Adolescent Girls’ Health and Protection in Peru

2020-2022 Project Description

2020-2022 Funding:
US$1,000,000 to UNICEF USA

Goal:
Improve the capacity of services to respond to the health needs of adolescents—especially girls—in a timely manner and prevent violence in schools in the regions of Huancavelica and Ucayali.

Specific objectives:
• Improve the response of the health sector in the provision of quality, comprehensive and differentiated adolescent care, with an emphasis on mental health care and violence prevention for girls.
• Improve the capacity of the protection and education sectors to promote health and prevent and address all types of violence in schools, especially gender-based violence, in a timely manner.

The Adolescent Girls’ Health and Protection project will contribute to guaranteeing the rights of indigenous and rural adolescents, especially girls, and respond to their needs by preventing pregnancy, addressing mental health concerns and providing a protective environment from violence by providing quality, gender-sensitive, and culturally adapted health, education and protection services.

Defined by the Peruvian government as the ages of 12 to 17, adolescents constitute 11.2% of the population, or 3.5 million people. Until recently, UNICEF’s program interventions for children focused on younger age groups, while services for adults are not designed to cater for the distinct needs of adolescents.

The project will benefit:
• 31,082 adolescents (approximately 15,230 girls)
• 100 health personnel from 10 health care establishments
• 72 principals and teachers in 24 schools
• 14,000 families of adolescent beneficiaries

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Adolescents in Huancavelica and Ucayali

- In Huancavelica, 64.1% of adolescents used a health service. Of these, 54.2% accessed the adolescent comprehensive health care plan.
- Only 36.3% of adolescents who accessed that comprehensive health care plan were screened for nutritional status and only 53.8% were screened for violence.
- 57.2% of adolescents in Huancavelica complete secondary school, and 14.1% of adolescent girls there are either pregnant or already mothers.
- In Ucayali, 40,935 adolescents used an outpatient health service. Of these, only 12.7% initiated an adolescent comprehensive health care package, and just 4.4% completed it.
- 58.2% of adolescents in Ucayali complete secondary school, and 20.2% of adolescent girls are either pregnant or already mothers.

Data is from 2018.

Strategies

- Develop and/or update adolescent health care guidelines and/or protocols (e.g., the active identification of cases of violence against children) with the active participation of adolescents, especially girls.
- Implement an in-service training program for health care and other service providers in adolescent health. The five training modules are: adolescent sexual and reproductive health; adolescent mental health; nutrition; gender and adolescent health; and effective management of adolescent health services.
- Carry out a communication strategy to improve adolescents’ access to information and services related to their health and integral development.
- Strengthen communication and referral mechanisms between health and protection services in project areas.
- Build the capacity of health personnel to provide adequate response to cases of sexual violence.
- Implement strategies that promote a healthy lifestyle and environment in secondary schools, including advocacy activities to ensure that health promotion is being prioritized within the school’s annual plans, high-quality reproductive health education, technical assistance and support for the implementation of the Health Kiosk Guidelines, and the development of plans to improve school environments (e.g., clearing fields for recreational spaces, improving toilets, etc.).
- Design, evaluate and implement methodologies for violence prevention in schools, with an emphasis on violence experienced by girls in project regions.
- Develop a diagnostic and monitoring tool for school coexistence and violence prevention in project schools.
- Train school principals and teachers on response protocols to in-school violence, and disseminate in-school violence reporting mechanisms amongst the education community.
- Strengthen mechanisms to implement administrative sanctions at the national and sub-national levels for in-school violence committed by adults.

