

# ADOLESCENT GIRLS' HEALTH AND PROTECTION IN PERU



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## GOAL

Improve the capacity of services to respond to the health needs of adolescents, in particular adolescent girls, in a timely manner and prevent all forms of violence in schools and other services.

**FUNDING: US\$750,000 to UNICEF USA**

## WHO WILL BENEFIT



Adolescents, especially girls, must have opportunities to empower themselves so they can speak up for their rights and develop the self-confidence and autonomy needed to take control of their lives and bodies. Significant inequities based on gender, age, geographic location, ethnicity and income persist for many Peruvian adolescents. Indigenous adolescent females living in a rural area are most likely to be impacted with various conditions of exclusion. UNICEF is therefore supporting the development of protective and healthy environments for adolescents—particularly adolescent girls—including at schools.

Four key regions were selected due to high levels of vulnerability, limited capacity of local services and operators, and geographic diversity: Amazonian (Ucayali and Loreto), Andean (Huancavelica) and Northern Lima (rural/urban). The project is expected to reach 50,364 adolescents (24,829 girls) in these four regions.

## SPECIFIC OBJECTIVES

The program aims to achieve two primary outcomes:

1. Health sector provides quality and comprehensive adolescent care with an emphasis on strengthening resilience and violence prevention and develops pilot program to support adolescent parents and prevent a second pregnancy.
2. Protection and education sectors have improved their abilities to promote health and prevent violence in schools.

## PROJECT HISTORY AND TIMELINE



## FAST FACTS

- 40% of Peruvian adolescents between 12 and 17 years old experienced domestic violence in a one-year period, while 44% experienced school violence.
- 30% of Peruvian children and adolescents (from the age of 8) experience physical punishment in schools.
- In 2020, national coverage of comprehensive health care for adolescents dropped by 63% compared to the coverage achieved in 2019. National coverage of adolescents who received mental health care fell by 50%.
- Ucayali, Loreto and Huancavelica were among the eight regions with the highest rates of child marriage and early unions. They also have higher rates of adolescent pregnancy and corporal punishment.
- The national average of sexual violence cases reported is 16.6% with Loreto (33.8%) and Huancavelica (19.8%) reporting the highest rates.
- 82% of sexual violence cases are reported by girls, who also report higher levels of online violence.

## STRATEGIES FOR SUCCESS

- Develop intercultural and gender-sensitive guidelines and/or protocols to address adolescent mental health problems.
- Strengthen the competencies of health personnel in the mental health and violence prevention guidelines and protocols.
- Provide in-service technical support in mental health care of children and adolescents for health personnel in Huancavelica.
- Implement a communication strategy to improve adolescents' access to information and services related to their health, development and violence prevention in Loreto.
- Design and apply an adolescent parenting and second pregnancy prevention intervention program in Loreto.
- Implement strategies that promote healthy lifestyles and environments in prioritized secondary schools.
- Incorporate UNICEF's Violence Prevention Model into the Ministry of Education's national strategy to reach schools with the highest level of violence.
- Build a parenting strategy to strengthen families' ability to provide positive discipline, promote gender equality and manage stressful situations in collaboration with the private sector.

*Adolescents, especially girls, in Peru have traditionally faced limitations in accessing sexual and reproductive health services and comprehensive sex education, but these limitations have been exacerbated by the pandemic.*

## EXPECTED OUTCOMES



Health services are strengthened to provide comprehensive, culturally relevant and gender-sensitive health care for adolescents, with an emphasis on addressing their mental health and preventing violence.



Adolescent parenting intervention is piloted to inform the development of public policies and programs.



Cross-sectoral, gender-sensitive and culturally relevant strategies implemented and evaluated to promote health and prevent and address all types of violence in schools.



160 health personnel are trained in strengthening resilience and violence prevention guidelines and protocols.



12 schools (benefiting nearly 6,000 students) will have institutionalized health promotion activities that promote healthy lifestyles and environments.



30 schools will implement the School Violence Prevention Model.



10 schools will implement school program to promote the safe and responsible use of information and communications technology.



# HER HEALTH AND DIGNITY, OUR PRIORITY



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## GOAL

All women and girls in Papua New Guinea and Timor-Leste live life free from violence.

**FUNDING: US\$750,000  
to UNFPA**

## WHO WILL BENEFIT



## SPECIFIC OBJECTIVES

Women and girls who experience violence use quality essential services, including for long-term recovery from violence, in Papua New Guinea and Timor-Leste.

