



Sweden
Sverige



2gether
4SRHR

Policy Guidance

Designing and implementing policies to
support the transformation of social and
gender norms in Eastern and Southern Africa

CONTENTS

| | |
|--|-----|
| ACKNOWLEDGMENTS | ii |
| EXECUTIVE SUMMARY | iii |
| Expected impact | iii |
| Primary beneficiaries | iv |
| Key recommendations | iv |
| INTRODUCTION AND DEFINITION OF THE PROBLEM | 1 |
| Defining social, gender and foundational norms | 2 |
| The impacts of harmful social and gender norms | 2 |
| The regional policy landscape and implementation gaps | 5 |
| Policy implementation gaps | 7 |
| Opportunities for progress | 7 |
| PATHWAYS TO CHANGE: WHAT WORKS IN NORMS TRANSFORMATION | 8 |
| How to shift social norms | 8 |
| POLICY MAKING | 11 |
| Theory of change | 11 |
| Policy objectives | 12 |
| POLICY IMPLEMENTATION | 14 |
| Operational strategies | 14 |
| Lesson learned from the region | 14 |
| Priority actions | 16 |
| Strategies for sustained change | 18 |
| Key actors and systemic entry points | 19 |
| Resource considerations | 22 |
| Monitoring considerations | 23 |
| CONCLUSION AND NEXT STEPS | 26 |
| The role of policy in transforming harmful norms | 26 |
| Next steps | 26 |
| STAKEHOLDER ENGAGEMENT AND CONSENSUS BUILDING | 27 |
| APPENDIX 1: STAKEHOLDER MATRIX | 29 |
| APPENDIX 2: SAMPLE INDICATORS | 31 |
| REFERENCES | 33 |



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EXECUTIVE SUMMARY

Harmful social and gender norms prevent people from fully realising their sexual and reproductive health rights (SRHR) and prevent countries from attaining their health and development goals.

In Eastern and Southern Africa, norms underpin expectations that undermine access to SRHR, particularly for adolescents, young people, and other marginalised groups, and impact negatively on health and development outcomes. Despite regional commitments to SRHR, these social and gender norms continue to shape laws, policies, and service delivery systems, as well as individual and collective behaviours, reinforcing inequality and preventing people from fully achieving their SRHR.

Transforming social and gender norms is essential to realising equitable SRHR in Eastern and Southern Africa.

The design and effective, systematic and coordinated implementation of policies which fully articulate the relevance of social and gender norms is required to realise SRHR in the region.

Policy can enable and sustain norms transformation when it;

- Authorises action by empowering ministries and mandating cross-sector collaboration;
- Unlocks resources by securing dedicated funding and aligning donor investments;
- Builds systems by embedding training, monitoring, and institutional accountability;
- Signals legitimacy by normalising change and reducing backlash through public endorsement.

This policy guidance document offers a pathway to integrate norms transformation across policies, programmes, and service systems using inclusive, data-driven, and community-led approaches.

The document aims to guide policymakers in the integration of social and gender norms transformation at scale. The document is complemented by a policy brief targeting agenda-setting stakeholders such as parliamentarians and a technical brief to inform programme design and monitoring targeting social and gender norms that are hindering the achievement of SRHR in Eastern and Southern Africa.

Expected impact

The effective design and implementation of regional and national SRHR policies that integrate social and gender norms transformation will foster inclusive social norms, enhance gender equality, strengthen individual agency, and improve access to equitable and quality services. Collectively, these outcomes will impact SRHR, education and employment outcomes, and contribute to;

- Healthier populations,
- Greater social cohesion,
- More resilient and rights-based health and development systems across the region, and to the achievement of universal health coverage (UHC) and primary health care (PHC),
- Support achieving the Sustainable Development Goals (SDGs) 3 and 5.

Primary beneficiaries

The effective design and implementation of policies which include dimensions of social and gender norms transformation will have an impact on all people in the Eastern and Southern Africa region.

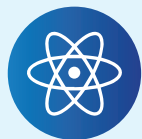
This will ensure that the SRHR needs of all people are met, particularly those of: young people, persons with disabilities, displaced persons, and marginalised communities.

Key recommendations

Evidence from regional and global initiatives demonstrates that integrated, coordinated, and well-resourced investment in social and gender norms transformation leads to more effective and equitable SRHR outcomes. Drawing on this evidence, the following actions are recommended:



Integrate norms transformation as a structural priority within governance frameworks, reinforcing its legitimacy and visibility as a driver of health and development outcomes across diverse populations.



Systematically embed social and gender norms transformation within the implementation of existing SRHR policies to ensure that norms-related barriers are addressed as part of policy delivery, not as separate or siloed efforts.



Design policies that address social and gender norms alongside other structural drivers such as access to services, accurate information, and enabling legal environments, recognising the interdependence of these factors in shaping SRHR outcomes.



Position norms transformation as a cross-cutting objective across sectors to enable coherent, mutually reinforcing programming rather than isolated or one-off activities.



Strengthen institutional mandates, build multi-sectoral coordination mechanisms, and align financing, monitoring, and accountability systems that have been shown to improve the consistency and effectiveness of norms transformation strategies within public systems.



Ensure sustained and long-term investment in norms transformation efforts, as evidence indicates that cultural and behavioural shifts require time, visibility, and resourcing to reach scale and become embedded in practice.



Support sustained engagement with the key reference groups which include parents and caregivers, male partners, peers, healthcare providers, teachers, and religious and traditional leaders, who play a vital role in shaping and supporting the adoption behaviors.



Establish mechanisms to monitor changes in social and gender norms by integrating norm-sensitive indicators into national and sub-national data systems, enabling real-time feedback, accountability, and course correction in policy implementation.

INTRODUCTION AND DEFINITION OF THE PROBLEM

Social and gender norms are the often-unwritten rules that define what is acceptable, appropriate, and expected within a group or community. Evidence from the region indicates that harmful social and gender norms can create barriers to people realising their SRHR.

In Eastern and Southern Africa, social and gender norms influence people's lives in both informal and formal ways, by shaping expectations, taboos, and social interactions, and by influencing policies, laws, and the behaviours of healthcare providers, teachers, police, and justice officials.

Defining social, gender and foundational norms

Social norms are often seen as being upheld by an individual's reference group – these are people that influence our behaviours. They are the people we look to when deciding what to think or do, and they are the people whose thoughts and opinions we care about.

Foundational norms are meta-norms that influence multiple behaviours and serve to create and maintain social norms.

Key meta-norms have been identified based on an evidence review and key informant interviews commissioned by the 2gether 4 SRHR programme to deepen understanding of the network of norms underpinning a range of SRHR outcomes for adolescents and young people in sub-Saharan Africa. These include gender norms, heteronormativity, adultism, privacy and ableist norms.

- **Gender norms** that reinforce male authority and control directly contribute to an increased risk of coerced sex, gender-based violence (GBV), and HIV infection. These norms also profoundly impede adolescent girls and young women's (AGYW) agency and their ability to access a range of health, education, and protection services crucial for positive SRHR outcomes. The normalisation of violence stemming from these norms, coupled with gender norms influencing the requirements for reporting GBV, undermines access to justice systems and leads to under-reporting of GBV cases.
- **Heteronormativity norms**, which frame non-heterosexual expressions of sexuality as 'deviant', fuel pervasive stigma, discrimination, and violence against key populations. This stigma presents a substantial barrier to accessing healthcare services, including HIV testing and treatment, consequently undermining efforts to end the HIV epidemic in the region.
- **Adultism norms**, which devalue the contributions of young people, impede open discussions about SRHR between adults and young people. This limits knowledge sharing and leads adolescents and young people to anticipate stigma or judgement from healthcare providers, thus creating a reluctance to seek necessary SRHR services.

- **Privacy norms**, driven by fears that healthcare workers may not respect confidentiality, deter access to essential SRH services like contraception and pre-exposure prophylaxis (PrEP).
- **Ableist norms**, which underestimate the potential of persons with disabilities and undermine their rights, result in limited access to appropriate and accessible information, services and support.

Ultimately, the interplay of these harmful norms with systemic inequities significantly limits access to quality SRHR information and services across the region, hindering people's ability to make informed decisions and achieve their full potential.

The impacts of harmful social and gender norms

Social and gender norms shape people's capabilities, opportunities, and motivation to act; limiting access to accurate and comprehensive information and supportive environments. As a result, they constrain informed decision-making, restrict access to essential services, and reinforce existing inequalities in health and well-being.

Research conducted in the region has shown that harmful social and gender norms have the following impacts:



Impact on HIV transmission and prevalence

- In Zambia, men are twice as likely as women to transmit HIV, with men aged 25 to 39 having the highest transmission rate at 43%. This higher transmission rate among men in a specific age group can be linked to harmful gender norms, such as the acceptability of men having concurrent partners, which is a compounding factor for HIV infection among AGYW¹.
- The higher HIV prevalence among women compared to men in the region is attributed partly to gender norms that prevent the negotiation of safer sex. This disparity is evident in Tanzania, where the HIV infection rate for women is 6.2% compared to 3.1% for men².
- HIV-related stigma continues to be a significant barrier to accessing care. Many AGYW report feelings of shame, isolation, and hopelessness upon disclosure of HIV status, with self-stigma further preventing individuals, especially those with disabilities, from seeking testing or treatment. Stigma surrounding HIV testing and sexual health drives people to seek services far from their communities to protect their identities, particularly AGYW and key populations^{3,4}.
- Among adolescents, particularly girls, fear of HIV-related stigma leads to hiding medication from family members, compromising adherence to treatment⁵.
- Young people report avoiding clinics due to concerns about confidentiality breaches, worrying that health workers may disclose their sexual activity or health status to parents or partners. In a five-country study on the health needs of adolescent boys and young men (ABYM), 62.8% identified confidentiality as a critical requirement for accessing SRHR services⁶.

1 Triple C Advisory (2024c)

2 UNAIDS (2024)

3 UNAIDS (2024)

4 HEARD (2024d)

5 Makerere University School of Public Health (2023)

6 HEARD (2024d)



Impact on gender-based violence and safety

- GBV, deeply entrenched in sociocultural norms, undermines women's decision-making power and contributes to poor health outcomes, including HIV.
- In Namibia, 33% of ever-married women aged 15–49 years have experienced physical, sexual, or emotional violence from their partner. Furthermore, 32% of girls aged 15–19 years and 35% of women aged 20–24 years have experienced physical violence from a partner⁷.
- Across the region, women who use drugs experience five times more violence than those who do not, facing exploitation and abuse by male partners⁸.
- In South Africa, nearly a third of transgender women reported experiencing violence due to their identity⁹.
- GBV, or the fear of such violence, interferes with the ability to negotiate safer sex and to refuse sex. It may also interfere with accessing HIV prevention, treatment, care, and adherence¹⁰.
- Harmful beliefs, like the idea that intercourse with a virgin can cure HIV, persist and impact on experiences of GBV¹¹.
- Gender norms influence reporting requirements and the normalisation of violence within relationships and undermine access to justice systems¹².
- Adultist norms, which reinforce the belief that adults always have the final say, create barriers for young women trying to access justice or care after experiencing violence¹³.
- Laws, policies, and institutional practices, such as plural legal systems or exemptions, can perpetuate harmful practices such as child marriage¹⁴.