Expected Outcomes

- 10% increase in number of adolescents screened for mental health problems in project health facilities.
- 5% increase in number of adolescents with comprehensive health care in project health facilities.
- 100 health care professionals receive training on adolescent-friendly health care and how to provide adequate response to cases of sexual violence.
- 10 health facilities are trained to respond to cases of physical, psychological or sexual violence in coordination with other services.
- Eight project schools provide students with health promotion activities related to mental or sexual health and nutrition.
- 24 schools provide health promotion activities that promote healthy lifestyles and environments and implement validated physical, sexual and gender-based violence prevention and school-based response strategies.
- 72 principals and teachers are trained to recognize violence and implement violence response protocols using reporting mechanisms.
Delivering Survivor-Centered Response to Gender-Based Violence Survivors in Papua New Guinea and Timor-Leste

2020-2022 Funding: US$1,000,000 to UNFPA

Goal: All women and girls in Papua New Guinea (PNG) and Timor-Leste live life free from violence.

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

Background: 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.

Despite growing awareness of GBV as a life-threatening violation of human rights, poor quality of services and lack of coordination among multiple response sectors have been a major impediment for effective response to GBV in Asia and the Pacific region.

Strengthening National Capacities of Health Sector in Papua New Guinea and Timor-Leste to Deliver Survivor-Centered Response to Gender-Based Violence Survivors will focus on two countries in the region with the highest level of lifetime prevalence of intimate partner violence—PNG (68%) and Timor-Leste (59%). This initiative will build on the strong global and regional evidence base on what works for effective response to GBV. The project will serve approximately 418,067 beneficiaries in PNG and 100,350 beneficiaries in Timor-Leste.
GBV in Papua New Guinea and Timor-Leste

- The magnitude of GBV in PNG is considered to be of epidemic proportions. In a recent study, 68% of women reported having experienced some form of physical and/or sexual violence in their lifetime.
- A 2012 study of male perpetration of violence conducted in the Autonomous Region of Bougainville, PNG, found that 87.6% of men admitted to physical, emotional and/or economic abuse against their intimate partner.
- GBV remains one of the most pervasive human rights concerns in Timor-Leste, with almost two out of every three women (15-49 years) reporting having experienced intimate partner violence in their lifetime.
- In Timor-Leste, tolerance for GBV is high with more than three of four women and men believing a man is justified in physically beating his wife.

Strategies

- Conduct assessment of health sector’s capacity to respond to GBV cases in select sites.
- Develop an in-service training package for health service providers on health sector response to GBV based on World Health Organization (WHO) curriculum for health workers to respond to GBV.
- Conduct cascade training to build capacities of health staff, including related to confidentiality and delivering targeted services for distinct groups of women and girls.
- Establish, within prioritized health facilities in Timor-Leste, spaces to provide LIVES (Listen, Inquire, Validate, Enhance Safety and Support) and other components of essential health service package as required ensuring confidentiality and privacy.
- Provide technical assistance through development of teaching aid materials to integrate content about the identification of, response to and referral of GBV in pre-service curriculum building on WHO guidelines and tools.
- Strengthen health care providers’ participation in GBV referral pathways and case management system to ensure a strong multi-sectoral response to GBV in all project sites.
- Expand Family Support Centers for provision of comprehensive GBV response services in three provinces of PNG.
- Conduct research on the implementation of health sector guidelines to address GBV in PNG and Timor-Leste.
- Organize joint trainings of multi-sectoral GBV response teams in project sites on survivor centered case management and referral.
- Plan community awareness activities on the health impact of GBV and the availability of services, including health services.
- Develop informational brochures on GBV referral pathway with contact information of GBV response service providers per project site.
- Conduct action research on implementation of the survivor-centered health sector response and its impact.

Expected Outcomes

Health service providers at national and sub-national levels in selected sites in Papua New Guinea and Timor-Leste will have the knowledge and capacity to deliver quality essential health services to GBV survivors in line with global guidelines.

Relevant government authorities at national and sub-national levels in Papua New Guinea and Timor-Leste will have the capacity to establish a multi-sectoral GBV coordination mechanism.

