



unicef
for every child

GENDER TOOLKIT

Integrating Gender in Programming
for Every Child in South Asia

UNICEF REGIONAL OFFICE FOR SOUTH ASIA



Copyright © **UNICEF South Asia**
December 2018

Acknowledgements:

This document has been prepared by the UNICEF ROSA Gender Section to provide guidance to enhance gender integration in UNICEF Programming in South Asia.

This Gender Toolkit was produced under the leadership of the UNICEF ROSA Regional Gender Adviser, **Sheeba Harma**

Strategic guidance Deputy Regional Director, **Philippe Cori**

Technical contents and graphic design Gender Development Officer, **Rui Nomoto**

Inputs and suggestions Gender Consultants, **Navanita Sinha** and **Julia Stewart**

Design and Printing, **Jagadamba Press**, Kathmandu

Valuable inputs were also received from various programme sections at the Regional Office and from Country Offices.

An online version is available at <https://www.unicef.org/rosa/research-and-reports>.

GENDER TOOLKIT

Integrating Gender in Programming
for Every Child in South Asia

UNICEF REGIONAL OFFICE FOR SOUTH ASIA

FOREWORD

I am very pleased to share with you all the first Gender Toolkit prepared by UNICEF Regional Office for South Asia.

This toolkit includes guidance on how to undertake a gender analysis, what needs to be in place to ensure gender is mainstreamed effectively and how gender can be integrated into the Regional Headline Results (Save New Borns, Stop Stunting, Every Child Learns and End Child Marriage) and in our Complementary Results for Early Childhood Development (ECD) and Water, Sanitation and Hygiene (WASH).

The South Asia Headline Results are cross cutting in nature where gender has a critical role in achieving and sustaining the results. Many offices in this region are also implementing a life cycle approach to programming where achievement of results will depend on the integration of gender issues. If we are not addressing gender issues, norms, barriers and inequalities in our planning and implementation, we will not be able to achieve and reach our overall results and societal change will not be realized.

This toolkit is a much needed practical resource to help all country offices in this region (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka) to plan and integrate the different needs, capacities and engagement of girls and boys, women and men in your programmes and outcomes.

We hope you will find this resource to be useful to drive change in your programming approaches and urge you to apply this to improve the quality of your results.










Jean Gough

Regional Director

UNICEF Regional Office for South Asia (ROSA)

TOOLKIT CONTENTS

Acronyms Page I	Introduction to the Toolkit Page II	SECTION 1	SECTION 2
		Gender Concepts and UNICEF's Gender Commitments Page 1	Practical Steps for Gender Mainstreaming Page 17
SECTION 3			
Gender Integration in Regional Headline Results and Complementary Results	Save Newborns 	Stop Stunting 	Every Child Learns 
SECTION 3			ANNEX
End Child Marriage 	Water, Sanitation and Hygiene 	Early Childhood Development 	Glossary of Terms and Concepts 



"...the benefits of gender equality go beyond their direct impact on children. Without it, it will be impossible to create a world of equity, tolerance and shared responsibility – a world that is fit for children."

The State of the World's Children 2007

ACRONYMS

CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
C4D	Communication for Development
CO	Country Office
COAR	Country Office Annual Report
CPD	Country Programme Documents
CRC	Convention on the Rights of the Child
CSOs	Civil Society Organizations
DHS	Demographic and Health Surveys
ECD	Early Childhood Development
FGM/C	Female Genital Mutilation/Cutting
GAP	Gender Action Plan
GBV	Gender-Based Violence
GEM	Gender Equality Marker
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HQ	Headquarters
INGOs	International Non-Governmental Organizations
KAP	Knowledge, Attitudes and Practices
M&E	Monitoring and Evaluation
MHM	Menstrual Hygiene Management
MICS	Multiple Indicator Cluster Survey
MODA	Multiple Overlapping Deprivation Analysis
MTR	Mid Term Review
NGOs	Non-Governmental Organizations
OECD	Organisation for Economic Co-operation and Development
RAM	Result Assessment Module
RO	Regional Office
SDGs	Sustainable Development Goals
SitAn	Situation Analysis
SRHR	Sexual and Reproductive Health and Rights
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UPR	Universal Periodic Review
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

INTRODUCTION TO THE TOOLKIT

Purpose of the toolkit

The concepts, process and benefits of integrating gender equality issues have not always been sufficiently understood and incorporated into UNICEF's programming across South Asia. This toolkit is a step towards strengthening the institutional and individual capacity to undertake gender mainstreaming in UNICEF's programmes and to advance policy commitments on gender equality. This toolkit provides practical guidance to assist UNICEF staff to effectively integrate gender into all aspects of their work and all stages of the programme cycle. The empowerment of women and girls is most effective if gender is a primary focus of all interventions – starting with assessment, analysis and design phases and through to implementation, monitoring and evaluation. This toolkit is intended to be adapted to the goals and objectives of interventions in each country context, and used alongside other UNICEF's guidance notes.

Who is this toolkit for?

This toolkit has been prepared for UNICEF professionals at all levels in the South Asia region, working on gender interventions at national and subnational levels including gender focal points and specialists, non-gender specialists, management, sector staff and planning, monitoring and evaluation (PME) teams. It may also be a useful resource for government stakeholders working closely with UNICEF and for implementing partners working towards gender equality.

Inside the toolkit

The toolkit is composed of three sections. **Section 1** takes a broad look at gender integration in programming and UNICEF's approach to gender equality. **Section 2** provides practical steps on integration of gender across the UNICEF Country Programme Development (CPD) cycle. **Section 3** comprises six modules that offer guidance on gender integration across the UNICEF South Asia Regional Headline Results and its Complementary Results covering health, nutrition, education, child protection, water, sanitation and hygiene (WASH) and Early Childhood Development (ECD). Gender indicators are found in each of these modules. Finally, the **Annex** includes a glossary of gender-related terms and concepts.



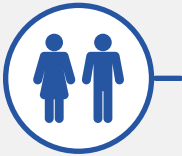
SECTION 1

GENDER CONCEPTS AND UNICEF'S GENDER COMMITMENTS

I. ESSENTIAL GENDER CONCEPTS

Familiarize UNICEF programme officers and practitioners with the specialized vocabularies associated with gender equality and bring conceptual clarity on the themes are essential to the design, implementation and evaluation of UNICEF programmes. Below are some key definitions of gender terms that will be helpful in utilizing this toolkit. More definitions and terms are available in the separate **Annex : Glossary of Terms and Concepts**.

KEY GENDER TERMS



Sex and Gender

The term “sex” is defined to mean the biological differences between women and men. “Gender” refers to the social relationships between women, men, girls and boys that vary from one society to another and at different points in history.



Gender roles

Gender roles are learned from the time of birth and are reinforced by parents, teachers, peers and society. These gender roles are based on the way a society is organized and vary by age, class and ethnic group.



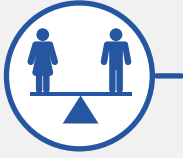
Gender norms

Gender norms are the accepted attributes and characteristics of male and female gendered identity at a particular point in time for a specific society or community. They are the standards and expectations to which gender identity generally conforms, within a range that defines a particular society, culture and community at that point in time. Gender norms are ideas about how women, men, girls and boys should be and act. Internalized early in life, gender norms can establish a life cycle of gender socialization and stereotyping.



Gender relations

Gender relations have to do with the ways in which a culture or society defines rights, responsibilities and the identities of women, men, girls and boys in relation to one another. Gender relations refer to the balance of power between women and men or girls and boys.



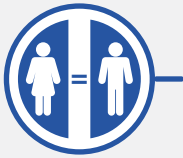
Gender equality

Gender equality is a transformational development goal. It is understood to mean that women (girls) and men (boys) enjoy the same status on political, social, economic and cultural levels. It exists when women (girls) and men (boys) have equal rights, opportunities and status.



Gender equity

Gender equity is the process of being fair to both women (girls) and men (boys) in distribution of resources and benefits. This involves recognition of inequality and requires measures to work towards equality of women (girls) and men (boys). Gender equity is the process that leads to gender equality.



Gender parity

Gender parity is a numerical concept. Gender parity concerns relative equality in terms of numbers and proportions of women and men, girls and boys. For example, the ratio of girls and boys enrolled in school.



Empowerment

Empowerment is about women, men, girls and boys taking control over their lives: setting their own agendas, developing skills (including life skills), building self-confidence, solving problems and developing self-reliance. The process of empowerment enables women, men, girls and boys to question existing inequalities as well as act for change.