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed differences between males and females. It includes acts that inflict physical, sexual and mental harm or suffering, threats of such acts, coercion and other deprivation of liberty. These acts can occur in public or in private.

Despite growing awareness of GBV and extensive work done by governments, women's organizations and other partners, many women and girls who are subjected to violence still lack access to essential services that support their safety, health and access to justice. Lack of a survivor-centered approach to GBV service provision is a key challenge in the delivery of GBV response services in the Asia-Pacific region, including in Papua New Guinea and Timor-Leste.

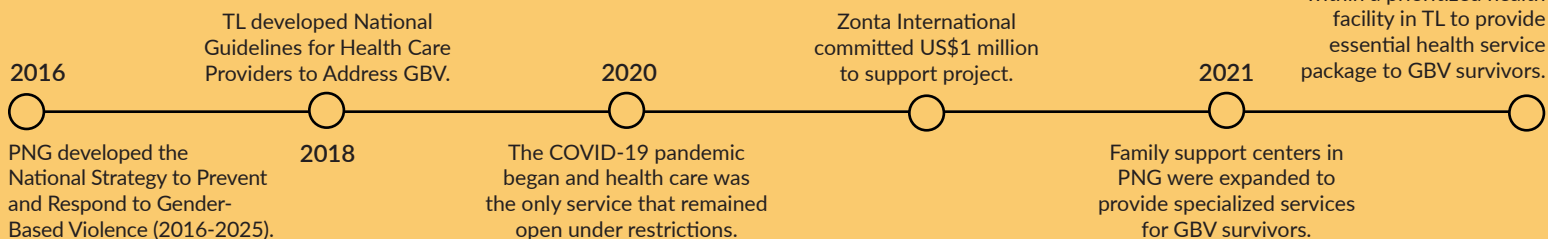
For many women, a visit to a health facility may be her first effort to seek help and the only chance to receive support and care, as

well as to escape a situation of abuse. It is crucial, therefore, that all health-care providers are equipped with adequate knowledge and skills to effectively identify and treat survivors of violence, including through clinical interventions, provision of emotional and psycho-social support and referral to other specific services that the survivor may wish to access.

Building on Phase I of the initiative, Phase II will expand the strengthening of skills, knowledge and capacities of GBV responders, including health care providers in additional geographic areas in Papua New Guinea (PNG) and Timor-Leste (TL). Phase II will both expand the geographic coverage of the interventions and institutionalize the interventions within government systems for sustainability.

There will be an estimated 578,000 beneficiaries in PNG and an estimated 74,000 in TL.

## PROJECT HISTORY AND TIMELINE





## FAST FACTS

- Gender-based violence has detrimental and long-lasting consequences to the well-being, health and safety of women and girls, along with economic consequences, effects on educational outcomes, and impact on the productivity and development of societies and countries.
- 56% of Papua New Guinean women (15 to 49) women have experienced physical violence with an intimate partner, while 28% experienced sexual violence in their lifetime.
- 63% of Papua New Guinean women who are or have been married have experienced physical, sexual or emotional violence from their spouse.
- Almost two out of every three Timorese women (15 to 49) have experienced intimate partner violence.
- In TL, more than three out of four women and men believe a man is justified in physically beating his wife.



## STRATEGIES FOR SUCCESS

- Develop capacity of GBV response services providers on international guidelines on essential services packages for women and girls subjected to violence.
- Provide technical guidance for development of guidelines on multi-sectoral coordination and referral for timely and quality response to GBV survivors.
- Deliver technical guidance for the institutionalization of GBV case management.
- Generate evidence on locally adapted interventions that prove to be effective in strengthening GBV multi-sectoral response
- Support policy advocacy to assist governments in institutionalizing international standards on GBV service provision.

*Gendered norms, structures and practices both underpin GBV and create substantive barriers to effective implementation of prevention and response interventions.*



## EXPECTED OUTCOMES



Health Ministries in PNG and TL adopt and institutionalize international standards and guidelines for survivor-centered GBV services through health sector.



National and sub-national governments develop and adopt GBV referral systems and GBV Standard Operating Guidelines.



Relevant government authorities and service providers have the knowledge, skills and resources to provide quality GBV case management.



All project sites have functional referral pathways established in line with global guidelines.



At least 70% of project-trained health practitioners demonstrate an 80% increase in knowledge on survivor-centered principles for GBV response.



# ENGAGING GIRLS ON CLIMATE CHANGE IN MADAGASCAR



## GOAL

Support girls and a generation of children and adolescents by providing environmental education in Madagascar through child-friendly schools.

