

# GT4AFRICA Journal Launch Webinar

*What does it take to operationalise gender transformative approaches across different African contexts?*

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PANELIST



**Chinazom Ekwueme**  
HPRG

PANELIST



**Lauren Wallace**  
York University

PANELIST



**Witness Alfonso**  
University of Malawi

PANELIST



**Colleen Wagner**  
NACOSA

PANELIST



**Mat Lowe**  
SSWH

PANELIST



**Abdoul M. Nouhou**  
GRADE Africa

PANELIST



**Chaitali Sinha**  
IDRC

PANELIST



**Stellah Bosire**  
ACHGJ

PANELIST



**Faith Nekabari Nfii**  
African Union

PANELIST



**Friday Okonofua**  
AJRH journal



DATE

**JULY 31, 2025**



TIME

**14:00 (UTC+2)**

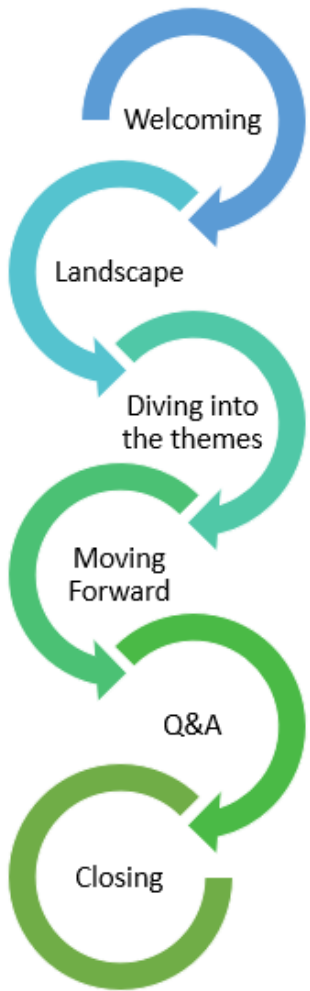
**20:00 (UTC+8)**

# Launch of the GT4Africa journal supplement

**What does it take to operationalise gender-transformative approaches to improve sexual, reproductive and maternal health rights and services in Africa?**

July 31, 2025






# Welcome and introduction

✓ Off

English

French

Mute Original Audio

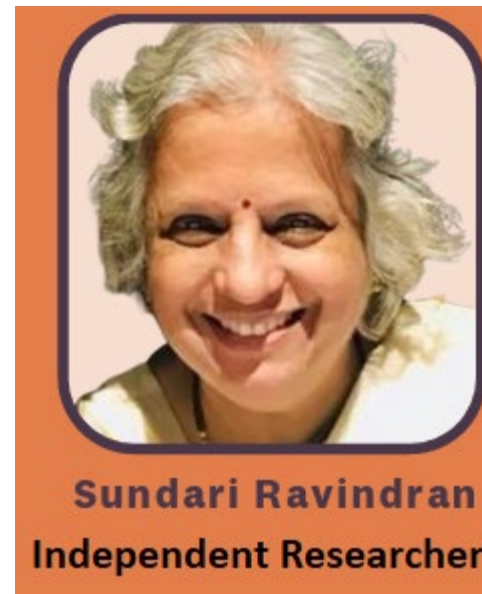
 Interpretation

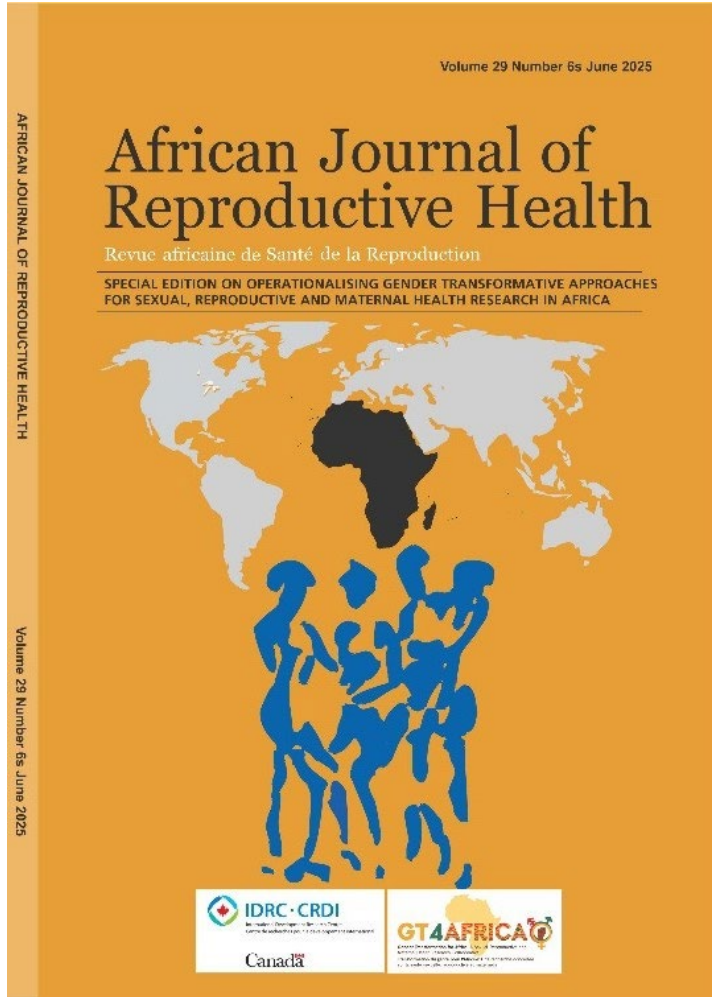


# The landscape

Review:

Editorial,  
Scoping Review,  
Authorship Paper

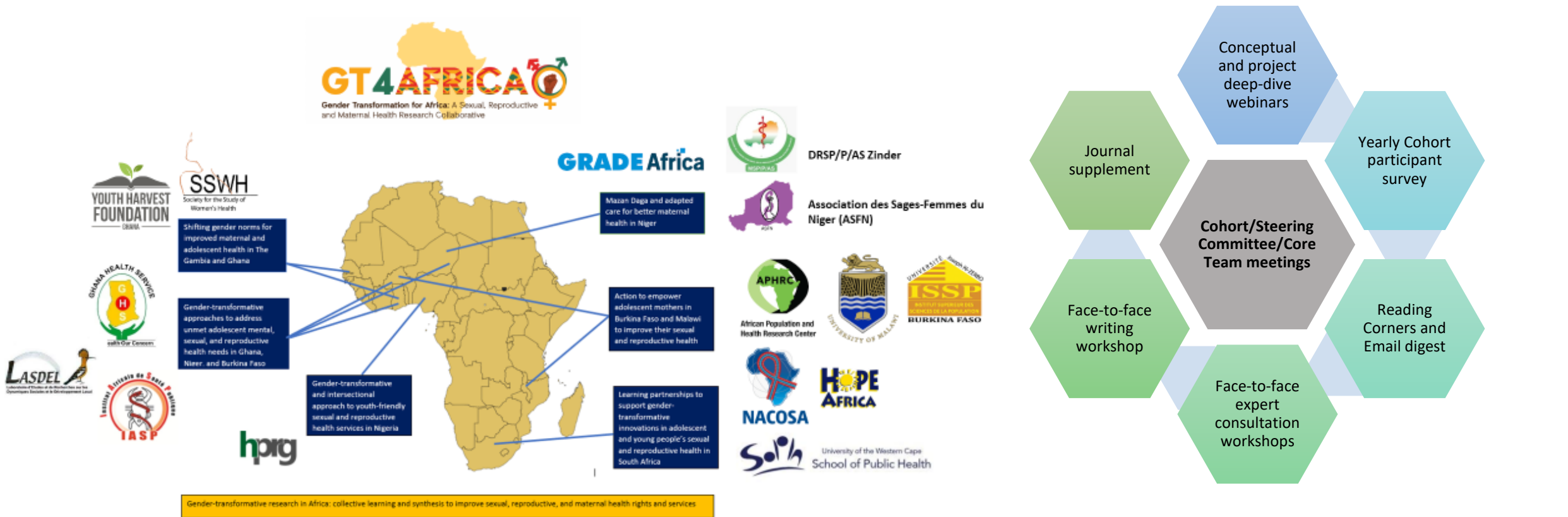




**New IDRC-GT4Africa Supplement sheds light on what it takes to operationalise gender transformative approaches to improve sexual reproductive and maternal health rights and services in Africa**