Gender analysis

Gender analysis is an organized approach for considering gender issues through the entire process of programme or organizational development. This requires sex-disaggregated data and ensures that development projects and programmes incorporate roles, needs and participation of women, men, girls and boys.

Gender mainstreaming



Gender mainstreaming is the process of assessing implications for women, men, girls and boys of any planned action including legislation, policies or programmes at all levels. It refers to a strategy for making women's, men's, girls' and boys' concerns and experiences an integral dimension of design and implementation, monitoring and evaluating policies and programmes in all political, economic and societal spheres so that women and girls can benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality.

Practical needs



Practical needs are immediate perceived needs such as water, shelter, clothing, basic health care and food. They are based on women's and girls' existing roles (within the gender division of labour) and do not challenge their subordinate position. These needs arise from and reinforce women's and girls' reproductive and productive roles.

Strategic needs



Strategic needs are long-term in nature and often related to structural changes in society. These are identified based on an analysis of women's and girls' subordination in society, and when addressed, should lead to the transformation of the gender division of labour and challenge the power relations between women and men, girls and boys.

II. THE SUSTAINABLE DEVELOPMENT GOALS (SDGS) + GENDER

The Sustainable Development Goals (SDGs) seek to change the course of the 21st century, addressing key challenges such as poverty, inequality and violence against women and girls. Women's and girls' empowerment is a pre-condition for this. Therefore, achieving gender equality and women's and girls' empowerment is a stand-alone goal - **Goal 5** - of the SDGs. It is also part of all the other goals, with many targets specifically recognizing women's and girls' equality and empowerment as both the objective and part of the solution.



SDG 5: Achieve gender equality and empower all women and girls

<p>End all forms of discrimination against all women and girls everywhere.</p>	<p>Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.</p>	<p>Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.</p>
<p>Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.</p>	<p>Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision making in political, economic and public life.</p>	<p>Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.</p>
<p>Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws.</p>	<p>Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women.</p>	<p>Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels.</p>

III. UNICEF'S COMMITMENTS TO GENDER EQUALITY

UNICEF's work and gender

Gender equality programming – both targeted gender programmes and mainstreaming gender across programmes – is critical and central to UNICEF's work. It is not possible for UNICEF to realize its mission of advocating for the protection of children's rights, of helping to meet their basic needs and expanding their opportunities to reach their full potential without promoting and attaining gender equality in the programming.

Advancing gender equality and the rights of women and girls is essential to realizing the rights of all children. Children's rights and well-being often depend on women's rights and well-being, and childhood investments in gender equality contribute to lifelong positive outcomes for children and their communities. Thus, UNICEF promotes the equal rights of girls and boys, women and men and supports their full participation in the social, political and economic development of their communities at every turn.

UNICEF is committed to meet the standards of international laws, commitments and donor requirements in gender equality. In integrating gender equality throughout its work, UNICEF's work is grounded in the Universal Declaration of Human Rights, the Convention on the Rights of the Child (CRC), the Convention on the Elimination

of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of Persons with Disabilities, and is anchored in the landmark Beijing Declaration and the Beijing Platform for Action. See separate **Annex : Glossary of Terms and Concepts, (page 20)** for further details on the above and other International Conventions and Agreements.

UNICEF addresses the human rights principles of equality and non-discrimination: gender-based discrimination is one of the most ubiquitous forms of discrimination that children face. Thus, UNICEF promotes equal outcomes for girls and boys, and its policies, programmes, partnerships and advocacy efforts seek to contribute to poverty reduction and the achievement of the SDGs through result-oriented, effective, innovative and well-coordinated action that achieves the protection, survival and development of girls and boys on an equal basis.

UNICEF's global Gender Action Plan

UNICEF's global **Gender Action Plan (GAP) 2018-2021** is UNICEF's road map for supporting the achievement of gender equality goals in conjunction with partners and national stakeholders, as outlined in the 2030 Agenda for Sustainable Development and the SDGs. Building on the preceding GAP 2014-2017, it

articulates the organizational emphasis on equity as it relates to gender-based inequalities, especially as the deprivations women and girls face increase multifold when they are also disadvantaged by poverty, ethnic identity, geographic location, disability, and/or fragile and crisis conditions.

The GAP Programmatic Framework elaborates on the **13 gender result areas** that are integrated across the five goals of the UNICEF Strategic Plan 2018-2021 (see **next page**). In the GAP, these 13 results are set along two tracks:

1) Integrated Gender Results (8 results)

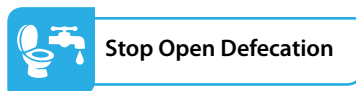
– where gender is embedded across UNICEF programming sectors (health, nutrition, education, child protection, water, sanitation and hygiene (WASH), and social policy); and

2) Targeted Gender Results (5 results)

- areas that focus on the empowerment and well-being of adolescent girls.

The GAP provides indicators for measuring success and specifies the steps UNICEF undertakes to improve institutional effectiveness in implementing programmatic work on gender equality, through commitment of resources and strengthening of staffing, capacity and systems. Gender equality is integrated in both programmatic results and institutional systems and processes.

UNICEF in South Asia is committed to equality for all. The agency promotes and advocates for gender equality within its **six key Regional Headline Result** areas:



Gender equality efforts in the region are underpinned by the GAP 2018-2021, which is aligned with the Strategic Plan 2018-2021, UNICEF's Policy on Gender Equality and the Empowerment of Girls and Women (2010) and Sustainable Development Goal 5: Achieve gender equality and empower all women and girls.

Access to UNICEF's documents

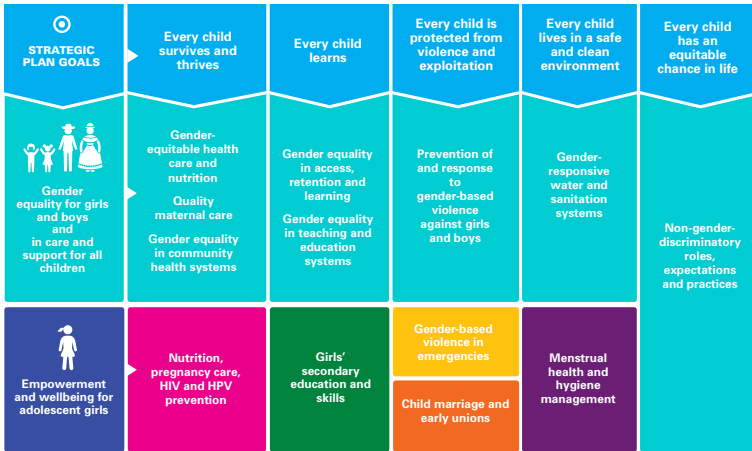
- **Gender Action Plan 2014-2017**
- **Gender Action Plan 2018-2021**
- **Strategic Plan 2018-2021**
- **Gender Policy 2010**
- **Gender Programmatic Review Tools 2018**

GENDER ACTION PLAN

The **Gender Action Plan (GAP)** is a roadmap for promoting gender equality throughout UNICEF's work, in alignment with the organization's **Strategic Plan (2018-2021)** and in support of its contributions to achieving the **Sustainable Development Goals**.

GENDER RESULTS IN PROGRAMMES

Gender equality outcomes across all goals of the Strategic Plan, spanning development and humanitarian contexts



Five targeted priorities for adolescent girls' empowerment and wellbeing

Tackled together and at scale, innovative programming in the five interlinked priorities for adolescent girls can transform their lives and support them to reach their full potential.

MAKING UNICEF A MORE GENDER-RESPONSIVE ORGANIZATION

GAP programming principles • at-scale • innovative • evidence-based/data-generating • expert-led • well-resourced

Using high quality gender data and evidence to analyze barriers and bottlenecks to equality and design gender-responsive programmes.

Strategic partnerships for stronger results and greater reach.

Investing resources to achieve results at scale.

UNICEF's GenderPro builds capacity of Gender Focal Points, Gender Specialists and Sectoral Specialists.

Increase diversity and gender parity among staff, with more women in senior roles.

Accountability through strong leadership, monitoring and oversight.

48 indicators from the Strategic Plan track programme results, 7 indicators track institutional results.

IV. GENDER MAINSTREAMING TOWARDS GENDER EQUALITY



1. What is gender mainstreaming?

Gender mainstreaming is a comprehensive approach that targets sustainable development through and for gender equality. It is a process and a strategy to reach gender equality. It involves the integration of a gender perspective into the preparation, design, implementation, monitoring and evaluation of policies and programmes with a view to promoting equality between women and men, girls and boys, and combating discrimination.