**FUNDING: US\$500,000  
to UNICEF USA**

## WHO WILL BENEFIT



This project will help UNICEF enable children, particularly girls, to learn in safe and inclusive environment and empower them to take actions to change and to build climate-resilient communities. The targeted beneficiaries are more than 1,000 students (approximately 540 girls), 750 teachers, and residents of school communities in Beloha and Ambovombe districts in the region of Androy, the drought-prone region of the South.

Approximately 119,000 students (including 66,000 girls) and 1,500 teachers at 700 primary schools will indirectly impact from school health and environmental action plans.

The project will not only provide impact in the immediate and short-term, but also create robust enabling environments in which successful projects can be replicated at scale and be sustained in the long-term, thereby multiplying the impact on women, girls and boys over time.

## SPECIFIC OBJECTIVES

1. Enable children to learn in safe and inclusive environments and empower them to take actions to build climate-resilient communities.
2. Support Madagascar in meeting water, sanitation and hygiene (WASH) sustainable development goals (SDGs), while also contributing to improving the quality of children's education, especially girls, through environmental conservation and education initiatives.

## PROJECT HISTORY

Disaster Risk Reduction and Education for Sustainable Development are major objectives of Madagascar's National Education Plan.

In Madagascar, the new curricula for the first nine years of basic education have increased teaching and learning about the environment.

UNICEF works across Madagascar on curriculum reform with specific support for environmental education in all 9,200 primary and lower secondary schools within seven regions.



## FAST FACTS

- Deforestation has impacted approximately 94% of Madagascar's previously forested lands. Almost 40% of forest cover disappeared between the 1950s and 2000, including the reduction of almost 80% of Madagascar's "core forest."
- 41% of the Madagascan population has access to basic water services; 17% to basic sanitation services and 23% to basic hygiene services.
- 81% of schools lack safe water and 31% lack basic latrines.



## STRATEGIES FOR SUCCESS

- Promote the role of children, schools, regions and districts in awareness-raising initiatives to preserve the environment, improve the quality of life and increase resilience in the face of climate change.
- Improve the quality of teaching and learning that supports environmental protection and sustainable development.
- Build the capacity of children, schools, regions and districts to contribute to initiatives on reforestation and water conservation, the creation of school gardens, and the regular cleaning and improvement of school and home environments.
- Deliver training and coaching activities through a pool of trainers from the Ministry of Education, the Ministry of Environment and Sustainable Development, and the CREE Research Center for Environmental Education (CREE).
- Develop school health and environmental plans at 700 primary schools, and provide skilled coaching to each school on how to implement their environmental action plan. A school competition for the best environmental action plan will take place, and prizes will be distributed.

*This project will enable children, particularly girls, to learn in a safe and inclusive environment and empower them to take actions to change and to build climate-resilient communities.*

## EXPECTED OUTCOMES



At least 1,000 students (including about 540 girls) and 1,500 teachers will be trained on water conservation, environmental education and menstrual health and hygiene.



Schools become child-friendly institutions that offer impactful environmental learning experiences that address gender, disability, language and other factors as they relate to learning about and being impacted by the environment.



Five pilot schools will promote environmental education and reinforce hygiene and sanitation behaviors that promote children's access to education through gardens managed by child clubs under the supervision of schoolteachers. Training will be provided on the effects of climate change (e.g., droughts, floods, extreme heat, saltwater intrusion, etc.) and participants will receive information on environmental education, water conservation, solid waste sorting and management, WASH and infection prevention and control.



Sanitation, hygiene and water conservation practices will be promoted in the villages around the five pilot schools, and community members will be educated about the impacts of climate change through trained healthcare workers, teachers, parents and students.



At least 750 teachers at 700 primary schools will receive training on climate and environment, sanitation and hygiene practices, clean school environment and the development of disaster risk plans to enable learning to continue during natural disasters.



# GLOBAL PROGRAMME TO END CHILD MARRIAGE



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## GOAL

Scale up the Global Programme's activities to protect and empower girls, and ultimately help bring an end to the practice of child marriage.

## WHO WILL BENEFIT



The program's priority is engaging adolescent girls as key agents of change in the following 12 countries with high prevalence of child marriage: Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Mozambique, Nepal, Niger, Sierra Leone, Uganda, Yemen and Zambia.

## PHASE I (2016-2019)

In Phase I, almost 8 million adolescent girls were reached with life skills and school support, 39 million individuals engaged in community-based behavior change, and 26,000 schools strengthened their adolescent girl-friendly education.

