TECHNICAL NOTE ON ADOLESCENT GIRL-RESPONSIVE SYSTEMS

BACKGROUND AND PURPOSE

The purpose of this technical note is:

1 To facilitate the exchange of knowledge and good practices to promote systems that are gender-equitable and responsive to the rights and needs of adolescent girls; and

2 To provide practical guidance on the application of key concepts and effective programming approaches.

The United Nations Population Fund (UNFPA)–United Nations Children's Fund (UNICEF) Global Programme to End Child Marriage (the Global Programme) works with many partners to advocate and support practical actions to end child marriage, and to promote gender equality and the empowerment of adolescent girls. This technical note illustrates how systems for education, health, gender-based violence and child protection, and social protection can coordinate action and contribute to the safety, health and learning of adolescent girls, and build opportunities for them. This note builds on previous technical notes from the Global Programme on gender-transformative approaches[1] and on convergent programming.[2] It is evidence-based and informed by promising practices of UNFPA, UNICEF and partner agencies.

DEFINITIONS

Education system: A complex network of participants (government agencies, public and private providers, individuals, communities and civil society organizations) concerned with the provision, financing and regulation of learning services and the functional and power relationships and accountability mechanisms that connect them. It comprises the entirety of how education services and institutions are organized, governed, operated and financed; physical infrastructure and inputs; content and pedagogy; learning environment; human resources, including teachers and administrative staff; and accountability and assessment.[3,4]

Health system: All the activities whose primary purpose is to promote, restore and/or maintain health; the people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve, protecting them against ill health, and responding to people's legitimate expectations. Health systems have several core components: leadership and governance (stewardship), service delivery, health workforce,
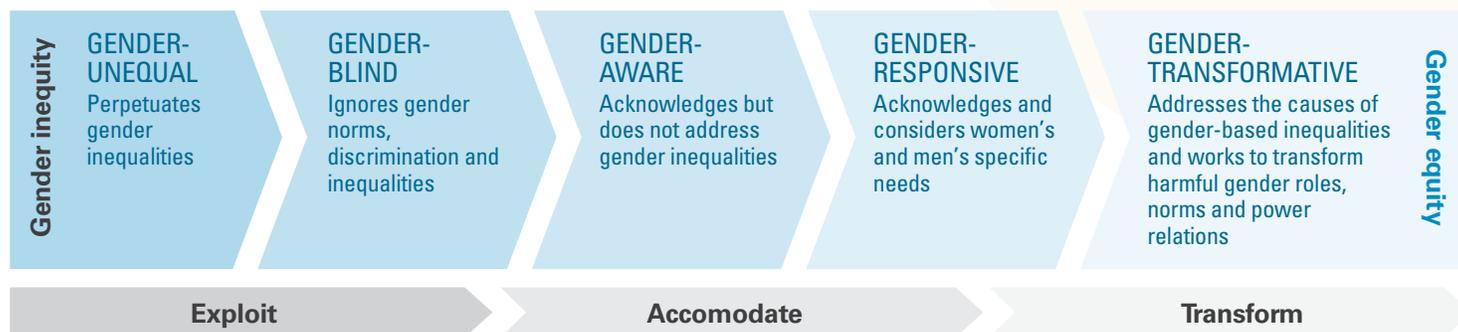
health information system, medical products, vaccines and technologies, and health system financing.[5]

Child protection system: Formal and informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect and exploitation of children. The primary components of child protection systems include laws and policies, human and financial resources, governance, means of data collection and system monitoring, child protection and response services, and the non-formal support of families and communities. Relatedly, essential services for girls and women who have experienced gender-based violence encompass a core set of services provided by the health care, social service, police and justice sectors. The services must, at a minimum, secure the rights, safety and well-being of any woman or girl who experiences gender-based violence.[6,7]

Social protection system: An integrated national portfolio of interventions that, at the individual and family levels, aims to protect a minimum standard of living, prevent deprivation through increasing resilience to shocks, and promote sustainable livelihood improvements. At the societal level, it aims to improve equity, reduce exclusion and realize the human right to social security, working towards the progressive realization of universal social protection.[8] Social protection systems should provide security and support resilience in the face of idiosyncratic or personal shocks and changes across the life cycle, and covariate shocks such as natural disasters or pandemics. Common system components are social assistance (non-contributory transfers in cash, or in-kind assistance to individuals or households), social insurance (such as health insurance or pensions), and social care services (for those facing social risks such as violence, abuse, exploitation, discrimination and social exclusion). Social protection also includes labour market policies and programmes, whether active (promoting labour market participation) or passive (ensuring minimum employment standards, such as parental leave policies).[9]

Gender equity continuum: The gender equity continuum described in the Global Programme technical note on gender-transformative approaches[10] can be used as a tool to assess the gender-responsiveness of programmes, services and systems that envision transformative change in the long run. (see Figure 1).
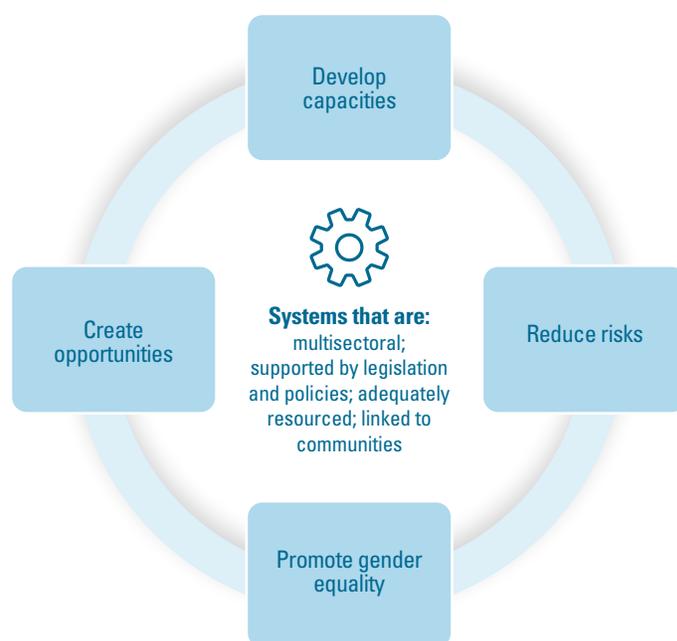
Gender inequity → **Gender equity**

GENDER-UNEQUAL	GENDER-BLIND	GENDER-AWARE	GENDER-RESPONSIVE	GENDER-TRANSFORMATIVE
Perpetuates gender inequalities	Ignores gender norms, discrimination and inequalities	Acknowledges but does not address gender inequalities	Acknowledges and considers women's and men's specific needs	Addresses the causes of gender-based inequalities and works to transform harmful gender roles, norms and power relations

Exploit → **Accomodate** → **Transform**

CHILD MARRIAGE AND ADOLESCENT GIRL-RESPONSIVE SYSTEMS

As part of its multipronged efforts to accelerate action to end child marriage, the Global Programme's theory of change dedicates one of three prongs to ensuring that relevant sectoral systems and institutions can effectively respond to the needs of adolescent girls and their families. The programme focuses on key systems that have been shown to make a direct contribution to ending child marriage and supporting married girls, by addressing the social, economic, cultural and political drivers of child marriage. Ensuring that education, health, child protection and social protection systems and the services that they provide are responsive to age, gender and socioeconomic status can help prevent and mitigate child marriage by:

- Promoting gender equity and equality by recognizing, challenging and rectifying unequal gender and age power dynamics;

- Developing the agency[11] and self-efficacy[12] of adolescent girls by helping them develop and practise critical skills, thus building their ability to define their goals and act on them;

- Creating opportunities (and removing barriers) for adolescent girls to achieve their goals, and to participate equally in family and community life; and

- Reducing risks by equipping adolescent girls (and their families) with the knowledge, skills and social and financial resources to withstand shocks and crises.