The Fourth International Conference on Women held in Beijing (1995), established gender mainstreaming as an internationally agreed strategy for promoting gender equality, following which the United Nations General Assembly adopted a resolution establishing gender mainstreaming as a United Nations system-wide policy, further defined in 1997 by the United Nations Economic and Social Council (ECOSOC) as:

“Mainstreaming a gender perspective is the **process** of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a **strategy** for making women’s as well as men’s concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetrated. The ultimate goal is to achieve gender equality.”

(United Nations Economic and Social Council Resolution 1997/2: Agreed Conclusions, ECOSOC, 1997)



Gender mainstreaming is **NOT** the goal itself, but rather a **PROCESS** or a **STRATEGY** for achieving the goal of gender equality.

Mainstreaming gender equality is about more than just understanding different needs of diverse women, men, girls and boys. It is also about understanding the ways in which the different roles and expectations within a society dictate what it means to be male and female and subsequently, how this shapes context and the situation in which programming is conducted. Gender mainstreaming is about applying knowledge of gender to implement more effective programmes and to take opportunities to promote equality between women and men, girls and boys.

Gender mainstreaming is done at the three levels (1) policy; 2) institution/organization; and 3) programme and project and based on the following principles:

SEVEN PRINCIPLES OF GENDER MAINSTREAMING



Apply a gender lens to existing structures, processes and culture



Recognize needs and interests of women and men, girls and boys as different and equal



Women and men work together to rebalance access and control over resources and power



Political will, support and commitment from the top to lead and authorize process



Ownership and commitment by all stakeholders necessary for gender mainstreaming



Gender adviser/team/focal point to support and promote gender skills and approaches but overall responsibility for gender mainstreaming and implementation lies with all staff



All staff involved in implementation need to be gender-aware

2. What causes gender inequality?



There is no one cause of gender inequality that can be isolated. Rather, gender inequality works like a spiral whereby inequality in one place gives momentum to inequalities in other areas. It requires a multi-pronged approach to address the issues.

Social institutions such as social norms, values and attitudes about gender roles are deeply rooted and play a key role in perpetuating gender inequalities. In many cases, these values often include the belief that women and girls are inferior or weaker than men and boys, that women are poor decision makers, that men have no role or skills for raising children, that having a son is a better economic and social value than having a girl child. While gender roles and conventions have changed through the years, gender discrimination, gender stereotypes and pervasive gender norms have been perpetuated.

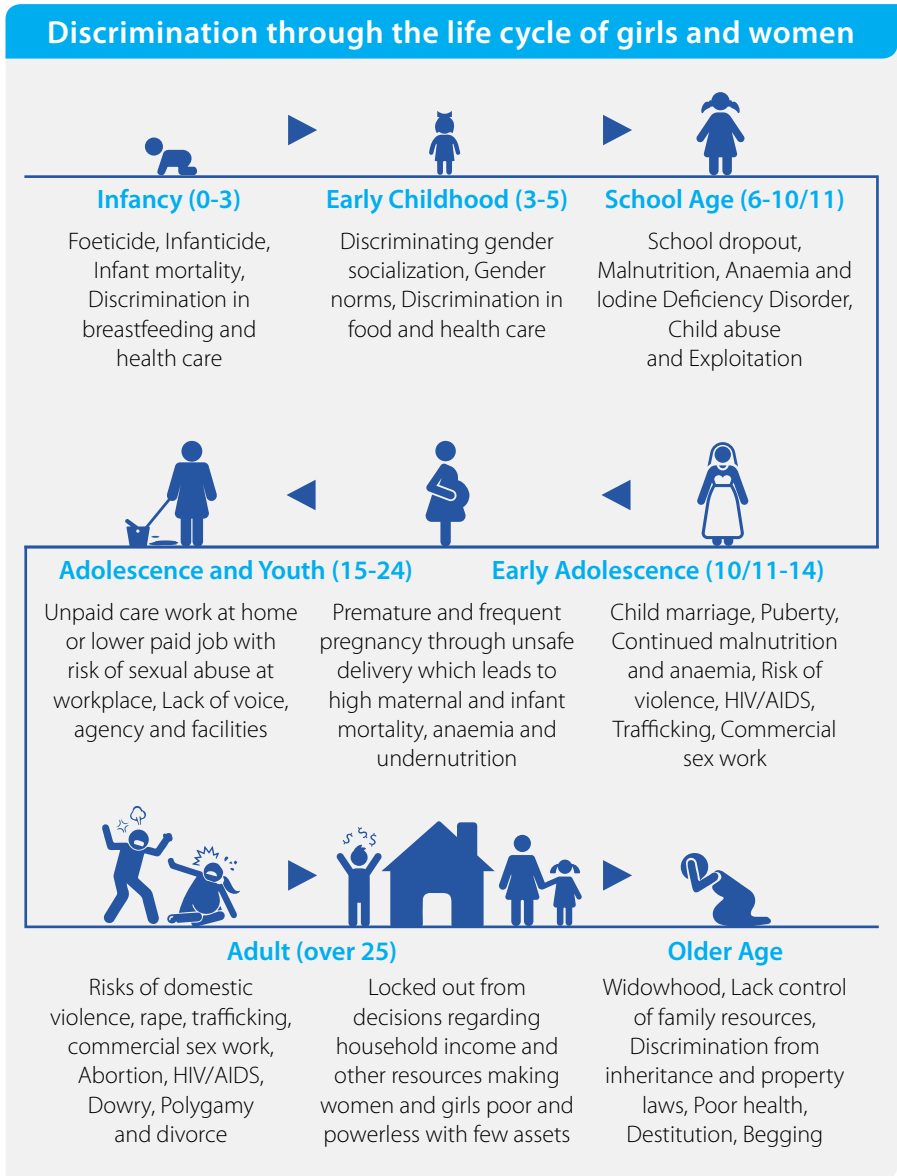
The Organisation for Economic Co-operation and Development's (OECD) **Social Institutions and Gender Index (SIGI)**, launched in 2009, was the first attempt to capture, quantify and measure some of the social institutions that discriminate against women and girls. The SIGI is composed of five sub-indices which each represent a distinct dimension of discrimination against women and girls: **1) Discriminatory family code; 2) Restricted physical integrity; 3) Son bias; 4) Restricted civil liberties; and 5) Restricted resources and entitlements** as illustrated below.

The Composition of the OECD's Social Institutions and Gender Index (SIGI)

1. Discriminatory Family Code	2. Restricted Physical Integrity	3. Son Bias	4. Restricted Civil Liberties	5. Restricted Resources and Entitlements
<ul style="list-style-type: none"> • Legal age of marriage • Early marriage • Parental authority • Inheritance 	<ul style="list-style-type: none"> • Violence against women • Female genital mutilation • Reproductive autonomy 	<ul style="list-style-type: none"> • Missing women • Fertility preferences 	<ul style="list-style-type: none"> • Secure access to land • Secure access to non-land assets • Access to financial services 	<ul style="list-style-type: none"> • Access to public space • Political voice
Social institutions that limit and restrict women's decision-making power and status in household and family	Social institutions that limit and restrict women's and girls' control over their bodies	Social institutions that foster intra-household bias towards sons and the devaluation of daughters	Social institutions which restrict women's access to, control of, and entitlement over economic and natural resources	Social institutions that restrict women's access to, participation and voice in the public and social spheres

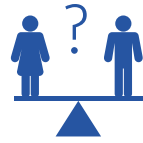
[Source: OECD (2014). *Social Institutions and Gender Index: Synthesis Report.*]

Gender inequality not only impacts on women's and girls' rights but in turn on the development of girls and boys. An illustration below describes how gender discrimination and gender socialization start at birth, affect the girls' and women's whole life course and are transmitted onto the next generation.



3. How can gender equality be achieved?

The causes of gender inequality are deep-rooted and complex, and achieving equality between women and men, girls and boys is not a short-term or even medium-term goal. This is a long-term process that should be judged according to the progress it continues to make. Progress requires addressing all the factors that contribute to inequalities in effort to gradually lead to a shift in norms and value as follows.



Key components to achieve gender equality



Positively rebuilding norms, values and attitudes.



Increasing awareness and education about the costs of gender inequality and the hidden ways that it adversely affects everyone in society.



Reviewing and amending laws and policies to be equitable and inclusive.



Transforming institutions and institutional practices that perpetuate gender-based power structures, discrimination and barriers including everything from hiring practices, educational curricula to decision-making processes at national and community levels.



Breaking down gendered divisions of labour that dictate what is appropriate for women, men, girls and boys to do.