# Editorial: What does it take to operationalise gender transformative approaches across different African contexts?



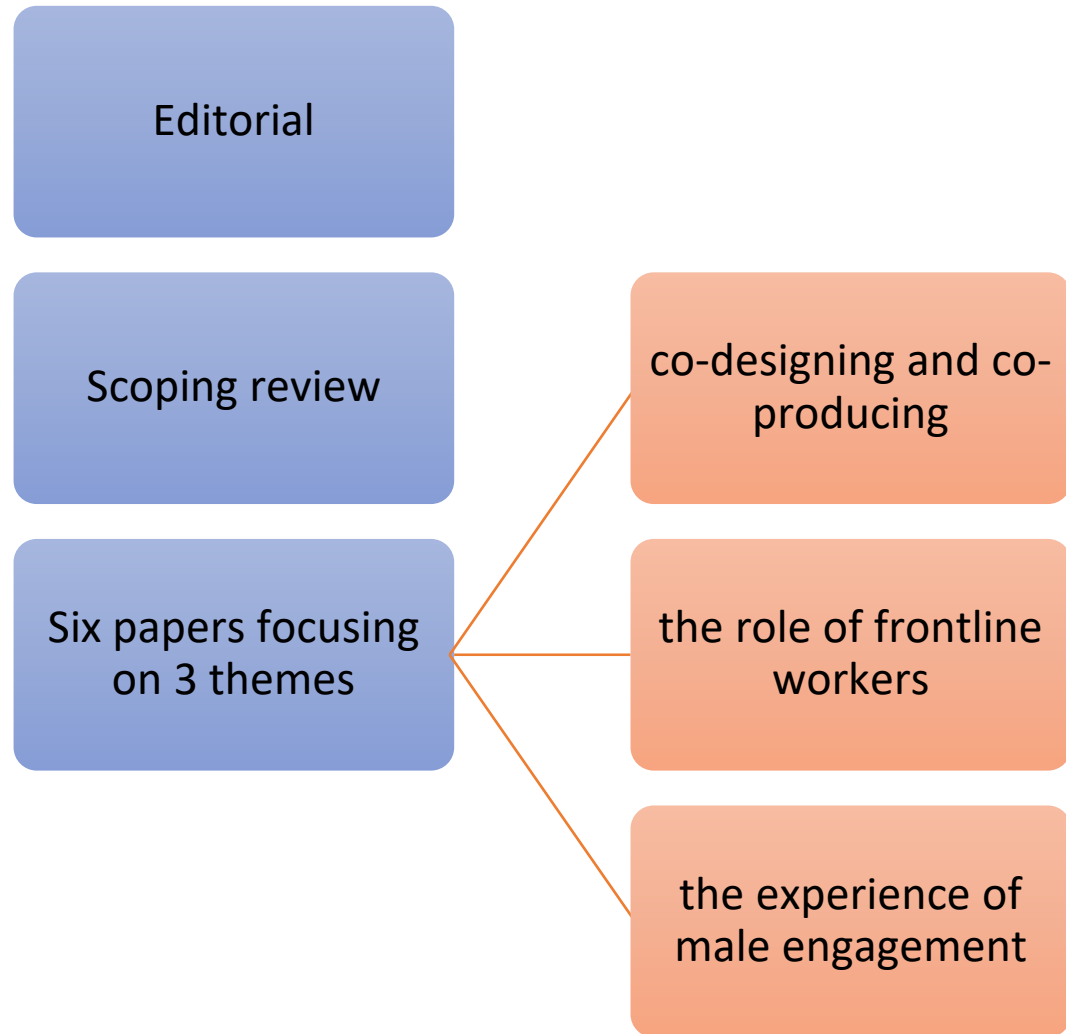
# Feminist Fiesta



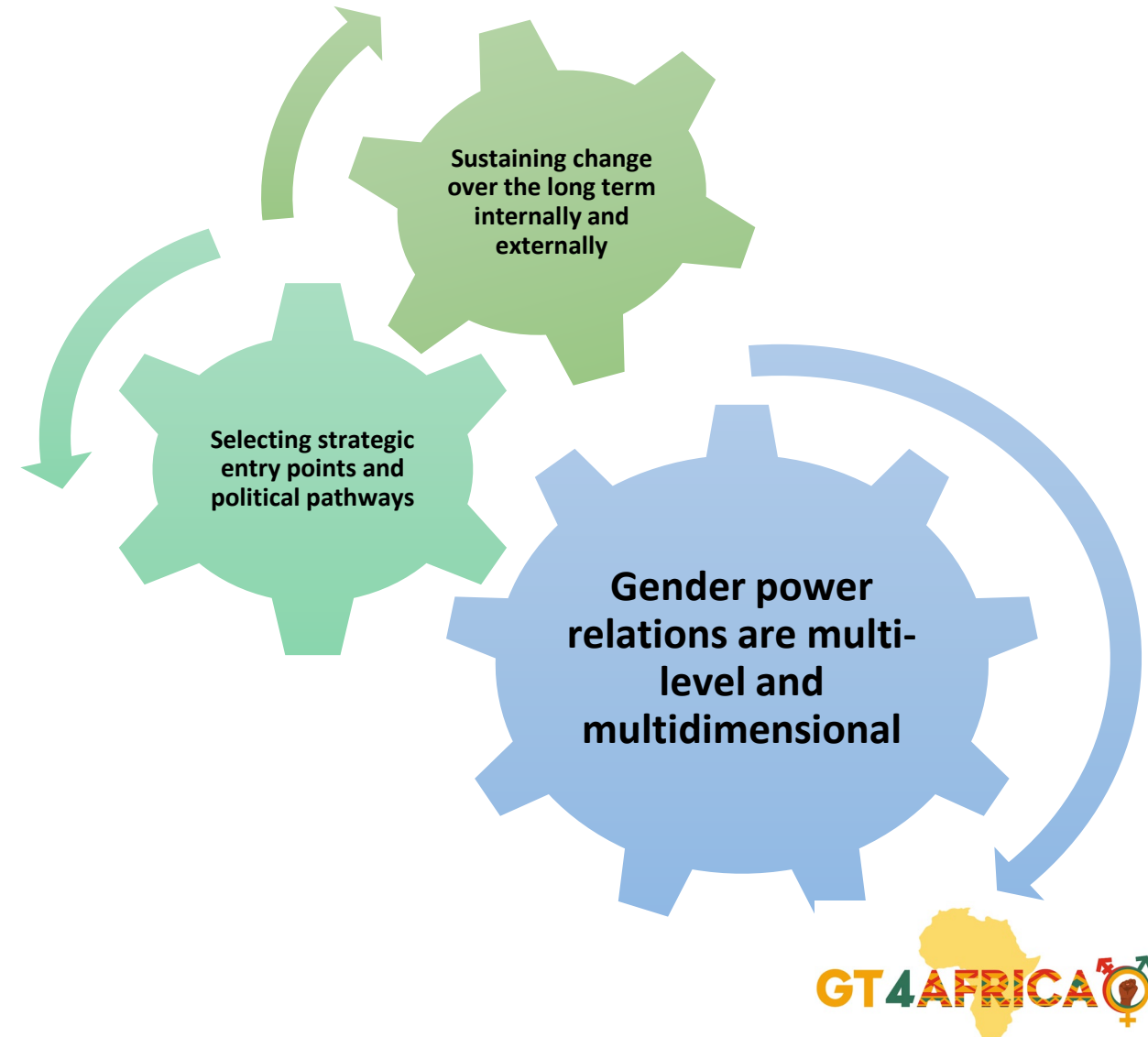
- 15 purposefully selected feminist researchers, academics, implementers, and activists from 12 countries and 15 African institutions.
- Careful consideration was given to ensure intersectional, generational, regional, language, and sectoral representation among the participants.
- Small group and plenary discussions articulated the drivers of imbalance and possible solutions.
- These discussions have shaped the interpretation of the results and their implications.