Impact on decision-making and agency

- Harmful gender dynamics bestow power on men to dominate reproductive health decision-making, often negatively affecting uptake and adherence to services¹⁵.
- A survey of ABYM aged 18–34 in Lesotho, Malawi, Uganda, Zambia, and Zimbabwe¹⁶ found concerning gender attitudes reflecting unequal power relations, where:
 - Approximately 72% of respondents said a man should have the final word in household decisions.
 - Approximately 60% agreed or partially agreed that avoiding pregnancy is the woman's responsibility.
 - Approximately 73% indicated that women should obey their male partners in all things.
 - Less than 50% said they would support a partner's access to a medically safe abortion.

7 UNAIDS (2024)

8 Triple C Advisory (2024b), Stevens (2023)

9 Stevens (2023)

10 UNAIDS (2024)

11 Triple C Advisory (2024b)

12 Triple C Advisory (2024c)

13 Makerere University School of Public Health (2023)

14 UNAIDS (2024)

15 Yates et al (2025)

16 HEARD (2024d)

- In Tanzania, the International Men and Gender Equality Survey found that 75% of men used at least one controlling behaviour with their intimate partner, such as claiming greater authority in household decisions¹⁷.
- Myths, misinformation, and unequal power dynamics discourage the uptake of health services and the use of effective contraceptive methods¹⁸.



Impact on access to education and services

- Gender-based discrimination restricts AGYW's access to education, economic opportunities, and healthcare, collectively increasing their risk of contracting HIV. For example, only 45% of transgender women in South Africa completed school¹⁹.
- Cultural practices, such as child marriage, pose significant challenges for AGYW's SRHR. In northern and north-eastern Uganda, prevailing beliefs suggest that girls should be married off after their first menstruation, often between ages 13 and 15²⁰.
- Harmful social norms, stigma, and discrimination contribute to barriers in accessing services. In the ABYM study, 66.2% of adolescent boys and young men reported hesitance to seek SRH services due to fear of stigma, judgement, and lack of privacy. A further 21.1% expressed distrust of health workers, and 22.5% felt disrespected by providers²¹.
- Key populations face additional barriers due to criminalisation and stigma and may avoid seeking information or services for fear of arrest or public exposure or anticipated discrimination²².
- Health worker attitudes are a persistent barrier to care. ABYM reported instances of rude or judgmental treatment, leading to avoidance of public clinics²³. In South Africa, healthcare providers have been documented exhibiting bias against key populations, including resorting to coercive contraception, and these populations often encounter ignorance or prejudice from providers unfamiliar with their needs²⁴.
- Access to information remains limited due to adultism, silence, and restrictive gender norms. Teachers, parents and young people are often reluctant to discuss sexuality due to embarrassment or taboos and may reinforce restrictive norms²⁵.
- Schools are pivotal in shaping norms. Teachers may stigmatise pregnant girls or students from key populations, undermining education continuity and adherence to treatment²⁶. Conversely, schools that offer comprehensive sexuality education (CSE), re-entry policies for young mothers, and stigma-reduction initiatives can enable AGYW to return to school and access care²⁷.
- In some contexts, policies promote abstinence-only education, and instances of coercive contraception have been reported in Ethiopia, Malawi, and Zambia^{21 24}.

17 UNAIDS (2024)

18 Triple C Advisory (2024b)

19 Triple C Advisory (2024c)

20 Makerere University School of Public Health (2023)

21 HEARD (2024d)

22 Makerere University School of Public Health (2023)

23 HEARD (2024d)

24 Stevens (2023)

25 HEARD (2024d), Makerere University School of Public Health (2023)

26 UNAIDS (2024), Makerere University School of Public Health (2023)

27 Triple C Advisory (2024c), Stevens (2023), HEARD (2024d)

The regional policy landscape and implementation gaps

Continental and regional frameworks across Eastern and Southern Africa reflect strong commitments to gender equality, equitable access to SRHR, and the protection of human and children's rights. While many national and sub-national policies recognise the influence of social and gender norms, some norms prevent these policies from being implemented by shaping informal expectations, behaviours, and power dynamics that undermine formal rules, leading to resistance, selective enforcement, and unequal access to SRHR. There remains a gap in how these norms are practically addressed to maximise the impact of policy.

Social norms can quietly but powerfully constrain policy effectiveness by influencing how problems are defined, which issues are prioritised, and how policies are received and implemented. In some cases, norms around gender, sexuality, or youth agency may lead to critical issues, such as adolescent access to contraception or protections against child marriage, being overlooked or under-addressed. Even where progressive policies exist, implementation may be hindered by value systems within institutions or communities that discourage full uptake, especially if norms position certain topics as taboo or morally contested.

Policymakers may also face challenges when advancing reform that is seen as misaligned with prevailing cultural or social expectations, making community engagement and leadership buy-in essential. To strengthen policy impact, it is important to recognise and respond to the normative landscape to ensure that social and gender norms are not just acknowledged, but actively engaged through coordinated, multisectoral strategies.

Relevant continental and regional policies that set the scene for norms transformation are included in Table 1.

Table 1: Continental and regional policies

| Continental policies | Aims |
|--|--|
| African Union's African Charter on Human and Peoples' Rights (ACHPR) (1981) | Promotes civil, political, economic, and social rights, including gender equality and protection of vulnerable populations across the continent. |
| The African Union Strategy for Gender Equality and Women's Empowerment 2018-2028 (GEWE) | Aims to advance gender equality and women's empowerment through inclusive, transformative policies across all sectors in Africa. |
| The African Charter on the Rights and Welfare of the Child (ACRWC) (1990) | Protects and promotes the rights and well-being of children in Africa, aligned with African cultural values and legal systems. |
| African Youth Charter (2006) | Aims to empower youth through rights-based frameworks that ensure their participation, development, and protection across African states. |
| Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) | This is operationalised through the Maputo Plan of Action (2016–2030) which aims to secure comprehensive rights for women in Africa, including SRH rights, through binding commitments and actionable strategies for implementation. |
| Agenda 2040 | Aims to ensure that all African children enjoy full rights, equal opportunities, and access to the resources they need to survive, develop, be protected, and participate. |
| Agenda 2063: The Africa We Want | Prioritises gender equality, equitable healthcare, and the rights of women, children, and marginalised groups. |
| Africa Health Strategy 2016- 2030 | Aims to achieve UHC and improve access to quality healthcare, with a focus on the needs of women, children, and vulnerable populations. |
| Regional commitments | Aims |
| The East and Southern Africa ESA) Ministerial Commitment (2013/2021) | A multi-sectoral pledge to advance SRHR for adolescents and young people, acknowledging the need to transform the social and gender norms and power dynamics that impact SRHR. |

| East African Community (EAC) policies | Aims |
|---|--|
| EAC Gender Equality and Development Policy (2017) | Aims to promote gender equality and empower women and men across all sectors of development in the EAC. |
| EAC Social Development Policy Framework (2007) | Guides Partner States in promoting inclusive social protection, equity, and well-being across the region. |
| EAC Child Policy (2016) | Aims to protect and promote the rights and welfare of children in the EAC through coordinated action and harmonised standards. |
| EAC Vision 2050 | Includes objectives that address inequalities and promote inclusive growth. |
| EAC Youth Policy (2013) | Aims to empower young people in the EAC through inclusive participation, skills development, and access to opportunities. |
| EAC Gender Policy (2018) | Aims to mainstream gender equality and equity in regional integration and development processes across the EAC. |
| EAC Sexual and Reproductive Health Bill (in discussion) | Standardises SRHR-related legislation across Partner States in the EAC. |
| Southern African Development Community (SADC) policies | Aims |
| SADC Declaration on the Rights of Women (1997) | Aims to promote gender equality and eliminate discrimination against women in all spheres of life across the SADC region. |
| SADC Protocol on Gender and Development (2008) | Aims to accelerate the achievement of gender equality and empower women through legally binding commitments by SADC Member States. |
| SADC Strategy and Framework of Action for the Elimination of Child Marriage (2016) | Aims to guide Member States in preventing and ending child marriage through legal, social, and institutional reforms. |
| SADC SRHR Strategy (2019–2030) | Encourages SADC Member States to harmonise policies and increase investment in SRHR. |
| SADC Boys and Young Men Vulnerability Framework | Aims to address the specific vulnerabilities of boys and young men and promote their positive engagement in gender equality and SRHR. |
| SADC Strategy and Framework of Action for Addressing Gender Based Violence (2018–2030) | Provides a comprehensive framework to guide SADC Member States in adopting a coordinated, multi-sectoral approach to preventing and responding to GBV, and aims to strengthen policy alignment, service delivery, data systems, and accountability mechanisms. |
| SADC Model Law on Gender-Based Violence (2021) | Guides SADC Member States in enacting and strengthening national laws to prevent and address all forms of GBV, ensuring protection for survivors and accountability for perpetrators. |
| SADC Model Law on Eliminating Child Marriage | Provides a harmonised legal framework to support Member States in drafting and implementing laws to prevent and eliminate child marriage. |
| Regional accountability tools | Aims |
| EAC Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH) Scorecard | Monitor progress, promote evidence-based policymaking, and provide mechanisms for benchmarking country performance, identifying implementation gaps, and fostering peer learning and political accountability |
| SADC Gender Development Scorecard, Scorecard on HIV Prevention, and SRHR Scorecard | |

Policy implementation gaps





Despite this rich policy environment, resource constraints, legal and policy exclusions, poor enforcement mechanisms, and restrictive social and gender norms prevent the effective implementation of policies and result in persistent challenges to achieving health and development goals and UHC in the region.