Critically, the Global Programme supports improvements in systems, policies and institutions, because (a) they can help fulfil girls' and families' rights to basic entitlements that are associated with delayed age at marriage (such as completion of secondary education, contraception, and improvements in family income, wealth and the right to social protection), and (b) because they provide a pathway to do this in a scalable way that is financially viable and sustainable over the long term.

FIGURE 2: **Contributions of adolescent girl-responsive systems**

Develop capacities

Create opportunities

Systems that are: multisectoral; supported by legislation and policies; adequately resourced; linked to communities

Reduce risks

Promote gender equality

THE GLOBAL PROGRAMME'S APPROACH TO LEVERAGING SYSTEMS TO END CHILD MARRIAGE

- **Multisectoral and convergent** – There is general consensus that while single-sector interventions such as cash transfers or giving access to education can contribute to declines in child marriage, they are unlikely to be sufficient to end the practice on their own. Convergent multisectoral approaches are central to policy and programming[13] that can holistically develop the capabilities necessary for adolescents to make successful transitions into adulthood, including marriage and childbearing.[14,15]

- **Gender-responsive** – Gender norms that guide societal rules and actions "contribute to inequalities in the distribution of power and resources that often disadvantage the women and girls, limiting girls'
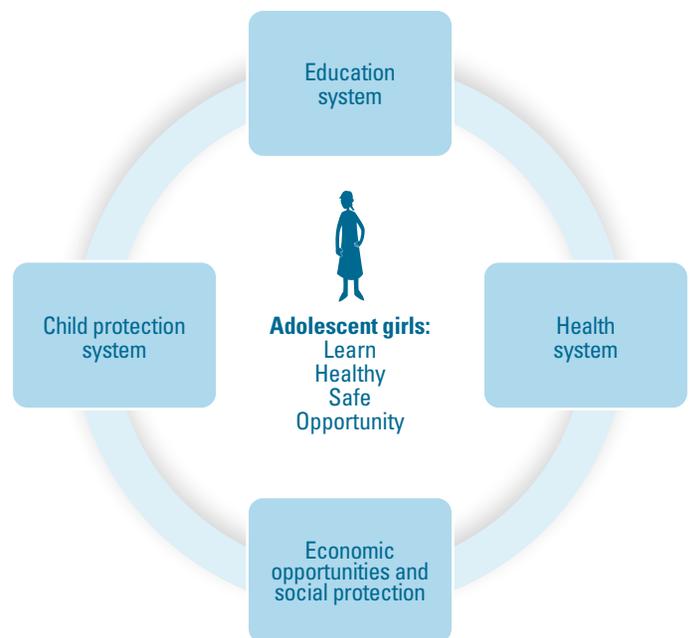
development opportunities and undermining their well-being".[16] Policies, institutions and programmes can be designed to challenge and rectify these inequalities and discrimination rather than reproducing and reinforcing gendered norms held by households and communities.[17]

- **Age-responsive** – Systems designed for adults, including for women, do not necessarily respond to the needs of adolescent girls. For example, the content of some gender-based violence programmes may be more relevant to married women with children and less to unmarried girls experiencing violence in sexual relationships. Age-responsiveness implies attentiveness to content, modes of delivery and features that matter particularly to adolescent girls (see the standards on quality health-care services for adolescents, for example[18]). It also means having input and feedback mechanisms and responding to the feedback and solutions proposed by adolescent girls.

- **Pro-poor** – Public services should serve general rather than special interests, with universal provision and equity in access and quality. To rectify current inequities, systems must focus on the burdens and barriers disproportionately faced by the poor, targeting subsidies to poorer regions and granting various exemptions to the poor. Reaching out to benefit the poorest groups of families and girls presents both a challenge and an opportunity to trigger significant positive changes from low levels of desirable outcomes in health, education, and so on.[19]

- **Cognizant of heterogeneity** – Adolescent girls and their families are diverse in terms of their backgrounds, situations and experiences. Systems should be cognizant of the diversity of needs of their beneficiaries and stakeholders (for example, the varying ability to pay for services, languages spoken, levels of literacy or technological access required, etc.). Systems should be able to adapt core packages of services around the peripheries to ensure disadvantaged subgroups of girls and families are not excluded.

- **Girl-centred** – Placing girls at the centre of programming efforts, building their skills and agency to open alternative life choices beyond child marriage, and ensuring their ideas and feedback count in programme design and delivery.

- **Linked to communities** – The services should be relevant to the communities, should conduct outreach efforts and have mechanisms for community feedback.

- **In tandem with civil society groups** – Civil society groups are an inherent part of various systems, sometimes embedded within and sometimes working on the outside. Feminist, grass-roots women's organizations, and youth-serving and youth-led organizations are on the front lines of connecting to communities and amplifying the voices of girls and women as to their needs, feedback on services, and ensuring accountability for fulfilling their rights.

- **Private and public sectors** – Together these provide a full spectrum of age- and gender-responsive services.

FIGURE 3: **Keeping girls at the center of the Global Programme's systems approach**

Education system

Child protection system

Adolescent girls:
Learn
Healthy
Safe
Opportunity

Health system

Economic opportunities and social protection

TABLE 1: **Global Programme outcomes and outputs related to adolescent girl-responsive systems**[20]

OUTCOMES	OUTPUTS
Outcome 2: Relevant systems converge to deliver quality, gender-transformative, coordinated and cost-effective services for adolescents at large scale, leveraging government and civil society initiatives	**Output 2120:** Formal (primary and secondary) and non-formal schools are supported to provide quality, gender-responsive education for adolescent girls, including comprehensive sexuality education **Output 2130:** Health (including sexual and reproductive health), gender-based violence and child protection systems are supported to implement guidelines, protocols and standards for adolescent-friendly and gender-responsive, coordinated, quality services for unmarried, married, divorced and widowed adolescent girls, and adolescent girls who are pregnant or already have children
Outcome 3: Enhanced economic opportunities and autonomy of adolescent girls and their families	**Output 2210:** Partnerships with governments, civil society organizations and other implementers are supported to ensure that social protection, poverty reduction and economic empowerment programmes and services are adolescent-friendly, gender-responsive and reaching the poorest adolescent girls and their families

ADOLESCENT GIRLS ARE SAFE AND PROTECTED FROM VIOLENCE AND HARMFUL PRACTICES

The protection of adolescent girls from violence requires an integrated continuum of services to prevent and respond to violence and abuse and to avoid the re-victimization of girls. Table 2 provides a summary of the kinds of services that are needed. These services must follow the same ethical guidelines and be connected and coordinated through referral pathways, case management, reporting and information systems.

