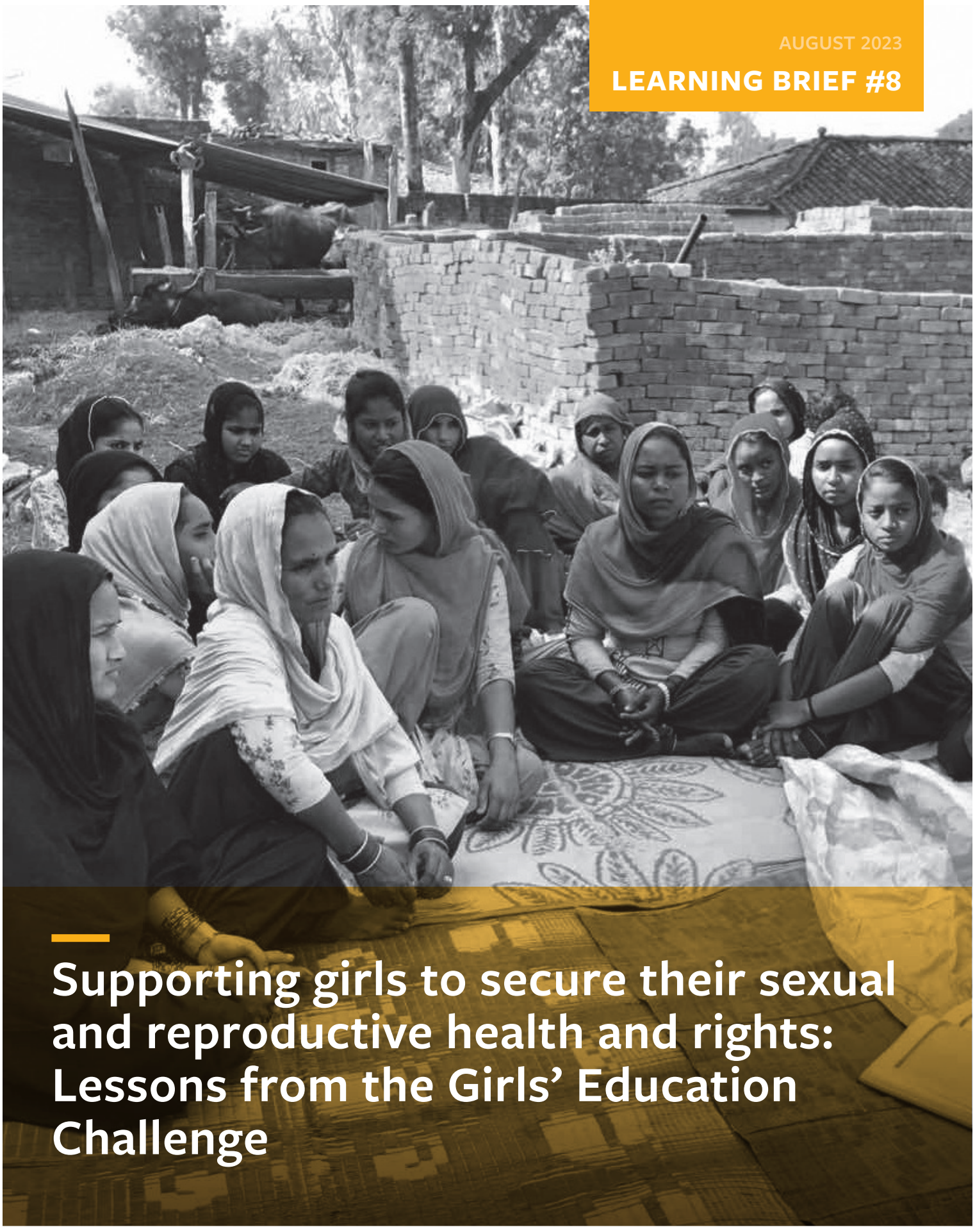


AUGUST 2023

LEARNING BRIEF #8

Supporting girls to secure their sexual and reproductive health and rights: Lessons from the Girls' Education Challenge

Girls' Education Challenge

UKaid from the British people

The Girls' Education Challenge (GEC) is the UK Foreign, Commonwealth and Development Office's 12-year, £855 million Global Fund which aims to improve the educational opportunities of the world's most marginalised girls. The GEC is comprised of two types of project: 1) GEC-Transition (GEC-T) projects, which work within schools and support girls most at risk of dropping out; and 2) Leave No Girl Behind (LNGB) projects, which target highly marginalised girls who have already dropped out or who have never been able to enrol in school.

Every girl has the right to be able to make informed decisions about an aspect of her health that is often life-changing in nature – her sexual and reproductive health (SRH).

The Committee on Economic, Social and Cultural Rights and the Committee on the Elimination of Discrimination against Women have both stated that women's right to health includes their sexual and reproductive health. Access to services, care and information and autonomy in decision-making are basic human rights. Sexual and reproductive health and rights (SRHR) ensure access to comprehensive, people-focused SRH services and provide girls with the knowledge and skills to decide freely on matters relating to sexuality and their bodies.[1,2] They also provide protection from violations of SRHR, such as sexual violence, denial of access to SRH healthcare, female genital mutilation and early marriage.

Comprehensive sexuality education (CSE) is an important aspect of SRHR, particularly for adolescent girls and boys. CSE can help them develop age-appropriate knowledge, attitudes and skills that contribute to healthy and safe relationships, develop positive attitudes to gender equality, and equip them to reflect critically on cultural norms and traditional practices and beliefs.[3] CSE, combined with safe access to SRH and protection services, can change the course of a girl's life and set her up to fulfil her capabilities. It can ensure she is set up to make autonomous decisions about her body, her sexuality and her life journey. This can help keep her safe, physically healthy and empowered, and able to cultivate positive relationships.

Sexual and reproductive health and rights – and education

Education and SRHR are inextricably linked. A girl's lack of access to SRHR and her lack of access to quality education are both rooted in negative gender norms. Conversely, education is a powerful tool in achieving gender equality and strengthening girls' skills, knowledge and power to challenge discriminatory gender norms and claim their SRH rights.[4] For example, education helps young people avoid unwanted pregnancies and reduces child marriage. At the same time, child marriage and unwanted pregnancy are key causes of early school dropout.[5]

The context for girls supported by the GEC

Unwanted pregnancy is most frequently cited as a concern for GEC girls. In the majority of countries where the GEC works, girls report the lived experience of young mothers in education is generally one of de-facto exclusion because of the combination of school and childcare-related costs, as well as deep and widespread stigma.[6] Many GEC girls stay at home when menstruating because of fears about visible leakages or being unable that to change pads or washcloths at school.

Violations of SRHR are most often due to beliefs and social norms based on patriarchal concepts of a woman's role and value as primarily reproductive. Concepts such as sexual desire, sexual preference, bodily autonomy and reproductive choice are coloured by the backdrop of the gendered structures of the community where the girl lives (and the educational space in which she studies). Most projects operate within contexts where adolescent-friendly provision of contraception is not just subject to all the other barriers to healthcare that are present within poorly resourced contexts (such as prohibitive costs) but actively discouraged or banned because it would 'encourage' teenage sex. Power inequality between women and men also severely constrains girls' ability to change practice and make contraceptive decisions, regardless of how much extra knowledge or individual attitudinal change they have experienced.