A review of 44 national HIV prevention policies was undertaken as part of a broader literature review and mapping of technical and financial resources for HIV prevention among AGYW in the ESA region²⁸, and found that:

- While many countries have implemented measures, there is limited emphasis on the implementation of policies addressing behavioural issues like GBV.
- The rise in relevant policies in some countries, such as Mozambique and South Africa, does not necessarily lead to a decrease in new HIV infections among AGYW.
- Policies that prioritise young people's needs, including targeted programmes and efforts to promote healthy expressions of masculinity and open dialogue between genders, have been taken in only six countries: Ethiopia, Kenya, Malawi, South Africa, Zambia, and Zimbabwe.
- Legal frameworks and institutional policies often fall short in addressing stigma, adultism, and harmful norms that deter access to services.
- Legal frameworks, policies, and institutional rules can also perpetuate harmful social norms. For example, pluralistic legal and customary systems or exemptions in laws can undermine formal legal protections and allow harmful practices like child marriage to continue.

Opportunities for progress

Transforming harmful social and gender norms and directly addressing the social expectations that sustain inequality, discrimination, and exclusion will result in progress in meeting global commitments and reaching development goals.

| | |
|---|---|
|  | SDG 3: Good health and well-being: Shifting norms that stigmatise adolescent sexuality or restrict access to SRH services enables more inclusive health systems, reduces maternal mortality (Target 3.1), and ensures universal access to SRHR services (Target 3.7). |
|  | SDG 4: Quality education: Addressing gendered norms that limit girls' enrolment, retention, and participation in school advances inclusive and equitable quality education (Target 4.1) and ensures equal access to technical, vocational, and tertiary education (Target 4.3). |
|  | SDG 5: Gender equality: Norms transformation is essential to ending all forms of discrimination (Target 5.1) and violence against women and girls (Target 5.2), recognising and valuing unpaid care work (Target 5.4), ensuring full and effective participation in leadership and decision-making (Target 5.5), and securing universal access to SRHR (Target 5.6). |
|  | SDG 10: Reduced inequalities: Transforming exclusionary social norms fosters equal opportunity and reduces outcome disparities within and across countries (Target 10.3), especially for marginalised groups affected by intersecting forms of discrimination based on gender, age, disability, or socioeconomic status. |

PATHWAYS TO CHANGE: WHAT WORKS IN NORMS TRANSFORMATION

A scoping review of social norms programmes conducted in the region found that programmes including all three elements of norms change (changing social expectations, publicising and diffusing change, and catalysing and reinforcing change) were two times more likely to be effective than those with null or mixed results²⁹.

When programmes included five or more social norms attributes across these elements, they were three times more likely to be effective than programmes with fewer attributes.

Evidence in the region suggests that social norms programmes were found most effective in reducing violence and child marriage, and in increasing contraceptive use and HIV testing and resulted in greater uptake of HIV-related services. These findings highlight that addressing norms is a crucial component for successful SRHR programming and that programmes incorporating aspects of norms change theory are more impactful than those that do not.

A notable increase in social and gender norms programming efforts in Mozambique corresponded with a 22% reduction in the incidence of HIV infection among AGYW.

How to shift social norms

Norms transformation should be driven by the community, starting with a recognition of the need for change and building on positive cultural norms to replace harmful ones, ensuring the shift is both meaningful and lasting.

Addressing harmful social and gender norms and achieving meaningful and sustained change requires that policies and implementation strategies go beyond awareness-raising or service delivery improvements to intentionally address the normative environment that influences individual and collective behaviour. This involves creating an ecosystem of social support that enables transformation.

1. Changing social expectations

This involves changing the perceived 'social rules' within communities which govern what individuals believe others around them do, expect, or approve of. By fostering critical reflection and dialogue, these programmes shift internalised beliefs and enable individuals to align with more equitable, health-promoting norms.

Examples

- The PREPARE initiative in South Africa used structured school programmes to help adolescents reflect on gender norms, violence, and power. This led to significant reductions in intimate partner violence (IPV) victimisation by shifting social expectations around healthy relationships³⁰.



29 Accelerate Research Hub (2024)

30 Funded by the European Union and implemented by a consortium of organizations.

- The ‘Men’s Corner’ clinic initiative in Lesotho helped shift social expectations by normalising male health-seeking behaviour through the visible example of men accessing care in male-staffed clinics. This challenged the perception that seeking healthcare is unmasculine, instead promoting it as acceptable, responsible, and increasingly expected within the community³¹.

The techniques that can unblock resistance and identify change points include:

- Critical reflection in safe spaces, which helps individuals challenge internalised norms and realise that others may also question them.
- Values alignment, which reframes new behaviours as consistent with core values like protection or dignity.
- Social norms diagnostics and mapping, which identifies misperceptions and corrects them using real community insights.
- Observing early adopters, which highlights that change is already happening and socially acceptable within the reference group.

2. Publicising and diffusing positive change



Social change accelerates when people see behaviours being publicly modelled and affirmed by others. This element includes the use of media, testimonials, visual materials, and the voices of leadership and reference networks to signal social approval of emerging norms and make them more visible to the wider community.

Examples

- The Momentum Project in the Democratic Republic of the Congo invited local role models to share their experiences with safer sexual behaviours in public settings, followed by facilitated community discussions. This helped legitimise the new behaviours and reduced HIV incidence and risky sexual behaviour³².
- Working with traditional leaders in South Sudan has helped to publicise and legitimise opposition to child marriage by aligning positive change with respected authority. Their public endorsement signals that keeping girls in school rather than having them married and bearing children is not only acceptable but increasingly expected, helped diffuse new norms across the community³³.

The techniques that can publicise and diffuse positive norms include:

- Trusted messengers, which include leaders, peers, or media figures who model and validate new behaviours in public forums.
- Public commitments, where individuals or groups make their new positions visible.
- Mass and community media, which diffuse stories of change and showcase role models to a wider audience, reinforcing new expectations.
- Moment-based activities where public or cultural moments (rites of passage, school transitions) are platforms for visible norm shifts.

31 A collaboration between the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and Lesotho’s Ministry of Health, funded by the United States Agency for International Development (USAID) and U.S. Centers for Disease Control and Prevention.

32 Implemented by Action Santé et Développement (ASD), Tulane University, Tulane International LLC, and Johns Hopkins University in partnership with the Ministry of Gender, Family and Children and the Ministry of Health.

33 The United Nations Mission in South Sudan in collaboration with the Ministry of Federal Affairs.



3. Catalysing and reinforcing change

For behaviour change to be sustained, norms must be reinforced through everyday structures such as schools, health systems, families, and peer groups. This element ensures people not only learn about new norms but have the supportive relationships, services, and skills to put these into practise.

Examples

- In Botswana, the Connect with Respect programme builds capacity for teachers and community mobilizers to deliver a school-based GBV prevention project, ensuring that schools and communities support and reinforce the new knowledge gained by learners to promote respectful, violence-free relationships³⁴.
- A successful project in Kenya focused on mental health services integrated with HIV clinic operations for HIV-positive women affected by GBV. This involved training local non-specialists with high school education to deliver interpersonal psychotherapy. The sustainability of this model was supported by multiple levels of ongoing supervision for the trained providers³⁵.

The techniques that can embed and reinforce positive norms include:

- Institutional integration, where norms are reinforced through service design, school curricula, policies, legal protections, and institutions such as adolescent-friendly clinics.
- Peer networks and role models, which create social scaffolding for continued support, which is especially critical for adolescents navigating risky transitions.
- Feedback loops, where evidence of change is shared, for example in community pledges, to build momentum and reinforce progress.
- Tracking inconsistencies, which encourages systems and individuals to align practices with stated values, sustaining change across time and context.

These **three elements** are critical for shifting norms at scale and for ensuring that policy commitments inform programming and translate into equitable, sustainable SRHR outcomes for all people, and inform a theory of change for social and gender norms transformation.

³⁴ UNESCO in collaboration with the Ministry of Education.

³⁵ Implemented by the Family AIDS Care, Education, and Services (FACES) HIV care and clinical research clinic in Kisumu, Kenya. Funded by the President's Emergency Plan for AIDS Relief, in a collaboration between the University of California San Francisco and the Kenya Medical Research Institute.

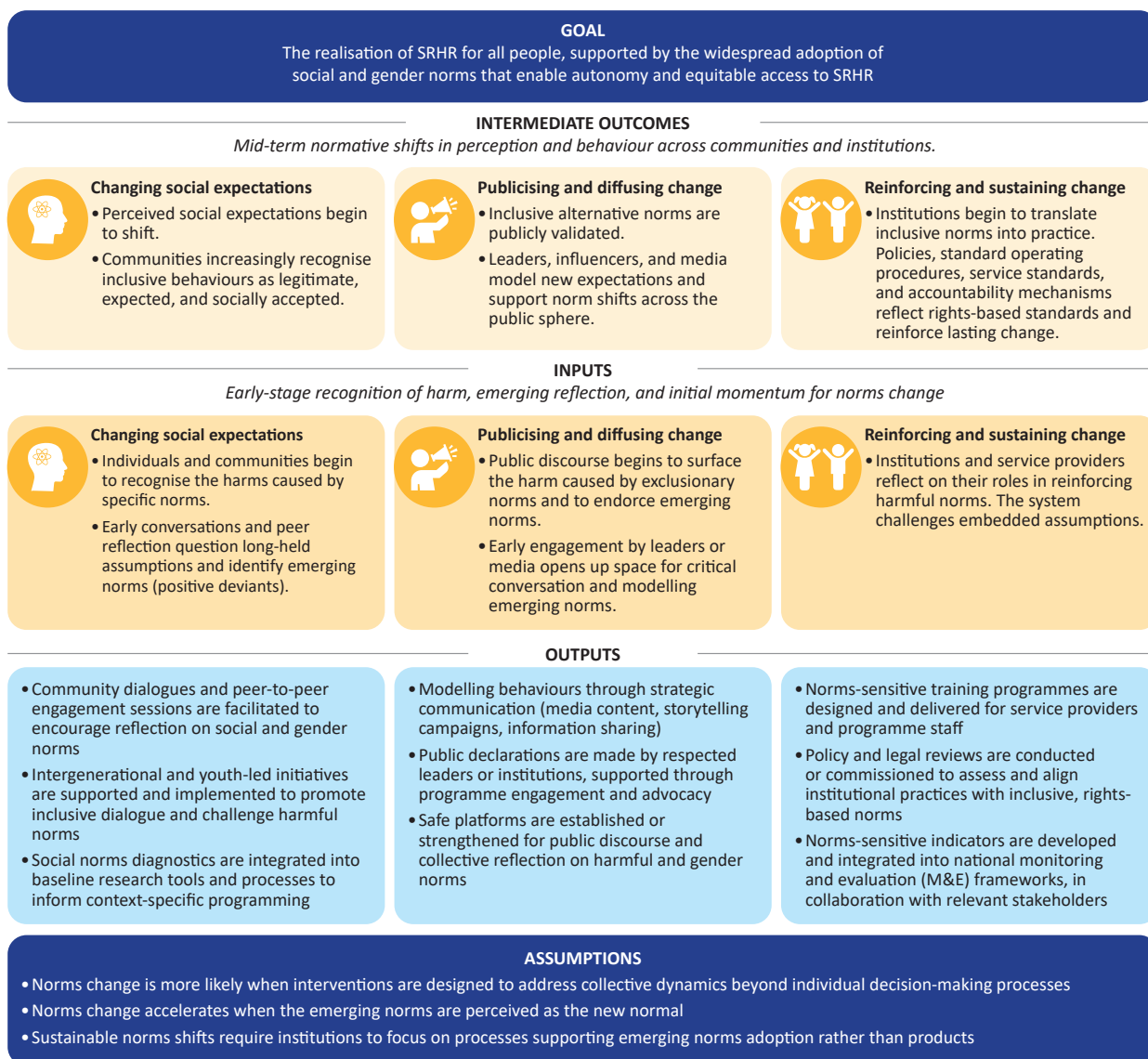
POLICY MAKING

Theory of change

The policy making process should be guided by an evidence-based theory of change. This section articulates a logical framework, or that proved to be effective in the region and beyond.