TABLE 2: Contributions of different systems to the safety and protection of adolescent girls

SYSTEM	SERVICES	
Education	**Preventing and responding to violence in and around schools** • Safe, gender-sensitive, inclusive and student-centred school environment[21] • Safe transport to and from school • Effective school leadership and community engagement to create safe, gender-sensitive learning environments • Establishing and implementing a code of conduct • Capacity-building of teachers and educational staff	• Empowering children and adolescents on child rights, participation and gender equality (through life skills, comprehensive sexuality education) • Improving reporting, monitoring and accountability • Addressing incidents • Strengthening physical learning environments • Engaging parents
Health	**Medical response services.** Ensure an effective response to violence against children and gender-based violence, including: • Investing in enhanced post-rape care for girls and boys • Aligning protocols and practices with international clinical guidelines on child sexual abuse and child maltreatment (the INSPIRE framework)[22] • First responders • Trained health workforce with adolescent girl-responsive referral pathways	• Forensic investigation • Mental health services **Violence prevention through public health** • Integrating prevention and response to violence against children and gender-based violence in public health policies, plans, services, programmes, interventions, staffing structures and budgets
Child protection	• Helplines, complaints and reporting mechanisms • Quality counselling, intimate partner violence screening, support groups, shelters, case management • Strengthen social workforce with adolescent girl-responsive referral pathways	• Invest in child-friendly and gender-responsive justice reforms and enhanced support for child victims, in accordance with international norms • Quality counselling, intimate partner violence screening, support groups, shelters and case management approaches[23]
Social protection	**Ensuring basic income security, thereby ensuring access to care, education, nutrition, and other essential needs and services.** This can include: • Cash transfer programmes that target vulnerable families (parents, caregivers), girls, out-of-school children, pregnant and lactating adolescents, etc.	• 'Subsidies and support for safe transport (school bus, bicycle schemes) or enrolment and retention in education (school uniforms, school feeding programmes) • Cash Plus' interventions, especially those that address girls' empowerment and safe transitions to adulthood for girls and boys[24] • Integrated activities to address gender equity and family violence prevention, for example support to strengthen the social care workforce and linkages with other kinds of social protection programmes for households

---

Example:

*In **Nepal**, the Global Programme supported school-based interventions to prevent child marriage alongside gender-based violence and child protection services in the community. The government-endorsed Rupantaran life skills training package, which was delivered in school settings, has enabled more than 30,000 students (slightly over half of whom were girls) in grades 5 to 9 (aged between 11 and 16 years) to speak up if they had experienced or witnessed child marriage. About 2,000 school teachers were trained in preventing gender-based violence and child marriage as a result of the school-based response mechanism. Schools started to refer cases to judicial committees of their respective municipalities. A total of 240 formal schools and 310 informal school centres were supported to implement guidelines that promoted quality, safe education for adolescent girls. Ten of these established an 'adolescent-friendly information corner' to facilitate a link between the school and local health services.[25]*

TABLE 3: The gender equity continuum and gender-based violence/child protection services and information

GENDER-BLIND	GENDER-AWARE	GENDER-RESPONSIVE[26]	GENDER-TRANSFORMATIVE
• Adolescent girls are denied access to protection and response services	• Some community-based prevention interventions are supported through awareness campaigns on harmful practices • Some protection services are available to relatively better-off subgroups of girls	• Adolescent girls are informed about their legal rights and know where to go should they experience violence • Parenting programmes are working towards building safer family environments and shifting gender norms within families • Schools have policies for school-related gender-based violence and there are referral links for response services • National and subnational gender-based violence and child protection service providers are able to provide a basic package of services • Education and health workers are trained to identify, refer and respond to cases of sexual and gender-based violence	• Adolescent girls, their families and communities are committed to preventing and reporting all forms of violence, including harmful practices such as child marriage • Men and boys are actively involved in the prevention of and response to gender-based violence • Child protection and gender-based violence services cover an entire essential package of quality services[27] • Social policy sectors are adequately funded to address structural gender inequalities • Legal machineries have comprehensive laws and legal provisions to protect adolescent girls from all forms of gender-based violence

ADOLESCENT GIRLS ARE HEALTHY

Child marriage has numerous documented consequences for health (from physical, sexual and emotional violence to poor nutritional status, early/unintended/rapid repeat pregnancy, and maternal mortality). Health status is also on the causal pathway to child marriage – adolescent pregnancy can trigger child marriage; poor health can lead to educational dropout and child marriage.
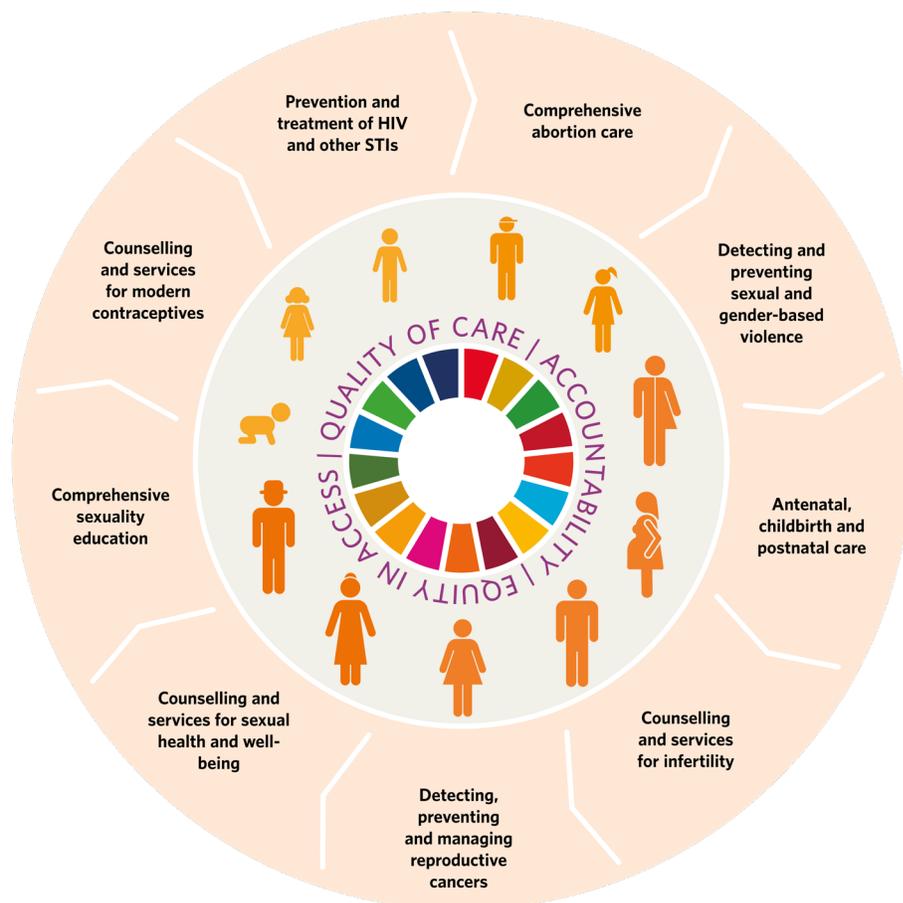
Factors increasing the risk of adverse sexual and reproductive health outcomes include restrictive laws and policies, expensive or fragmented services, biased providers, and social and gender norms that do not recognize adolescents' rights to autonomy over their bodies and to explore consensual, safe and pleasurable sexual experiences. Addressing these factors is critical for the success of sexual and reproductive health and rights interventions.

At the legal and policy level, this may require removing barriers to service provision such as compulsory parental or spousal consent for services. At the service delivery level, critical strategies include removing or reducing costs of services for adolescents, introducing flexible opening hours adaptive to adolescents' schedules, and training and supporting providers on delivering services to adolescents in a respectful, confidential and relevant manner. At the community level, engaging parents, local leadership and influential community members such as teachers through participatory learning and reflection, and supporting adolescent participation and leadership can generate support and increase demand for adolescent health care-seeking behaviour.[28] The healthy development of adolescent girls clearly does not depend on the health system alone, but also on education and the provision of social protection, including universal health coverage.