This points to the importance of not just quality CSE to help girls think critically about gender, power, sexuality, culture and norms, but also points to the importance of including broader work aimed at shifting social norms around gender and power, and engaging with the most influential people within a girl's ecosystem (such as her partner or parents-in-law).

[1] WHO 2022. Available at: https://www.who.int/publications/i/item/WHO-SRH-21.21

[2] The Beijing Platform for Action states that "the human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence."

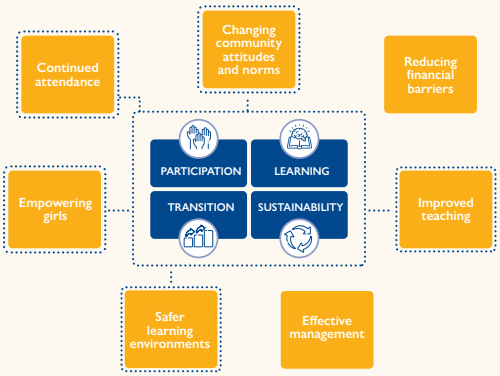
[3] UNESCO (2018) International Technical Guidance on sexuality education

[4] https://www.girlsnotbrides.org/learning-resources/child-marriage-and-education/

[5] How investing in sexual and reproductive health and rights helps keep girls in school (The UK All-Party Parliamentary Group on Population, Development and Reproductive Health report 2021)

[6] Five GEC countries have policies which prescribe conditions on pregnant and parenting girls, and two have recently removed restrictive policies but still have a policy implementation gap.

The Girls' Education Challenge Learning Brief series:
To capitalise on its vast portfolio of 41 projects, operating across 17 countries, the Girls' Education Challenge (GEC) has compiled a wealth of project learning regarding key interventions related to girls' education. While these Learning Briefs are rooted in both quantitative and qualitative evidence, they are not research papers or evidence reports. Rather, they provide a synthesis of learning from GEC intervention designs and implementation approaches that have been paramount for supporting improvements in girls' learning. The GEC projects take a holistic approach to improve the educational environment and conditions that support improved learning, participation, transition and sustainability outcomes. This Learning Brief is focused on interventions in the following areas:



GEC approaches to sexual and reproductive health and rights

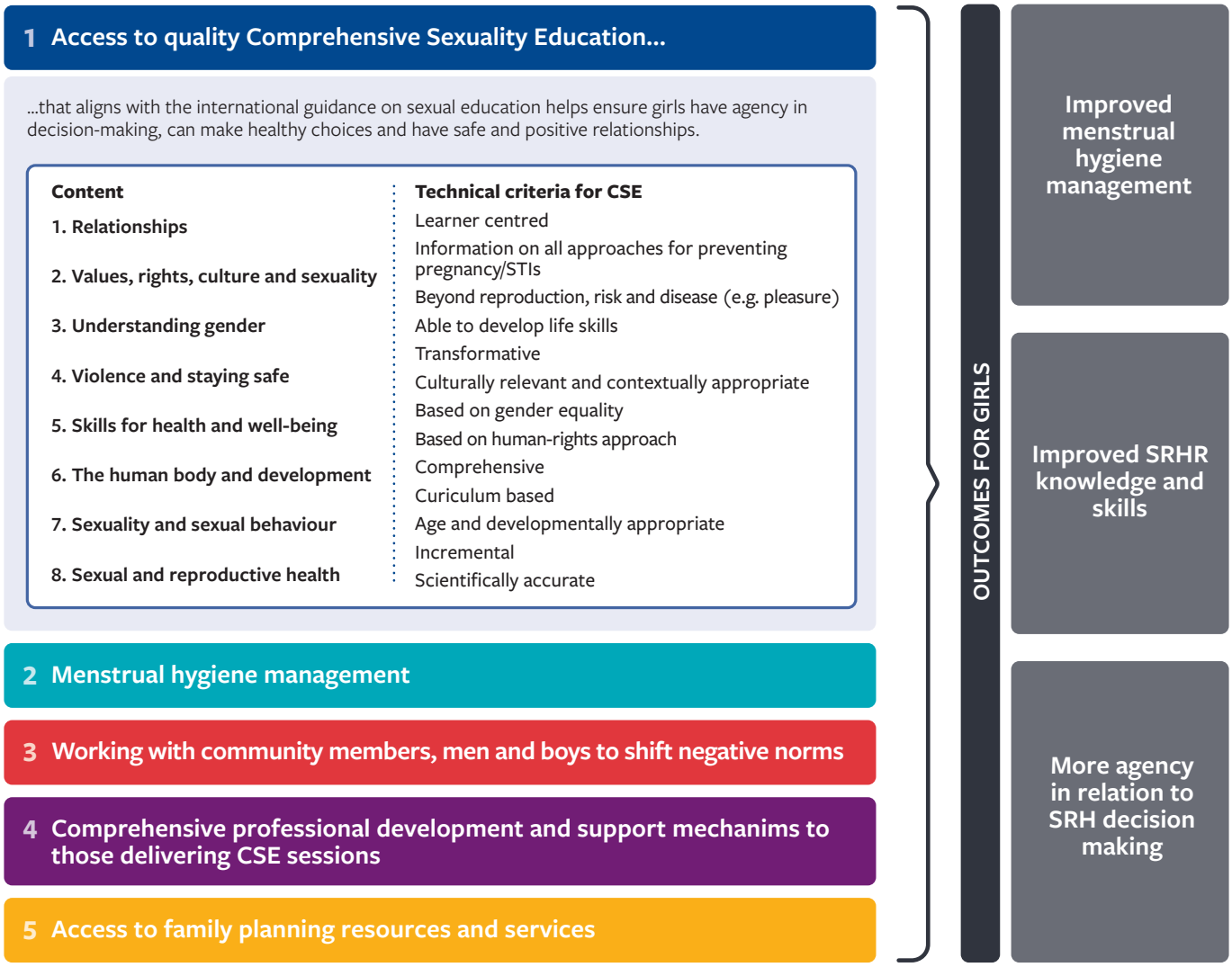


Figure 1: *The core elements of GEC SRHR interventions*

GEC projects implemented activities to support girls in securing their sexual and reproductive health rights. *Figure 1* illustrates the five core components of SRHR programming across GEC projects. Projects generally operated in similar ways to address girls' identified SRHR-related needs. The main SRHR intervention was CSE which was generally located within the project's wider life skills curriculum. As explained, this teaches girls (and boys as well in some projects) about the emotional, physical and social aspects of sexuality and aims to equip learners with the knowledge, skills, attitudes and values that will ensure their rights to protection, empower them to make healthy decisions and develop respectful social and sexual relationships.[7]

Figure 1 also illustrates the core components of effective sexuality education outlined in The International Technical Guidance on Sexuality Education. This guidance outlines key areas of importance related to content coverage and the characteristics of effective CSE. It also outlines how stakeholders can plan for and implement CSE effectively. It isolates common areas of implementation that are effective in increasing Knowledge, clarifying values and attitudes, increasing skills and impacting behaviours. These are all key areas on which GEC projects have focused.

