whom to reach out increased from 89.4% at baseline to 95.9% at endline. The project recorded an increase in girls' awareness of GBV cases between the baseline and the endline (from 47% to 50%). Respondents also reported that they feel comfortable that they would be treated respectfully if they report a case.⁶⁶

However, the endline survey data does not suggest that there is correlation between students' level of awareness about GBV and confidence in reporting and trusting in schools' policies to protect them. In fact, the project's endline data suggests that schools' policies and teachers may not be adequately protecting students. Survey findings suggest that students do not necessarily turn to teachers/school staff first when reporting cases. Instead, local police and authorities were the main cited potential sources of support. This may reflect poor referral and GBV protection policies. This may also be due to increased awareness about GBV as poorer protection mechanisms are more likely to be detected by students. For instance, data from the teachers' code of conduct and classroom practice suggest a lack of consequences for misconduct and for the use of corporal punishment in the classroom.⁶⁷

⁵⁹ Grassroots Research. (2021). *SS4G Endline Evaluation Report*, pp. 26-27

⁶⁰ Laterite. (2019). *Safe School for Girls Midline Evaluation Report*, p. 31

⁶¹ Grassroots Research. (2021). *Safe Schools for Girls (SS4G) Project Endline Evaluation Report*, p. 34

⁶² Ibid, pp. 26-27

⁶³ Ibid, p. 34

⁶⁴ Ibid, p. 38

⁶⁵ Ibid, p. 43

⁶⁶ Ibid, p. 50; pp. 37-38.

⁶⁷ Ibid, pp. 37-38

Girls' Leadership and Advocacy Initiatives

In **Nepal**, girls' collectives worked to address harmful social and gender norms preventing girls from making choices around education as well as behaviors to promote gender equality and school safety and to combat GBV and child marriage. The girls' collectives in each district came together to form Girls' Rights Forums (GRF). These forums are formally registered to ensure legitimacy and sustainability. GRFs draw their mandate from the girls' collectives and organize campaigns at the community level, advocating for their rights through policy dialogues and interactions with policy makers. They also conduct home visits to encourage out-of-school girls to return to school, lobby for citizenship registration, and raise awareness in the community on challenges posed by GBV and child marriage. Through the GRFs and other local level girls' networks, members of girls' collectives have been coordinating with the local and federal governments to resolve issues affecting them. They have been involved in various radio and television talk shows advocating for ways to address issues on safe and secure education affecting them. Additionally, the GRFs have connected with provincial level ministries and the Chief Minister to present an eight-point memorandum related to girls' rights.⁶⁸ Interestingly, scores on self-perceptions of leadership abilities, as assessed using the Youth Leadership Index (YLI),⁶⁹ did not change between the baseline and endline, suggesting that although many girls have had active fora to develop and practice their leadership competencies, they may have adjusted their perceptions of what it means to be active over time.⁷⁰

In **Kenya**, adolescents participating in SAA designed and implemented actions to support their empowerment within their schools and in their communities. Adolescents in 15 schools used school assemblies as a platform to facilitate dialogues with other students about ASRHR issues such as FGM, teenage pregnancies, early marriage, gender-based violence (GBV), development during adolescence, and drug abuse among adolescents. SAA groups in 16 schools used peer education sessions to reach out to other students in school and outside the school community. They developed skits to create awareness among other adolescents and community members on the effects of teenage pregnancies and drug abuse on their education, health, and well-being. Adolescents' activism against FGM, early marriage, and teen pregnancy was reported from different AEP schools and was likely influenced by their participation in Social Analysis and Action – diffusing information to their peers through skits, talks at school assemblies, and reporting FGM plans to chiefs and the police. At the endline, Key Informant Interviews and Focus Group Discussion respondents described a variety of institutions involved in reducing the prevalence of FGM and early marriages, including NGOs, the church, and government institutions and a variety of community-led actions to tackle GBV.⁷¹ A female teacher in Kajiado said "*If it [tackling GBV/FGM] gets so hard, we link with the local chiefs, who will help us to enforce the law where necessary. When FGM is done in secret, the pupils themselves share this information, especially now that they have avenues for reporting.*"⁷² Both girls and boys who were involved in the AEP project had significant increases in their Youth Leadership Index scores from 53.0 at baseline to 59.4 at midline.⁷³ Additionally, mentorship activities were carried out in 51% of AEP schools where adolescents were engaged with educating other adolescents through peer