The theory of change outlines the key outputs needed to achieve meaningful outcomes. These include increased community support for equitable and respectful behaviours; stronger social support and legitimacy for norm challengers and marginalised groups; greater institutional capacity to identify and shift harmful norms; and active engagement of local leaders and champions in sustaining visible change. Together, these shifts are essential for the transformation of norms that will advance SRHR across the region.

Figure 1: Theory of Change



Policy objectives

To strengthen policy-design and reinforce the impact of existing SRHR policies across Eastern and Southern Africa, it is essential that social and gender norms transformation is not only acknowledged, but clearly structured and operationalised. Many policies already reference harmful norms as barriers to SRHR, but few provide guidance on how to shift those norms through coordinated action, stakeholder engagement, and measurable change.

Key objectives to guide the effective implementation and strategic review of policies include:



1. Guide the structured transformation of social expectations

- Ensure that policy implementation includes mechanisms to identify and address prevailing harmful norms related to gender, age, sexuality, and ability.
- Ensure that individuals and communities understand their rights, the services they have access to, safe reporting and litigation channels, and what policies and commitments protect these.
- Encourage actions across the multiple levels of the socioecological framework (individual, interpersonal, institutional, community, societal), and strengthen the involvement of men and boys in norms-transformation actions, and family support mechanisms.
- Promote the uptake of alternative social and gender norms that support equity, inclusion, and agency, helping to overcome the barriers created by existing harmful norms.
- Clarify existing community attitudes and behaviours to correct misperceptions about social expectations, thereby enabling the reinforcement of positive and emerging norms.



2. Enable the diffusion and public visibility of positive change

- Integrate norms-shifting strategies into policy frameworks to promote the visibility of emerging positive norms and reduce the reinforcement of harmful behaviours.
- Support institutional investments in inclusive and accessible communication platforms, including public messaging, participatory media, and community-led and youth-led narratives, to drive sustainable narrative change.
- Strengthen the capacity of public institutions and religious, traditional and community structures to model and signal acceptance of emerging norms through service delivery, leadership, and peer engagement mechanisms.
- Facilitate the documentation of best practices, cross-country knowledge exchange and South–South cooperation to accelerate the diffusion of effective norms transformation strategies across contexts.



3. Reinforce and protect emerging normative shifts

- Strengthen implementation systems to support new norms through positive reinforcement (such as incentives and recognition), protections (such as safeguarding change agents), and consistent practice (such as norms-sensitive and stigma-free services).
- Embed routine feedback tools such as client satisfaction surveys and grievance mechanisms to address gaps in services, monitor service responsiveness, and ensure bi-directional feedback to communities on the resolution of issues.
- Ensure that related legal, financial, and institutional barriers are addressed to sustain new norms and support equitable access to SRHR.



4. Define clear roles and coordination pathways for stakeholders

- Clarify the roles and responsibilities of national government ministries, regional bodies, and decentralised institutions at the district and municipal levels in allocating resources and funding for advancing social and gender norms transformation to ensure coordinated and context-responsive implementation.
- Advocate for protection laws and identify mechanisms for advancing constitutions and laws and ensuring policy implementation and enforcement to ensure the transformation of social and gender norms.
- Strengthen the engagement of civil society, with religious and traditional leaders, faith-based, community-based, community-led and disability-led organizations, youth actors, community members and the private sector in driving inclusive, locally owned norms transformation efforts.
- Promote intersectoral coordination mechanisms to ensure consistent approaches across education, health, justice, gender, youth, children, persons with disabilities, social and economic development and other relevant sectors.



5. Strengthen monitoring, accountability, and evidence to track and guide norms transformation

- Integrate monitoring and accountability systems, such as scorecards, joint planning platforms, and social accountability mechanisms, into existing policy frameworks. These systems should include clear and relevant indicators that track intermediate changes in social expectations, public discourse, and institutional behaviour.
- Strengthen the use of standardised tools to collect disaggregated data (by age, gender, geography, and disability) that reflect both perceptual and behavioural shifts in norms, providing a clearer link between programmes and their outcomes.
- Ensure that research focuses on the barriers to SRHR caused by social and gender norms and how best to meet the specific needs of diverse key populations.

POLICY IMPLEMENTATION

Operational strategies

To effectively strengthen the design of SRHR policies and implementation of existing policies, this policy guidance document and the accompanying policy brief recommend a systematic integration of social and gender norms transformation as a cross-cutting priority within all relevant policy areas and programmes.

Rather than treating norms change as a standalone or parallel programme, this approach embeds it into the core of policy delivery, ensuring that:

- SRHR strategies address the underlying social drivers of inequality;
- Norms-transformative implementation is reinforced across health, education, justice, social development and other sectors;
- Stakeholder roles, accountability systems, budgets and financing mechanisms are aligned around clear norms-change goals; and
- Demand generation is mainstreamed, fostering informed agency, shifting social expectations, and building collective support for positive change.

This integrated strategy enables structural change in institutions and service environments; ensures the visibility and diffusion of progressive norms through coordinated action; and supports the reinforcement and protection of emerging normative shifts via community and system-level support.

Existing social and gender norms programmes have taught us a variety of lessons, which can be built on for norms-transformation efforts.

Lessons learned from the region

1

Focusing solely on social norms is insufficient. Research indicates that programmes are more likely to be successful when social norms are addressed alongside other structural factors. Simply assuming that shifting social norms or attitudes alone will achieve desired SRHR outcomes, without considering other barriers to service access, is highlighted as a mistake. These necessary complementary actions include addressing individual factors like knowledge and agency, environmental factors such as poverty and instability, and supply-side barriers like the availability, accessibility, and quality of SRHR and justice services.

2

Incomplete programme design limits effectiveness. Programmes were found to be less likely to be effective if they focused only on changing social expectations or raising awareness. Effective social norms change requires including all three core elements of changing social expectations, publicising and diffusing change and catalysing and reinforcing change. A lack of a clear diffusion plan to spread new norms and behaviours beyond the initial participants hinders reaching a wider population and achieving sustainable impact at scale.

3

Neglecting foundational norms, power dynamics, and cultural context hinders deeper change.

Deeply entrenched foundational norms such as gender, heteronormativity, adultism, and privacy significantly influence attitudes and behaviours and perpetuate inequalities. Failing to understand and address power dynamics, including the use of force or violence, is a limitation. Adultism norms, reinforced by family and community members, specifically reduce the agency and decision-making power of young women. Approaches must be culturally sensitive and adapted to the local context, which stress collective identity and harmony.

4

Failure to engage relevant reference groups or coordinate efforts can limit reach and sustainability.

While successful programmes work with multiple reference groups like parents, peers, health workers, and religious leaders, excluding key stakeholders from the co-design process is cautioned against. Reference groups like teachers and religious leaders can sometimes perpetuate harmful norms and stigmatise young people, highlighting the need to engage them constructively. Effective change is facilitated when individual and environmental drivers move together, requiring coordination between initiatives addressing different levels of influence.

5

Short programming timelines prevent observation of sustained change and limit evaluation insights.

Longer programme times are important for achieving and maintaining behaviour change. Short timelines may not allow for sufficient change to occur or be measured. This limitation is compounded by theories of change and results frameworks that are not realistic or do not reflect the duration required for social norms change.

6

Initiatives can result in unintended negative consequences, including backlash.

Some programmes have led to negative effects on outcomes, particularly sexual risk behaviours. Studies often reported no explanation for these negative results. It is crucial to be mindful of and plan for potential backlash from those opposing norms change, including putting in place measures to address unintended consequences like increased violence or stigmatisation for participants, early adopters, or programme staff.

7

Lack of focus on marginalised groups leaves significant gaps in evidence and practice. There is a notable need for greater focus and research on initiatives for marginalised and key populations and those living in humanitarian and crisis contexts, who face multiple normative and structural barriers.

8

Ignoring men and boys limits the potential for gender-transformative outcomes. Research highlights a lack of research and programming specifically focusing on ABYM, despite their crucial role in perpetuating or challenging gender norms and power dynamics. Addressing harmful norms, such as those reinforcing toxic masculinities, requires engaging ABYM and older men.

9

Methodological and evaluation weaknesses hinder understanding of what works and why. Many evaluations lack indicators to measure norms change, rely on insufficient formative research, or lack clear theories of change aligned with evaluation metrics. Relying solely on quantitative data without qualitative assessments hinders understanding of the pathways of change and unexpected results. This limits the ability to truly understand how norms impact outcomes and what approaches are most effective.

10

Policies and legal frameworks alone are insufficient without addressing community-level norms and implementation. While supportive legal and policy environments are important, persistent dominant social and gender norms can constrain effective policy decisions and implementation. Relying solely on legal and policy measures without concurrent community engagement at a local level is insufficient to shift social norms. Limited data on social norms in national systems also hampers the assessment of whether policies and programmes are effectively addressing these barriers.






11

Insufficient capacity and attitudes of service providers are barriers. The effectiveness of initiatives and access to services is hindered by insufficient skills-building for those working with young people, particularly if training doesn't unpack gender norms and values held by facilitators themselves. Training for healthcare providers that only focuses on SRHR knowledge without addressing gender equality and children's and adolescent rights is less effective. Providers need training on delivering services in a destigmatising manner that respects privacy.

Priority actions

To effectively operationalise social and gender norms transformation, the implementation of SRHR policies must focus on systemic change. This includes not only shifting how institutions coordinate, govern, finance, and monitor policy execution, but also strengthening the design of policies to explicitly support norms change. Critical to this is ensuring that implementation mechanisms such as service provider training, supportive supervision, and curricula equip service providers and frontline actors with the knowledge, skills, and values needed to recognise, challenge, and shift harmful social and gender norms in their day-to-day practice.