Many projects worked to support girls in exploring their goals and motivations related to sex and reproduction, and to develop skills connected with self-efficacy, decision-making and negotiation. The projects that focused the most on building girls' agency – or girls' ability to act in line with their choices – also had components aimed at changing the attitudes of girls' parents, partners, teachers and community leaders, acknowledging the need to shift the resources and opportunity structures *around* girls. Other important aspects of GEC SRHR programming were helping girls manage their menstrual hygiene and removing the barriers to girls' access to contraception and family planning resources and services.

"Many projects worked to support girls in exploring their goals and motivations related to sex and reproduction, and to develop skills connected with self-efficacy, decision-making and negotiation."

[7] UNESCO (2018) International Technical Guidance on Sexuality Education

Delivering sexual and reproductive health and rights[8]

The delivery of SRHR content to girls was through three main mechanisms:

1. A facilitator of an extra-curricular Girls' Club
2. Part of the formal curriculum delivered by teachers within a school setting
3. Part of a broader curriculum for out-of-school girls who were learning in catch-up centres or community-based educational spaces, delivered by mentors or learning facilitators.

Of the 33 GEC projects reviewed for this Learning Brief, and as seen in *Figure 2*, the majority of projects used Girls' Clubs as their chosen mechanism. This reflects the alignment between a more informal space and content that can be sensitive, intimate and perceived as private and personal. The projects that used an out-of-school curriculum for delivery were all projects operating under the Leave No Girl Behind[9] window, specifically targeting out-of-school girls.

Given this mix of mechanisms, it is unsurprising that the portfolio saw great diversity in the abilities of the adults responsible for teaching SRHR content. Projects working in contexts where teachers were mandated with delivering a formal CSE curriculum within schools, such as in DR Congo and Afghanistan, had little control over which teacher was selected as the facilitator and the quality of facilitation. Projects running their own Girls' Clubs or out-of-school centres benefited from being able to select, vet, train and monitor their facilitators and, where necessary, bring in outside expertise to deliver sessions on particular topics. Dosage varied, but in general projects followed curricula that required weekly, term-time sessions, which built upon previous sessions.

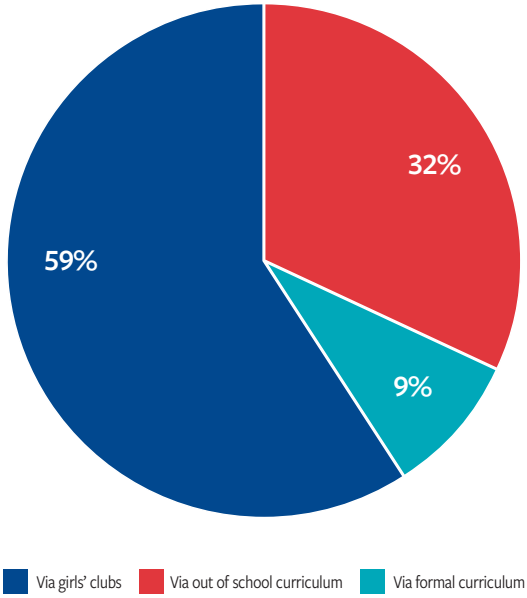


***Figure 2:** Mechanisms for delivery of CSE*

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[8] Please see this document for a table of activities by project lftf_srhr_in_the_gec_dec_2018.pdf (girlseducationchallenge.org)

[9] The GEC has two funding windows: 1. the GEC-T window supports marginalised girls in the formal school system who are in danger of dropping out, and 2. the LNGB window supports girls who have dropped out of school or have never been to school

Differences in content

The projects considered how best to develop appropriate content that would align with their theory of change, respond to girls' needs, mitigate potential parental or community opposition, and adhere to any relevant Ministry of Education or Health curricular requirements. Some projects, such as those implemented by the International Rescue Committee (IRC) and Plan International, used content based on their organisations' global life skills curricular and adapted it to the specific context and GEC girls' needs. Other organisations, such as CARE Somalia or WUSC in Kenya, engaged local consultants familiar with the context and national demands to design modules from scratch.

To understand the content taught to girls, the curricula from various projects were reviewed for alignment with the UNESCO International Technical Guidance on Sexuality Education. This process helped identify where projects focused most of their content. The first set of criteria examines which projects included content on each of the eight 'key topics' within the technical guidance.

As the chart below shows, most reviewed curricula included content on gender, skills, anatomy, reproduction and puberty, and the prevention of pregnancy or sexually transmitted infections. This reflects a wider tendency across the portfolio to follow a risk-based or problematising approach to discussing sex and relationships. Topics with uneven representation included relationships, values and violence. Only two curricula included content on sex, sexuality and sexual behaviour (looking at sexuality as enjoyable and natural, as well as feelings, fantasies and desires). Some projects linked gender and gender equality with sexuality and power within relationships, but in most projects, gender was treated as a standalone.

© StreetChild

"To understand the content taught to girls, the curricula from various projects were reviewed for alignment with the UNESCO International Technical Guidance on Sexuality Education."

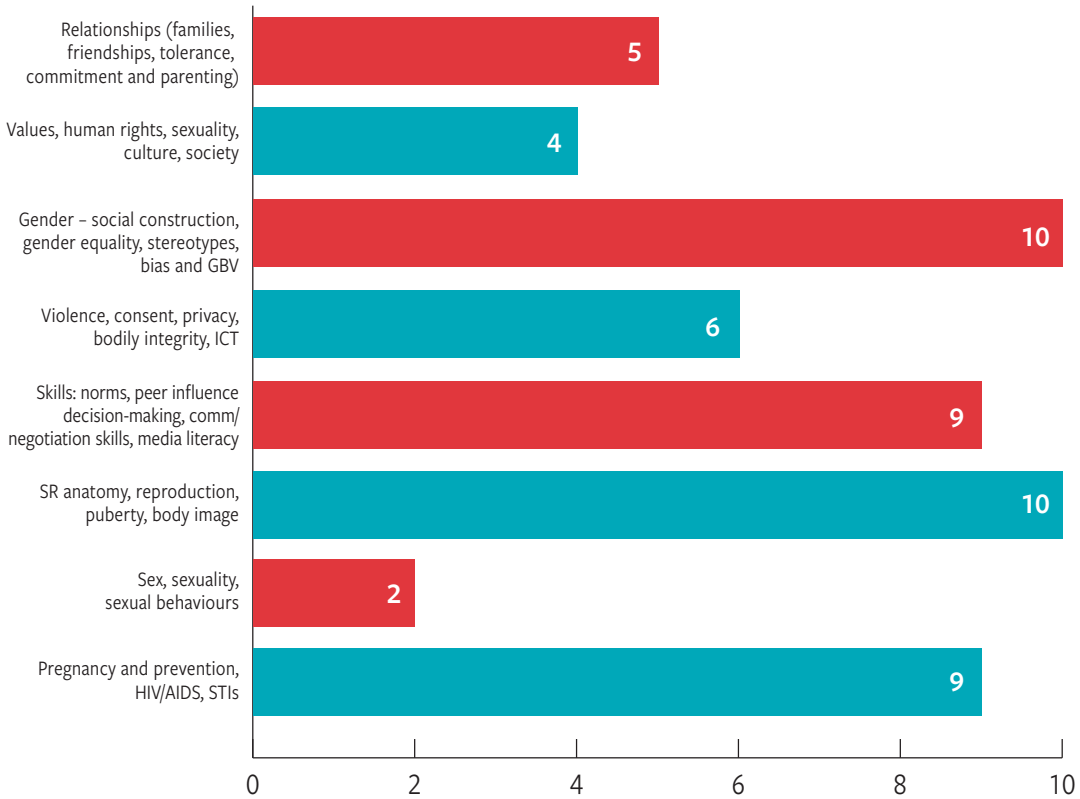

Figure 3: *Number of projects with curricula that contain content under each of the UNESCO 8 Key Topics*