⁶⁸ CARE Nepal. (2021). *Maitri Phase End Progress Report*, p. 11.

⁶⁹ During PCTFI Cohort 1, CARE developed a Youth Leadership Index (YLI) to enable longitudinal measurement of changes in self-perceptions among youth regarding their abilities to lead. Please see <http://www.care.org/sites/default/files/document/CARE-YLI-Toolkit-FINAL-WEB.pdf>.

⁷⁰ Rooster Logic. *Endline Evaluation of Haushala Initiative of LEAD program, March 2021*, p. 98.

⁷¹ Consilient. (2021). *Endline Evaluation, Adolescent Empowerment Project in Kajiado and Mukuru, Kenya, 2021*. p. 19

⁷² Ibid, p. 19

⁷³ Ipsos. (2019). *Mid-Term Evaluation of the Adolescent Empowerment Program (AEP) in Mukuru and Kajiado, 2019: Study Report*. p. 49

education sessions during weekends.⁷⁴

At midline, girls (95%) were significantly more likely than boys (88%) to be aware of their right to report if someone touched them inappropriately.⁷⁵ Eighty-one percent of SAA and 71 percent of non-SAA participating adolescents reported that they “almost always” feel safe at home.⁷⁶ Based on the midline findings, two-thirds of new participating adolescents had favorable perceptions on ASRHR-related gender roles and stereotypes related to condom use, multiple sexual partners, refusing sex and gendered responsibilities for using protective measures.⁷⁷ Yet, the endline concluded that there is little evidence that confidence in navigating GBV and ASRHR improved overall. Given many indicator statements were high at baseline, it is possible that other – more complex, nuanced, or mature – gains in this area were made over the project period that are not captured at the endline.⁷⁸

In Mali, adolescent-led advocacy included sensitizing and supporting men to become agents of change. The project trained and built awareness among influential/religious male leaders by strengthening their capacity and promoting their engagement in GBV prevention-related advocacy and social negotiations regarding child marriage and girls’ education. Additionally, project activities helped to improve confidence in adolescents to make informed decisions about their lives and sexuality. For example, the endline revealed that 64.8% of adolescents visited ASRHR counseling and referral services, with 39% seeking contraceptive services and 25.8% seeking treatment services,⁷⁹ presenting a noticeable improvement from the baseline and midline with only 2% and 12% of adolescents, respectively, visiting a health professional about information or services related to sexual and reproductive health.⁸⁰ Adolescents reported increased knowledge and greater awareness about gender issues, GBV, and STIs/HIV prevention. The successful integration of ASRHR curriculum into classrooms (from 16% at baseline to 84% at the endline) resulted in 90.5% of adolescents surveyed reporting that they received information about ASRHR in the past two years. This finding is slightly higher for girls (92.3%) than for boys (89.1%).⁸¹ Moreover, towards the end of the project, over half (51%) of the sampled students reported being confident or very confident that they could ask a partner to use a condom or contraception if they wanted to.⁸² In comparison, at midline, only one percent (1.3%) of 77 adolescents sampled between the ages aged 15-19⁸³ reported making their own decisions about sex.⁸⁴

⁷⁴ Adolescent Empowerment Project (AEP) PCTFI Cohort 3 Final Report, 2021, p. 33

⁷⁵ Ibid. p. 32

⁷⁶ Ibid. p. 56

⁷⁷ Ibid. p. 60

⁷⁸ Consilient. (2021). *Endline Evaluation, Adolescent Empowerment Project in Kajiado and Mukuru, Kenya, 2021.* p. 17