TABLE 4: Contributions of different systems to the health of adolescent girls

SYSTEM	SERVICES	
Health[29]	**Sexual and reproductive health services and information** • Counselling and service provision for a range of modern contraceptives, with a defined minimum number and types of method • Antenatal, childbirth and postnatal care, including emergency obstetric and newborn care • Safe abortion services and treatment of complications of unsafe abortion • Prevention and treatment of HIV and other sexually transmitted infections • Prevention, detection, immediate services and referrals for cases of sexual and gender-based violence • Prevention, detection and management of reproductive cancers, especially cervical cancer • Information, counselling and services for sub-fertility and infertility • Information, counselling and services for sexual health and well-being	**Mental health and well-being** • Promotion of mental health and well-being • Responsive caregiving and stimulation • Parenting skills • Prevention of bullying, including at school • Interventions to prevent suicide and suicidal behaviours • Modification of school environments by whole of-school approaches **Nutrition** • Promotion of healthy behaviour (e.g., nutrition, physical activity, no tobacco, alcohol or drugs) • Prevention, detection and management of anaemia, especially for adolescent girls. Iron supplementation where appropriate
Education	• Menstrual hygiene and water, sanitation and hygiene (WASH) facilities • Provide comprehensive sexuality education and life skills education (in and out of schools) that are cognizant of human rights, and gender and power relations	• Health-promoting schools • School-based basic health counselling, services and referrals
Social protection	• Universal health coverage, with its focus on three interlinked policy areas – service delivery, financing and governance – offers significant opportunities for equitable progress on reducing adolescent mortality and morbidity[30] • Measures to enhance universal health coverage include social protection programmes, such as cash transfers that incentivize health-promoting behaviours, care seeking and school participation	• More broadly, economic and social policies that tackle the unequal distribution of power, wealth and resources in society can also yield positive health outcomes for adolescents, particularly girls

FIGURE 4: Ensuring a package of essential sexual and reproductive health services for unmarried and married adolescent girls over their life course (the UNFPA approach)

Prevention and treatment of HIV and other STIs

Comprehensive abortion care

Counselling and services for modern contraceptives

Detecting and preventing sexual and gender-based violence

QUALITY OF CARE | ACCOUNTABILITY | EQUITY IN ACCESS

Comprehensive sexuality education

Antenatal, childbirth and postnatal care

Counselling and services for sexual health and well-being

Counselling and services for infertility

Detecting, preventing and managing reproductive cancers

Examples:

In **Ghana**, the Global Programme integrated messaging on child marriage and early unions into existing work with the Planned Parenthood Association of Ghana, the largest non-governmental organization in Ghana providing sexual and reproductive health services. The integration not only introduced new messaging into programming but also enhanced a focus on contraceptive access for younger females, such as unmarried girls, to prevent pregnancy and subsequent union, and for married girls to delay second and even first births.

In **Kenya**, Choice 4 Change (C4C) is working to increase the awareness of and access to comprehensive sexual and reproductive health services. Using user-centred design to develop a unique brand (Future Fab), the programme has demonstrated that hard-to-reach adolescents can be effectively reached through multiple channels of mobilization, removal of fees, and adolescent-/youth-friendly services to increase modern contraceptive uptake. In just over 2 years, C4C has reached more than 100,000 Kenyan girls aged 15–19 years using contraception, two-thirds of whom were first-time adopters of the most effective long-acting reversible contraceptives. The support of UNFPA to the Government of Kenya through C4C has ensured the development and roll-out of a national adolescent and sexual reproductive health policy and costed implementation plan.[31]

TABLE 5: The gender equity continuum and adolescent sexual and reproductive health services and information

GENDER-BLIND	GENDER-AWARE	GENDER-RESPONSIVE[32]	GENDER-TRANSFORMATIVE
• Adolescent girls are denied access to sexual and reproductive health services and information	• Limited sexual and reproductive health information and services are available • Restrictions exist based on marital status, as well as third-party consent requirements • Services are available for girls without attention to hours of service, place of provision, having female health providers, and so on	• Adolescent girls have access to basic sexual and reproductive health services and information • Both married and unmarried girls have access • Services are provided to all adolescent girls through multiple channels – in clinic and mobile services • Clinics have separate areas that are adolescent-friendly • Service hours are differentiated based on the needs of girls • Trained providers provide quality, non-judgemental services and information on sexual and reproductive health and rights for adolescent girls • Referral services are functioning, including linkages between health services and comprehensive sexuality education and life skills education	• All adolescent girls have access to a full range of quality, age-responsive sexual and reproductive health services and information • Adolescent girls are able to access these services without spouse, partner or family consent • Adolescent girls are able to make decisions about their bodies and sexual and reproductive health and rights

ADOLESCENT GIRLS ARE LEARNING

The ability of adolescent girls to learn depends significantly on having access to an enabling school environment, and supportive home and community environment, buttressed by an enabling policy environment. This requires not just investments from the education system but also community support for girls' education, social protection support, health, nutrition, counselling and protection services.
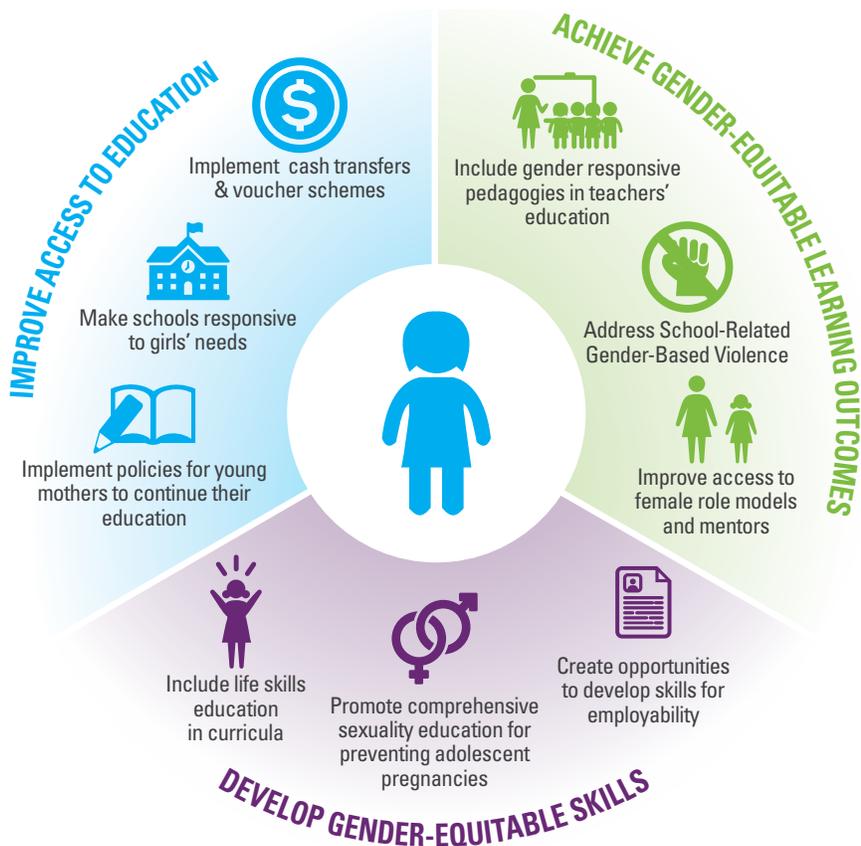
TABLE 6: Contributions of different systems to the education of adolescent girls