Figure 2: Priority actions to transform social and gender norms

| | |
|---|---|
|  | <p>Mandate cross-sectoral coordination on norms transformation</p> <ul style="list-style-type: none"> ● Embed social and gender norms and regional SRHR plans, aligning ministries under a shared agenda. Clarify institutional mandates, ensure strategic use of existing taskforces, and promote alignment with global commitments |
|  | <p>Build institutional capacity to act on norms at all levels</p> <ul style="list-style-type: none"> ● Integrate norms transformation into policy guidance, SoPs, and implementation frameworks. Provide comprehensive training for health workers, teachers, police officers, and other frontline actors to recognise and challenge harmful norms in their daily work. |
|  | <p>Integrate norms-focused monitoring and public accountability</p> <ul style="list-style-type: none"> ● Use norms-sensitive indicators in national data systems and scorecards. Establish participatory feedback platforms such as community scorecards or peer review forums, and grassroots, youth-led evidence to inform adaptive policy responses. |
|  | <p>Secure dedicated and sustained funding for norms change</p> <ul style="list-style-type: none"> ● Create budget lines within national frameworks for community engagement, capacity-building, behaviour modelling, and local leadership development. Support pooled funding and public-private partnerships tied to measurable outcomes on equity and inclusion. |
|  | <p>Make norms transformation a core part of how systems work</p> <ul style="list-style-type: none"> ● Position norms change as a structural driver of SRHR by embedding it in professional training curricula, institutional mandates, and public sector leadership roles. Foster partnerships with grassroots groups, civil society, and traditional leaders to ensure local relevance and long-term impact. |

Strategies for sustained change

The following strategies reflect levers at the structural and institutional level, designed to embed sustained change:

1. Institutionalise norms transformation within cross-sectoral governance mechanisms

- Mandate cross-sectoral coordination by embedding norms-related goals in national and regional implementation plans across sectors.
- Align existing governance structures, such as SRHR technical working groups or gender taskforces, to explicitly include social norms transformation as a strategic priority.
- Clarify institutional mandates and responsibilities across ministries, ensuring no duplication or neglect in delivering on norms-transformative SRHR commitments.
- Adapt coordination strategies to reflect national governance structures and cultural contexts, ensuring ownership and feasibility at country level.
- Promote treaty ratification and recommitment to regional and global SRHR frameworks, reinforcing political alignment with norms transformation.

2. Build policy implementation capacity across state and non-state institutions

- Embed social and gender norms transformation in national SRHR policies and implementation guidance, including standard operating procedures, training frameworks, and accountability mechanisms, to ensure consistent application across all levels of the system.
- Build institutional capacity at national and sub-national levels to identify how social norms intersect with laws, governance structures, and service delivery constraints, enabling more responsive and inclusive implementation.
- Enable regional bodies (African Union, SADC, EAC) to coordinate and deliver technical support through knowledge exchange platforms, the development of regional guidance, and cross-country learning to harmonise and accelerate national-level action on norms transformation.
- Embed norms transformation in professional training programmes for key actors including police officers, traditional leaders, lawyers, and teachers.
- Leverage digital platforms to support service access, share values-based messaging, and increase reach among adolescents and underserved populations.

3. Embed monitoring, accountability, and learning at system level

- Integrate norms-sensitive indicators into national health information systems, SRHR scorecards, and regional monitoring tools, ensuring coordination across sectors.
- Institutionalise participatory accountability mechanisms, such as national client feedback platforms or peer review forums, to track perceptions, uptake, and equity in service access.
- Mandate regular policy reviews to assess progress on shifting social norms, drawing from both quantitative and qualitative data sources.
- Support community-led evidence generation including youth-led and grassroots data collection efforts, to inform national advocacy and track shifts in lived experience.
- Acknowledge, monitor, and proactively counter anti-rights movements that seek to undermine progress on gender equality and SRHR.

4. Secure long-term, institutional financing for norms transformation

- Integrate into policy and financing decisions cost-effective analyses which highlight the gains from investments in social and gender norms transformation and cost-of-inaction analyses to highlight the long-term social, economic, and health consequences of failing to invest in norms transformation.
- Institutionalise norms-focused financing in national planning and budgeting cycles by identifying dedicated budget lines within national and regional frameworks to support cross sectoral norms transformation for activities (such as human-centred design in service delivery, capacity strengthening for frontline workers, behaviour modelling initiatives, and monitoring of norms-related outcomes), ensuring sustained domestic investment alongside donor contributions.
- Encourage pooled funding mechanisms, innovative public financing models and public–private partnerships linked to measurable policy outcomes on equity, access, and social and gender norms transformation.
- Call for increased public awareness of the economic and social benefits of norms change, improving uptake and demand for SRHR-supportive policies.
- Support targeted research on implementation realities and costing. For example, on the inclusion of adolescent boys and men, and the role of faith-based institutions in promoting or resisting norms change.

5. Establish norms transformation as a core function of systems, not a peripheral initiative

- Position norms transformation as a structural determinant within SRHR, and embed it across institutional mandates, not as a standalone or time-bound project.
- Develop and adopt national frameworks or compacts that bind multiple sectors to shared norms-change outcomes.
- Reinforce public sector leadership in creating enabling environments that shape social expectations through policies, regulations, and institutional cultures, while fostering partnerships with key stakeholders such as the private sector, academia, faith-based organizations, civil society, and community-based organizations.
- Recognise, strengthen the capacity of, and formalise the roles of grassroots actors and youth-led groups in driving norm shifts, sustaining accountability, and translating national commitments into local change.

Key actors and systemic entry points

Norms transformation efforts should be led by:

Government Ministries (Health, Education, Youth, Justice, Social Development) as they have the mandate, policy authority, budget control, and systemic reach. Their role should be to set national priorities, embed norms transformation in policies and budgets, and ensure inter-ministerial accountability.

Donors and development partners can provide funding, global technical expertise, influence strategic direction, and play a role in supporting governments in evidence-based planning, finance pilot initiatives, and scale successful models.

Youth networks have high interest and legitimacy to shape discourse around social norms, especially among peers, and can play a role in co-design, challenging entrenched norms, and driving innovation in approaches that resonate with young people.

Coordination of the work on social and gender norms transformation should be through the regional bodies of the African Union, SADC, and EAC, as they have the mandate to convene governments, harmonise frameworks, and drive regional accountability. Their role should be to develop regional guidance, facilitate cross-country learning, and monitor commitments.

At the national level, governments must coordinate across ministries and with non-state actors, and chair inter-ministerial steering committees, convene working groups, and harmonise efforts across departments.

A stakeholder matrix is provided as Appendix 1.

Effective implementation of SRHR policies requires coordinated, multi-level action across national and sub-national government, civil society, professional bodies, traditional authorities, and regional institutions. The following key actors and systems offer strategic entry points for embedding and sustaining social and gender norms transformation:

- **Ministries of Health** must go beyond protocol development and actively mainstream norms-sensitive care by mandating stigma-free, gender-equitable service standards. These should be embedded in regulatory frameworks, provider training, institutional audits, and patient feedback systems tied to national accountability and monitoring platforms. Mental health and disability inclusion must also be reflected in service delivery models and staff competencies.
- **Ministries of Education** shape long-term social expectations and should be supported to integrate comprehensive, gender-transformative, rights-based SRHR education into national curricula. Norms transformation should also be embedded through school codes of conduct, grievance systems, and peer-led accountability structures. Curriculum reform should address gender, inclusion, and consent, with standards aligned to national development goals.
- **Ministries of Social Development, Disability, Youth, and Gender** should align national youth, disability, and gender frameworks with norms transformation objectives. They can institutionalise youth advisory councils, codify redress mechanisms for backlash, and coordinate integration across child protection, social welfare, and care systems. Mental health and psychosocial support, especially for adolescents and survivors of violence, must be embedded into all relevant strategies.
- **Ministries of Justice, Constitutional Affairs, and Internal Affairs** play a critical role in law reform, child protection, anti-discrimination enforcement, and GBV justice services. These ministries should support the passage and enforcement of progressive SRHR legislation and ensure legal frameworks uphold adolescent rights, bodily autonomy, and equality before the law.
- **Ministries of Finance and Economic Planning** are central to sustainability and innovation. Finance and Planning should institutionalise gender-responsive budgeting and ensure that norms transformation components are costed and tracked in national development plans.
- **Ministries of Information and Communication Technology** can play a critical role in norms transformation by leveraging digital platforms, social media, and mobile technology to amplify positive messaging, challenge harmful stereotypes, and reach hard-to-access populations. By coordinating nationwide campaigns and supporting digital literacy, they can help shift public discourse and make pro-social norms more visible and widely accepted.
- **Office of the President, Parliament, and political champions, including First Ladies, traditional councils, or parliamentary caucuses** can play powerful advocacy roles. High-level political endorsement helps shift public sentiment and reinforce norms change as a national development priority.
- **National AIDS Councils and GBV coordination mechanisms** should lead on multisectoral tracking of norms indicators, fund structural initiatives, and report on norms shifts using public dashboards. Monitoring systems must include reference group mapping, shifts in community expectations, and disaggregated impact tracking.
- **Associations of religious and traditional leaders** should be engaged through formal national protocols that recognise their influence in shaping local legitimacy. Supporting joint declarations, community dialogues, and sanction mechanisms can help reposition these leaders as agents of inclusion.