# Editorial: What does it take to operationalise gender transformative approaches across different African contexts?

## Structure of the journal supplement



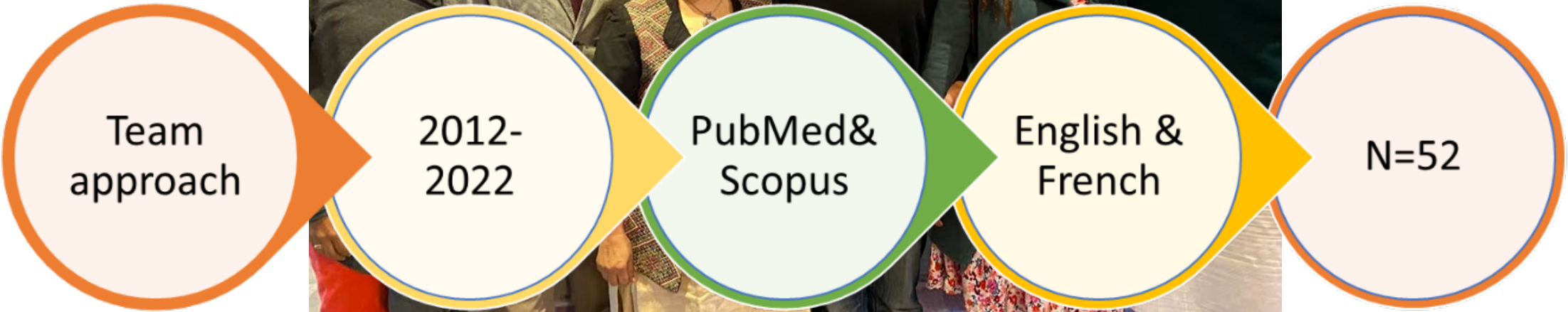
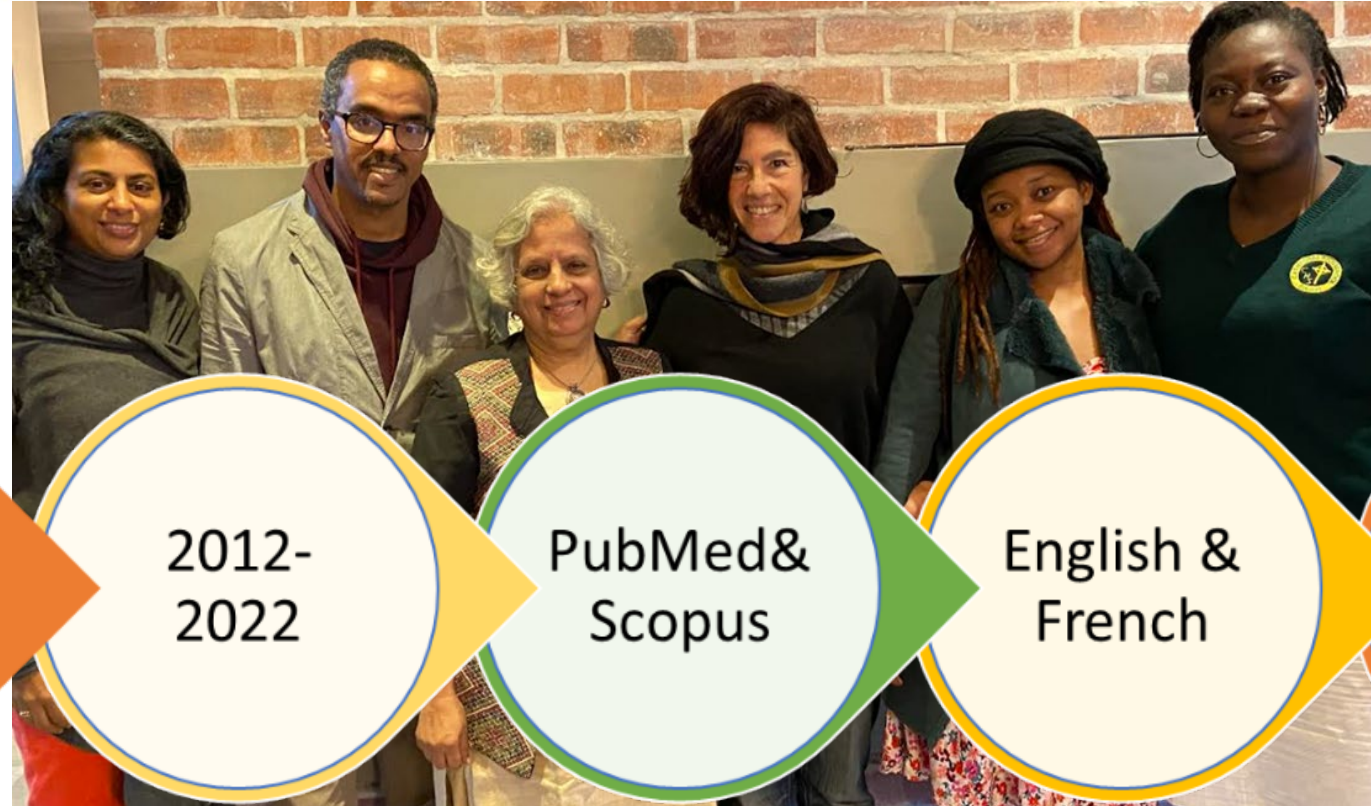
## Collective learnings and reflections



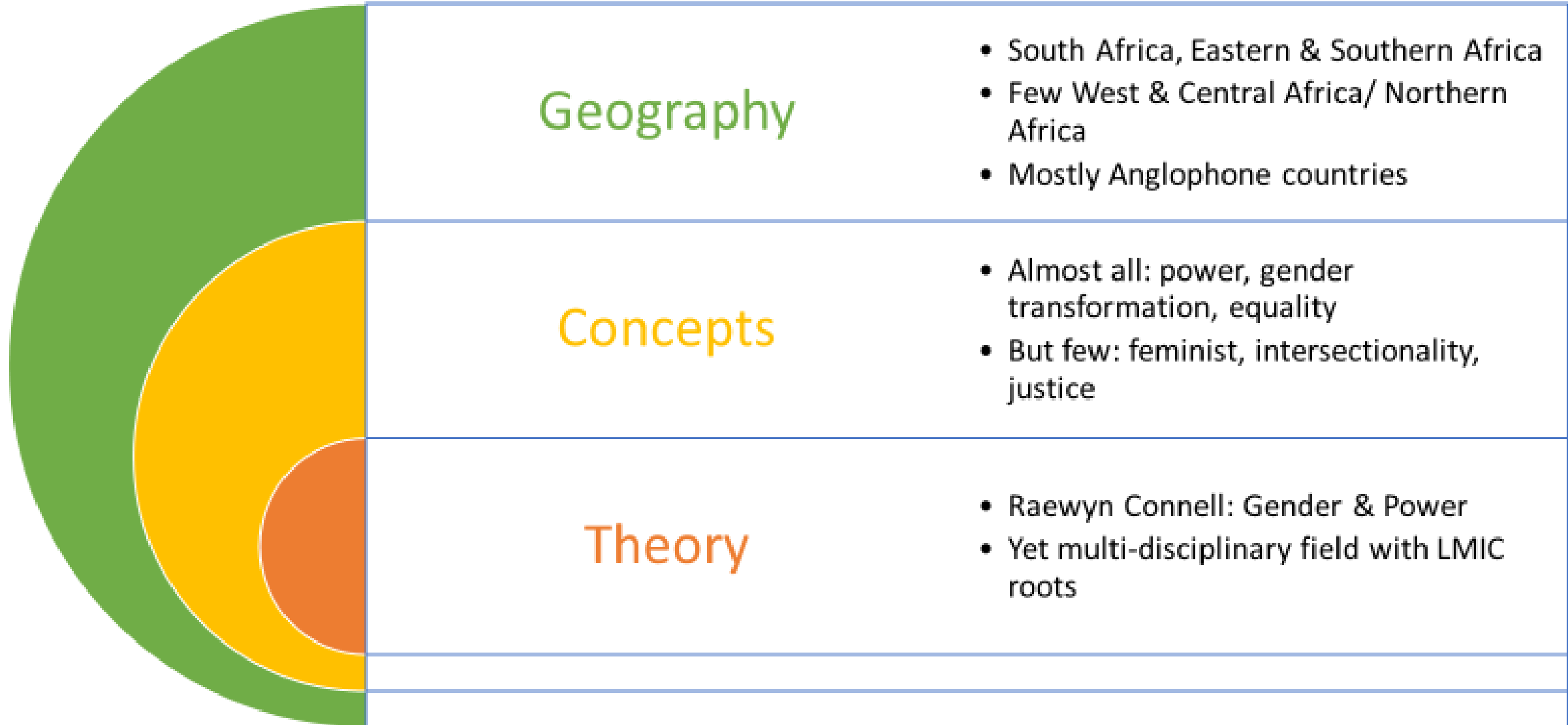
# Shaping the African research agenda for gender transformative approaches to sexual and reproductive health and rights: A scoping review taking stock to re-align and move forward