## PHASE II (2020-2024)

Zonta International's continued support will help advance the Global Programme's realization of its vision in which girls everywhere experience healthier, safer and more empowered life transitions while they maintain control of their own destiny by making informed choices and decisions about their education, sexuality, marriage and childbearing. These positive changes hold the potential to transform the lives of millions of girls and families all around the world, helping them enjoy their childhood and reach a brighter future.

**FUNDING: US\$1,200,000 to UNFPA and UNICEF via UNICEF USA**

## SPECIFIC OBJECTIVES

1. Elevate the voice and agency of adolescent girls by:
  - a. Empowering marginalized adolescent girls through skills development and knowledge building.
  - b. Promoting gender equality in adolescent girls' families and communities.
2. Increase resources and opportunities for adolescent girls and their families by:
  - a. Strengthening education, health and child protection systems.
  - b. Addressing the ways that poverty drives the practice of child marriage.
3. Enhance legal and political action to prevent child marriage and to support married, divorced or widowed adolescent girls by:
  - a. Helping governments strengthen their plans to end child marriage.
  - b. Building the capacity of governments to make data-driven decisions and implement evidence-driven programs.

## PROJECT HISTORY AND TIMELINE

2016



UNICEF and the UNFPA joined forces to launch the Global Programme to Accelerate Action to End Child Marriage.

Zonta International began supporting Phase I with a pledge of US\$2 million.

2018



2020



Phase II was launched and Zonta International pledged an additional US\$1.5 million.

More than 4 million adolescent girls were reached in 2020 alone.



## FAST FACTS

- Globally, 21% of girls are married while they are still children, robbing them of their childhood.
- In the last decade, about 25 million child marriages have been prevented.
- Due to COVID-19, an additional 10 million girls are at risk of becoming child brides by 2030.
- The COVID-19 pandemic is fueling increased risk for child marriages by interrupting education, creating food and economic insecurity, disrupting programs and services, increasing adolescent pregnancy, and causing deaths of parents and caregivers.

## STRATEGIES FOR SUCCESS

- Provide support to adolescent girls to help them enroll in school, remain in school and successfully make the transition from primary to secondary education.
- Support adolescent girls with information, skills and support networks so they are able to make effective choices about their lives, understand their rights, and express their opinions.
- Help improve literacy and teach girls about sexual reproductive health, financial competencies, gender equality and building healthy relationships.
- Engage with men and boys in gender equality work, challenging toxic masculinities and instead empowering them to become agents of positive change on gendered norms, attitudes and behavior.
- Support health and child protection systems in implementing guidelines, protocols and standards for adolescent-friendly and gender-responsive services for adolescent girls who are unmarried, married, divorced, widowed, pregnant or already have children.
- Partner with governments, civil society organizations and other implementing organizations to ensure that social protection, poverty reduction and economic empowerment programs and services are adolescent-friendly, gender-responsive and reaching the most vulnerable adolescent girls and their families.
- Work with key ministries responsible for the implementation of the national child-protection system and key ministries working to end violence against women and girls.
- Provide technical support to governments to help them enact, enforce and uphold laws and policies aimed at preventing child marriage, protecting those at risk, and addressing the needs of girls already married.
- Increase the generation, sharing and use of robust data and evidence on adolescent girls for advocacy, programming, learning and tracking progress.

## EXPECTED OUTCOMES



Enhance knowledge, skills and attitudes of marginalized adolescent girls on matters such as their rights, relationships, sexual and reproductive health, and financial literacy, including in humanitarian contexts.



Adolescent boys, families, traditional and religious leaders, community groups, and other influencers demonstrate more gender-equitable attitudes and support for girls' rights.



Capacity of education, health, child protection and gender-based violence (GBV) systems is increased to deliver coordinated, quality programs and services that meet the needs of adolescent girls and their families, including in humanitarian contexts.



Capacity of national and sub-national social protection, poverty reduction and economic empowerment programs and services is increased to respond to the needs of the poorest adolescent girls and their families, including in humanitarian contexts.



Governments' capacities are increased to coordinate and implement national and sub-national action plans and systems to end child marriage.



Capacity of governments and non-government organizations is increased to generate, disseminate and use quality and timely evidence to inform policy and program design, track progress, and document lessons.

*This is an exciting time, when the Global Programme will focus on using the power of a critical mass of girls, families, communities and strengthened systems to further accelerate progress on a larger scale.*



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EMPOWERING WOMEN  
THROUGH SERVICE & ADVOCACY