SYSTEM	SERVICES
Education	**Improve access to education** • Make schools responsive to girls' needs with focus on marginalized girls facing multiple marginalization (e.g., income, ethnicity, caste, geographical) • Implement policies for young mothers to continue their education • Policies ensure that adolescent girls who are pregnant, married and with children are able to continue their education • Support adolescent girls with life skills and alternative education to strengthen learning and school-to-work transitions • Support social and behaviour change communication, advocacy, campaigns and community outreach to support girls' school attendance • Ensure that the way to school is safe and that girls have the support to access school safely when school is far from their community **Achieve gender-equitable learning outcomes** • Formal (primary and secondary) and non-formal learning opportunities provide quality, gender-responsive education for adolescent girls • Include gender-responsive pedagogies in the initial teacher education and in their professional development courses and training • Education curriculum is gender-responsive • Increase the number of, and improve access to, female role models and mentors (e.g., female teachers) • Education policies for teachers and administrators are gender-responsive (e.g., remuneration, efforts to engage female teachers at higher grades and for science and mathematics, and teacher relocation policies) • Support and encourage girls to achieve in areas where they are underrepresented and with potential to lead to better employment outcomes (e.g., science, technology, engineering and mathematics)
Social protection	**Social protection interventions directly linked to beneficial outcomes for girls** (e.g., school completion, challenging gender norms), while simultaneously linking girls, service providers and families to complementary information and services. • School lunch and nutrition supplements • Safe school transport • Gender-equitable and contextually appropriate cash transfers, in-kind support, voucher schemes, stipends and bursaries to improve access and school retention • Conditional cash transfers to ensure that families keep their daughters in school rather than marrying them off, as well as support to pregnant girls and young mothers

TABLE 7: The gender equity continuum and education of adolescent girls

GENDER-BLIND	GENDER-AWARE	GENDER-RESPONSIVE	GENDER-TRANSFORMATIVE
• Construction of schools without considering where gender disparities in learning outcomes are the greatest • Incentives not targeted based on differential vulnerability by gender • Teachers actively reinforce harmful gender stereotypes	• New secondary schools located where needs are greatest, including on gender disparities in learning outcomes • Incentives provided for girls' but not boys' schooling, without grounding the programme in the community, triggering backlash	• Schools with functioning toilets • Scholarships and in-kind support, including to get girls to school • Teachers are aware of harmful gender stereotypes • Behaviour-change communication on the importance of girls' education, skills development and employment, targeting communities	• Schools with gender-sensitive teacher pedagogy • Schools actively promoting girls' participation in science, technology, engineering and mathematics and related skills • Schools implementing comprehensive sexuality education and school-related gender-based violence interventions with referral linkages • Schools with menstrual health and hygiene supplies and teachers who are trained to address girls' health and hygiene needs • Schools have functional parent–teacher committees that support girls' school attendance • Allocating public budgets to benefit the most marginalized girls and by prioritizing the areas in the country with the lowest girls' enrolment in primary and secondary education, with low number of female teachers and with high prevalence of gender-based violence in communities

FIGURE 5: Evidence-based strategies to improve education for adolescent girls[33]

IMPROVE ACCESS TO EDUCATION
- Implement cash transfers & voucher schemes
- Make schools responsive to girls' needs
- Implement policies for young mothers to continue their education

ACHIEVE GENDER-EQUITABLE LEARNING OUTCOMES
- Include gender responsive pedagogies in teachers' education
- Address School-Related Gender-Based Violence
- Improve access to female role models and mentors

DEVELOP GENDER-EQUITABLE SKILLS
- Include life skills education in curricula
- Promote comprehensive sexuality education for preventing adolescent pregnancies
- Create opportunities to develop skills for employability

TABLE 8: Lessons on promoting gender equity in and through education

WHAT DOES NOT WORK	CORRECT APPROACH
The education sector cannot change gender norms alone	• Adolescent education should be part of cross-sectoral strategies for achieving change in gender norms • Promote gender-responsive pedagogies for girls and boys and work with teachers to change the way they interact with students, and their expectations of boys and girls
Mixed groups of girls and boys or children and adults tend not to be effective for discussing some aspects of sexuality and of life skills	• Education spaces must target specific age and sex groups when appropriate, depending on cultural and social context • Promote safe and healthy learning spaces for girls and boys
Do not assume that by having female teachers, change in gender norms will follow. Gender norms for girls and boys, women and men are deeply ingrained	• Engage boys and men: boys need gender-equality education, life skills and comprehensive sexuality education too • Support female leaders in the education system and in gendered subjects (science, technology, engineering and mathematics)
Do not assume you know what adolescent girls and boys want to know	• Open a dialogue so that educational programmes are relevant to the expressed needs of adolescent girls and boys • Change perceptions about adolescent girls: engage adolescent girls as part of programme design and support their participation in spaces of decision-making (empowerment and voice)
Leaving adolescent education policies un-budgeted means that implementation of these policies remains uncertain	• Work with decision-makers in schools, regional authorities and ministries of education to ensure that adolescent education strategies are costed, funded and implemented

Examples:

*In four districts of **Bangladesh**, UNFPA is implementing Generation Breakthrough[34] for adolescent girls and boys aged 12–14 years through adolescent clubs, and state and Islamic schools (madrasas). The programme uses the Gender Equity Movement in Schools (GEMS) curriculum, a two-year gender equity and violence prevention curriculum. It supports adolescents to build healthy relationships by developing gender-equitable attitudes through GEMS sessions, adolescent sexual and reproductive health and rights interventions and other campaign programmes. An evaluation found that the comprehensive intervention, which includes education groups, health counselling, communication campaigns and advocacy, was more effective than the GEMS curriculum alone.*

*In **Sierra Leone**, the reassessment of post-Ebola policies that excluded pregnant girls from attending school resulted in the minister of basic and senior secondary education issuing a new policy on 'radical inclusion' and 'comprehensive safety', allowing pregnant girls and adolescent mothers to attend school, take exams and learn safely once schools reopened.[35]*

*The government of **Malawi** announced secondary school tuition waivers for the most vulnerable girls. UNICEF, in partnership with the government and the private sector, contributed to the establishment of the National Girls Trust Fund, which has provided 14,000 scholarships to date.*

ADOLESCENT GIRLS AND THEIR FAMILIES HAVE OPPORTUNITIES

Economic deprivation and shocks and the lack of productive opportunities have been seen as key drivers of child marriage. Primary and secondary education provide a general basis for further learning, but to make a successful transition from learning to earning an independent livelihood, adolescent girls and young women need further support in building their skills, gaining access to female role models and mentors, learning how to run a business and accessing start-up capital. Programmes ideally facilitate girls' transition to empowered work and lives, rather than reinforcing traditional gender roles and stereotypes. Girls are part of family units that make marriage decisions based at least in part on economic considerations. Families need economic support, particularly where dowry and bride price contribute to the economic calculus of marriage.