DOI: 10.29063/ajrh2025/v29i6s.8

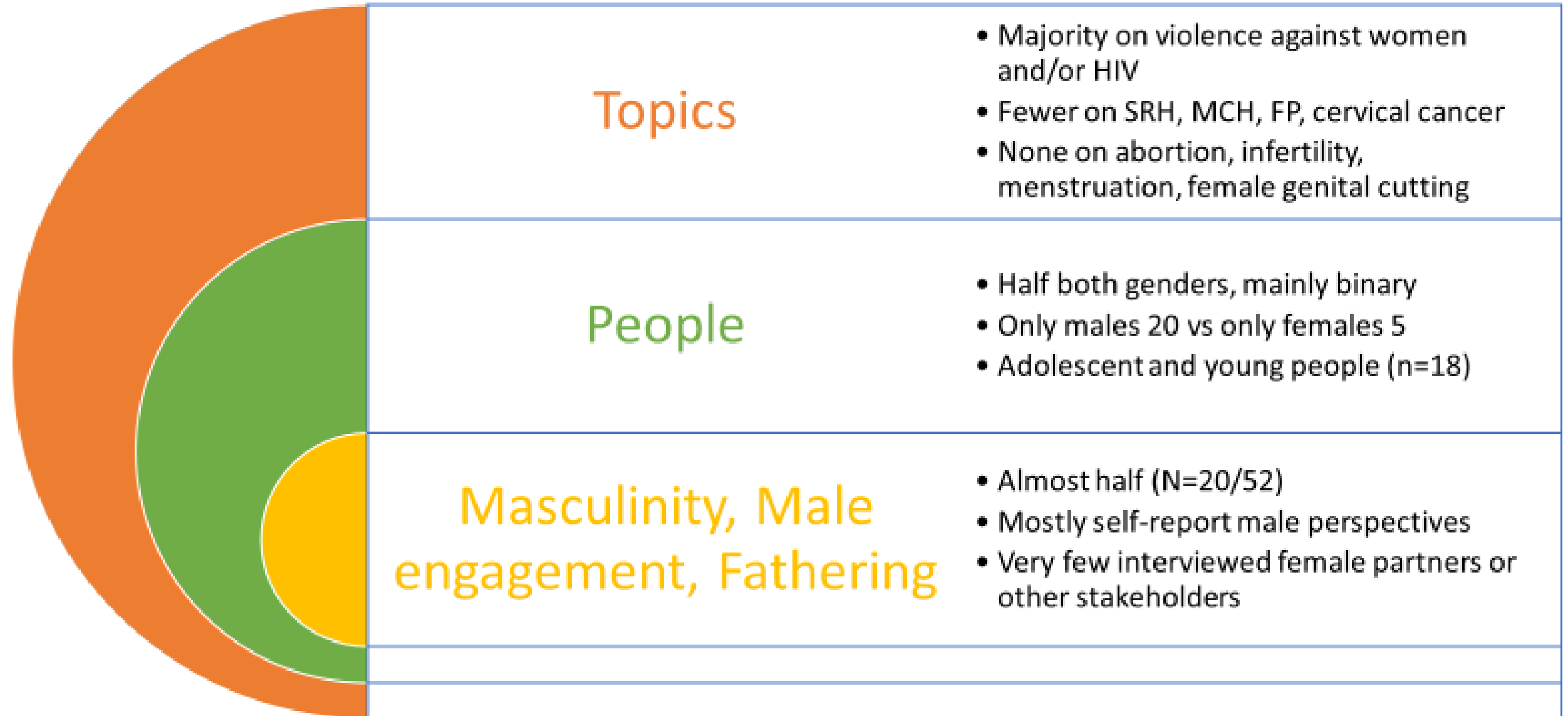
*Asha S. George<sup>1</sup>, Woldekidan Amde<sup>1\*</sup>, Kéfilath Bello<sup>2</sup>, Tanya Jacobs<sup>1</sup> and Sundari T.K. Ravindran<sup>3</sup>*



# Substantial scholarship yet skewed



# Substantial scholarship yet skewed



# Substantial scholarship yet skewed



8 /27 interventions  
**positive** outcomes

- 6 of self-reported data
- without triangulation

14 /27 interventions  
**mixed** outcomes

- Complexities of changing gender power relations in SRH

5 /27 interventions  
**negative** outcomes

- Endurance of patriarchy
- Faulty assumptions about transformative change

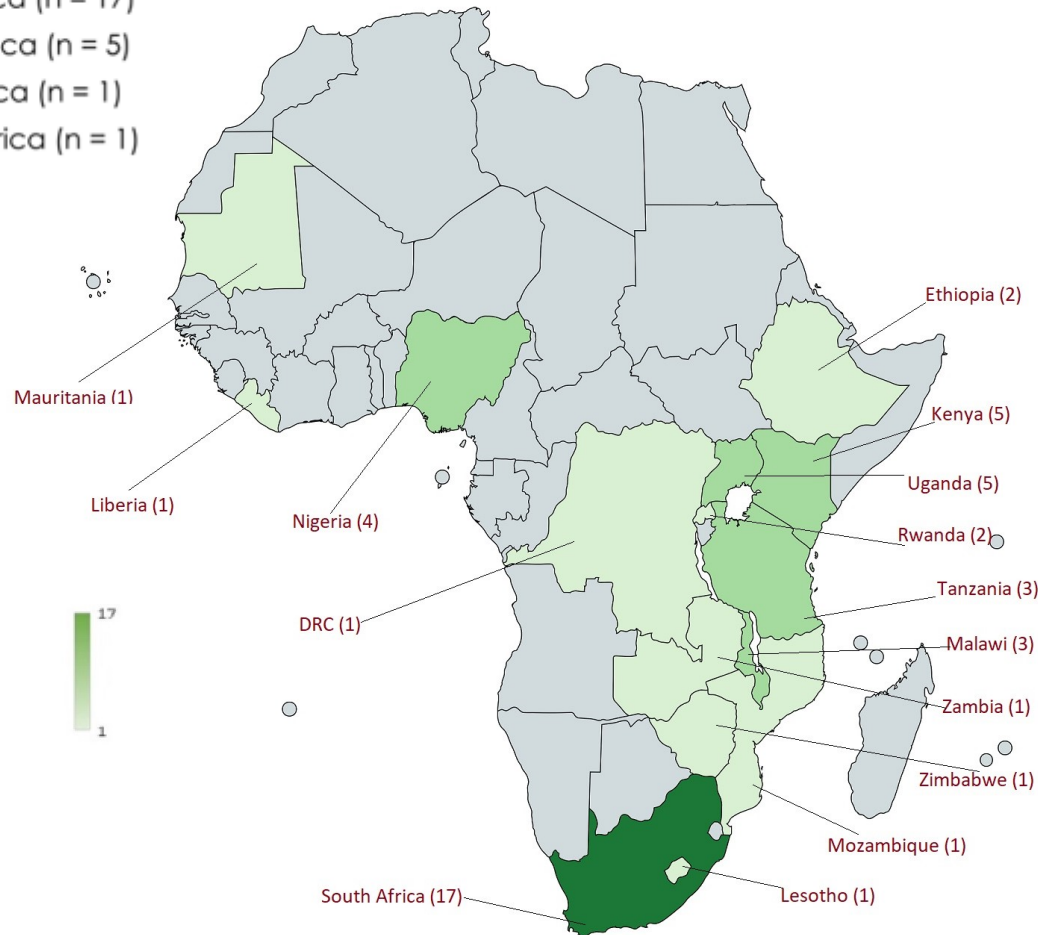
# Imbalances in Setting, Authorship, and Funding in Gender-Transformative Sexual, Reproductive, and Maternal Health Research in Africa