Figure 4, the second set of UNESCO criteria, lays out factors which allow content to be defined as 'comprehensive'. The chart below shows the extent to which the curricula reviewed met each of these criteria.

All projects used content that could be described as curriculum-based, in that it is within a written curriculum that guides facilitators, is structured, includes objectives and presents concepts. All SRHR content also fulfilled the criteria of being culturally relevant and contextually appropriate, emphasising respect for cultural values and clear ties between focus areas and the examples or scenarios presented. For example, both Nepali curricula reviewed included a significant emphasis on child marriage, which is highly prevalent within their contexts, and the Somali curricula included information on antenatal healthcare given their older cohort of girls, many of whom were already married parents.

However, many projects did not meet the related criteria of being 'comprehensive' and going 'beyond reproduction, risks and disease'. The comprehensive criteria were missed due to the lack of inclusion of modules on all of the eight key topics (see *Figure 3*), and only two projects –

What did not work:

Relying solely on contextualised, locally developed content often misses out most of the key topics and key CSE criteria set out by the international technical guidance. This limits the effectiveness of CSE.

TEAM Girl Malawi (Link Education International) and Every Adolescent Girl Empowered and Resilient (EAGER) (IRC) in Sierra Leone – included content that explicitly went beyond reproduction and risk and into learner-centred discussions about sex and pleasure, sex and desire, and girls' having choice and agency to make sexual decisions that worked for them.

Most projects strongly focused on 'skills' content, with well-structured content allowing girls to discuss, develop and practice skills relating to negotiation, communication and decision-making. However, the examples given often provide only one 'right' choice to make, and this nearly always turns out to be abstinence and rejection of any romantic relationship outside of marriage.

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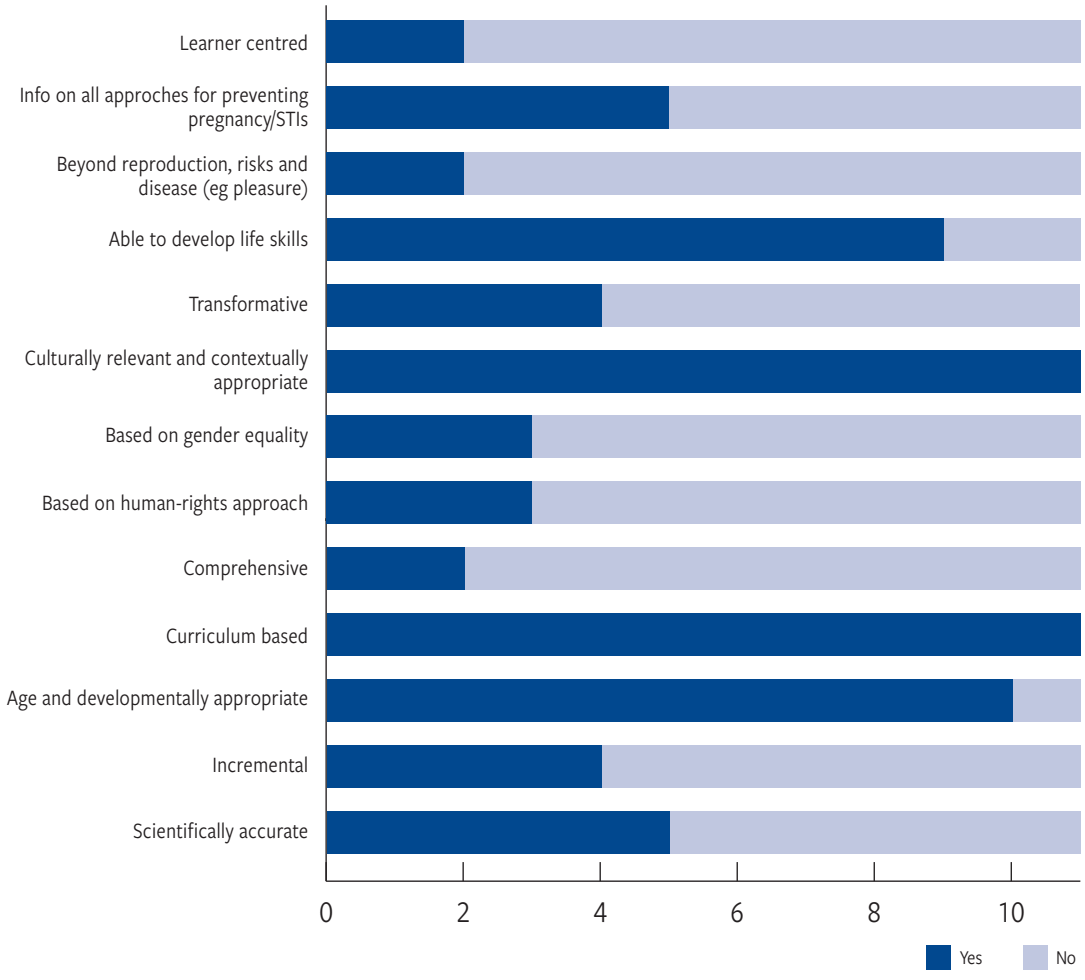

Figure 4: *Number of reviewed GEC projects whose curricula meet UNESCO technical criteria for comprehensive sexuality education*

Menstrual health[10]

Many projects used SRHR modules within life skills curricula as an opportunity to improve girls' menstrual health management. However, since many baseline studies identified menstruation as a core reason for absenteeism during school, 28 projects adopted a more comprehensive approach, specifically to menstrual health management. They took actions beyond the provision of information. *Figure 5* shows the types of activities in which they engaged.