TABLE 9: Contributions of different systems to the economic empowerment of adolescent girls

SYSTEM	SERVICES
Education	**Foundational basic education** • Primary and secondary education • Life skills education • Interpersonal and psychosocial skills • Comprehensive sexuality education
Skills training	**Economic empowerment** • Demand-driven job skills • Business management training • Savings • Microcredit • Networks and mentors • Financial literacy
Social protection and employment	**Reducing economic pressure and financial barriers and responding to shocks, including:** • Social protection, poverty-reduction programmes for adolescent girls, including when idiosyncratic or covariate shocks hit adolescent girls, their families and communities • Unconditional cash transfers and in-kind assistance (such as food, menstrual hygiene kits, etc.) • Gender-responsive and gender-transformative 'Cash Plus' programmes • Social assistance or social insurance schemes that are tailored to adolescent health needs, including material and sexual and reproductive health rights • Gender-responsive employment guarantee schemes for adult adolescents, for example considering the type of labour on offer and labour market policies and provisions, with consideration for gendered nature of childcare and other often unpaid labour

Girls' education backed by economic incentives has had positive outcomes in delaying child marriage.[36] Cash transfers can be an effective tool for postponing the marriage of adolescent girls, but are highly likely to be insufficient to deliver sustained shifts in unequal gender norms around child marriage.[37] Conditional cash alone may have the unintended consequence of reinforcing a compulsory marriage norm at 18 years of age, particularly if accompanying messaging is not appropriate and is not sustainable over the long term. However, 'Cash Plus' programming may be promising to support meaningful change, given the set of economic drivers that can be significant factors in child marriage.

Design cash transfer programmes to improve gender outcomes for adolescents: Evidence shows that cash transfers can promote healthy, safe and productive transitions to adulthood for adolescents. Emerging evidence on adolescent-sensitive 'Cash Plus' programming indicates some potentially significant results, including on areas such as HIV, sexual violence and intimate partner violence. Cash plus are social protection programmes integrated with other key activities or services, and when they are gender-responsive, they can promote gender-equitable outcomes for adolescents and safe, healthy and productive transitions to adulthood. Complementary programming can offer gender-transformative vocational and financial skills training for adolescents, engagement of boys and men promoting positive masculinity, behaviour change campaigns, and counselling with strong referral linkages to services.[38] However, more research on the effectiveness of different design features is still needed, such as on the age- and gender-responsiveness of targeting criteria and payment recipients, transfer size and payment predictability, conditionalities and messaging, and the integration of complementary 'Cash Plus' interventions.

Examples:

*In **Ghana**, the Global Programme identified communities benefiting from the Livelihood Empowerment Against Poverty 1000, a government-run unconditional cash transfer programme targeted to pregnant women and women with children under the age of 15 months in extremely poor households. It aimed to reduce poverty, increase consumption and improve child nutrition. The Global Programme set up safe spaces in these communities, targeting marginalized girls and providing life skills training and adolescent sexual and reproductive health information.*

*Other institutional examples include the **Tanzania** Cash Plus model, Ujana Salama, supported in part by UNICEF. Adolescents who received productive grants, livelihood and skills training, and adolescent-friendly health services experienced less violence and reported, among males, less perpetration of physical violence. It also resulted in delays in sexual debut and improvements in self-esteem.[39]*

*The World Bank–UNFPA partnership on the **Sahel** Women's Empowerment and Demographic Dividend project focuses one of its three pillars on girls' education, livelihoods and empowerment because of its criticality to reducing child marriage, delaying pregnancy and helping countries to tap into their youthful populations for economic development.*

MEASURING ADOLESCENT GIRL-RESPONSIVE SYSTEMS

Measuring system performance is a fundamental element of ensuring the state's accountability for fulfilling the social and economic rights of the people it serves. Statistics like rates of child marriage or adolescent pregnancy tell us the extent to which individuals enjoy economic and social rights, but not whether a state is complying with its obligations to progressively respect, protect and fulfil those human rights. Thus, a country's performance in fulfilling obligations for economic and social rights depends on the actual economic and social rights outcomes people enjoy, as indicated by socioeconomic statistics that are a proxy for particular rights and rights aspects. Performance also depends on a society's capacity for fulfilment as determined by the amount of economic resources available overall. Measuring systems performance well can ensure that the perspective of both the rights-holder and the duty-bearer are incorporated.[40] Measuring system performance comprehensively requires attention to numerous aspects, including measuring:

- Availability of services (coverage)
- Accessibility (physical, economic, information accessibility)
- Acceptability of services (responsiveness to population needs and preferences)
- Quality of services
- Effectiveness (outcomes from specific interventions)
- Equity (of access and of outcomes)
- Productivity/cost- efficiency
- Data collection, analysis and governance mechanisms

One way to bring together various metrics around system performance is to combine them with the gender equity continuum using scorecards to measure how gender-responsive, services are, and how well they are contributing to the development and empowerment of adolescent girls. Scorecards provide a quick snapshot of a situation and are primarily communication and advocacy tools that aim to focus service providers and service users on a limited set of measurable, easily verifiable existing criteria or indicators. They do not replace more comprehensive and accurate service and programme monitoring. Scorecards can be used to strengthen the accountability of service providers and to identify service providers who are not meeting service standards and require additional support. Scorecards can be used by service providers for self-assessments, by adolescent service users and community members as simple tools to audit services, or by non-governmental organizations. They could be used as part of participatory exercises to start a discussion between service providers, adolescents, community members and support agencies. The construction of a scorecard is itself a way to strengthen the common understanding of gender-equitable and adolescent-responsive service standards among service providers, users and support agencies.

Example:

CARE's community scorecard: The main goal of the community scorecard is to positively influence the quality, efficiency and accountability with which services are provided at different levels. The core implementation strategy to achieve the goal is using dialogue in a participatory forum that engages both service users and service providers. As a participatory tool, it:

- *Is conducted at the micro/local level and uses the community as the unit of analysis*

- *Generates information through focus group interactions, and enables maximum participation of the local community*

- *Provides immediate feedback to service providers, and emphasizes immediate response and joint decision-making*

- *Allows for mutual dialogue between users and providers, and can be followed by joint monitoring.*

In *Malawi*, by facilitating the relationship between community members, health service providers and local government officials, the community scorecard contributed to important improvements in reproductive health-related outcomes. Further, the community scorecard builds mutual accountability and ensures that solutions to problems are locally relevant, locally supported and feasible to implement.[41]

Table 10 illustrates such a scorecard, based on the Global Programme's minimum standards criteria for gender-equitable education systems.

TABLE 10: Example scorecard

GENDER-EQUITABLE EDUCATION MINIMUM STANDARDS				
	Degree to which standards for age- and gender-responsiveness are met			
	Not met	**Planned**	**Implementation started**	**Fully implemented and functional**
Adolescent literacy: The school ensures that adolescents are trained and knowledgeable about life skills, sexual health education, HIV/AIDS, prevention of substance abuse, healthy living, and know where and when to obtain these services				
Community support: The school implements systems to ensure that parents, guardians and other community members and community organizations recognize the value of girls' education				
Teacher competencies: Teachers demonstrate the technical competence required to provide gender-responsive classroom practices				
School characteristics: The school has separate latrines for girls that offer adequate privacy. It has a system for the disposal of menstrual waste				
Protection against abuse and harassment: The school has a teacher code of conduct and all teachers, students and parents have been told about it. The school also has procedures for reporting abuses and harassment without fear				

Similarly, the following are some criteria for measuring the age- and gender-responsiveness of health, gender-based violence and child protection systems:

- Equity in access and use of health and gender-based violence services; contraceptive use; antenatal and postnatal care; disaggregated data by age, marital status and socioeconomic group;

- Existence of policy and legal barriers to health and gender-based violence service access based on age, marital status and ability to pay;

- Assessing provider biases in serving adolescents;

- Functioning of health, gender-based violence and child protection systems' outreach services; and

- Involvement of young people in health, gender-based violence and child protection systems in outreach functions as well as client feedback mechanisms

ADDITIONAL RESOURCES

General
- UNICEF, 'Programme Guidance for the Second Decade: Programming with and for adolescents', www.unicef.org/media/57336/file.