Woldekidan Amde, Kéfilath Bello, Tanya Jacobs, TK Sundari Ravindran, Asha George

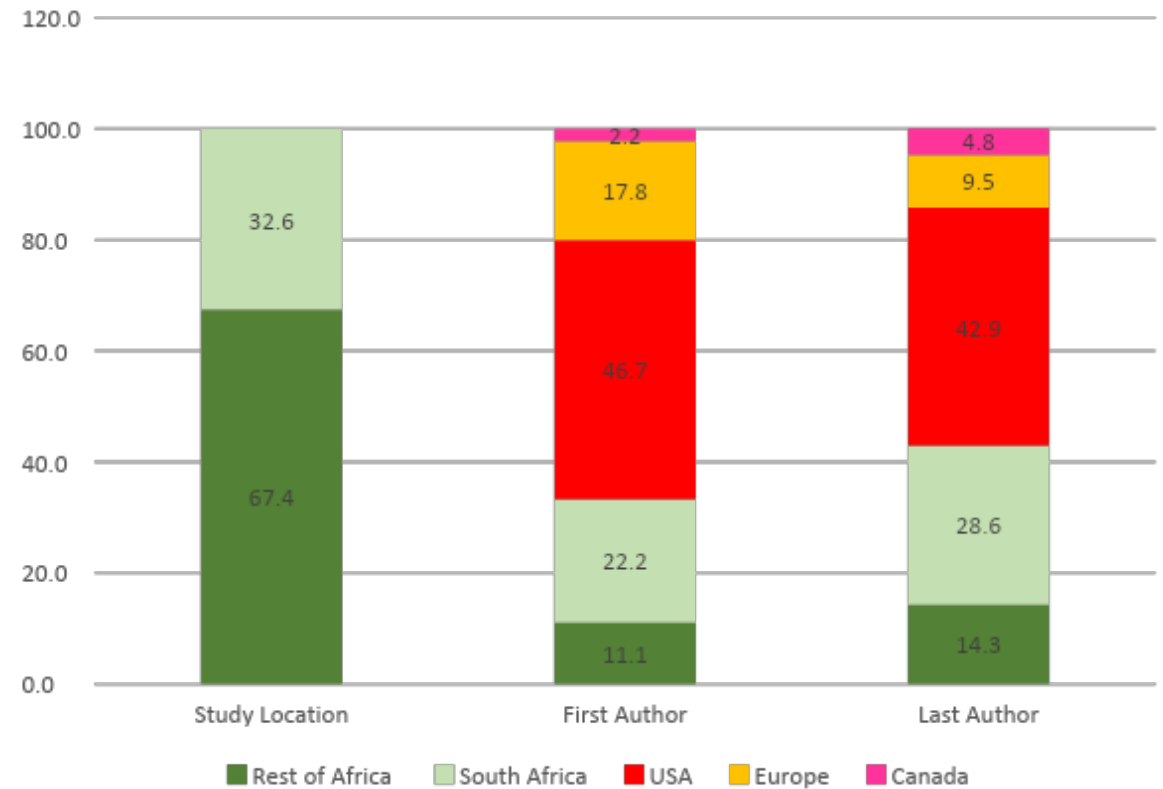
Under peer review

## Geographically skewed

Southern Africa (n = 22)  
 Eastern Africa (n = 17)  
 Western Africa (n = 5)  
 Central Africa (n = 1)  
 Northern Africa (n = 1)