- 15 projects distributed sanitary pads or kits regularly to their cohort of girls. Three of these also taught girls, their families and schools how to make reusable pads. Sanitary kits also included items such as soap, for washing reusable pads or underwear. Projects thought carefully about distribution mechanisms, balancing the need for discretion with opportunities to normalise their distribution.
- 26 of the 33 projects provided information about menstrual health management within life skills curricula or Girls' Clubs. In addition to improving their understanding of topics such as hygienic practices when menstruating, some content also sought to challenge and contest stigmatising attitudes or feelings of shame. For example, facilitators trained by projects in DR Congo, Ethiopia and Sierra Leone helped girls to unpack the gendered reasons behind the association between menstrual blood and shame.[11] This helped girls resist blaming and shaming attitudes at home or school.
- Eight of the 33 projects explicitly engaged with parents or teachers on better-supporting girls to overcome menstruation-related barriers and ensure they have what they need to go to school and learn comfortably. For example, the Rwandan Girls' Education and Advancement Programme (REAP), led by Health Poverty Action in Rwanda, engaged with mothers' groups, mother-daughter clubs, and teachers and schools to increase understanding of sanitary pads as a basic good and something that needs attention from everyone in a girl's life. They set up SRH 'corners' in schools where girls could get information on how to access, clean and dry pads.
- Another important engagement with teachers was within the domain of gender-responsive pedagogy. Teachers were supported to become alert to menstruation-related challenges, to respond appropriately to menstruation-related bullying and to allow girls to access toilets during lessons. The The Educate Girls, End Poverty project in Somalia supported some headteachers introduce a policy where girls do not have to give a specific reason – especially to a male teacher – for needing to be excused from a lesson.

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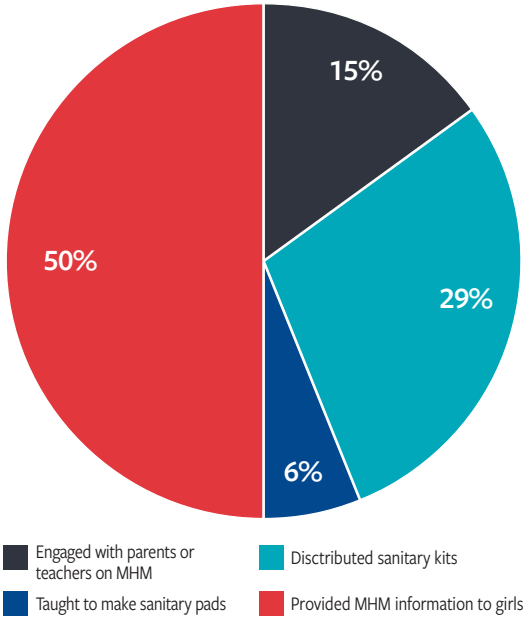

***Figure 5:** Focus areas of the 28 GEC projects with a menstrual health management component*

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[10] It should be noted that the water and sanitation infrastructure was not included in GEC projects and this is an important part of effective menstrual health management strategies/responses.

[11] Projects included Réussite et Épanouissement via l'Apprentissage et L'Insertion au Système Éducatif (REALISE) (Save the Children) in DR Congo, Excelling Against the Odds (ChildHope) in Ethiopia and EAGER (IRC) in Sierra Leone.

The impact of interventions

The main way projects measured the impact of their SRHR interventions was by looking at changes in girls' knowledge, attitudes and practice. There was considerable diversity in how projects did this, combining qualitative and quantitative approaches. Only a handful of projects adopted a systematic metric that allowed for the frequent understanding of which topics were 'sticking' and which topics needed more exposure time or facilitator technique and confidence.

Broader qualitative approaches overwhelmingly showed that girls, their teachers and families perceived exposure to SRHR content to have had a positive impact. Improved menstrual health management was reported as a positive change in how young women related to their partners or parents-in-law, advocating for more decision-making about their sexual and reproductive health choices. Attitudinal change was mentioned the most, with many parents and teachers perceiving that girls could now make the 'right' choice. However, this was sometimes problematic as the 'right' choice' was often defined as committing to school and avoiding relationships with boys and men. However, it still speaks to a change that adults perceived as important in protecting girls from unwanted pregnancy. By midline/endline, projects reported the following changes:

- TEAM Girl Malawi – a **19%** increase in girls reporting improved knowledge of SRHR.
- The Virtuous Cycle of Girls' Education (CAMFED, Tanzania, Zambia, Zimbabwe) – **99%** of girls were 'more confident about making safe reproductive choices'.
- Excelling Against the Odds (Ethiopia) – **78%** of girls said they had access to someone to ask questions to about their sexual and reproductive health.[12]
- Marginalised No More (Street Child, Nepal) – a **20%** increase in girls reporting positive attitudes towards SRH.
- Empowering a New Generation of Adolescent Girls with Education (ENGAGE) (VSO, Nepal) – a **33%** increase in the number of girls reporting they had heard about safe menstrual practices.

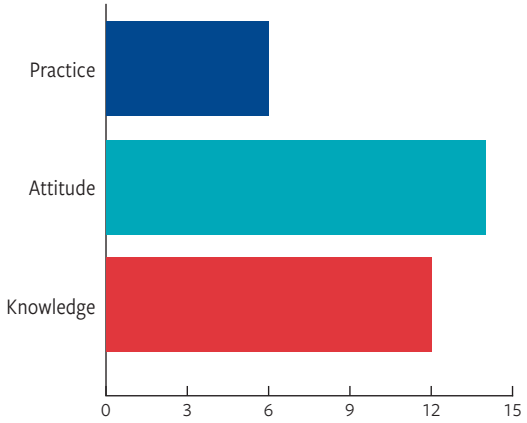

***Figure 6:** Number of GEC projects reporting a change in SRH-related girls' knowledge, attitude or practice*

On the other hand, some projects reported results that suggest concerning trends in girls' SRHR practices. For example, one project reported that at midline, 9% of the girls the supported were sexually active, not trying to conceive and not using contraception. At endline, this situation applied to nearly half of the cohort of girls. Related to this, we generally see significant increases in the number of girls who have children over the portfolio's lifetime. However, with projects following girls who' age up' over time, this trend is not unexpected, and it is very difficult to untangle the rates of girls who experience unwanted pregnancy. However, it speaks to the substantial social, psychological and structural constraints on girls' ability to access the contraception they would need to avoid unwanted pregnancies.

CASE STUDY: Life Skills Circles: Marginalised No More – Street Child, Nepal

Marginalised No More's Life Skills Circles trialled a participatory curriculum that was regularly adapted to ensure it remained close to girls' everyday realities. The sessions were loosely structured, encouraging input from the girls themselves. Social workers were trained on learning content every two to three months. From baseline to endline, girls demonstrated improved knowledge, informed attitudes and changed behaviour across five core areas of SRHR (23% to 53%), menstrual health management (58% to 82%), civic sense (4% to 82%), child rights (31% to 72%) and gender-based violence (13% to 36%).

[12] Compared to 63% in non project areas

The impact of menstrual health management interventions

The impact of menstrual health management work largely falls into four categories:

- improved knowledge of menstrual health management
- improved attendance in school
- changed attitudes, as demonstrated by more open conversations
- fewer associations between menstruation and shame

19 of the 33 projects found substantial increases in girls' knowledge of menstrual health management due to using life skills curricula or clubs to convey this information. For example, girls involved in Marginalised No More's Life Skills Circles (see above) scored 39% higher within the menstruation category of the life skills scoring index at the endline than at baseline. Many projects measured this change qualitatively, and countless stories emerged of girls feeling more confident to ask schools or families for pads and to wash or change them appropriately. Another key theme emerged: girls sharing this knowledge widely with sisters, friends and other adult women.