V. ENGAGING MEN AND BOYS TO ACHIEVE GENDER EQUALITY

Obviously, gender equality is a women's and girls' issue because it directly affects women and girls, and they most often suffer disproportionately from gender inequality. However, gender equality is not only a women's and girls' issue but also concerns and requires the full engagement of men and boys. If only women or girls are involved in discussing and addressing gender inequality, the solutions will not work. This is both because women and girls represent only a partial perspective of society, and because most often women and girls are not in the decision-making positions necessary to implement the solutions. Women and men, girls and boys have to be equal stakeholders and equally committed to solutions in order for them to be accepted both formally and in practice.

Moreover, while some problems and challenges are more pressing for women and girls than others (e.g., receiving equal pay for equal work or domestic violence), men and boys also face specific problems and challenges that require special attention (e.g., masculinity expectations and norms, socio-emotional needs, substance abuse and disorders, etc.).

Other added values of engaging men and boys in gender-responsive programming include:

1) Promoting human rights since gender equality is a human right and a

Added value of engaging men and boys



Promoting human rights



Increasing entry points



Advancing development goals



Equitable partnership



Involving male leaders

condition for the full realization of rights of women, men, girls and boys;

- 2) **Increasing entry points** for exposing gender-blind policies and practices;
- 3) **Advancing development goals** such as a reduction in gender-based violence (GBV) and HIV/AIDS and improved health by complementing ongoing work for the advancement of women and girls;
- 4) **Enhance equitable partnerships** by changing power dynamics between women (girls) and men (boys) and shared decision making within households which may contribute to social stability and more sustainable livelihoods; and
- 5) **Influence male leaders** such as cultural and religious leaders to transform men's and boys' perspectives on gender equality (whether at the community, national or international level).

There are several strategies for working with men and boys on gender equality that have been proven to be effective. These include 1) mobilizing men, boys and communities to campaign for changes in government policy, legal justice systems and corporate practice, armies and other institutions of male power; 2) encouraging men and boys to speak in public debates around gender justice and to serve as role models for men and boys as partners; 3) fostering dialogue and building of alliance with and by men and boys; and 4) building capacity of women and men, girls and boys to bring results on gender equality and human right.

Checklist on engagement of men and boys in gender mainstreaming programming

- Do programmes empower women and girls while also drawing in men and boys in gender-transformative ways?
- Are men and boys drawn in as leaders and active participants and not dismissed or marginalized as potential opponents to change?
- Do programmes allow men and boys to develop a greater personal stake in gender equality and to see how their lives may change in welcome ways?
- Do initiatives give opportunities to men and boys to rethink issues related to masculinity?
- How can behavior change and learning environments for men and boys be created?

SUMMARY



Gender is a relational term used to describe socially determined differences between women's and men's, girls' and boys' roles, attitudes, behaviour and values as perceived in a given societal context. Sex is a biological difference.

Gender is NOT synonymous with just women and girls and NOT just for action or the benefit of women and girls only.



Women, men, girls and boys all must be involved to advance gender equality and societal transformation.

Not all women and girls are the same as inequalities, needs and barriers differ across caste, ethnicities, age, location, wealth quintile, literacy levels, marital status, special needs (such as disability) and conflict conditions.



Gender mainstreaming is about addressing gender issues across all sections, sectors and levels in any planned action including legislation, policies and programmes.

Gender mainstreaming should consider needs of all women and men, girls and boys equally.





SECTION 2

PRACTICAL STEPS FOR GENDER MAINSTREAMING

INTRODUCTION

Improving UNICEF's programme strategies and systems to be more gender-responsive is a core objective for achieving results and is necessary for UNICEF to meet its organizational commitments to gender equality. When gender mainstreaming is successfully implemented, women and men, girls and boys benefit equally from development processes. In operational terms, gender mainstreaming allows policymakers and practitioners not only to focus on the outcomes of gender equality but also to identify and address the processes that cause it.

The basis of gender mainstreaming is a **gender analysis**. It is the first and the most critical step: it precedes any gender mainstreaming action and will help determine areas and methods of intervention. Without conducting a gender analysis, it is not possible to be certain that an intervention really can contribute to the promotion of gender equality and socially-just human development. Because there is no set "recipe" for attaining gender equality, it is crucial to have a full understanding of the gender issues in any given situation – and these situations differ. This ensures that policies and programmes are not based on incorrect assumptions and stereotypes but on everyday life situation of women, men, girls and boys.

This section explains what gender analysis is and how to conduct gender analysis in UNICEF's programme cycle. The gender mainstreaming process is divided into **six stages: 1) Planning (including assessment and analysis); 2) Programme design; 3) Implementation; 4) Monitoring; 5) Evaluation; and 6) Reporting of the results and lessons learned** and each stage is described in this section 2.

When to use Section 2?

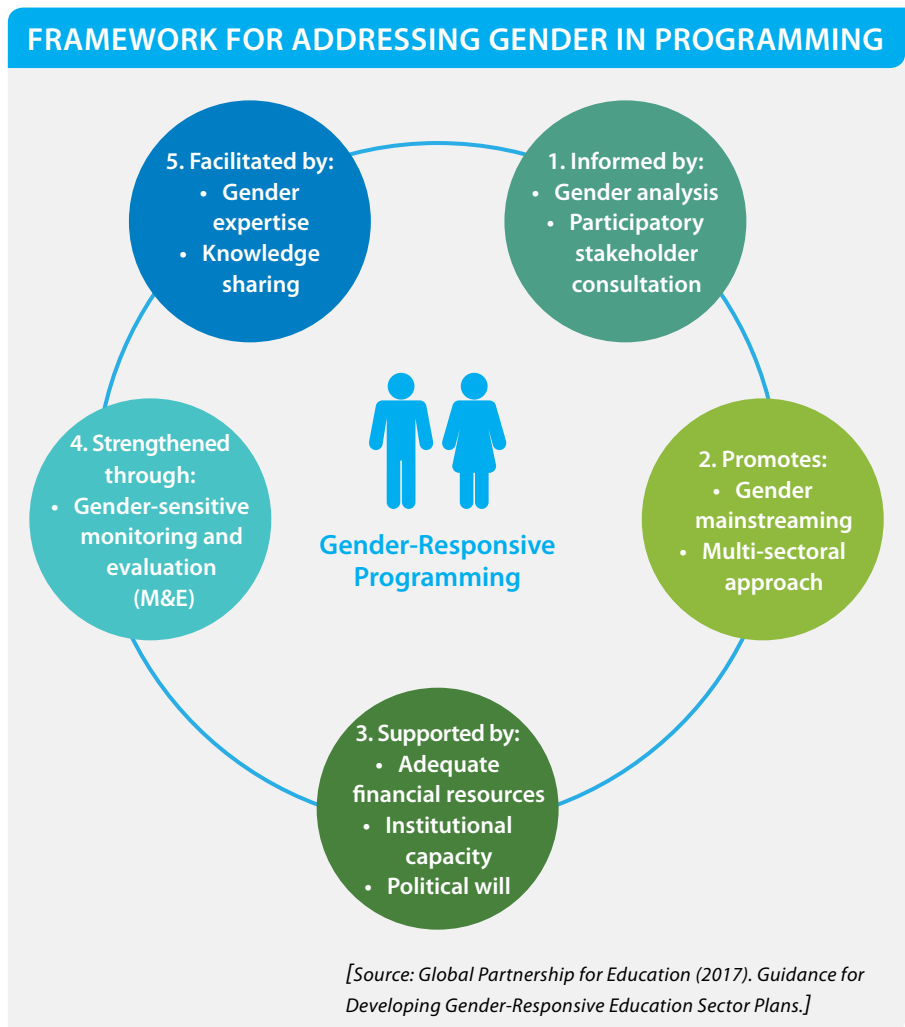
- When developing a new Country Programme Document (CPD), Annual and Mid-Term Review (MTR) or/and undertaking a Gender Programmatic Review (GPR).
- At any stage in the country programme cycle.
- For a quick introduction or refresher on what gender mainstreaming and gender analysis is all about.

Who should use Section 2?

- UNICEF staff
- UNICEF partners

I. FRAMEWORK FOR GENDER MAINSTREAMING PROGRAMMING

As mentioned in the Section 1, gender mainstreaming is an essential cornerstone of good development practice and every staff has a role to play in facilitating gender mainstreaming across programmes. The following framework shows key elements that can help ensure policies and programmes to be gender-responsive. The next page explains in details how each component contributes to gender-responsive programming.



Gender-responsive programming¹ is:

1. Informed by:

- **Gender analysis**

Gender analysis provides the necessary information base for gender mainstreaming. Gender analysis reveals the qualitative and quantitative differences relating to the way women and men, girls and boys are treated in any context. Gender analysis looks at the different roles and responsibilities of women and men, girls and boys, the resources available to them and their control over these resources.