All project sites have functional referral paths 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.
Let Us Learn Madagascar
Empowering Girls Through Education: Phase III

**2020-2022 Funding:**
US$500,000 to UNICEF USA

**Goal:**
Address education and gender inequity in Madagascar through approaches targeted toward adolescent girls.

**Specific objectives:**
- Ensure that more children, particularly girls (who drop out at higher levels in the post-primary level) have access to post-primary education and stay in school.
- Ensure that Madagascar’s education system has the capacity to offer quality teaching for enhanced learning outcomes.

**Let Us Learn** is an integrated education program that is creating opportunities for vulnerable and excluded children, particularly girls, in Madagascar.

The program will be implemented in the Androy and Atsimo Andrefana regions and will support children as they transition from primary to lower secondary school.

Nationwide, one in four children aged 6–10 does not attend primary school and one in three children aged 11–14 does not attend lower secondary school. By providing vulnerable girls with opportunities to realize their right to an education in a secure and protective environment, Let Us Learn aims to reduce poverty and ultimately empower Madagascar’s next generation of female leaders.

Let Us Learn’s comprehensive approach engages multiple sectors—including education, social protection, child protection and sanitation—to address the systemic challenges faced by adolescents, particularly girls, in the two targeted regions.

A total of 45,214 children (52 percent girls) will benefit from the program over the next two years.

From 2016–2020, Zonta International contributed US$2 million to the Let Us Learn project, financing the program in the regions of Anosy, Androy and Atsimo Andrefana. Following is a snapshot of some key results.
Results to date

- **1,564 households**, caring for 4,793 children under 18, received a conditional cash transfer.
- **72,000 students** (36,585 girls) learned in classes facilitated by more than 3,000 teachers supported through trainings or teaching materials.
- **200 children** benefited from four new classrooms.
- Approximately **16,800 community members** were engaged on the importance of post-primary education, the risks and disadvantages related to early marriage and other child protection issues.
- **88 children’s clubs** were established to promote children’s rights in lower secondary schools.
- **937 out-of-school children** benefited from catch-up classes and returned to school.
- **396 teachers** in 109 lower secondary schools in Atsimo Andrefana had their teaching practices strengthened during visits by 27 pedagogical support providers.

Strategies

- Construct two classrooms—complete with latrines, a water point and equipment—to improve the learning environment and increase access to post-secondary education.
- Identify out-of-school children at the lower secondary level and provide them with alternative schooling so they can catch up with their peers and re integrate into the formal school system.
- Provide monthly or bi-monthly cash transfers to the female head of the household to allow families to meet basic needs like food, water and medicines, thereby reducing the multiple deprivations they face, as well as freeing up other household income to support education costs.
- Address the issue of violence in schools and the interlinkages between violence in communities and violence in schools through child protection activities.
- Continue training support for teachers and school personnel on child rights.
- Establish one children’s club per school and train club leaders to implement action plans for awareness sessions on child rights/child protection in schools and communities.
- Support the adoption of a code of conduct against violence at the region level.
- Strengthen the referral and intake services for children who are victims of violence, both in schools and in the community.
- Train pedagogical advisers, trainers and school principals so they can provide efficient and result-based pedagogical support to teachers.
- Distribute learning and teaching materials in schools that are in line with curriculum reform.
- Provide local training and formative supervision of teachers by trained trainers and educational staff, including on sexual and reproductive health and life skills.
- Support effective application of annual work plans and the production of regional statistical yearbooks, essential monitoring, and evaluation mechanisms via UNICEF’s regional technical assistants (field-based officers).
- Support Life Skills Sessions that guide adolescents in discussions to help them adopt practices to prevent violence, protect themselves and their peers, and succeed in school.