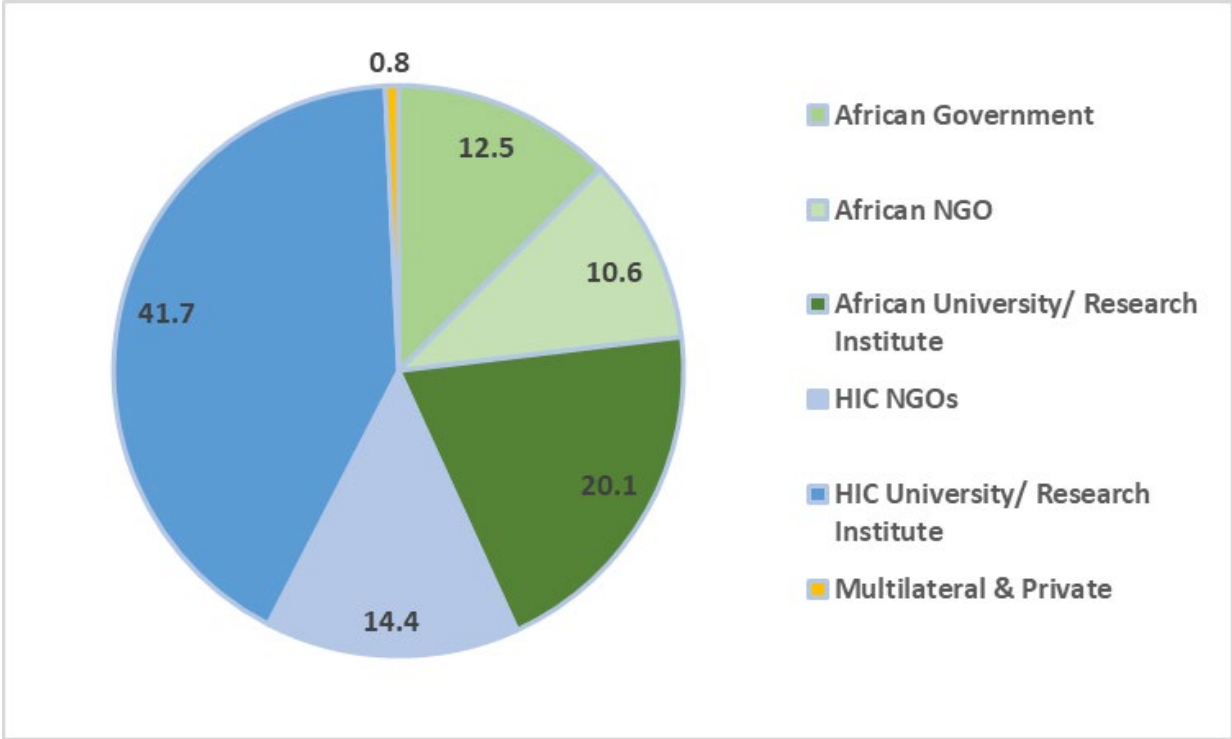


## Research on Africa, but not led by Africans

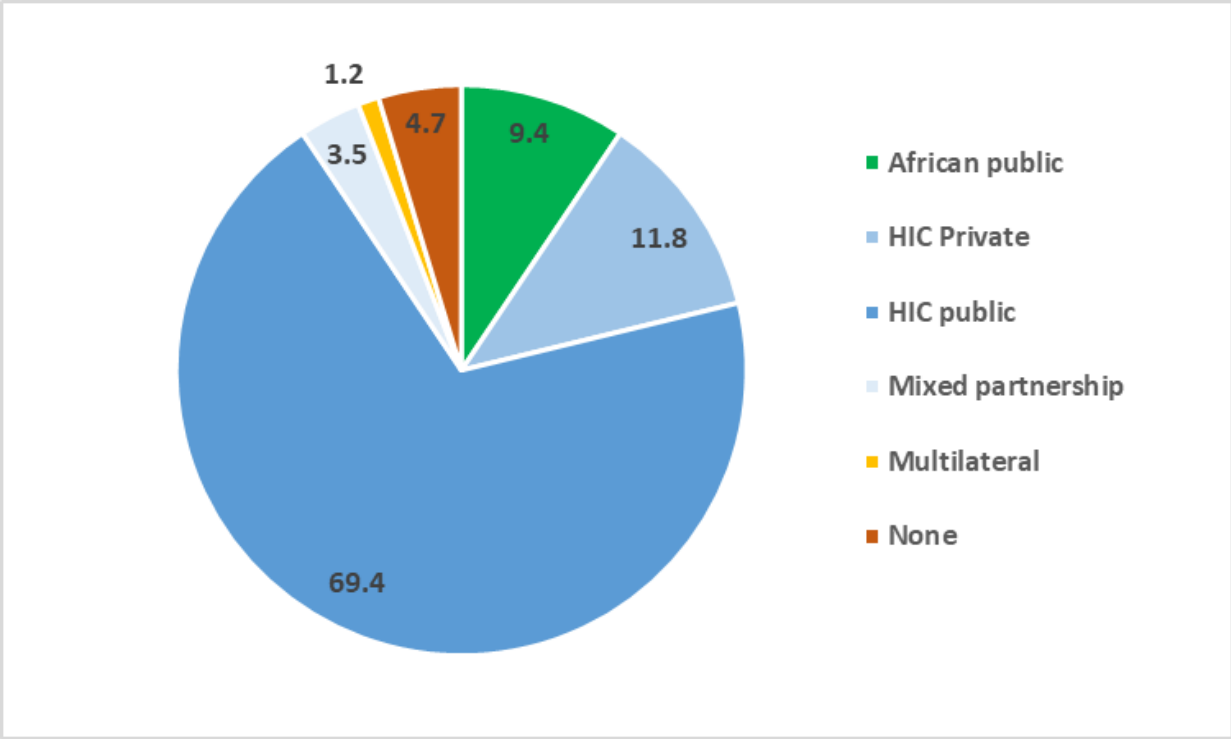


# Imbalances Contd

Across all authors more than half from high-income country organisations, but range of African stakeholders

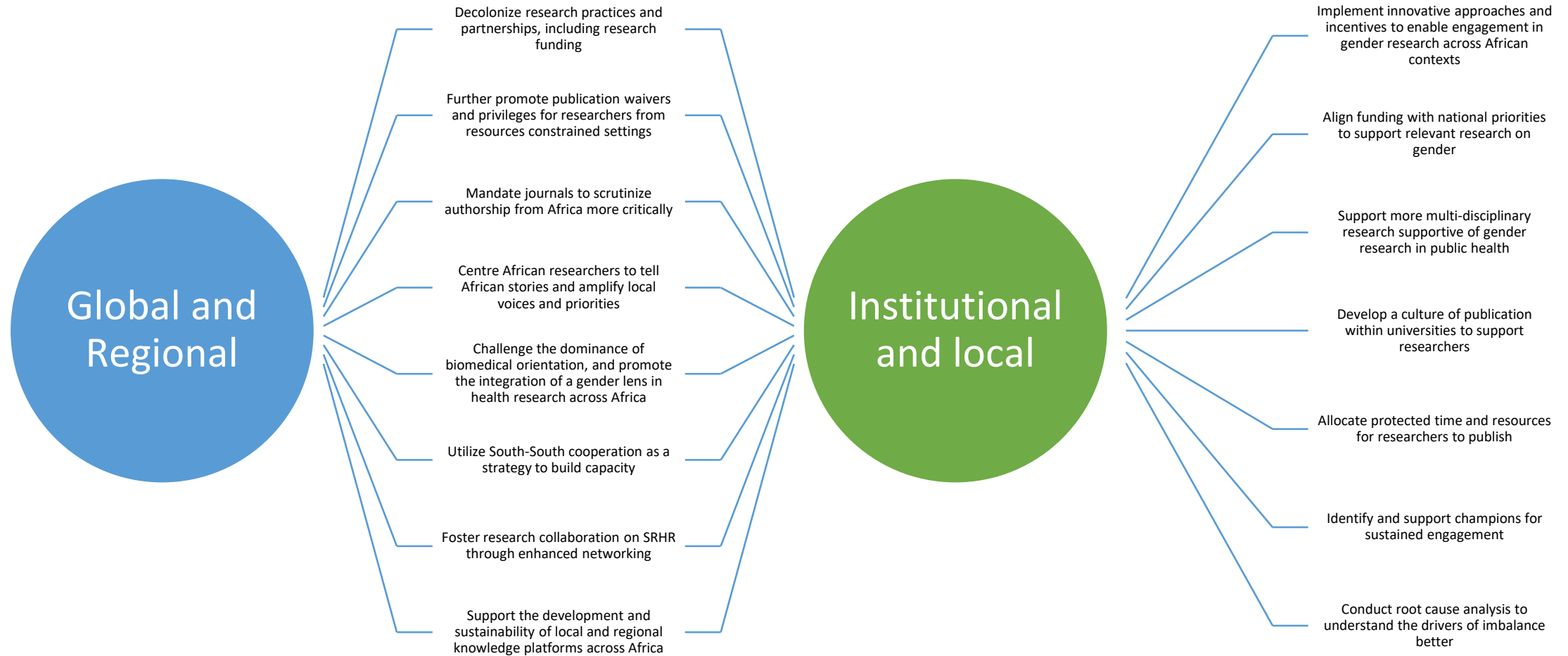


# Research on Africa, but not locally funded



# Imbalances Contd

Local ownership and leadership of gender transformative SRMH research in Africa are essential for long-term impact.



Strategies to address the reported imbalance



**Chinazom Ekwueme**  
HPRG



**Lauren Wallace**  
Ghana Health Service



**Colleen Wagner**  
NACOSA



**Witness Alfonso**  
University of Malawi



**Mat Lowe**  
SSWH

## Diving into the themes

Co-design for GTA  
Frontline workers  
Male engagement



**Asha George**  
SOPH-UWC



**Abdoul M. Nouhou**  
GRADE Africa



**Co-creating gender-transformative interventions for adolescent mental, sexual, and reproductive health and rights: Influence of context and actors on process and content in Niger, Ghana, and Burkina Faso**

*Lauren J. Wallace, Natasha A. Darko, Aissa Diarra, Maurice Yaogo, Bernice Gyawu, Priscilla Prempeh, Emelia A. Agblevor, Ann-Michelle Darko, Tolib Mirzoev, and Irene A. Agyepong*

# Co-design for GTA

**Applying community-based action learning (AL) in the provision of gender-transformative sexual and reproductive health services in Ebonyi State, Nigeria**

*Ifunanya C. Agu, Chibuike Agu, Chinyere O. Mbachu, Chinazom N. Ekwueme, Ozioma Nwankpa, Nkoli Ezumah and Obinna Onwujekwe*