This involves being sensitive to context and knowing about the broader economic and political environment, including laws and policies as they affect women, men, girls and boys (sometimes differently) as well as customary practices and norms in individual countries. It also requires understanding on how gender and social relations differ according to the specific cultural, economic, political and social context of countries (for example, fragile, conflict-affected or middle-income).

In order to effectively serve the gender mainstreaming process, gender analysis should be conducted using participatory methods and obtaining qualitative information as well as quantitative data disaggregated by sex and age, competent analysis of this information from a gender

perspective. Analysis from a gender perspective needs to be based on relevant established theories about gender relations. Formulating good gender questions will point the analysis in the most productive direction. See page 35 of this section for a set of gender analysis questions.

Finally, the analysis should include relevant conclusions about the causes and effects of any gender disparities it uncovers. Describing the situation is important, but analysing the implications of this description is key to successful gender analysis.

- **Participatory stakeholder consultation**

Participatory stakeholder consultation is important from a gender perspective. Consulting with a diverse range of stakeholders (such as civil society, relevant ministries and community and religious leaders), as well as the partners who will be in charge of implementing the plan at the local level—and represented by women, men, girls and boys—and hearing their views during programme planning, design, monitoring and evaluation (M&E) will help ensure their different needs and priorities are understood and addressed. This may at times mean actively promoting and supporting the involvement of women and girls in planning and decision making and ensuring that men and boys support this effort.

2. Promotes:

• Gender mainstreaming

By using two approaches:

1. Gender-targeted actions:

Inclusion of clear, realistic and appropriate strategies, interventions, targets and quotas for women's, men's girls' and boys' participation in different levels of programme outcomes, based on sex- and gender-disaggregated analysis and baseline data.

2. Gender integration:

Ensuring that gender concerns cross-cut all areas of each sector and are an integral part of the vision and goals, the overall design, financing, implementation arrangements, and monitoring and evaluation (M&E) mechanisms.

• A multi-sectoral approach

Recognizes the broader issues of gender discrimination and social norms, the origins of which often lie outside of the sector in the wider political, economic, social and legal environments. Highlights how each sector can play a role in addressing these disadvantages.

3. Supported by:

• Adequate financial resources

Financial resources are essential to systematically integrate gender in the programme. Their successful implementation requires strategic commitment in terms of human and financial resources.

• Necessary institutional capacity and political will

Programming to achieve gender equality is most likely to succeed if they are the result of a process led by the government with active participation by all national stakeholders, and if the gender approach and strategy are understood and fully owned by the ministries and departments that will implement the plan. This usually involves assigning responsibility to specific actors and creating and following an implementation timeline. Assessing the capacity of sector stakeholders to analyse, identify and address gender issues during the programme development process and appraisal is recommended, as is building into the budget any resources required for capacity building.

Finally, because planning implementation depends on a wide range of actors at different levels (centralized and decentralized), it is important that capacity at all levels be addressed. To that end, planning the interventions is itself a form of capacity development, making the process of programme preparation as important as the final product.

4. Strengthened through:

• Gender-sensitive monitoring and evaluation (M&E)

In the monitoring and evaluation (M&E) plan, objectives and indicators should reflect the anticipated changes and benefits for women and men, girls and boys, and regular monitoring assesses whether planned targets and objectives are being met. In order for the M&E to be gender-sensitive, it is crucial that all relevant data be sex- and age-disaggregated with additional relevant gender-sensitive indicators.

5. Facilitated by:

• Gender expertise

Relevant technical expertise can make it easier for planning teams to implement the preceding gender framework elements in a structured manner. Planners and other stakeholders may decide to seek help from gender experts to promote and facilitate advocacy work on gender equality and assist with integrating gender into the programme. Experts can be selected to provide general guidance on gender integration and gender in a specific sector, as well as input on areas of particular importance in a given country.

• Knowledge sharing

Documenting and recording lessons learned and best and innovative practices related to gender mainstreaming enable planners and practitioners to learn from the experiences of others and will help to apply and improve their own work.

[Excerpted from Global Partnership for Education (2017). Guidance for Developing Gender-Responsive Education Sector Plan.]

II. CONDUCTING A GENDER ANALYSIS

Gender analysis is the starting point and a core activity for facilitating gender mainstreaming. It can take several steps but basically, a gender analysis refers to the methods (tools) for collecting and processing information about the similarities and differences in the conditions, needs, participation rates, access to resources and development, control of assets, decision-making powers, etc., between women and men, girls and boys in their assigned gender roles. The following section will help to understand what a gender analysis is, when and how to conduct it.

1. WHAT is a gender analysis?



Gender analysis is defined in different ways in different contexts. At its most basic level, **gender analysis is the collection and analysis of quantitative data (numbers, percentages, proportions, ratios) and qualitative information (preferences, beliefs, attitudes, behaviours, values, scope, etc.) through gender lens.**

It is a systematic methodology for examining the differences in roles and norms between women and men, girls and boys; the different levels of power they hold; their differing needs, constraints and opportunities; and the impact of these differences in their lives.

A gender analysis is consisted of **three basic components**:



Gender- and sex-disaggregated data and information (both quantitative and qualitative)



Analysis (what does the information mean)



Gender perspectives (analyse the differences between women and men, girls and boys)

Remember, “analysis” can occur on many different levels. It can be an analysis that can be done at desk when planning a programme or a project, or it can be an in-depth research and analysis that can be contracted out with partners and communities.

2. WHY conduct a gender analysis?



Gender analysis is useful to reveal the nature and extent of gender inequalities and discrimination against women and girls including men and boys. In concrete, gender analysis supports:

1

To avoid making assumptions about the lives of women and men, girls and boys; instead understanding their different needs, roles, status, access to resources, interests, capacities, power and priorities.

2

To understand why those differences exist and obtain a thorough understanding of an issue and/or situation, in which all groups within a population are considered.

3

To understand how the cultural, economic and legal environment places women and girls (or men and boys) at a disadvantage in terms of opportunities throughout their lives, and the linkages between inequalities at different societal levels.

4

To understand how these differences may prevent women and girls as well as men and boys from participating in or benefiting from programmes/projects.

5

To recommend specific actions to meet the needs of women, men, girls and boys in an equitable manner including addressing gender discrimination, gender-based violence (GBV) and discriminatory gender norms.

6

To monitor and evaluate the progress achieved in closing the gaps between women and men, girls and boys in their ability to access and benefit from an intervention as well as reducing gender discrimination.

3. WHEN to conduct a gender analysis?



Gender analysis is best applied at the earliest stage of a programme/project or activity to inform and develop the identification, design and planning of the most appropriate intervention.

On the other hand, gender analysis provides information and data on the differential impact of a specific programme or activity on females and males and on gender relations. Thus, gender analysis is also vital throughout the entire development process from initial design of a programme/project to implementation and monitoring and evaluation (M&E).

Overall, a gender analysis can be used when a comprehensive situational analysis needs to be developed or increase understanding of gender issues and challenges in a specific country/context. The **next page** describes how gender analysis looks like in a programme/project/policy cycle.

BOX 1

“Sex-Disaggregated” Data vs. “Gender-Disaggregated” Data

When analysing the data, it is important to collect and analyse both **sex-disaggregated data** and **gender-disaggregated data**.

- **Sex-disaggregated data:** It is broken down by sex.
- **Gender-disaggregated data:** In addition to being broken down by sex, it is also produced taking into consideration the different socio-economic realities women (girls) and men (boys) face in society. The types of data being collected or how data questions are formulated considering existing gender concerns and differentials.

See a table on **page 27** as an example of the differences between sex-disaggregated data and gender-disaggregated data in actual settings.