- **Associations of healthcare workers, teachers, and traditional healers** must codify norms-sensitive competencies into licensing frameworks and continuing professional development. They should oversee professional accountability and disciplinary systems that address discrimination and reinforce rights-based service standards.
- **Civil society, community-led, women-led, youth-led and persons-with-disability-led organizations** are vital for accountability, outreach, and diffusion. These actors must be institutionalised into SRHR governance platforms, with funded roles in policy monitoring, community education, and social norms tracking. Their insights should directly inform implementation progress.
- **Private sector bodies** can reinforce workplace equality and support and co-deliver national messaging. Companies should be required to report on gender equity and inclusion metrics and be incentivised to invest in norms-shifting community programmes as part of corporate responsibility.
- **Regional bodies such as the African Union, EAC and SADC** should coordinate regional scorecards, align standards across countries, and facilitate peer learning. Norms transformation must be embedded into regional strategies with regular benchmarking and progress reviews.
- **Lawmakers** play a vital role in setting the legal foundations for social change by drafting, passing, and reviewing legislation that protects SRHR, prohibits discrimination, and aligns national laws with human rights standards. Their support signals institutional commitment to shifting harmful norms and creating enabling environments for behaviour change.
- **Law enforcers** are essential for ensuring that legal protections are upheld in practice. By responding to violations such as GBV or child marriage with fairness and accountability, they can reinforce the message that harmful practices are not socially or legally acceptable.
- **Human rights bodies** should monitor state compliance with national, regional and international commitments, investigate rights violations, and advocate for reforms that uphold dignity, equality, and justice. They play a critical role in holding institutions accountable and elevating the voices of those most affected by harmful norms.
- **Academic and research institutions** can lead on mapping prevailing norms, tracking longitudinal shifts, and evaluating initiatives. They should strengthen national monitoring and evaluation (M&E) systems and generate context-specific evidence to inform policy and practice.
- **Media regulatory authorities** must enforce ethical standards for public messaging by embedding gender-transformative criteria in licensing, sanctioning harmful stereotypes, and supporting pro-social campaigns through regulatory mandates.
- **Digital platforms and tech companies** must partner with governments and civil society to amplify inclusive narratives, disrupt algorithmic bias, and expand access to accurate, rights-based SRHR content, particularly for marginalised populations.
- **Municipal and local governments** must integrate social norms transformation into local development plans, coordinate implementation across sectors, and ensure frontline accountability through participatory monitoring mechanisms.
- **National statistical offices (NSOs)** must include norms-focused indicators in national surveys and administrative data systems. They should disaggregate data by age, gender, geography, and disability to track progress and inform adaptive strategies.
- **Development partners** must support systems-level reform, not isolated projects. All funding should require integrated norms components, long-term M&E frameworks, and learning platforms. Support should target sub-national implementation gaps and reinforce capacity at the local level.

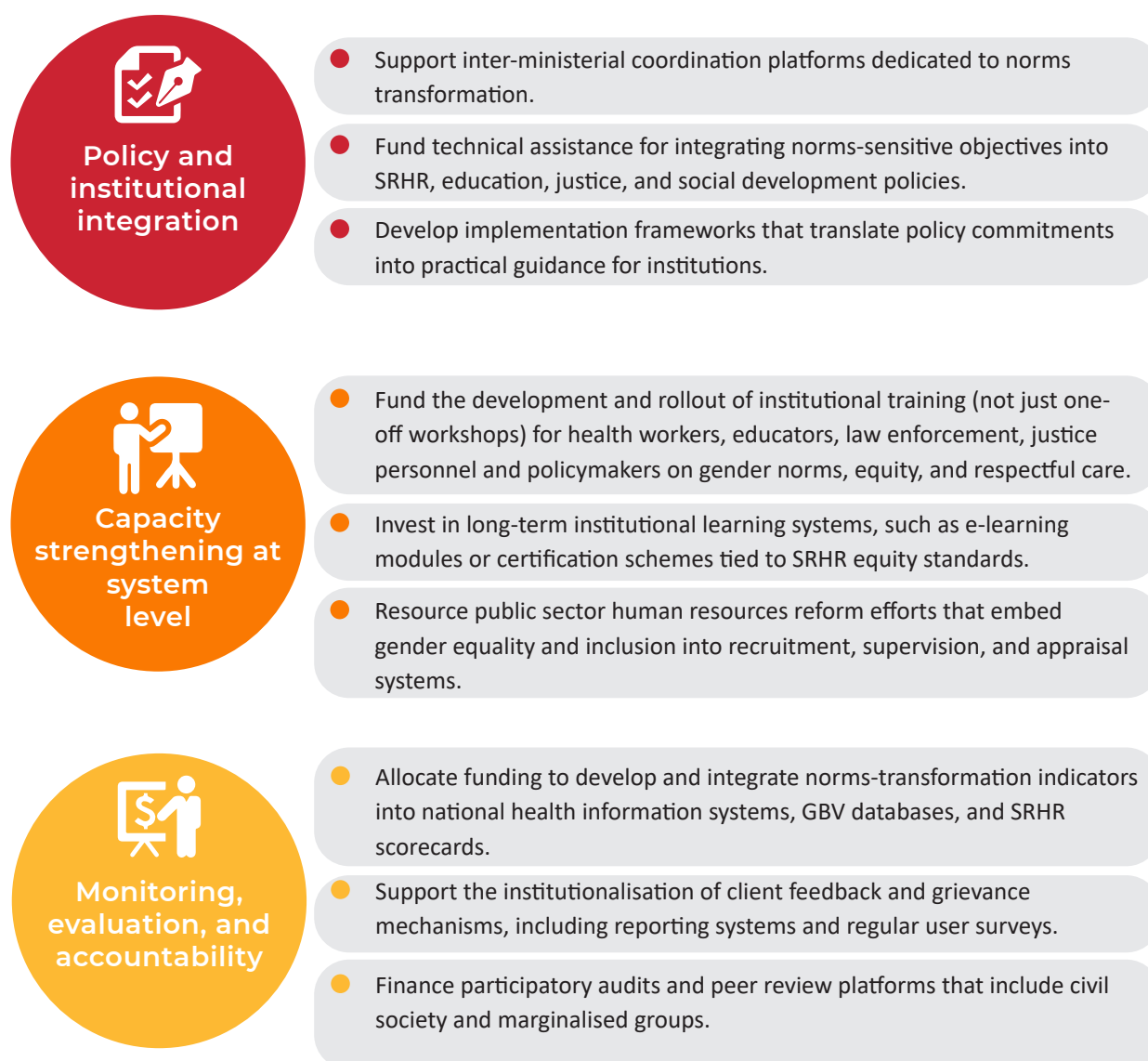
Resource considerations

While SRHR, HIV and GBV should be integrated into broader national development programmes, government ministries and regional bodies should include gender and norms integration as a line item or a cross-cutting sub-programme under their SRHR or GBV portfolios. Budgets should be linked to time-bound outputs, ongoing system investments and inclusive governance.

Domestic resources should be allocated for this work, and there may be opportunities to engage with the private sector, fostering Public-Private Partnerships (PPPs), appealing to philanthropic organizations and charitable foundations and leveraging innovative financing mechanisms such as Zimbabwe's HIV levy.

Country-specific investment cases can include costing models, financing options, and return-on-investment analyses to support the effective allocation of resources.

Allocations should include:





- Support large-scale public advocacy campaigns coordinated across ministries and aligned to policy goals.
- Invest in content development for media, schools, and digital platforms that challenges harmful norms and showcases new expectations.
- Allocate resources to amplify traditional and religious leader declarations and norms-shifting moments nationally and regionally, coupled with accountability mechanisms.



- Ensure that civil society organizations receive adequate funding and capacity support to enable them to play a meaningful role in initiating and sustaining norms-transformation efforts such as community dialogues, community education, and community trust-building activities.
- Fund mechanisms that enable youth-led and community-based organizations to participate in policy implementation, monitoring, and norm-shifting campaigns.
- Provide sub-grants or institutional support to watchdog organizations involved in social accountability and grievance redress.



- Ring-fence long-term budget lines for norms transformation within SRHR strategies and medium-term expenditure frameworks.
- Support development of financing models such as public-private partnerships and pooled funds, that allow for scale-up and replication of effective systemic initiatives.
- Invest in regional learning exchanges and knowledge management hubs that promote adaptation across countries.

Monitoring considerations

To ensure accountability and assess progress toward meaningful social and gender norms transformation, it is essential to:

- Establish indicators that capture changes in shared expectations, public discourse, and the social support systems that shape and sustain normative shifts over time.
- Focus indicators not just on the community level but also at the policymaker level, and align indicators to policy objectives and recommendations.
- Identify the data source for each indicator and facilitate institutionalisation of relevant indicators in routine data collection mechanisms.
- Disaggregate indicators by age, gender, disability, and geography.
- Set baselines and targets for regular tracking and reporting.
- Align with the SDGs that the policy wants to enhance.
- Include basic operational and structural indicators, such as the percentage of SRHR policies that mainstream transformation of social and gender norms, and the percentage of budget allocated to this work.

To effectively track progress, monitoring should focus on intermediate results such as shifts in perceived social expectations, increased visibility of positive norms in public discourse, and improved readiness of institutions and individuals to support equitable behaviours. These are necessary building blocks that lay the groundwork for sustained behavioural and systemic change.

Priority indicators should focus on measuring both perceptual and behavioural shifts that serve as necessary precursors to long-term change. These indicators focus on early and intermediate outcomes such as shifts in perceptions, discourse, and institutional readiness, that are more immediately observable than long-term impacts like reductions in GBV or improved health. While attribution remains complex due to the influence of multiple contextual factors, these intermediate indicators help to establish a more direct link between specific initiatives and observed changes. They serve as credible signals that the enabling environment for norms transformation is being reshaped.

Table 3 suggests how indicators relate to the Theory of Change, which is designed to be adapted to diverse contexts, whether addressing norms related to gender, adultism, ableism, or others, and is applicable across countries and regions.

The framework is structured around the three interlinked pathways of normative change:

1. Recognising and changing social expectations.
2. Publicising and diffusing norms change.
3. Reinforcing and sustaining norms change.

Figure 3: Framework for measuring social norms change

| | | |
|--|--|--|
| Goal The realisation of SRHR for all people, supported by the widespread adoption of positive social and gender norms that enable autonomy and equitable access to SRHR. | | |
| Goal-level indicators % of [target population] who perceive community support for [prioritized norm] | | |
| Pathway 1: Recognising and changing social expectations | Pathway 2: Publicising and diffusing norms change | Pathway 3: Reinforcing and sustaining norms change |
| INTERMEDIATE OUTCOMES Mid-term normative shifts in perception and behaviour across communities and institutions | | |
| Perceived social expectations begin to shift. Communities increasingly recognise inclusive behaviours as legitimate, expected, and socially accepted. | Inclusive alternative positive norms are publicly validated. Leaders, influencers, and media model new expectations and support norm shifts across the public sphere. | Institutions begin to translate inclusive norms into practice. Policies, standard operating procedures, service standards, and accountability mechanisms reflect rights-based standards and reinforce lasting change. |