Safe and protected
- UNICEF, 'Preventing and Responding to Violence Against Children and Adolescents: Theory of change 2017', www.unicef.org/media/83206/file/Violence-Against-Children-ToC.pdf.

- World Health Organization (WHO), 'INSPIRE Handbook: Action for implementing the seven strategies for ending violence against children', www.unicef.org/media/66886/file/INSPIRE-SevenStrategies-Handbook.pdf.

- WHO, 'School-Based Violence Prevention: A practical handbook', www.unicef.org/media/58081/file/UNICEF-WHO-UNESCO-handbook-school-based-violence.pdf.

Healthy
- Danielle Marie Claire Engel, et al., 'A Package of Sexual and Reproductive Health and Rights Interventions—What Does It Mean for Adolescents?' Journal of Adolescent Health, https://doi.org/10.1016/j.jadohealth.2019.09.014.

- UNICEF, 'Gender-Responsive Adolescent Health and Nutrition', www.unicef.org/eap/media/3916/file.

- Mandira Paul, et al., 'Contraception for Adolescents and Youth: Being responsive to their sexual and reproductive health needs and rights', www.unfpa.org/sites/default/files/resource-pdf/AY_Contraception_11Nov_UnfpaFonts_v2.pdf.

Learning
- Quentin Wodon, et al, 'Economic Impacts of Child Marriage: Global synthesis brief', https://www.icrw.org/wp-content/uploads/2018/02/ICRW_Brief_GlobalSynthesis.pdf.

- UNICEF, 'A Human Rights-Based Approach to Education For All: A framework for the realization of children's right to education and rights within education', https://unesdoc.unesco.org/ark:/48223/pf0000154861.

- UNFPA and UNICEF, 'Technical Note On Life Skills Programmes For Empowering Adolescent Girls: Notes for practitioners on what works', www.unicef.org/media/63656/file.

Opportunities
- Maja Gavrilovic, 'Enhancing Adolescents' Capabilities Through Adolescent- and Gender-Responsive Social Protection', www.unicef-irc.org/article/1951-how-to-enhance-adolescent-lives-through-age-and-gender-responsive-social-protection.html.

- Prerna Banati, et al., 'Unleashing the Potential of Social Protection for Adolescent Girls and Women', https://blogs.unicef.org/evidence-for-action/unleashing-potential-social-protection-adolescent-girls-women.

ENDNOTES

1 United Nations Population Fund and United Nations Children's Fund, 'Technical Note on Gender-Transformative Approaches in the Global Programme to End Child Marriage Phase II: A summary for practitioners', UNFPA and UNICEF, New York, 2019, <www.unicef.org/media/58196/file>, accessed 24 September 2020.

2 United Nations Population Fund and United Nations Children's Fund, 'Technical Note on Convergent Programming', UNFPA and UNICEF, New York, April 2020, <www.unicef.org/media/68221/file/GP-2020-Technical-Note-Convergent-Programming.pdf>, accessed 24 September 2020.

3 Organisation for Economic Co-operation and Development, 'Lessons from PISA for the United States: Strong performers and successful reformers in education', OECD Publishing, Paris, 2011, <www.oecd.org/pisa/46623978.pdf>, accessed 24 September 2020.

4 World Bank Group, 'Learning for All: Investing in people's knowledge and skills to promote development', The International Bank for Reconstruction and Development/The World Bank, Washington, DC, 2011, <https://openknowledge.worldbank.org/bitstream/handle/10986/27790/649590WP0REPLA00WB0EdStrategy0final.pdf>, accessed 24 September 2020.

5 World Health Organization, 'Health Systems Strengthening Glossary: G-H', WHO, Geneva, no date, <https://www.who.int/healthsystems/hss_glossary/en/index5.html>, accessed 24 September 2020.

6 United Nations Children's Fund, 'Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change', UNICEF, New York, 2013, <www.unicef.org/publications/index_69875.html>, accessed 24 September 2020.

7 United Nations Entity for Gender Equality and the Empowerment of Women, et al., 'Module 1: Overview and introduction: essential services package for women and girls subject to violence: core elements and quality guidelines', UN Women, New York, 2015, <www.unfpa.org/sites/default/files/pub-pdf/Essential-Services-Package-en.pdf>, accessed 24 September 2020.

8 Global Partnership for Universal Social Protection, 'Together to Achieve Universal Social Protection by 2030 (USP2030) – A Call to Action', USP2030, Geneva, 5 February 2019, <www.usp2030.org/gimi/RessourcePDF.action?id=55464>, accessed 24 September 2020.

9 White, Philip, 'Social Protection Systems' (GSDRC professional development reading pack no. 49), University of Birmingham, Birmingham, July 2016 <https://gsdrc.org/wp-content/uploads/2016/07/Socialprotectionsystems_RP.pdf>, accessed 24 September 2020.

10 United Nations Population Fund and United Nations Children's Fund, 'Technical Note on Gender-Transformative Approaches'.

11 Kabeer, Naila, 'Resources, Agency, Achievements: Reflections on the measurement of women's empowerment', *Development and Change*, vol. 30, no. 3, July 1999, pp. 435–464, doi: 10.1111/1467-7660.00125, <www.utsc.utoronto.ca/~kmacd/IDSC10/Readings/research%20design/empowerment.pdf>, accessed 24 September 2020.

12 Self-efficacy refers to an individual's belief in their capacity to execute behaviours necessary to produce specific performance attainments. Self-efficacy reflects confidence in the ability to exert control over one's own motivation, behaviour and social environment. See: Carey, Michael P., and Andrew D. Forsyth, 'Teaching Tip Sheet: Self-efficacy', American Psychological Association, Washington, DC, 2009, <www.apa.org/pi/aids/resources/education/self-efficacy>, accessed 24 September 2020.

13 United Nations Population Fund and United Nations Children's Fund, 'Technical Note on Convergent Programming'.

14 See for example: World Bank, 'World Development Report 2007: Development and the next generation', The International Bank for Reconstruction and Development/The World Bank, Washington, DC, 2006, <http://documents1.worldbank.org/curated/en/556251468128407787/pdf/359990WDR0complete.pdf>, accessed 24 September 2020.

15 United Nations Population Fund and United Nations Children's Fund, 'Technical Note on Convergent Programming'.

16 Marcus, Rachel, et al., 'Social Norms, Gender Norms and Adolescent Girls: A brief guide', Overseas Development Institute, London, September 2015, <www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9818.pdf>, accessed 24 September 2020.

17 Cluver, Lucie D., 'Improving Lives by Accelerating Progress Towards the UN Sustainable Development Goals for Adolescents Living with HIV: A prospective cohort study', *The Lancet Child & Adolescent Health*, vol. 3, no. 4, 1 April 2019, pp. 245–254, doi: 10.1016/S2352-4642(19)30033-1.

18 World Health Organization, 'Global Standards for Quality Health Care Services for Adolescents', WHO, Geneva, 2015, <www.who.int/maternal_child_adolescent/documents/global-standards-adolescent-care>, accessed 24 September 2020.