⁷⁹ Daouna Developpement Conseils. (2021). *Evaluation Finale du Projet Education pour le Changement, "Jannde Yiriwere"* p. 104

⁸⁰ CARE USA. *Secondary Analysis of CARE Mali's Education for Change Baseline*, p. 56; *Secondary Analysis of CARE Mali's Education for Change Midline*, p. 86

⁸¹ Daouna Developpement Conseils. (2021). *Evaluation Finale du Projet Education pour le Changement, "Jannde Yiriwere,"* p. 100

⁸² Ibid. p. 107

⁸³ For the purpose of the project, adolescents from the 7th and 10th grades were considered. These included students between 10-18 years of age.

⁸⁴ Laboratoire d'Etudes de Formation en Analyse Statistique (LEFAS). (2019). *Rapport de l'étude à mi-parcours du projet EFC*, p. 52

Community Engagement to Shift Perspectives about Girls, Early Marriage, and FGM

In **Kenya**, the Social Analysis and Action (SAA) approach was used to facilitate critical reflections and dialogues among parents at the community level to assess issues affecting adolescents' education and to use learnings from these to develop action plans to address barriers. Various participatory SAA tools were used to enable participants to open up about sensitive topics including FGM and ASRHR, explore associated perceptions and challenges, and understand root causes of such traditional practices as early marriage and FGM. Following their participation in the reflection and action cycle, parents from 23% of SAA groups reported community-based actions including task forces to facilitate discussions with community groups and use of the chiefs' *baraza* (local administration meetings) to discuss and promote parental support for adolescents' education and to discourage FGM and early marriage practices.⁸⁵ Parents in 45% of school communities were able to engage adolescents to discuss on teenage pregnancies, risky sexual behaviors and early marriage; while parents in 86% of school communities reached out to other parents to address issues affecting adolescents in their communities.⁸⁶

In **Cambodia**, the Know and Grow project used SAA to train teachers on gender equity and diversity issues and to facilitate reflection sessions on their attitudes towards boy and girl students. These reflection sessions enabled teachers and students to surface their biases and misperceptions about differences, including those based on gender and ethnicity. The project team also expanded the use of SAA to student councils and trained teachers to co-facilitate training sessions for students to facilitate greater student participation in the critical reflection sessions and action process of SAA. Priority issues for dialogue included early marriage, gender-based discrimination within households and schools, and other forms of GBV. Trained student council members shared information and led reflections among their peers through existing school-based platforms to dispel misconceptions and to foster greater acceptance of differences. Unconscious biases among teachers and students surfaced due to the implementation of the SAA tools, and these biases were addressed by the project team through discussions and explanations of the Do No Harm principle. For example, teachers who believe ethnic minority and Khmer students are equally intelligent increased from 68% at baseline to 72% at endline.⁸⁷

In **Mali** members of Mothers' Associations engaged in door-to-door campaigns to promote school enrollment and returning to school each September. These helped to sensitize parents about girls' enrollment and to understand households' financial constraints to supporting education. Members of Mother Associations and other school management bodies (School Management Committees, Pupil Tutor Associations) and community actor groups (Men Engage⁸⁸ groups, community VSLA groups and network of traditional and religious leaders) were actively engaged in promoting girls' rights. As key local partners, they received training on project topics and strategies enabling them to be actively involved in the implementation of project activities around raising parents' awareness on the importance of girls' education and regular school attendance while monitoring girls' safety and security against child marriage, harassment, GBV and other forms of abuse. They were also trained on establishing VSLA networks, serving as key influencers who brought greater awareness to parents tempted to force their teenage daughters into marriage.