| INTERMEDIATE INDICATORS | | |
|--|---|--|
| % of [target population] who believe that most people in their community support [specific positive norm related to SRHR] | % of [target population] who report hearing/seeing public discussion of [inclusive norm] in community forums, media, or local gatherings at least once in the past 6 months | % of public services (e.g., health, education, justice) where inclusive, rights-based protocols are actively used to guide practice and decision-making |
| IMMEDIATE OUTCOMES | | |
| Early-stage recognition of harm, emerging reflection, and initial momentum for norms change | | |
| <p>Individuals and communities begin to recognise the harms caused by specific norms.</p> <p>Early conversations and peer reflection question long-held assumptions.</p> | <p>Public discourse begins to surface about the emerging norms. Early engagement by leaders or media opens space for critical conversation.</p> | <p>Institutions and service providers reflect on their roles in reinforcing harmful norms.</p> <p>Internal conversations begin to surface and challenge embedded assumptions.</p> |
| IMMEDIATE INDICATORS | | |
| % of [target group] who can describe both positive and negative social consequences [sanctions and benefits] associated with [norm] | % of community members who feel comfortable and believe that the emerging norm [prioritised norm] is acceptable [sanctions and benefits] | % of service providers (in health, education, justice, etc) who can cite specific examples of how their values and behaviours have changed in service delivery due to a better understanding of social norms |
| OUTPUTS INDICATORS | | |
| <p>1 Community dialogues and peer-to-peer engagement sessions are facilitated to encourage reflection on social norms and inclusion.</p> <p>2 Intergenerational and youth-led initiatives are supported and implemented to promote inclusive dialogue and challenge harmful norms.</p> <p>3 Social norms diagnostics are integrated into baseline research tools and processes to inform context-specific programming.</p> | <p>1 Strategic media content, storytelling campaigns, and social proof messages are developed and disseminated to shift public perceptions.</p> <p>2 Public declarations are made by respected leaders or institutions, supported through programme engagement and advocacy.</p> <p>3 Safe platforms are established or strengthened for public discourse and collective reflection on harmful and inclusive norms.</p> | <p>1 Norms-sensitive training programmes are designed and delivered for service providers and programme staff.</p> <p>2 Policy and legal reviews are conducted or commissioned to assess and align institutional practices with inclusive, rights-based norms.</p> <p>3 Norms-sensitive indicators are developed and integrated into national monitoring and evaluation (M&E) frameworks, in collaboration with relevant stakeholders.</p> |
| ASSUMPTIONS | | |
| Norms change is more likely when interventions are designed to address collective dynamics beyond individual decision-making processes. | Norms change accelerates when the emerging norm is perceived as the new normal. | Sustainable norms shifts require institutions to focus on processes supporting emerging norms adoption rather than specific products (reform policies, capacity development, effective accountability mechanisms). |

Sample indicators are provided for the transformation of specific norms in Appendix 2.

CONCLUSION AND NEXT STEPS

The role of policy in transforming harmful norms

Transforming social and gender norms is essential to realising equitable SRHR in Eastern and Southern Africa. This policy guidance document offers a pathway to integrate norms transformation across policies, programmes, and service systems using inclusive, data-driven, and community-led approaches. Policy can enable and support norms transformation by:

Providing a formal mandate: Policies give ministries the authority to prioritise norms transformation as part of their core responsibilities. It also facilitates cross-sectoral buy-in, enabling collaborative implementation across institutions and levels of government.


Unlocking resources: Effective norms-shifting efforts require trained personnel, monitoring systems, community engagement structures, and integrated services. Policy secures dedicated budget lines, supports pooled or multi-sectoral funding, and aligns donor investments with national priorities.

Building institutional infrastructure: Sustained transformation depends on institutional mechanisms such as provider training, curriculum reform, health system alignment, referral systems, and accountability structures. Policy ensures these elements are systematically embedded and scaled within existing systems.

Signalling legitimacy and driving norms change: When governments publicly endorse norms transformation, they send a clear message that new behaviours are not only acceptable but expected. This reduces backlash, reinforces institutional commitment, and positions norms change as a national development priority rather than an external agenda.

Next steps

The policy brief and this guidance document will be shared widely with a variety of decision-makers and other stakeholders at the continental, regional, and national levels to guide the review of existing policies and influence the development of new policies that embed norms transformation as a cross-cutting priority, ensure accountability for implementation, and accelerate progress toward the achievement of the SDGs and inclusive SRHR outcomes and gender equality in Eastern and Southern Africa.



STAKEHOLDER ENGAGEMENT AND CONSENSUS BUILDING

This document was developed based on original research, literature reviews, and extensive consultations with multiple stakeholders across six countries and with regional institutional bodies.

The policy brief and guidance document were developed through a review of the existing literature and documented evidence collected from qualitative research on social and gender norms conducted with adolescent girls and young women in six countries, with adolescent boys and young men in five countries, on alignment with the essential service package for survivors of GBV in 10 countries, and gender assessments of the national HIV response in four countries.

This original research spans 12 countries in the region, including Eswatini, Lesotho, Kenya, Malawi, Namibia, Rwanda, South Africa, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe. Additional literature reviews were conducted which spanned other countries in the region, including the Democratic Republic of the Congo, Djibouti, Ethiopia and Mozambique.

Additional consultations were conducted with multi-sectoral groups made up of representatives from Departments of Health, Youth, Women and Gender, associations of religious and traditional leaders, civil society organizations, young people, and United Nations agencies in six countries, namely Botswana, Lesotho, Kenya, South Sudan, Tanzania, and Uganda. These consultations involved the mapping of dominant harmful social and gender norms, and identification of existing programmes on norms transformation, identifying key role players and opportunities to advance this work.

The collected data and consultations were synthesised into a set of discussion documents, including a draft policy brief, which was considered and refined during a regional workshop attended by representatives of governments, African Union, SADC, and EAC structures, academics, members of civil society, and of the United Nations agencies which was held under the banner of the 2gether 4 SRHR programme in Nairobi in May 2025.

The discussions at the regional workshop informed the development of two documents, including a revised policy brief and this extended guidance document, which were shared with the workshop participants and their constituents and other key stakeholders for validation and further feedback, which was incorporated into this document.

Ongoing consultation on policy review and development is recommended, taking into account the following considerations.



Supporting mechanisms to sustain consultation with affected groups will ensure the meaningful engagement of vulnerable groups in policy review and development processes.



The inclusion of key reference groups and community gatekeepers is important to further build consensus on the need for norms transformative policies and initiatives.



Civil society organizations and community-based organizations have a critical role to play in advocacy, bridging the gaps between governments and communities, and ensuring that norms-transformation is effective and sustained.



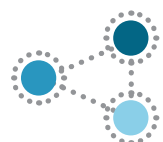
Ensuring the active participation and leadership of young people in the implementation and mentoring of norms-transformation processes is vital.



Communicating about norms-transformation efforts and their results will ensure sustained support for this work.



Documentation of evidence and effective strategies, and the development or leverage of existing knowledge-sharing platforms can ensure that successful practices are shared and adopted.



Leveraging existing multisectoral platforms to align efforts and share learnings between countries and economic regions will further contribute to strengthening the policy environment in the region.

APPENDIX 1: STAKEHOLDER MATRIX

| Stakeholder Group | Role/Interest | Engagement Strategy |
|---|---|--|
| Ministries of Health | Mainstream stigma-free, inclusive care and service standards across the health system. | Leadership role: ensure integration into service delivery and monitoring frameworks. |
| Ministries of Education | Shape social expectations through SRHR education, curriculum reform, and school culture. | Strategic support: embed into curricula, policies, and peer-led accountability. |
| Ministries of Social Development, Disability, Youth, and Gender | Align youth, disability, and gender policy with norms objectives and psychosocial support. | Cross-sectoral coordination: institutionalise norms within youth and social services. |
| Ministries of Justice, Constitutional Affairs, and Internal Affairs | Reform and enforce laws on SRHR, anti-discrimination, and justice for GBV. | Legal reform and enforcement: ensure justice for rights violations. |
| Ministries of Finance and Economic Planning | Ensure norms transformation is costed and tracked in national plans via responsive budgeting. | Policy alignment: embed and fund norms initiatives in national plans. |
| Ministries of Information and Communication Technology | Amplify positive messaging and disrupt stereotypes using digital tools and campaigns. | Leverage platforms for national campaigns and inclusive content distribution. |
| Office of the President, Parliament, and Political Champions | Signal high-level political will and advocate for national prioritisation of norms change. | Secure political endorsement: sustain high-level visibility and backing. |
| National AIDS Councils and GBV Coordination Mechanisms | Lead cross-sectoral norms tracking, fund programmes, and report publicly on progress. | Coordinate indicator tracking: link dashboards to initiatives and outcomes. |
| Religious and Traditional Leaders' Associations | Influence community norms; can legitimise or challenge harmful practices. | Dialogue and formal agreements: promote positive norm messaging and local legitimacy. |
| Healthcare, Teacher & Traditional Healer Associations | Institutionalise norms-sensitive professional competencies and accountability standards. | Training and licensing reform: monitor service delivery compliance. |
| Civil Society & Community-Led Organizations | Support outreach, accountability, education, and grassroots tracking of social norms. | Institutionalised roles in governance and monitoring: ensure inclusion in implementation. |

| Stakeholder Group | Role/Interest | Engagement Strategy |
|---|---|--|
| Youth-led Organizations | Act as catalysts for change by driving peer-to-peer education, challenging harmful norms, innovating outreach strategies, and amplifying youth voices in social transformation. | Ensure meaningful participation in design, implementation, and evaluation processes: support capacity strengthening and institutionalise youth representation in decision-making spaces. |
| Private Sector Bodies | Promote workplace equity and invest in norms-shifting community initiatives. | Partner on inclusive messaging: incentivise corporate responsibility initiatives. |
| Regional Bodies (African Union, SADC, EAC) | Coordinate standards, scorecards, and regional peer learning on norms transformation. | Regional advocacy and benchmarking: align cross-country commitments. |
| Lawmakers | Draft, pass, and review rights-based laws that uphold SRHR and equity. | Legislative engagement: advance rights-based policy and legal frameworks. |
| Law Enforcers | Enforce legal protections for SRHR and address GBV and child marriage violations. | Institutional training: improve enforcement of protective laws. |
| Human Rights Bodies | Monitor compliance with commitments, investigate violations, and uphold human rights. | Oversight role: publish findings and recommend reforms based on violations. |
| Academic & Research Institutions | Generate evidence, evaluate initiatives, and build M&E capacity for norms work. | Research partnerships: build national capacity and generate actionable data. |
| Media Regulatory Authorities | Regulate inclusive public messaging and sanction harmful or discriminatory content. | Policy enforcement: monitor broadcast standards and content regulation. |
| Digital Platforms & Tech Companies | Partner to promote inclusive narratives and ensure access to accurate SRHR content. | Collaborate on campaigns: use algorithms and platforms to reinforce pro-social norms. |
| Municipal and Local Governments | Coordinate local implementation and ensure accountability for delivery on the ground. | Align municipal plans: coordinate service delivery and citizen oversight. |
| National Statistical Offices (NSOs) | Integrate norms indicators into national data systems and ensure data disaggregation. | Ensure survey integration: track progress with disaggregated indicators. |
| Development Partners | Fund and guide systemic, long-term reforms with M&E and implementation support. | Strategic funding partner: link support to systemic reform and accountability |