How gender analysis looks like in a project/programme/policy cycle

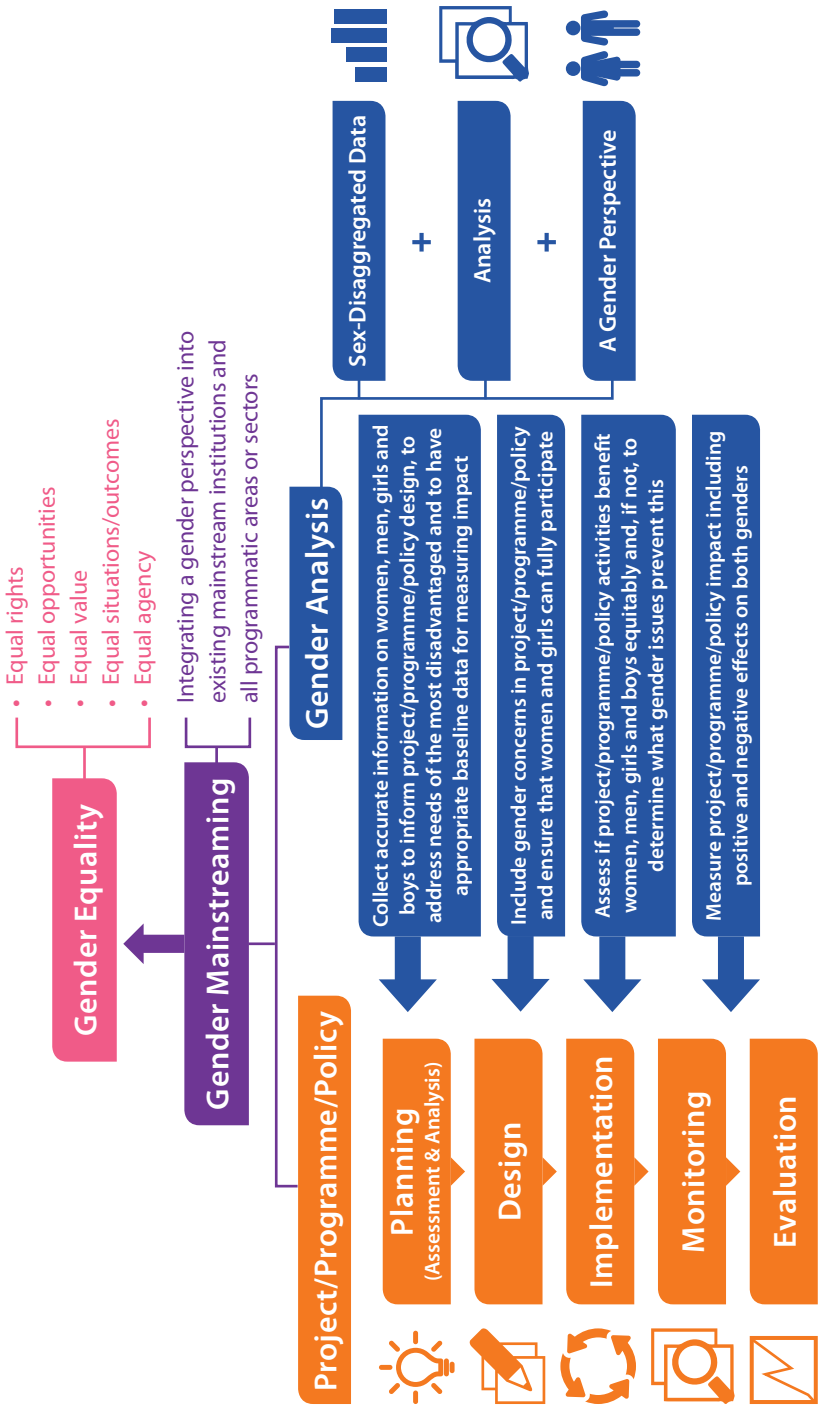


Table to illustrate the distinction between sex-disaggregated data and gender-disaggregated data²

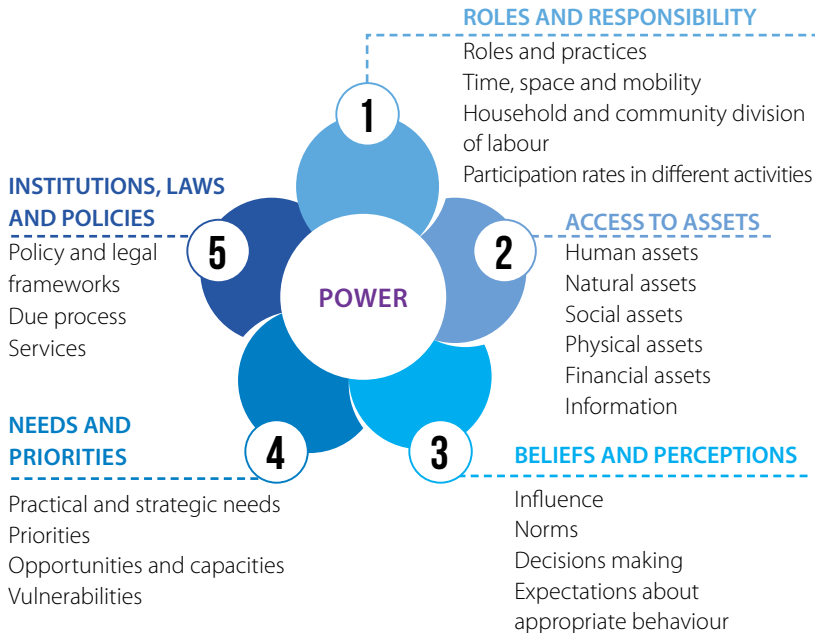
Example: A school with total enrollment of 100 children		
Girls	Boys	Implications
Statistics disaggregated by sex		
40	60	There are more boys than girls in the school.
Gender Data		
10 of 40 are from poor households (25%)	35 of 60 are from poor households (55%)	Poor households make more effort to educate their sons.
Of the ten girls from poor households, 1 girl is from a Muslim family	Of the 35 boys from poor households, 22 are from Muslim families	Must be correlated with proportion of Muslim families in the population at large. Indicates that Muslim families place additional importance on boys' rather than girls' education. Special measures may need to be taken to educate parents about the value of girls' education and support girls' access to school.
Girls are absent from school when babies are born	Boys are absent from school in the dry season to dig ditches	The dry season happens at the same time every year. Teachers can therefore plan the curriculum around those absences. Pregnancies and births are random, so girls are at a disadvantage even if the total days absent are equivalent.
30% are malnourished	20% are malnourished	This tells us how girls are treated at home relative to boys. Nutritional level affect learning and retention. Boys and girls may both be able to attend school, but they cannot access the opportunity equally if girls are more malnourished relative to boys.
Domestic work takes 4 hrs before and after school including water and firewood collection, cooking, cleaning, sibling child care and selected agricultural tasks	Domestic work takes 30 minutes after school, herding cattle	This has implications for homework. It has implications for discussion of entitlements in relation to leisure time as a resource. Men's (boys') privilege is often embedded in their position, and invisible to the men (boys) who experience it. Making this privilege visible is a characteristic outcome of gender-specific data and its use in development decision making.
Parents not supportive of progress of girls on to high school (e.g. only 38% of girl students' parents interviewed responded positively)	Parents are determined sons will go to high school (e.g. 77% of boy students' parents interviewed responded positively)	Without family support, social policy interventions or development, project-specific inputs may not be long-term or yield lasting change. Work with parents and village/community leaders is a possibility. Multiple strategies are usually needed to make the necessary structural changes – building on the concept of social relations, the network of community relationships, etc.

4. WHAT to consider in a gender analysis?



One way to approach the analysis of data and information from a gender perspective is by asking “gender analysis questions.” The following figure suggests **five basic domains** to consider when collecting information and data for a gender analysis.

GENDER ANALYSIS FRAMEWORK



[THE FIVE DOMAINS OF THE FRAMEWORK]

1. ROLES AND RESPONSIBILITY: The norms that influence women's (girls') and men's (boys') behaviour structure and the type of activities they engage in and their roles and responsibility.

2. ACCESS TO ASSETS: How gender relations affect access to resources necessary for a person to be a productive member of society.

3. BELIEFS AND PERCEPTIONS: Draws from cultural belief systems or norms about what it means to be a women or men in a specific society. These beliefs affect women's (girls') and men's (boys') behavior, participation and decision-making capacity.

4. NEEDS AND PRIORITIES: Differences of needs (both practical and strategic gender needs) between women and men, girls and boys.

5. INSTITUTIONS, LAWS AND POLICIES: Focuses on information about women's (girls') and men's (boys') different formal and informal rights and how they are affected by polices and rules.

POWER: Pervades all domains and informs who has, can acquire, and can expend assets and decisions over one's body.

[Excerpted from Jhpiego (2016). Gender Analysis Toolkit for Health Systems.]

5. HOW gender analysis informs programming?

Gender analysis is a way to gain clarity on the gender dimensions of development issues and decisions and is essential to all development programming. It ensures that the needs and rights of women, men, girls and boys are respected and addressed in all aspects of programming and funding allocations. There are seven essentials to keep in mind when conducting gender analysis and these information which will be drawn from gender analysis contributes to make programme/project more gender-responsive.