Ten of the 33 projects reported increased attendance, which they linked with reduced menstruation-related barriers. EGEP (Somalia) used their evaluation to unpack the pathway between menstruation and poor attendance and found that it was not just about lack of pads but also about feelings of shame, fear of leakage, and fear of any man or boy finding out that menstruation was happening. Teachers involved in projects implemented by Opportunity International (Uganda), CAMFED (Tanzania, Zambia and Zimbabwe) and SOMGEP (Somalia) all reported that project provision of pads had made a substantial difference to girls consistently attending throughout the month.

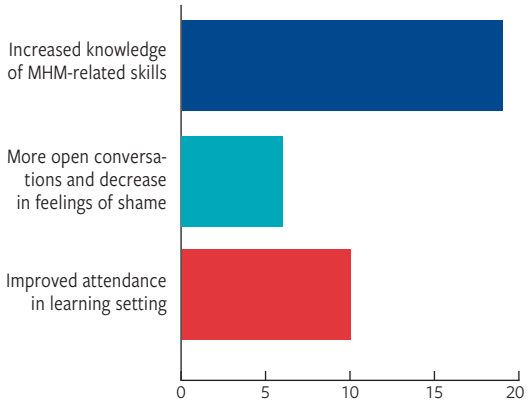

***Figure 7:** Reported impact of MHM-specific interventions*

Six projects reported results relating to shifts in social norms around menstruation and changes in the extent to which girls felt ashamed or embarrassed. ENGAGE (Nepal) saw changes in girls' willingness to talk about menstruation with friends and community health volunteers due to content aimed at challenging shameful beliefs. Girls in the Excelling Against the Odds' (Ethiopia) clubs spoke about their realisation that menstruation is a natural process of which they did not need to feel ashamed.

"19 of the 33 projects found substantial increases in girls' knowledge of menstrual health management due to using life skills curricula or clubs to convey this information."

Sexual and reproductive health and rights – learning and transition

Whilst it is impossible to explicitly tie SRHR-specific impact to girls' academic learning or transition outcomes, many GEC project staff report that this was one of the most critical components of their theory of change. They stated that learning and transition improved due to the reduction of the number of girls becoming pregnant and subsequently excluded from school (explicitly or in a de facto way). They also connected the enhanced learning outcomes to more consistent attendance due to improved access to sanitary pads and menstrual health management. Finally, since most SRHR content sat within broader life skills curricula, project staff assessed it as such. The skills that girls gained within this component allowed them to become more confident in the classroom and at home, and contributed to family decisions about the pathways planned for them – both of which they tied to the likelihood of better learning and transition outcomes.

When projects did use quantitative analysis methods to look at SRHR and learning, results were promising. For example, Making Ghanaian Girls Great! (Plan International) in Ghana found that having high SRH knowledge was a statistically significant predictor of girls' improved literacy scores and numeracy levels. This may be because girls with low SRH knowledge were more likely to face barriers to learning in school. Similarly, Excelling Against the Odds (Ethiopia) found that not having access to someone to ask questions about SRH contributes to reduced literacy scores. At midline, the study found that not knowing a modern contraception method, including abstinence, contributes to reduced numeracy and literacy outcomes.

Factors for success

This section outlines the factors that influenced positive SRHR outcomes. Projects largely saw changes in attendance, improved knowledge, shifting attitudes and a reduction in girls feeling shame and stigma.

1. Address issues around attendance and curriculum

Implement sustainable approaches to overcome SRH barriers to attendance. The distribution of sanitary pads was a tangible input upon which girls, teachers and families placed significant value. It was credited with improving attendance and learning. Other useful practices were the provision of sanitary bins and areas where girls have privacy. However, all projects recognised the sustainability-related challenges with some of these strategies, particularly concerning sanitary pads. It is important to plan for sustainability from the beginning. For example, the Jielimishe project (Educate Yourself, led by I Choose Life) and Let our Girls Succeed project (led by Education Development Trust) both implemented in Kenya, sought to understand the realities and legalities of government provision of sanitary pads and undertook advocacy at local and central levels to reduce the barriers to state-provided pads getting to schools.

What does not work:

Projects that distributed sanitary items without planning for sustainability found themselves facing the potential of a sharp increase in drop-out risk as their projects closed.

Provide a comprehensive sexuality education curriculum that meets girls' needs. CSE outcomes were better when projects aligned with UNESCO's technical guidance and provided the full suite of information. Content on gender and equality was most successful when woven throughout and coherently linked with sexuality to help girls understand how gender norms and roles impact ideas about accepted sexuality and the power within relationships. Space and time for girls to take learning on gender and apply it to other content within the curricula strengthens SRHR approaches. However, touching on some SRH areas did lead to some backlash from adults and some hesitancy and concerns from facilitators. In many cases, projects working with older girls were better able to engage girls around more sensitive issues, as open conversations with mentors or young women from the community were more socially acceptable.

What does not work:

Treating all girls the same in terms of their SRHR needs. Projects found that girls reported that content could be irrelevant or unresponsive to their situation. Urban and rural girls often had very different levels of exposure to other sources of sexual information, and older and younger girls' different needs and levels of comfort. A recurring theme was a disconnect between what was being taught to married or parenting girls, and what they wanted to know.

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CASE STUDY: Dignity during lockdown

Sisters for Sisters' Education (VSO) in Nepal established non-formal Girls' Clubs that included support on menstrual health management. "Over the phone, my Big Sister taught me about menstrual hygiene," said one of the Little Sisters. *"During the lockdown, I was unable to buy sanitary pads. When we were in school, we would get it there but during the lockdown, we were unable to go to school. The pharmacy also ran out of stock. Thankfully, my Big Sister came to my home – as she lives in my neighbourhood – and taught me to make homemade sanitary pads which we learned earlier in school. This helped me and my mother to access pads during the height of lockdown."*

© Link

CASE STUDY: Curriculum alignment

Team Girl Malawi's curriculum was one of the strongest across the portfolio in terms of alignment with international technical guidance, but mixed views from adult stakeholders were observed at the midline. One facilitator, who was in the role of providing SRHR training, said, *"Some content is not relevant to young girls, such as topics about menstrual periods, sex and use of condoms – which make girls aged nine to 14 uncomfortable when they hear names of parts of the genitals and how they are used."* However, this project also experienced some of the highest improvements in girls' knowledge, attitudes and practices across the portfolio. When interpreting these results and findings, we must acknowledge that adults have their values, biases and views around gender and sexuality and find a balance between contextual appropriateness and what girls themselves have a right to know. With this example in particular, the normalising language to describe female genitalia has been posited as a critical part of CSE and essential to the demystification and deregulation of women's bodies.

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CASE STUDY: Conversations about sex and sexuality

The Jielimishe project (Kenya) included a mentoring programme with components focused on sexual and reproductive health. These sessions aimed to increase girls' knowledge of SRH, how to prevent pregnancy, and the negative effects of relationships, early marriage and pregnancy. Girls were previously reluctant to talk about sexuality in group discussions, given the sensitivity around such topics. However, teachers in Laikipia and Meru highlighted that Jielimishe intervened to inform girls about protecting themselves and abstaining from sexual activity. Teachers suggested that girls appeared to be more motivated in class. A mentor in Mombasa highlighted that she regularly received feedback from students and teachers that many girls had ended their relationships with male boda boda (taxi) drivers following her sessions on sexual health. *"Their confidence had improved, and they wanted to succeed, which they could not do if they were with these boys,"* she said.