APPENDIX 2: SAMPLE INDICATORS

Sample outcomes and indicators for addressing ableist norms

| Pathway to norms transformation | Recognising and changing social expectations | Publicising and diffusing change | Reinforcing and sustaining change |
|---------------------------------|---|---|--|
| INTERMEDIATE OUTCOMES | Where ableist norms are collectively challenged, inclusive expectations become widespread, and institutional practices shift | | |
| Outcome | Perceived social expectations begin to shift. Communities increasingly recognise persons with disabilities as full SRHR rights holders and expect equitable treatment and inclusion. | Leaders, influencers, and media publicly validate the SRHR of persons with disabilities. Public narratives normalise inclusive expectations. | Institutions embed disability-inclusive norms into policy, training, and service delivery. Staff are expected and supported to uphold inclusive standards. |
| Indicator | % of [target population] who believe that most people in their community support the equitable inclusion of persons with disabilities in SRHR services and decision-making. | % of [target population] who report hearing or seeing public discussions affirming the SRHR of persons with disabilities in community forums, media, or local gatherings at least once in the past 6 months. | % of public services (e.g., health, education, justice) where disability-inclusive, rights-based protocols are actively used to guide practice and decision-making. |
| IMMEDIATE OUTCOMES | Early recognition of ableist harm, reflection, and emerging support for change | | |
| Outcome | Community members begin to recognise ableist beliefs and practices that restrict SRHR access. Conversations emerge that challenge assumptions. | Media and local leaders begin to name the exclusion of persons with disabilities from SRHR conversations and services as a social problem. | Institutions begin to reflect on how their practices have reinforced ableist norms. Internal conversations and early action are initiated. |
| Indicator | % of [target group] who can describe both positive and negative social consequences (sanctions and benefits) associated with ableist norms restricting SRHR access. | % of community members who feel comfortable and believe that it is acceptable to publicly discuss the social consequences (sanctions and benefits) of excluding persons with disabilities from SRHR services. | % of service providers (health, education, justice, etc.) who can cite specific examples of how their values and behaviours have changed in service delivery due to a better understanding of ableist norms. |

Notes:

- These indicators can be disaggregated by age, gender, type of disability, urban/rural location, and role (such as service user vs. service provider).
- All data collection tools should be accessible for persons with disabilities, including in braille, large print, sign language, easy-read formats, and via assistive technologies.
- Where possible, persons with disabilities should be included in the co-design of indicators, validation of data collection tools, and the interpretation of findings.
- Monitoring should explicitly assess whether norm change efforts empower persons with disabilities to express their SRHR needs and participate in decision-making, not just whether they are included as beneficiaries.
- Data sources can include community surveys, focus groups, facility assessments, and qualitative monitoring tools such as journey mapping or service audits.

Sample outcomes and indicators for addressing adultist norms

| Pathway to norms transformation | Recognising and changing social expectations | Publicising and diffusing change | Reinforcing and sustaining change |
|---------------------------------|--|--|--|
| INTERMEDIATE OUTCOMES | Where adultist norms are collectively challenged, adolescent autonomy gains legitimacy, and supportive expectations become embedded in policy and practice. | | |
| Outcome | Perceived expectations begin to shift. Communities increasingly acknowledge young people's capacity to make informed SRHR decisions and accept their rights to autonomy. | Influential voices publicly validate adolescent agency in SRHR. Inclusive narratives become part of media, schools, and civic discourse. | Institutions revise rules, policies, and expectations to enable adolescent autonomy in SRHR decision-making and service access. |
| Indicator | % of [target population] who believe that most people in their community acknowledge young people's capacity to make informed SRHR decisions and support young people's autonomy. | % of [target population] who report hearing/seeing public discussion of adolescent agency related to SRHR in community forums, media, or local gatherings at least once in the past 6 months | % of public services (e.g., health, education, justice) where inclusive, rights-based protocols are actively used to guide practice and decision-making related to adolescent autonomy in SRHR decision-making and service access. |
| IMMEDIATE OUTCOMES | Early recognition of adultist harm, reflection on adolescent rights, and emerging support for youth-led SRHR decision-making. | | |
| Outcome | Communities begin to question adultist assumptions about adolescent capacity. Early conversations emerge about respecting young people's autonomy. | Media and community voices begin naming adultism in SRHR as a harmful norm. New narratives start to surface. | Institutions and providers begin reflecting on how adultist norms have shaped access to SRHR. Early policy reviews or conversations begin. |
| Indicator | % of [target group] who can describe both positive and negative social consequences (sanctions and benefits) associated with norms related to adolescent autonomy related to SRHR. | % of community members who feel comfortable and believe that it is acceptable to publicly discuss the consequences (sanctions and benefits) associated with adolescent agency related to SRHR. | % of service providers (in health, education, justice, etc) who can cite specific examples of how their values and behaviours have changed in service delivery due to a better understanding of social norms |

Notes:

- These indicators can be disaggregated by age group (e.g. 10–14, 15–19, 20–24), gender, schooling status, marital status, urban/rural location, and relationship to power structures (e.g. youth vs. caregiver, student vs. teacher, adolescent vs. provider).
- Data sources may include adolescent-focused household or school-based surveys, youth participatory focus groups, intergenerational dialogues, client exit interviews, facility assessments, and qualitative tools such as narrative mapping, photovoice, or digital storytelling.
- Where possible, indicators should be co-developed or validated with adolescents and young people themselves, ensuring that the framing reflects lived experience and local language around agency, consent, and rights.
- Monitoring should be sensitive to legal and policy environments that constrain adolescent access (such as age-of-consent laws) and include context-specific questions on gatekeeping by adults in homes, schools, religious institutions, and health facilities.

REFERENCES

- Durden, E, Gumede, N, Whitfield, C and Vezi N. (2025) *Insights into the social and gender norms impacting on sexual and reproductive health and rights in six country contexts in Eastern and Southern Africa, and opportunities for norms transformation*. In collaboration with UNICEF ESAR for 2gether 4 SRHR.
- Yates, R, Leite, L, Toska, E, et al (2025) *Evidence for Impact: Understanding the network of norms affecting adolescent sexual and reproductive health rights in Eastern and Southern Africa*. Accelerate Research Hub, University of Oxford and the University of Cape Town in collaboration with UNICEF ESAR for 2gether 4 SRHR.
- Accelerate Research Hub (2024a) *Technical brief: Evidence to Action: Social norms and SRHR for adolescents and young people in Eastern and Southern Africa*. University of Oxford, University of Cape Town, in collaboration with UNICEF ESAR for 2gether 4 SRHR.
- Accelerate Research Hub (2024b) *Scoping review of social norms interventions to improve SRHR outcomes among adolescents and young people in Sub-Saharan Africa*. University of Oxford, University of Cape Town, in collaboration with UNICEF ESAR for 2gether 4 SRHR.
- Triple C Advisory - TCA (2024a) *AGYW HIV Prevention Handbook: A guidebook on innovating coordinated, catalytic and culturally fit solutions*. For UNAIDS, UNESCO, UNFPA, UN Women, and UNICEF.
- Triple C Advisory - TCA (2024b) *A fresh look at AGYW HIV Prevention in East and Southern Africa: A young African perspective on what works*. For UNAIDS, UNESCO, UNFPA, UN Women, and UNICEF.
- Triple C Advisory – TCA (2024c) *The AGYW HIV Prevention Technical and Financial Resource Mapping report in East and Southern Africa: A literature review synthesis*. For UNAIDS, UNESCO, UNFPA, UN Women, and UNICEF.
- HEARD – University of KwaZulu-Natal (2024a) *Summary findings from a rapid situational assessment of SRHR needs among men and boys in Uganda*. For 2gether 4 SRHR.
- HEARD – University of KwaZulu-Natal (2024b) *A rapid situational assessment of SRHR needs among men and boys in Zambia*. For 2gether 4 SRHR.
- HEARD – University of KwaZulu-Natal (2024c) *A rapid situational assessment of SRHR needs among men and boys in Zimbabwe*. For 2gether 4 SRHR.
- HEARD – University of KwaZulu-Natal (2024d) *Men and boys and their sexual reproductive health in five countries in Eastern and Southern Africa: A situational-based needs assessment study*. For 2gether 4 SRHR.
- 2gether 4 SRHR (2024a) *Summary findings from a rapid situational assessment of SRHR needs among men and boys in Malawi*.
- 2gether 4 SRHR (2024b) *Country appraisal of the domestication of and preparedness to implement the ESP Framework for post-GBV Services in: Eswatini, Kenya, Malawi, Namibia, Rwanda, South Africa, South Sudan, Tanzania, Uganda and Zimbabwe*.
- Stevens, M (2023) *A literature review on the availability and quality of essential multi-sectoral services for survivors of sexual and gender-based violence in East and Southern Africa, with attention to the diversity of survivors*. For 2gether 4 SRHR.
- UNFPA (2023a) *Appraising the Domestication of the ‘Essential Service Package for Women and Girls Subject to Violence’ in Eastern and Southern Africa: Strategic Brief on the ESP Foundational Elements Appraisal Tool*.
- UNFPA (2023b) *Developing an Appraisal tool for the Essential Service Package for Survivors of Gender-Based Violence in Eastern and Southern Africa*. Narrative Report.
- UNAIDS (2021) *Eight strategies to address HIV from gender and intersectional approaches during the COVID-19 pandemic in Malawi*.
- Malawi Ministry of Gender, Community Development and Social Welfare (2021a) *Malawi Gender Assessment of the HIV Response*. With support from UNAIDS
- Malawi Ministry of Gender, Children, Disability and Social Welfare (2021b) *Survey on gender and HIV in the context of COVID-19 in Malawi*. With support from UNAIDS
- The United Republic of Tanzania, Prime Minister’s Office (2020) *Gender assessment of the national HIV/AIDS response*.
- South Sudan AIDS Commission and Ministry of Gender, Child, And Social Welfare (2023a) *Policy Brief: South Sudan Gender Assessment of the National HIV Epidemic and Response*.
- South Sudan AIDS Commission and Ministry of Gender, Child, And Social Welfare (2023b) *South Sudan Gender Assessment of the National HIV Epidemic and Response*.
- Makerere University School of Public Health (2023) *Draft report- Access To HIV, Tuberculosis and Malaria Services: A Gender-Based Assessment for Uganda*. For 2gether 4 SRHR.
- UNAIDS (2024) *Legal environment assessment of HIV- and gender-related laws: Namibia, United Republic of Tanzania and Zambia*.



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