⁸⁵ CARE Kenya. *Technical Brief: Social Analysis and Action (SAA) with Adolescents and Parents*, 2021, p. 6

⁸⁶ Adolescent Empowerment Project (AEP) PCTFI Cohort 3 Final Report 2021, p. 14

⁸⁷ Hoban, L. and J. Williams. *Know and Grow Project Endline Report*, October 2021, p. 9

⁸⁸ For more information on CARE's use of synchronized approaches to engage men and boys in combatting GBV and other forms of violence as well as addressing harmful social and gender norms, please see [CARE20EMB20Brief202.pdf](#).

In **Rwanda**, the SS4G project adapted CARE's flagship Community Scorecard approach by developing a school-based process involving both school leadership/management authorities as well as parents and learners--in particular, adolescent members of the clubs established and trained by the mentors. This approach allowed students, teachers, parents, and education/district authorities to jointly assess the school environment, focusing on factors impacting safety, attendance, drop out and transition, and develop improvement plans with trained facilitators. Evidence from the project's monitoring data shows improvement in schools following the roll out of the scorecard process, including the provision of private girls' rooms equipped with free sanitary towels; separation of toilets for boy and girls; roll out of a code of conduct for teachers and referral mechanisms between the schools and the existing service providers for GBV survivors. Girls also reported increased self-confidence and improved decision-making skills as they played an active role in monitoring implementation of improvement plans after the school score cards and raised concerns when their needs were not being met.

Moreover, participants' regular exposure to mentorship through saving groups is likely linked to changes in some leadership competencies among girls. The project's endline noted that "FGDs with male and female adolescents confirmed an increase self-confidence in expressing ideas and opinions. As such students responded in the affirmative that participating in the saving groups increased their capacity to express their thoughts and ideas at school and at home."⁸⁹ When asked who made the decisions about how to spend their savings, 58.5% of adolescents at baseline responded that they make these decisions on their own.⁹⁰ This proportion grew to 77% at midline⁹¹ and increased to 90.5% at endline. At the endline the most cited expenses include their own businesses (58%), clothing (57%), and school supplies (25.8%).⁹²

Despite an increase in adolescents' (boys' and girls') confidence in their leadership abilities, at the endline this has not translated into a significant change in their participation in decision making roles when compared to the baseline, especially for boys (26% compared to 22%).⁹³ By the endline, while both girls and boys were holding leadership roles, girls were reported to be more involved in youth organizations than boys. Participation in youth organizations dropped for boys compared to girls with male students 16 percentage points less likely to be involved in youth organizations by the endline as opposed to a two percentage points difference at the baseline.⁹⁴ While both girls and boys were also holding leadership positions, 28% of girls and 17% of boys were involved in leadership roles by the end of the project. This is compared to the results at the midline when more respondents (37% compared to 20% at baseline) reported holding leadership positions at home or at school.⁹⁵ The most common leadership roles surveyed students reported holding were "Chief of class" or "Class monitor" and "Classroom hygiene leader."⁹⁶

From the project's endline evaluation report, it appears that students agree at both baseline and endline that both women and men can become leaders if they study hard and finish school. They also recognize there are female leaders in their schools and communities. Interviews with teachers during the endline survey revealed that they may support female leadership as they all agreed that women have the right to hold leadership roles and or that a female president can be as effective as a male president.⁹⁷

⁸⁹ Grassroots Research. (2021). *SS4G Endline Evaluation Report*, p. 22

⁹⁰ JBS International. (2017). *Safe Schools for Girls (SS4G) and Better Environment for Education (BEE) Projects Baseline Report*, p. 24