2. Address issues around stigma and social norms

Prioritise the reduction of shame and stigma around menstrual health management. Many projects recommended making this a priority, given the role that shame and stigma play in disincentivising girls from attending learning spaces when menstruating. This is ambitious and complex, given its connection with gender and sexuality. It is important to strategically engage with girls, boys, teachers and parents around menstruation as a natural process. Unpacking the links between societal attitudes towards women's bodies and menstrual shame has a greater and deeper impact when done well and over a sufficient time period.

Additionally, some projects suggested more feasible and practical changes that schools and governments could make to their practice to eliminate the likelihood of girls feeling shame. For example, EGEP (Somalia) found that girls are often enrolled in schools with white or light-coloured uniforms, dramatically increasing the likelihood that a leakage would be visible and called for a change in uniform colour. PIN (Nepal) identified that whilst girls had access to enough sanitary pads, the toilets in their schools did not have bins, making attendance during menstruation much less likely.

"Unpacking the links between societal attitudes towards women's bodies and menstrual shame has a greater and deeper impact when done well and over a sufficient time period."

© ChildHope

CASE STUDY: Confidence as young women

To support girls' SRH, Excelling Against the Odds (Ethiopia) provided girls with sanitary pads, established changing areas in schools, and delivered a life skills curriculum with age-appropriate and culturally competent SRH messaging. The project also set up 74 sanitary corners in schools and provided sanitary pads to girls.

Over the last year 83% of girls supported by the project have found it easier to access sanitary wear, compared to 53% of girls in non-project areas, resulting in learning improvements. Several girls spoke about how being a member of a Girls' Club gave them more confidence. *"Before I joined the club,"* said one, *"I used to think menstruation was a shameful thing. But now I understand it is part of our nature."* Another said: *"I feel good about it [joining a club] because they educate me and prepare me for menstruation…speaking about menstruation was not easy. Now I figured it is the nature of all women."*

Engage with girls' families, boys and partners. A holistic approach to SRHR is important, including involving girls' families, boys and partners. When projects gave girls' families and partners appropriate information, this sparked discussions around choice, power and rights. Girls themselves reported greater change in the decisions they felt they could make and their attitudes towards sexuality. When REALISE (DR Congo) invited girls' mothers into bespoke SRH clubs, girls reported that it began to normalise conversations between mothers and daughters about sex and made them feel that this did not need to be associated with shame. It is also important that boys are engaged to improve their understanding of gender more broadly. A lack of understanding around concepts such as parity, equity, equality and fairness amongst boys, communities and project stakeholders was reported across projects. A nuanced approach that helps boys understand different needs and rights has long-term value.

Link and layer different interventions. This was critical to success, rather than relying on SRHR-specific activities alone to shift social norms. One teacher-mentor in Zimbabwe explained how the CAMFED activities at the school level complement each other, positively impacting girls' access to SRHR. She felt that interventions protected girls from sexual abuse, the provision of sanitary ware reduced barriers to school attendance, and the feeding programme through Mother Support Groups improved attendance and engaged mothers in these conversations. At district level, it was reported that young women and girls had been equipped to be assertive hence reducing sexual abuse (*"girls and young women gain assertiveness skills girls to say no to abuse"*), while women were empowered through involvement in income-generating projects to become self-reliant. This enhanced another area of empowerment that linked to their ability to make choices and negotiate power dynamics.

Negotiate with conservative forces. Projects which undertook strategic and smart approaches when engaging with more conservative stakeholders, often achieved what they had set out to without compromising content. For example, the Educating Nigerian Girls in New Enterprises (ENGINE) project in Nigeria, led by Mercy Corps, received significant pushback from Kano state stakeholders around their SRH and menstrual health management content. When they reframed the topics as 'health and hygiene' and 'psychosocial skills', they were able to keep the content and secured approvals. Small adjustments like this show that projects need not give up entirely or rapidly when they encounter resistance and that compromises can allow the girls' needs to be prioritised above those from sanctioning quarters.

3. Support facilitators to deliver effectively

Create a learner-centred and participatory environment. Facilitators with skills in learner-centred pedagogy were better able to create a space where girls could and did ask questions. Many projects reported that most girls were still quiet and hesitant within SRHR-specific sessions and advocated more efforts to create more informal environments. It was important that the facilitators (ideally young women from the community) were trained in adolescent participatory techniques. It also helped to keep groups small with girls of similar ages. Repeated and frequent engagement with the same group of peers helps girls build relationships and feel comfortable and safe. This was also borne out during COVID-19 when groups could not meet, but projects that had invested in this area maintained relationships and support due to stronger connections with girls.

"When projects gave girls' families and partners appropriate information, this sparked discussions around choice, power and rights."

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CASE STUDY: Interactive radio broadcasts

The projects that had the most appropriate approaches to radio broadcasts ensured that content was interactive and contextualised. For example, the Successful Transition and Advancement of Rights for Girls (STAR-G) project in Mozambique, led by Save the Children, found that more than 11,000 girls and 13,000 boys had tuned into their programmes focused on SRH and gender-based violence. However, the greatest impact was observed amongst those listeners who then joined 'radio discussions' led by teachers trained by the project to facilitate conversations based on what they had heard.

Another example of adapting media intervention to fit the needs of girls better can be seen in EAGER's (Sierra Leone) decision to move SRH content to the drama slot of their radio content rather than present it within a factual format, allowing for a more nuanced and relatable content to be produced. The least successful radio programmes and those with lower uptake conveyed information in a 'one-way' or lecture-style format rather than allowing for discussion, questions or contextualising to an individual circumstance.

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CASE STUDY: Providing professional development support to facilitators

The Supporting Adolescent Girls' Education (SAGE) project (Zimbabwe), led by Plan International, successfully engaged conservative 'gatekeepers' within the Apostolic community and negotiated for girls to attend SRHR classes. However, the facilitators often felt hesitant, nervous or religiously compromised in delivering a curriculum founded upon principles of SRHR, gender equality and scientific accuracy. The project acted quickly and conducted training to address these capacity gaps and established the clustered hub 'communities of reflective practice' which provided more targeted coaching and mentoring by teacher 'buddies' and SAGE staff. The project team reflected that if they could do things differently, they would have done more intensive SRHR capacity building with these individuals from the outset.

Emphasise the selection of CSE facilitators and provide them with intensive support. Facilitators were observed to have gaps in their SRH knowledge and many facilitators held gender-unresponsive attitudes or beliefs that compromised girls' rights in this area. Some often skip over content that makes them uncomfortable or give girls inaccurate or discriminatory advice. It is important to acknowledge adults' lack of knowledge, understanding and confidence around CSE and to put adequate training and support in place to enable them to deliver the content confidently and successfully. Projects advised that facilitators need far more help in sensitive CSE areas than they do in content that covers, for example, life skills relating to career goal setting.