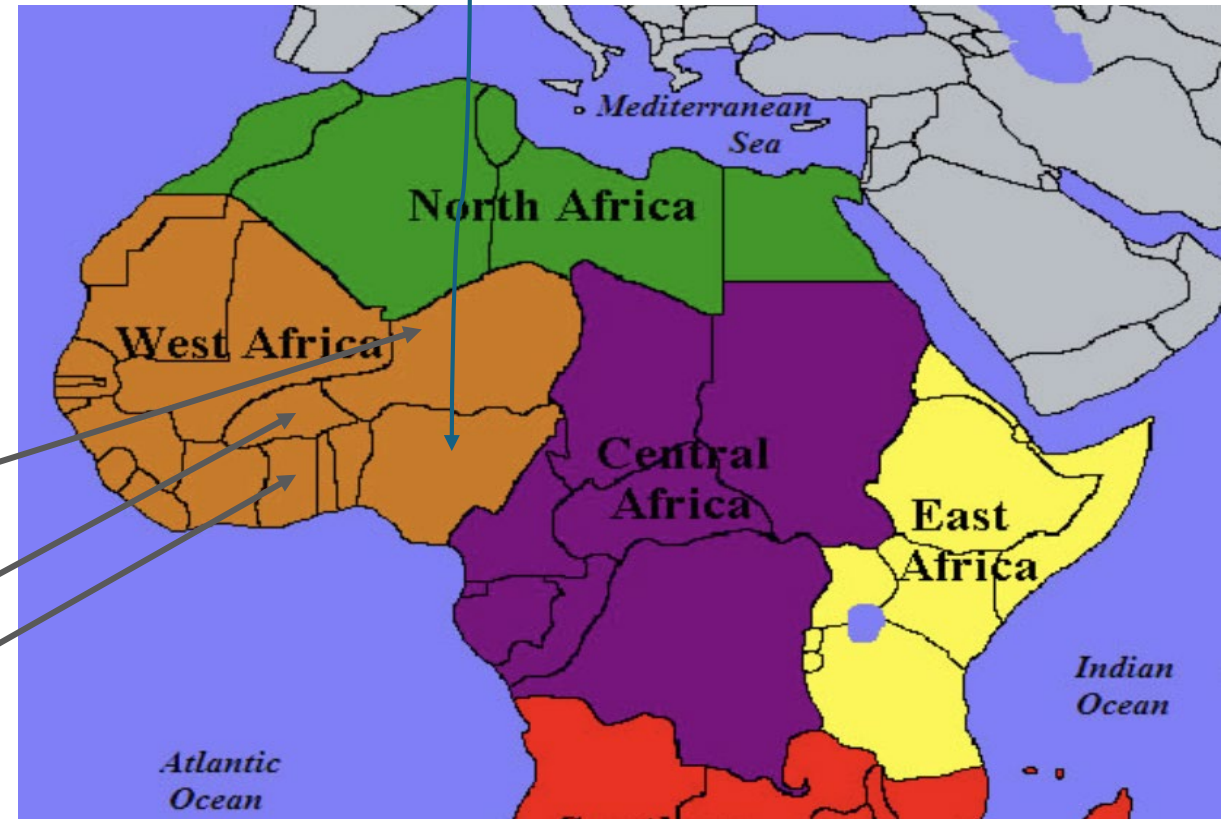


# Why was this work done?



Nigeria

Describes the process and outcomes of co-designing and implementing a GT intervention using Action Learning to improve the SRHR of young people



Limited study of use of co-design approaches to create gender-transformative interventions for adolescent SRHR

## Wallace et al.

Examines relationships between context, actor positions, and co-creation processes for GT adolescent sexual and reproductive health and mental health interventions



Ghana



Niger



Burkina Faso

# What did we learn about GTA?

Important considerations in co-designing GTA interventions in our context	Wallace et al.	Agu et al.
Young people are typically not engaged in designing health programs that target them	✓	✓
Policies, programs and strategies focused on girls and women and neglect boys' and men's concerns & roles in SRH; boys feel excluded	✓	✓
Important interactions between young people's mental health and SRHR issues (driven by specific gendered roles, norms and expectations) are missed in policy and programming	✓	
<p><i>Conservative sociocultural norms around young people's SRHR:</i></p> <ul style="list-style-type: none"> <li>• Social and religious norms condemn premarital sex for young women, however, for young men these societal rules are more lenient</li> <li>• Conflicts between positions on promotion of young people's sexual health between education, health and religious institutions (especially in school programming)</li> <li>• Mistrust of outside actors promoting sexual health education</li> </ul>	✓ ✓ ✓	✓
<p><i>Unwelcoming environment for adolescent primary health care</i></p> <ul style="list-style-type: none"> <li>• Power imbalances between frontline workers and young people</li> <li>• Frontline health and education workers can misuse their power in some cases and discriminate against young people who are seeking access to SRH services, especially girls seeking certain services like contraceptives</li> </ul>	✓ ✓	✓ ✓

# What did we learn about GTA?

Adolescent SRHR  
norms)

(a controversial topic in the West African context due to conservative gendered norms)

+

GTA

(involves transforming norms, roles and behaviours which are deep seated)

**=CO-CREATION/DESIGN** A participatory approach that builds trust and engages relevant stakeholders meaningfully

Agu et al.

- 1 Co-designed action learning group process allowed for critical reflection needed to identify and brainstorm actionable GT strategies
- 2 Apprehension of HWs -Collaboration between health workers and influential community members essential to build HW confidence and community support
- 3 An action learning approach takes time –strategies to avoid participant fatigue are needed

Wallace et al.

- 1 Mapping and understanding relevant stakeholders and their positions, interests, values
- 2 Continuously engaging stakeholders through a non-threatening approach that builds trust
- 3 Use of arts-based tools and approaches helps stakeholders interact with complexity and sensitive issues

# What is next?

## Ghana, Niger and Burkina Faso

- Successful implementation of Theatre for Development-based intervention (out of school adolescents)
- Pilot in school settings to test effectiveness in more structured environment
- Facilitators' manual under development to support replication and scale up of participatory, arts based approach
- Abstracts accepted at CCGH
- Ongoing stakeholder engagement to build on interest in integrating TfD approach into adolescent MSRHR programming



## Nigeria

- Successful implementation of action learning intervention
- Completion of endline evaluation
- Analysis of effectiveness and implementation outcomes ongoing
- To enhance scale-up, training of health workers in other local government areas of Ebonyi completed with support of Ebonyi state government
- Manuscripts under development
- Ongoing strengthening of relationships with SRHR stakeholders
- Upcoming policy dialogue with national and sub-national SRHR stakeholders



Nigeria

# Frontline Workers Perspectives in Supporting Gender Transformative Approaches to SRHR

## South Africa



- **Title:** “Let’s hear it from the facilitators: Experiences of peer facilitators in engendering work with adolescent boys and young men in Cape Town, South Africa ”
- **Authors:** *Nikki Schaay, Tanya Jacobs, Phoene Oware, Vuyo Mjijelwa, Colleen Wagner, Bronwyn Damon, Ulla Walmisley, Anam Nyembezi, Olagoke Akintola, Asha George*
- **Partners:**
  - School of Public Health, University of the Western Cape
  - NACOSA
  - H.O.P.E Africa
- **Funded by:** IDRC, Canada

## Malawi



- **Title:** Empowering community health workers in Malawi to deliver gender responsive life skills training for adolescent mothers to overcome social exclusion
- **Authors:** *Emmanuel O. Otukpa, Witness O. T. Alfonso, Anthony I. Ajayi, Caroline W. Kabiru, Cynthia W. Kairu, Beatrice W. Maina, Michelle N. Muthia, Alister Munthali, Ramatou Ouedraogo*
- **Partners:**
  - African Population and Health Research Center (APHRC)
  - Centre for Social Research (CSR), University of Malawi, Malawi.
- **Funded by:** IDRC, Canada



# Why the work was done?

## South Africa



- South Africa faces entrenched inequalities and harmful masculinities shaped by colonial and apartheid legacies.
- Peer facilitators, as frontline facilitators of SRHR-related information and skills building, have the potential to implement gender-transformative approaches (GTA) in national SRHR programmes like “My Journey”
- The study aimed to explore the lived realities of male peer facilitators and assess how a GTA can be better integrated into their work with two social and behavior change interventions “*One Youth Can*” and “*SKILLZ Guyz*”.