6 Strategy

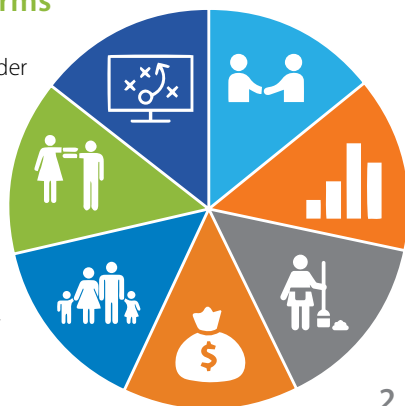
Decide the strategies and resources required to address the gender barriers and constraints.

7 Capacity

Assess counterpart/partner capacity for gender-sensitive planning, implementation and monitoring, and develop strategies to strengthen capacity.

5 Gender norms

Understand the complexity of gender relations in the context of social relations and gender norms and how these limit or provide opportunities for addressing gender inequality.



1 Data

Collect sex- and gender-disaggregated data that reflects household, wealth quintile, location and ethnicity information relevant to the context and programme/project.

2 Labour

Examine how gender divisions of labour and decision-making patterns affect the overall goal and programme/project and how the interventions will potentially impact these.

4 Gender differences

Identify the different needs, priorities and strengths of women, men, girls and boys.

3 Resources

Assess who has access to and control over resources, assets and benefits including who benefits from the interventions of the programme/project.

BOX 2

The following examples illustrate how gender analysis informs programming.

Example 1: MOBILITY

Gender roles can create distinct differences in women's and men's access and mobility. For example, a gender analysis might reveal that, in one region, women are predominantly caregivers and housekeepers even when employed outside the home. Cultural practices require women to get their husband's or father's consent to participate in community activities, as time away will interfere in their household and child-rearing chores. Therefore, the location and timing of the programme/project activities must be flexible to make sure that women are acceptable to the male guardians for their participation.



Example 2: ACCESS TO ASSETS

Gender analysis might reveal access to resources and information is different between women and men based on differences in literacy levels, their economic activities and their gender status and roles. Furthermore, different members of the same household might have different access to family resources based on gender barriers, inequalities and gender norms. The implications of these findings are that programmes/projects may need to introduce alternative/additional measures (such as cash transfer programmes, women's self-help group, access to childcare, etc.) to engage both women and men and ensure their equitable access to resources, information and participation.



III. GENDER MAINSTREAMING ACROSS THE PROGRAMME CYCLE

Throughout a programme/project cycle, it is necessary to identify how gender relations and differences in the roles of women, men, girls and boys impact programme/project objectives, either as barriers or opportunities. This information should be utilized to explicitly address any relevant gender gaps and inequalities in UNICEF's programme strategy, proposal and programme/project design, implementation and monitoring and evaluation (M&E). Findings from the evaluation should be documented and shared to contribute to the development of best practices and lessons learned for integrating gender equality in future programme/project design and policies. When conducting a gender analysis, it is crucial to be always conscious of the impact of one's personal values, attitudes and beliefs.

It is also important to keep in mind the following principles at all times during interventions³:

- 1 Women's and girls' rights are human rights
- 2 Affirmative action is required to redress gender imbalances
- 3 Focus on gender-transformative change (see page 81-82)
- 4 Addressing intersectionality
- 5 Listen to women's and girls' voice to influence
- 6 Context matters, there is no one size fits all approach
- 7 Protection of target beneficiaries against backlash

Gender mainstreaming and analysis are an ongoing process and it includes several key elements in a programme/project cycle. A chart on the next page describes how gender is integrated into each step of UNICEF's results-based management (RBM) cycle:

1) Planning (assessment and analysis); 2) Programme design; 3) Implementation; 4) Monitoring; 5) Evaluation; and 6) Reporting. In the end of this section, there is an **integrated checklist** (from page 96) for users to review whether gender equality perspectives are holistically integrated in each step of the programme/project cycle.

GENDER MAINSTREAMING PROGRAMME CYCLE

1. PLANNING (ASSESSMENT + ANALYSIS)

- Collect sex- and age-disaggregated data
- Situation and gender analysis/needs assessment
- Identify gender issues
- Define interventions that reflect gender inequality, gaps and needs



2. PROGRAMME DESIGN

- Design a programme/project by planning human and financial resources needed for implementation of actions and monitoring progress



4. MONITORING

- Gender-sensitive monitoring using sex- and age-disaggregated data according to mechanisms set out in programme/project design stage



3. IMPLEMENTATION

- Implement planned actions to transform gender inequality
- Participation of all groups which are gender-aware



5. EVALUATION

- Evaluate outcomes using gender and human rights indicators
- Showing differentiated gender impacts



6. REPORTING

- Knowledge sharing (results and lessons learned)
- Inform future programmes/projects



STAGE 1: PLANNING (ASSESSMENT + ANALYSIS)

USEFUL TOOLS

Gender statistics and data (gender analysis questions)



Stakeholder analysis and consultation



Gender analysis frameworks and tools



Purpose: Gather and analyse qualitative and quantitative data disaggregated by sex, age and other key demographic variables to identify systematic causes of gender inequality and gaps. Use findings to design a programme/project and plan necessary actions.

Data Collection and Examination

Addressing gender equality should start at applying **assessment** (process to identify inequalities, gaps and disparities in a particular context) and **analysis** (analysing the information collected on gender differences to determine and prioritise gender-based constraints and opportunities and their implications for the achieving objectives and equal status of women and men, girls and boys) from a gender perspective to various types of information and data. Since this specific use of information is the most important aspect of gender mainstreaming, it is crucial to be able to access the gender analysis which is needed and to use it appropriately for programme/project design and decision making.

Gender analysis as noted in the previous section is integral in the early design and

identification process because they help to describe the context of the identified problem. Together with gender analysis, mapping the situation analysis is critical in Stage 1 for introducing efficiency into the gender mainstreaming process.

The situation analysis process in UNICEF's Country Programme Development (CPD) starts at this stage and should be informed by recent gender equality and equity reports, relevant national policy and strategy documents, evidence, research, surveys and data sets at country, regional and global levels (see **Useful Resources** on page 112), the United Nations Development Assistance Framework (UNDAF), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Universal Periodic Review (UPR) and the Convention on the Rights of the Child (CRC) reports, together with focus groups discussions, key informant interviews, observation, etc.

Situation Analysis of Children and Women (SitAn)

The **situation analysis of children and women (SitAn)** is undertaken at least once in the UNICEF's Country Programme cycle, prior to preparation of a new Country Programme or during Mid Term/Annual Review. It could also be updated at any time in the programme implementation phase. Objectives of gender analysis in SitAn are:

1. **Assess the manifestations of child right's shortfalls, disparities and inequities in child outcomes for both girls and boys (including for adolescents);**
2. **Analyse the determinants and/or causes of inequities for women, men, girls and boys; and**
3. **Analyse multiple and overlapping deprivations that women, men, girls and boys experience (consider deprivations based on age, location, caste, class, wealth quintile, etc.).**

There are **three steps** to implement the SitAn:

Step 1: Assessment of the manifestations of child right shortfalls and inequities in child outcomes

The first step is the examination of shortfalls in achievement of child rights and of differentials in certain child outcomes based on disaggregated information by sex, age, ethnic origin, etc. Together with poverty and geography,

gender inequality is one of the key drivers of negative child outcomes. At this stage, the gender analysis will examine both gender disparities in child outcomes as well as how gender inequality affects girls and boys differently, manifests in negative outcomes for both girls and boys such as poorer nutritional status, decreased levels of learning outcomes and how these continue during adolescence and adulthood. It is also crucial to assess gender discrimination, inequitable norms and unequal power between women and men since gender inequalities among adults directly lead to deprivations for children. Gender analysis provides insight into the norms, values, traditions, attitudes and behaviours of the community in the local context.

Although, there are situations when boys encounter deprivation due to gender inequality, girls are more likely to face greater levels of deprivation, limited opportunities, restricted mobility and access to resources. It is recommended to actively involve women, men, girls and boys from diverse social groups in the analysis and identification of needs by using participatory methods. Moreover, consider to use mixed outreach groups or mobile teams to identify and engage groups not visible in the assessment.

Use a set of guiding questions on the next page to conduct a gender analysis to gather and assess data and information on gender differences in the programme/project areas. For more information on SitAn, see **Guidance on Conducting a Situational Analysis of Children's and Women's Rights (UNICEF, 2012)**.

GENDER ANALYSIS QUESTIONS⁴

The following checklist on gender analysis comprises of two parts:

1. Questions for situational/country context analysis; and
2. Questions for gender analysis at organizational level.

It helps to collect, analyse and interpret data and information about specific situations, roles, responsibilities, needs and opportunities of women and men, girls and boys during situation analysis.