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4. Include girls' realities in programming

Find a balance between simple messaging and the complexity of girls' realities. There is often simple messaging around pregnancy and relationships being bad and education being good, while the reality for girls is much more nuanced and complex. In the Girls' Access to Education (GATE) (Sierra Leone) project evaluation, education and pregnancy were cast as very clear alternatives, with the former providing the only real protection against the latter. This messaging is highly prevalent across the portfolio. It is arguably powerful in its simplicity, clear directiveness and the likelihood that girls can position themselves as choosing school (good) over sex (bad). However, this narrative brings problems regarding broader work towards gender equality, given that it is premised upon ideas of girls as passive, without sexual desire or agency. It sets up pregnant and parenting girls on an uncontested pathway of educational exclusion. Consideration should be given to how to make this messaging more nuanced.

Address barriers to accessing family planning resources and contraception. It is not enough to build girls' knowledge and skills around CSE. Demand and supply barriers to girls' accessing family planning resources and contraception should also be removed. Some of the more successful projects helped girls access these resources. They also tapped into local health resources through community health workers coming to talk to girls and tell them how they could access supplies or seek help (Let Our Girls Succeed in Kenya, TEAM Girl in Malawi and GEARR (led by PEAS) in Uganda).

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CASE STUDY: Accessing contraception

EAGER (Sierra Leone) identified that girls faced difficulties accessing contraception due to supply chain issues. They were also restricted by other barriers including cost (as many health facilities charge for methods that are meant to be free), distance to facilities (and associated transport costs), social norms (that value a greater number of children and give husbands/partners decision-making power over contraceptive use), the judgemental attitudes of health workers and concerns about confidentiality. These factors all impeded girls' ability to choose family planning methods. In response, EAGER opened conversations with Marie Stopes Sierra Leone to investigate possibilities of helping girls within EAGER communities to access resources more easily.

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Recommendations for design and implementation

This section provides guiding questions to form the basis of a situational analysis and practical tips for those aiming to implement SRHR programming.

1. Guiding questions to determine how to support CSE at the system level

To what extent can international frameworks be contextualised? Use the UNESCO International Technical Guidance as a tool for developing and reviewing CSE content while still contextualising in terms of language, examples and localised concerns. The politicisation of CSE content, the sensitivities around curricula and the uneven capacities of content developers mean that quality assurance can be hard to achieve. The UNESCO technical guidance allows for contextualised content to emerge but helps focus attention on all eight key topics and the criteria for meeting the definition of 'comprehensive' sexuality education and, in particular, ensuring that a foundational understanding of gender is core to what girls – and boys – are being taught.

How can more informal spaces for CSE be institutionalised within the education system and test out alternative models? Approaches such as pairing young women from the community with a smaller group of girls have significant advantages in creating more informal, open, fun and honest environments, but these are often directly dependent on project facilitation. Creative thinking about how these could become part of a system and benefit all girls could be transformative.

To what degree do we understand the effectiveness of SRH programme implementation? Overall, there is a need to conduct more studies on the effectiveness of SRHR and CSE interventions and to ensure projects have the most appropriate SRHR indicators so opportunities for measuring success are not missed. Collecting rich and nuanced data on curriculum design and implementation, teacher effectiveness, and learning outcomes can help enrich CSE curricula and ensure SRHR activities are relevant and effective.

2. Guiding questions to embed SRHR work

To what extent are girls' suggestions around practical solutions to their SRHR-related needs sought and listened to? Girls will know best what they need to meet their sexual and reproductive health needs. Frequent and light-touch monitoring can throw up easy-to-implement, practical solutions that can make a big difference in girls' lives. For this listening, practitioners and duty-bearers must create or strengthen systems to allow these ideas to be heard and acted upon.

To what extent are facilitators' values, skills, concerns and knowledge base explored before they enter the classroom? A combination of robust recruitment, training, coaching and monitoring approaches will help to give facilitators the information, confidence, language and attitudes they need to deliver girl-centric, non-judgemental and transformative CSE sessions.

To what degree are the gatekeepers to accessing SRHR in communities identified and engaged? Identify those (ideally with girls themselves) who speak out about how girls should behave, what relationships they should or should not have, and what kind of health services they should access. Once these gatekeepers are identified, plan with colleagues – who have expertise in social norm change – on how to engage gatekeepers in conversations that challenge attitudes and demonstrate positive alternatives. These will likely include parents, partners, parents-in-law, headteachers, religious leaders and community elders. As part of this, consider who is best to have these conversations and who is best placed to persuade, influence and shape discussions.

To what extent is direct engagement between girls and health workers facilitated so that barriers can be tackled? Community health workers, especially those who have received training on adolescent-friendly services and SRH, are likely to be more upfront, matter-of-fact and scientifically accurate than individuals like teachers or community-based mentors. Health workers are often happy to talk to young people and this can also indirectly have the positive effect of helping girls feel less worried about accessing health services (for example, by telling them about patient confidentiality). At the same time, the reasons why girls do not access health services (such as physical inability to get there, lack of funds to get there or pay for services, concern over being seen, lack of time and worries about being judged or refused treatment) need to be understood and addressed in partnership with others.

3. Guiding questions around ambition and sustainability of social change in SRHR

What is the line between being brave when standing up for girls' SRHR and being smart about what can be achieved when and how? Projects that secured permissions that were initially refused, or changed the attitudes of parents who were initially worried, were those that did not give up easily and did not allow an initial 'no' to mean the end of their persuasive efforts. The dominance of the 'abstinence-only' narrative, for example, is rarely all-pervasive, and there are often small opportunities for deviance or compromise that allows girls' rights to be met whilst still respecting laws and avoiding backlash. For these to be identified, time must be taken to understand the social and political realities, listen to and work with civil society organisations and researchers who have been in this space for some time, and analyse who the champions could be.

What needs to be in place to sustain the benefits of SRHR programming? Suppose the distribution of sanitary pads is identified as an essential activity for ensuring girls' attendance. In that case, a strategy for ensuring this happens in the long term after the project closes is critical. If project-employed facilitators cannot continue life skills classes once the project ends, practitioners must identify who can. Solutions such as bringing existing, government-employed staff (such as health workers or teachers) into this space stand the greatest chance of being successful but require buy-in at all levels, appropriate incentives, resources for travel, and a long-term plan for their training and support.

To what extent is it possible to present alternatives to heteronormativity and challenge pervasive social norms? A lot of GEC CSE content was heteronormative and hetero-reproductive, with assumptions made throughout that sexual relationships are only between women and men and that girls will grow up to be women with children. It is important to note that projects were designed several years ago. Most GEC projects operate in contexts where the inclusion of content that covers identities (including LGBTQIA+ identities) would result in national regulatory bodies withdrawing approval of content or even permission to implement. However, in future projects, greater consideration should be given to how to negotiate these issues. Ethical questions should be raised about the unintentional harm to a girl who had feelings or desires that diverged from what is presented as the unanimously universal experience. Heteronormative assumptions can be toned down or broadened out.

Girls' Education Challenge

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