Expected Outcomes

- **Around 100 children** will learn in two new classrooms, which will be complete with latrines, a water point, and equipment.
- **100 schools** will receive pedagogical materials annually.
- **100 school principals** will be trained.
- **100 follow-up monitoring visits** and activities will be conducted by the pedagogical support officers.
- **750 households** will benefit from conditional cash transfers.
- **700 children** (at least 50 percent girls) will be reintegrated into school after attending catch-up classes.
- **3,500 children** will have increased knowledge of life skills that support their well-being and healthy development.
- Eight school districts will be supported to implement a code of conduct against violence in schools and to develop a functional intake and referral mechanism for child victims of violence and exploitation.
- **114 children’s clubs** will be established to implement plans of action to raise awareness in their schools and communities about the issue of violence.
- **1,600 children** at risk and victims of violence and exploitation in schools and communities will benefit from medical, legal, or social support.
Ending Child Marriage

A Program to Accelerate Global Action: Phase II

2020-2022 Funding:
US$1,500,000 to UNFPA and UNICEF via UNICEF USA

Child marriage is globally recognized as a harmful practice and a human rights violation. Despite laws against it, the practice remains widespread and can be found in cultures, religions, ethnicities and countries around the world. Globally, 21% of girls are married before they turn 18, robbing them of their childhood.

Ending child marriage requires addressing, over a period of time, the complex sociocultural and structural factors underpinning the practice. As a result, the Global Programme to End Child Marriage was designed to cover 15 years through 2030. During this time, the priority remains on 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.


Overall goals of Phase II:
1. Elevate the voice and agency of adolescent girls by:
   • Empowering marginalized adolescent girls through life skills and knowledge building.
   • Promoting gender equality in girls’ families and communities.

2. Increase resources and opportunities for adolescent girls and their families by:
   • Strengthening education, health and child protection systems.
   • 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:
   • Helping governments strengthen their plans to end child marriage.
   • Building the capacity of governments to make data-driven decisions and implement evidence-driven programs.
Results to date

During Phase I, the Global Programme surpassed its targets, reaching millions of people in the 12 program countries with interventions designed to end child marriage. The following progress was made during Phase I:

- **8.7 million girls** were reached through 2019.
- **46,000 service delivery points** have improved services for adolescent girls.
- **5.3 million community members** were reached with community dialogue on ending child marriage.
- **8,000 schools** improved quality of girls’ education.
- **11 of the 12 countries** have national strategies addressing child marriage, out of which six are budgeted and implemented.
- **More than 125 studies** have been conducted to inform programming and policy making.

### Strategies

1. **Create and expand opportunities for the empowerment of adolescent girls.**
   a. Improve literacy and provide girls with information about sexual reproductive health, financial competencies, gender equality and building healthy relationships.
   b. Provide support to adolescent girls to help them enroll and remain in school.

2. **Promote a supportive and gender equal environment.**
   a. Engage men and boys in gender equality work, challenging toxic masculinities and empowering them to become agents of positive change.
   b. Engage families, communities, traditional and religious leaders, and other influencers in dialogue and consensus-building programs on alternatives to child marriage (including education), the rights of adolescent girls and gender equality.

3. **Strengthen governance to prevent child marriage.**
   a. Provide technical support to governments in order to help them enact, enforce and uphold laws and policies that are in line with international human rights standards aimed at preventing child marriage.
   b. Work with key ministries responsible for the implementation of the national child-protection system.

4. **Enhance sustainability and impact of child marriage programs.**
   a. Increase the generation, sharing and use of robust data and evidence on adolescent girls for advocacy, programming, learning and tracking progress.

5. **Build partnerships.**
   a. Partner with governments and 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.
   b. Support women’s organizations and youth-led organizations to mobilize the voices of marginalized girls, challenge harmful social norms, and promote gender equality.

### Expected Outcomes

- Marginalized adolescent girls improve their knowledge, skills and attitudes on 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.

- Education, health, child protection and gender-based violence systems increase capacity to deliver coordinated, quality programs and services that meet the needs of adolescent girls and their families, including in humanitarian contexts.

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

- Governments increase capacity to coordinate and implement national and sub-national action plans and systems to end child marriage.

- Governments and NGOs increase capacity to generate, disseminate and use quality and timely evidence to inform policy and program design, track progress and document lessons.