⁹¹ Laterite. (2019). *Safe School for Girls Midline Evaluation Report*, p. 36

⁹² Grassroots Research. (2021). *SS4G Endline Evaluation Report*, p. 42

⁹³ Ibid, p. 36

⁹⁴ Ibid, p. 21

⁹⁵ Laterite. (2019). *Safe School for Girls Midline Evaluation Report*, p. 39

⁹⁶ Grassroots Research. (2021). *SS4G Endline Evaluation Report*, p. 23

⁹⁷ Ibid, p. 21

Recommendations

Building Assets and Agency

- Building the capacity, essential life skills, and confidence of adolescents and creating spaces for them to lead dialogues and change processes around gender inequality and GBV issues go a long way toward creating wider support within and outside of schools for adolescent empowerment.
- Adolescents should be involved in the design and implementation of GBV prevention and social norms change interventions in education and empowerment programming to effect relevant changes that are informed, owned, and led by adolescents themselves.
- Adolescents should be given opportunities to lead the agenda on what to prioritize and advocate for both within the informal community structures and within the formal institutions and to ensure alignment with their needs and realities.

Supportive Relationships, Networks and Norms

- Raising awareness of teachers, parents, women leaders, and community members to better understand issues of gender inequality and its impacts on education and well-being of adolescents is a critical step towards building a collective effort to support students to become champions and change agents for gender equality. As the project evaluation findings revealed, Identifying and working with existing viable and sustainable groups both within and outside of schools and at the community level are also essential.
- Addressing issues of gender inequality, GBV and discriminatory gender and social norms require the meaningful engagement of teachers, parents, and influential community members and decision makers as well as boys/male adults. To better address GBV and gender inequality at the household, school and community levels, more research is needed to understand different forms of violence, root causes, and impacts on education and health outcomes in each of these spaces. Collecting evidence to understand and recognize differences and similarities between boys' and girls' perceptions, lived experiences, and practices related to gender, social norms, and GBV is essential to effective program design and responsive and relevant interventions.
- Abstract concepts like gender, power relations, and social norms need to be unpacked and presented to the different target audiences and stakeholders in ways that are practical and relatable to their real-life situations. Demystifying gender equality as well as creating understanding and acceptance that gender is an issue that concerns everyone, and not just women and girls, is key to making progress toward gender equitable attitudes and practices. To this end, promoting the inclusion of men and boys in activities for gender equality and to address issues of GBV is important to create a sense of ownership and sustainability of positive changes.
- Teachers are regarded as 'gatekeepers' in many communities in preventing and mitigating GBV and fighting against the negative impacts of social norms within the classrooms, schools, and communities. Teachers can also carry biases and negative perceptions about girls' education due to lack of or limited awareness and training about the negative impacts of gender stereotypes or can be perpetrators of GBV and other forms of physical and mental abuse. Investments should be

made in sensitizing teachers about girls' right to education as well as GBV awareness and prevention.

- Teachers should be properly trained on child protection and safeguarding measures and sign a code of conduct clarifying acceptable and non-acceptable behaviors when engaging with children. Trained teachers who receive quality ongoing support know how and are often more willing to adapt their teaching approaches and lesson plans to promote inclusion, to encourage active participation, and to provide remedial support as needed to both boys and girls in the classroom.
- It is important to take precautions not to overburden teachers by integrating and streamlining gender, GBV, and prevention/mitigation strategies within existing activities and by providing training and coaching on how to integrate these issues in ways that are age-/developmentally appropriate.
- If youth clubs and peer groups are going to be leveraged to integrate approaches to promote gender equality and GBV prevention interventions, these need to be well connected with teachers and/or mentors.
- Recognizing the role and opportunities teachers have in defining gender roles and in understanding power dynamics is pertinent to effective behavioral change approaches for teachers and students as well as for the improvement of adolescents' self-confidence and agency, particularly for girls and other marginalized groups.