19 World Bank, 'World Development Report 2004: Making services work for poor people', The International Bank for Reconstruction and Development/The World Bank, Washington, DC, 2003, <https://openknowledge.worldbank.org/bitstream/handle/10986/5986/WDR%202004%20-%20English.pdf>, accessed 24 September 2020.

20 United Nations Population Fund and United Nations Children's Fund, 'Global Programme Phase II Theory of Change', UNFPA and UNICEF, New York, December 2019, <www.unicef.org/documents/global-programme-phase-ii-theory-change>, accessed 24 September 2020.

21 Global Working Group to End School-Related Gender-Based Violence, 'A Whole School Approach to Prevent School-Related Gender-Based Violence: Minimum standards and monitoring framework', United Nations Girls' Education Initiative, New York, no date, <www.icmec.org/wp-content/uploads/2018/09/Whole-School-Approach-to-Prevent-SRGBV-Minimum-Standards-Framework-UNGEI.pdf>, accessed 24 September 2020.

22 United Nations Children's Fund et al., 'INSPIRE: Indicator guidance and results framework', UNICEF, New York, July 2018, <https://www.unicef.org/documents/inspire-indicator-guidance-and-results-framework>, accessed 28 October 2020.

23 Gupta, Taveeshi, 'Gender-Transformative Child Protection: An annotated bibliography', Plan International, Woking, May 2018, <https://plan-international.org/publications/gender-transformative-child-protection-annotated-bibliography>, accessed 24 September 2020.

24 Roeleni, Keetie, Tia Palermoii and Leah Prencipe, ''Cash Plus': linking cash transfers to services and sectors' (Innocenti Research Brief, 2018-19), UNICEF Office of Research-Innocenti, Florence, 2018, <www.ifpri.org/publication/toward-gender-equality-critical-assessment-evidence-social-safety-nets-africa>, accessed 24 September 2020.

25 United Nations Population Fund and United Nations Children's Fund, 'UNFPA-UNICEF Global Programme to End Child Marriage – 2018 Annual Report: Country Profiles', UNFPA and UNICEF, August 2019, <https://www.unicef.org/media/60281/file>, accessed 25 September 2020.

26 Hepburn, Jasmine, 'An Assessment of the State of Access to a Package of SRHR services', <https://drive.google.com/file/d/1558xjWwcuMBhUt3zW7C40FKG7iBr59oy/view?usp=sharing>, accessed 24 September 2020.

27 United Nations Entity for Gender Equality and the Empowerment of Women, et al., 'Module 1: Overview and introduction'.

28 Engel, Danielle Marie Claire, et al., 'A Package of Sexual and Reproductive Health and Rights Interventions—What does it mean for adolescents?', *Journal of Adolescent Health,* vol. 65, suppl. 6, December 2019, pp. S41–S50, doi: 10.1016/j.jadohealth.2019.09.014.

29 Lehtimaki, Susanna, Nina Schwalbe and Liam Sollis, 'Adolescent Health: The missing population in universal health coverage', United Nations Children's Fund, New York, no date, <www.unicef.org/media/58171/file>, accessed 24 September 2020.

30 Ibid.

31 The Children's Investment Fund Foundation (UK), '2017 annual report', CIFF, London, 2018, <https://ciff.org/wp-content/uploads/2019/09/CIFF_AnnualReport_2017.pdf>, accessed 24 September 2020.

32 Hepburn, Jasmine, 'An Assessment of the State of Access to a Package of SRHR services'.

33 Sánchez Tapia, I. and G. Wilson-Clark, 'Gender Action Plan Targeted Priority on Girls' Secondary Education: Lessons learned and way forward. UNICEF' (internal report available on request), UNICEF, New York, 2018.

34 United Nations Population Fund Bangladesh 'Generation Breakthrough', UNFPA, New York, 24 July 2017 <https://bangladesh.unfpa.org/en/news/generation-breakthrough>, accessed 24 September 2020.

35 Jenkins, Robert, and Rebecca Winthrop, '5 Actions to Help Bring the Most Marginalized Girls Back to School after COVID-19', The Brookings Institution, Washington, DC, 15 May 2020, <www.brookings.edu/blog/education-plus-development/2020/05/15/5-actions-to-help-bring-the-most-marginalized-girls-back-to-school-after-covid-19>, accessed 24 September 2020.

36 Greene, Margaret E., and Ellen Stiefvater, 'Social and Gender Norms and Child Marriage: A reflection on issues, evidence and areas of inquiry in the field', ALIGN, London, April 2019, https://www.alignplatform.org/resources/2019/04/social-gender-norms-and-child-marriage, accessed 24 September 2020; Botea, I., et al., 'Interventions Improving Sexual and Reproductive Health Outcomes and Delaying Child Marriage and Childbearing for Adolescent Girls', World Bank, Washington, DC, 2017; Jones, Nicola, and Elizabeth Presler-Marshall, 'Achieving Social Protection for All Adolescents: How can a gender norms lens support more effective programming?' Overseas Development Institute, London, March 2019, <www.gage.odi.org/wp-content/uploads/2019/03/CSW-Social-Protection-Policy-Note-WEB-1.pdf>, accessed 24 September 2020.

37 Nanda, Priya, et al., 'Making Change with Cash? Impact of a conditional cash transfer program on girls' education in India',, International Center for Research on Women, Wshington, DC, 2016, <https://n2r4h9b5.stackpathcdn.com/wp-content/uploads/2016/10/IMPACCT_Education_Webready.pdf>, accessed 24 September 2020; Amin, Sajeda, et al., 'Delaying Child Marriage Through Community-Based Skills-Development Programs for Girls: Results from a randomized controlled study in rural Bangladesh', Population Council, Dhaka, April 2016, <www.popcouncil.org/uploads/pdfs/2016PGY_BALIKA_EndlineReport.pdf>, accessed 24 September 2020. United Nations Children's Fund, 'Technical Note on Cash Plus for Adolescent Girl Empowerment Schemes in India', UNICEF, New Delhi, June 2020 (unpublished).

38 Food and Agriculture Organization of the United Nations, 'FAO Technical Guide 1: Introduction to gender-sensitive social protection programming to combat rural poverty: why is it important and what does it mean? A Toolkit on gender-sensitive social protection programmes to combat rural poverty and hunger', FAO, Rome, 15 November 2018, <www.fao.org/3/ca2026en/CA2026EN.pdf>, accessed 24 September 2020;

39 Tanzania Adolescent Cash Plus Evaluation Team, 'A Cash Plus Model for Safe Transitions to a Healthy and Productive Adulthood: Midline report', UNICEF Office of Research – Innocenti, Florence, 2020, <www.unicef-irc.org/publications/pdf/Tanzania%20Cash%20Plus%20Midline%20Report.pdf>, accessed 24 September 2020.

40 Economic and Social Rights Empowerment Initiative, 'Overview: The SERF Index', University of Connecticut, Mansfield, Conn., no date, <https://serfindex.uconn.edu/overview>, accessed 24 September 2020.

41 Gullo, Sara, et al., 'Effects of a Social Accountability Approach, CARE's Community Score Card, On Reproductive Health-Related Outcomes in Malawi: A cluster-randomized controlled evaluation', *PLOS One,* vol. 12, no. 2, 2017, article no. e0171316, doi: 10.1371/journal.pone.0171316.

42 The Children's Investment Fund Foundation (UK), '2017 annual report', CIFF, London, 2018, <https://ciff.org/wp-content/uploads/2019/09/CIFF_AnnualReport_2017.pdf>, accessed 24 September 2020.

ACKNOWLEDGEMENTS