## Malawi



- Access to SRHR services is hard for most adolescents due to cultural and religious beliefs in Malawi
- Social exclusion of adolescent mothers has negative repercussions for them, their children, and their families.
- Community health workers (CHWs) are well-placed to respond if they are adequately trained and supported.
- The paper examined CHWs’ perspectives about an intervention (trainings: VCAT and ToT) designed to strengthen their capacity to facilitate gender-responsive life skills training for adolescent mothers in Blantyre, Malawi.

# What did we learn about GTA? (1/2)

## South Africa



### Contextual Challenges

- Facilitators operate in violent, gang-affected communities where trauma and patriarchal norms are the everyday experience of many adolescent and young people.
- The shared lived experiences of peer facilitators with the participants, both helps build trust but also exposes the facilitators to emotional strain.

### Curriculum and Capacity Issues

- Curricula of the two interventions studied are rigid due to restrictions by Intellectual Property Organisations (IPOs), limiting contextual adaptation.
- Potential GTA elements in the curricula varied widely in their implementation: from gender-blind to gender-transformative.
- Facilitators often felt underprepared, especially on topics like SOGIESC and addressing homophobia.

## Malawi



### Contextual Challenges

- Adolescent mothers struggle to access quality SRHR services due to attitudes and judgement from the CHWs
- The 12 months training is not adequate to comprehensively address attitudinal issues and beliefs that may affect the quality of care they provide to their clients

### Capacity building avenues

#### VCAT and ToT:

- Designed to enhance CHWs' awareness of sensitive gender, sex and sexuality topics, allowing them to implement interventions free of judgment and personal bias.
- Included topics that highlighted the disparities that affect the specific experiences of women and adolescent girls in pregnancy and sexuality

#### ToT:

- To equip CHWs with practical knowledge and skills to empower adolescent mothers in their communities to make informed decisions on different aspects of life for better outcomes

# What did we learn about GTA? (2/2)

## South Africa



### Facilitator Role Complexity

- They juggle multiple roles: recruiter, mentor, role model, and educator.
- Time constraints and performance targets on the “My Journey” programme undermine deep engagement with participants.
- Despite challenges, facilitators showed initiative by integrating intersectionality and promoting inclusive discussions.

### Internalised Masculinities

- Facilitators themselves grapple with harmful gender norms and must navigate dual identities (i.e.) positive masculinity in sessions vs. hegemonic masculinity in their communities.



## Malawi



- The intervention targeted the root causes of gender bias and discrimination.
- The GTA encouraged CHWs to reflect on their own beliefs and attitudes towards gender roles and adolescent motherhood, allowing a deeper understanding and commitment to gender equity and equality.
- GTA has potential in shifting people's attitudes from judgmental and stigmatizing views to more supportive and understanding attitudes.
- Employing GTA helped the CHWs realize their role and change their attitude towards the adolescent mothers leading to improved quality of care and support that adolescent mothers receive, creating a more inclusive and equitable environment.
- The intervention helped to learn and appreciate the value of including gender transformative elements in the training of CHWs and possibly other actors who interact with adolescents.

# What's next?

## South Africa



### Programmatic Recommendations:

- Invest in sustained, context-sensitive capacity strengthening and mentoring.
- Recognise facilitators' lived experiences as foundational to GTA.
- Adapt curricula to local realities and allow flexibility in implementation.
- Institutionalise supportive policies for debriefing, supervision, and facilitator well-being.
- Advocate for long-term funding and systemic change to support transformative goals.

### Future Research Recommendations:

- Explore facilitators' and participants' perspectives further.
- Investigate how intersectional systems of power shape gender socialisation and masculinity

## Malawi



### Programmatic Recommendations:

- To combat deep rooted gender norms and structural injustices, ministries of health could consider integrating VCAT workshops in CHW training programmes to improve the standard of care given to adolescent mothers.
- Engage the relevant health stakeholders and disseminate the importance of VCAT for CHWs

### Future Research Recommendations:

- Examine whether similar interventions can be extended to other actors in the health system, community leaders, parents and with young people may be valuable in informing action to drive broader social change.

# Male Engagement



Niger

**Transforming and integrating gender norms and social practices to promote maternal health through male engagement in Niger**

Abdoul-Moumouni Nouhou, Mohamed Sallah H. Oumara, Aminatou I. Assoumane, Amadou N. Chatima, Maman Moudaha M. Tchiroma

## Partners

- Groupe de Recherche et d'Action pour le Développement (GRADE Africa), Niger
- Association des Sage-Femmes du Niger (ASFN)
- Direction Régionale de Santé Publique, de la Population et des Affaires Sociales, Maradi



Gambia

**Promoting husbands' participation in birth preparedness and complication readiness in The Gambia: implications for gender transformation**

Mat Lowe<sup>1</sup>, Awa Dubois<sup>1</sup>, Muhammed Jobe<sup>1</sup>, Oghenowede Eyawo<sup>2</sup>

Society for the Study of Women's Health (SSWH), The Gambia<sup>1</sup>

School of Global Health, Faculty of Health, York University, Toronto, Canada<sup>2</sup>



# Why the work was done?



Niger

- ❑ Low utilization of Sexual and Reproductive Health/Family Planning (SR/FP) services: related to the limited involvement of women in managing their reproductive health.
- ❑ Limitations of existing approaches targeting the transformation of male roles: men are often viewed merely as "instruments" or "allies"
- ❑ Study objective: Re-examine the modalities of male participation through "Mazan Daga" reflection and action groups, aiming for a transformation of gender norms and social practices



Gambia

- ❑ In The Gambia, husbands can decide when and where their pregnant wives seek healthcare.
- ❑ Yet, they are not always involved in activities preparing for birth and addressing potential delivery-related complications partly due to the influence of gender and sociocultural norms
- ❑ Our project aimed to promote husbands' participation in birth preparedness and complication readiness by delivering a training based on a gender transformative approach (GTA)

# Lessons about GTA and male engagement



Niger



Gambia

- ❑ Exploring gender norms → male dominance in social roles and decision-making (reinforced by religion and tradition). However, women retain agency in areas such as contraceptive practices, small businesses, etc.
  - ❑ Establish and train male “Analyze-Social-Action” groups to identify harmful norms that can be changed locally, then develop and implement autonomous action plans to transform them.
- Gender-Transformative Approach (GTA) training on birth preparedness and complication readiness for pregnant women and their husbands
    - The training focused on: (a) increasing knowledge and understanding of obstetric signs of danger during pregnancy, and (b) challenging gender norms and patriarchal notions surrounding pregnancy and childbirth and husbands’ participation in these activities.

# Lessons about GTA and male engagement



Niger



Gambia

- ❑ Group dynamics have the potential to facilitate shifts in male roles and enable increased freedom and participation for women.
- ❑ Engaging men as key actors in gender transformative approaches: they develop and implement action plans through think-and-do groups.
- ❑ Leveraging community leaders is a key strategy for fostering engagement among other men, driven by social influence and learning.
- ❑ In engaging husbands in gender transformative training programs, it is important to schedule training sessions to accommodate husbands' conflicting work and other commitments.
- ❑ Programs trying to engagement husbands should navigate the tension between promoting constructive male involvement and respecting women's autonomy

# Male engagement - What is next ?



Niger

- ❑ Promote and monitor the dynamics of "think-and-do groups" in the intervention communities (continuation of group activities)
- ❑ Promoting the participation of men as service users could yield better results: integrating couple-focused SR/FP for better maternal health outcomes



Gambia

- ❑ Identification of relevant factors to consider in scaling up of the gender transformative approach training for husbands to other Gambian communities.
- ❑ Use the lessons we have learned about male engagement and GTA to promote husbands' involvement in maternal mental health, in partnership with the Community Health Intervention for Improved Maternal Mental Health (CHIME) Through Musical Engagement Trial Project.



**Chaitali Sinha**

**Stellah Bosire**

**Faith Nekabari Nfii**

**Friday Okonofua**

# Moving forward



**Johanna Riha**

UNU-IIGH



# Open Q&A

# Closing