Supportive Structural Environment

- When working with young people, all staff, partners, and anyone coming in direct contact with them should under training on Safeguarding and Prevention of Sexual Harassment, Exploitation, and Abuse (PSHEA) policies.
- Addressing gender inequality, GBV, and negative social norms requires multisectoral approaches and collaboration including actors from health, education, and protection service providers as well as law enforcement and social services working together to safeguard the rights of adolescents to a life free from violence. Adolescent empowerment programs need to engage relevant sectors to provide comprehensive child protection and prevention guidance and support to reduce GBV and other forms of violence against girls and adolescents.
- When teachers and school administrators are properly trained on gender issues, including ASRHR and GBV, there is greater buy-in of curricula adaptations and ASRHR integration. Gender equity and diversity trainings are recommended for teachers, school administrators, school management committees and headmasters. Providing these would help to equip them with responsive tools to deepen and promote greater understanding of gender equity and diversity and to navigate challenging attitudes and sociocultural norms that perpetuate gender inequality.
- Programs also need to ensure teachers know what services are available within their areas and which key community actors are serving as focal points to facilitate collaboration and referrals as needed. To that end, proper referral mechanisms need to be put in place to ensure GBV cases are reported and managed properly, and appropriate support is provided to survivors while ensuring the privacy/safety of survivors and/or whistleblowers. It is also important to establish networking and referral linkages with relevant service providers including the provision of mental health and

psychological first aid (PFA).

Key contacts:

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Annex 1. Snapshot of country interventions to integrate gender equity, prevention and mitigation of gender-based violence (GBV)

Cambodia	Nepal	Kenya
Conducted gender training to teachers to improve sensitization about girls' right to education and GBV awareness and prevention, including challenging teachers to do gender audits of their materials.	Enabled girls' access to accelerated learning programs (for those who have either dropped out or never been to school) offering the choice to transition into formal education or to establish independent livelihoods.	Promoted positive shifts in community perspectives about girls' education by improving gender equality, GBV awareness and prevention, including early marriage and FGM.
Trained teachers and adolescents on Social Analysis and Action (SAA) ³ approach to address gender and social norms.	Promoted economic empowerment through the formation of 19 VSLA (savings and loan) groups and financial literacy training.	Established platforms for open dialogues and critical reflections among adolescents at the school levels and parents at the community level on harmful norms, behaviors and practices using the SAA approach tailored for the different age groups.
Limited gender training was also provided to student club members.	Established Girls' Collectives to provide girls with a platform for networking amongst themselves and to plan advocacy efforts.	The application of youth leadership competencies including self-confidence was promoted through SAA, encouraging adolescents to open up about sensitive topics, to explore issues affecting their education and well-being, and to take action.
Promoted girls to engage in STEM.	Work with mother schools (government schools) for the successful transitioning of girls into formal schools after completing the accelerated education (Udaan) program.	Placement info
Teacher observations and coaching emphasized gender equitable practices including challenging gender stereotypes.	Placement info	Placement info

Rwanda	Mali
Address obstacles for pursuing secondary education - academic resources provision, financial literacy training, ASRHR education, and leadership training.	Improved advocacy strategy and community mechanisms to combat GBV and orient/refer communities towards adapted services (health clinics).
Coaching and guidance on use of a referral mechanism for sexual and gender-based violence (SGBV).	Sensitized and supported men to become agents of change.
Formed student clubs, parent-teacher committees, and school mentors to enable safer and accessible processes for referrals and support.	Promoted VSLA groups among students, enhancing education sponsorship and providing a safe space for community dialogues on sensitive topics (e.g., child marriage, GBV, ASRHR).
Engaged male students as girls' education advocates in supporting girl students and raising awareness around the value of girls' education within families and communities; and promoting behavior change among peers (positive masculinity).	Trained teachers and school administrators on ASRHR & GBV for greater buy-in and support around ASRHR/GBV prevention curricula integration.
Implemented social accountability (school based and adolescents led score card process) as a mechanism to improve school environment, promote and support adolescent girl's attendance, retention and transition (establishment of girls' rooms, provision of free sanitary pads, ensure availability of water in most of the schools)	Innovative digital approaches were deployed (e.g., M-platform, text messaging) to promote adolescent engagement in discussions around ASRHR and GBV, among other challenging topics.



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