I. FOR SITUATION/COUNTRY CONTEXT ANALYSIS



ROLES AND RESPONSIBILITY (PRACTICES AND PARTICIPATION)

Asking questions about “Roles and Responsibility” will help to understand:

- what women and men, girls and boys do – their daily or routine activities
- the distribution of work inside and outside of the house
- how much time and effort women and men, girls and boys spend meeting their responsibilities (doing the activities)
- the tedium of activities
- the results of the activities

Guiding questions

- What is the demographic profile of the population in the target areas disaggregated by sex and age?
- What do women and men, girls and boys do (in a day, week, season, etc.)? Where? (location/patterns of mobility) When? (daily and seasonal patterns) How do women and men, girls and boys spend their time?
- What is the gendered division of labor: roles, activities, work and responsibilities of women and men, girls and boys in the house? Who decides what they do? What is the results of their activities? Who benefits? Do they have leisure time?
- Do women or men, girls or boys have restrictions on their mobility? What restrictions? How do they influence women’s and girls’ access to services? To supportive social networks?
- What types of activities, meetings, associations and groups (both formal and informal) do women and men, girls and boys engage in? Do women and girls participate in activities in public domains? What activities? Where?
- Spatially, within the community and beyond, where are women’s and men’s, girls’ and boys’ activities located?

- Respectively, for what activities or tasks are girls and boys responsible? Are these by choice or prescribed by the community? What happens when individual girls or boys don't follow these norms of behavior?

Consider:

- **Productive roles** (paid work, self-employment and subsistence production)
- **Reproductive roles** (domestic work (cooking, cleaning, fetching water, etc.), childcare and care of the sick and the elderly)
- **Community roles and participation/self-help** (voluntary work for the benefit of the community as a whole, representation/decision-making on behalf of the community as a whole)

Sample Matrix				
WOMEN				
Activity	When	Where	How	Result
Reproductive				
Productive				
MEN				
Activity	When	Where	How	Result
Reproductive				
Productive				
GIRLS				
Activity	When	Where	How	Result
Reproductive				
Productive				
BOYS				
Activity	When	Where	How	Result
Reproductive				
Productive				



ACCESS TO AND CONTROL OVER ASSETS

Asking questions about “Access to and Control over Assets” will help to understand:

- women’s and men’s, girls’ and boys’ access to resources needed to carry out their work
- their control over the resources to use as they wish
- their access to the benefits derived from their work, and to the control they have over the benefits

Guiding questions

- What livelihood assets (resources), opportunities and services do women and men, girls and boys have access to? Who makes decisions about the use of household resources? Are needs met equally?
- What do women and men own? What do they do with what they own to improve their and their children’s well-being?
- Do women and men, girls and boys face risks and constraints when accessing resources? (e.g. when collecting fuel, procuring food, etc.)
- Respectively, are women’s and men’s (girls’ and boys’) assets equally liquid and transferrable?
- Which resources do women and men (girls and boys) control? What are the implications of (not) having control over resources?
- What are the community’s assets? Who has access to them? Who controls them? To what extent?
- How do women’s, men’s girls’ and boys’ access to and control over resources affect their ability to:
 - Decide to seek services?
 - Reach the right level of services?
 - Access transport to service providers?
 - Access information?
 - Get appropriate services?
- Are women or men, girls or boys denied benefits because of assumptions about competing household obligations or lack of autonomy?
- Can all women – widows, single women, female heads of households, etc. – own and control resources, like property, independently from others (e.g. husband, father, brother)?
- What rights (right to occupy or use, right to inherit, right to control, etc.) do different women (widow, single, female heads of household) have to different assets? Can these rights be exercised independently from other individuals?

- Do women, men, girls and boys have equal chance of choosing any occupation? Who controls the cash and other benefits earned from income-generating activities?
- What kind of assets do adolescent girls and boys have access to?
 - Schooling
 - Vocational training
 - Mentors
 - Employment
 - Peer groups
 - Money for school supplies
- How do adolescent girls and boys gain access to financial assets for food, shelter, school materials and clothing?
- What kind of social networks do adolescent girls/boys have? What is the average number of people in girls'/boys' networks?
- Until what age respectively do girls and boys stay in school? What is the average year of completion for girls and boys?
- Respectively, what kinds of media do adolescent girls and boys have access to?

Consider:

- **Human assets** (e.g. health services, education, knowledge, skills)
- **Natural assets** (e.g. land, labour, forest, fuel, water)
- **Social and political assets** (e.g. organizations, networks, contacts, leadership, citizenship)
- **Physical assets** (e.g. transportation, communications (radios, newspapers, telephones, internet), tools, housing)
- **Financial assets** (e.g. capital, income, credit, cash, income security, remittances, social security (e.g. government transfers))

Sample Matrix				
Resources/ Asset	Who has access to	Who controls	Who benefits	How do they benefit



BELIEFS AND PERCEPTIONS (NORMS)

Asking questions about “Beliefs and Perceptions (Norms)” will help to understand:

- how socio-cultural norms and practices affect women and men, girls and boys
- how decisions are made that directly impact the lives of women and men, girls and boys

Guiding questions

- What is appropriate behavior for a woman (girl) or a man (boy)? What is an ideal woman (girl)? What is an ideal man (boy)? How do these beliefs influence their behaviors?
- What are the social beliefs and perceptions that condition women's (girls') and men's (boys') expectations and aspirations? For education, for employment, for marriage and family?
- Who made important decisions at the household and community levels, women, men, girls or boys? About what? Who benefits?
- Who has decision-making authority? In what areas? To what extent? Why? Who decides how common resources will be used?
- What limitations, if any, do women (girls) and/or men (boys) face in participating in and controlling decision making?
- What structures does the community use to make decisions, and how do women and men, girls and boys participate in these?
- Do women (girls) and men (boys) have equal influence in deciding common resources will be invested and used? If not, why not? Which women (girls) and/or men (boys) influence decisions about resources and activities and which do not? What needs to change? Are initiatives for change welcomed or oppressed?
- Are women and men represented in the leadership of the community or other civil society organizations? What types of leadership roles do women and men play? To what extent are women's voices heard? In relation to what? Are the interests and ideas of women addressed?
- How does the community enforce gender norms and punish people when they do not conform to appropriate gender norms? How does this kind of social control affect women, men, girls and boys? What are the ways in which communities discriminate against women and girls? How do these practices also stigmatize some men and boys?

- How might women, men, girls or boys interpret new experiences or information differently based on their gender identities, level of education, and different types of knowledge that women, men, girls or boys may have?
- Are messages, illustrations and other media presentations free of gender stereotypes and biases?

Consider:

- **Household level** (e.g. decisions over household expenditure)
- **Community level** (e.g. decisions on the management of resources and services)
- **Local government level** (e.g. management)
- **National government level** (e.g. planning, policy and budget development)



NEEDS, PRIORITIES AND PERSPECTIVES

Asking questions about “Needs, Priorities and Perspectives” will help to understand:

- **differences of needs (both practical and strategic gender needs) between women and men, girls and boys**
- **perspectives on the services provided**
- **capacities such as knowledge, skills and strengths**
- **vulnerabilities to cope in the face of adversity**

Guiding questions

- What are the specific needs (both practical and strategic) of women and men, girls and boys and their priorities?
- What are women's/girls' and men's/boys' different skills, knowledge and capabilities which can help achieve gender equality?
- Do women and girls (or men and boys) face any obstacles in using their knowledge and skills? Are they being under-utilized? Why?
- What perspectives do women and men, girls and boys have on the appropriate and sustainable ways of addressing their needs?
- Do women and/or men perceive themselves, and their families, as being vulnerable? Why? Why not? Is there particular vulnerabilities for women, men, girls and/or boys in the community?

- What are women's and men's main coping mechanisms to difficulties such as poverty, lack of food and health services, etc.? Do coping mechanisms place women and girls (or men and boys) at risk of harm?
- What community support is available to women, men, girls and boys? What is the nature and extent of the community support? What kinds of services exist in the community tailored for youth (e.g. health, education, employment, digital)?
- Given the capacities and vulnerabilities of women, men, girls and boys, what would they like to change? What are their priorities for change? How change can be brought about so that women, men, girls and boys are empowered and lead to equality?
- Are women's, men's, girls' and boys' different needs taken into consideration in local, district and national planning, programme design and budget development?
- Are measures taken to address women's, men's, girls' and boys' different constraints in accessing services, for example:
 - Hours services are open
 - Educational materials, messages and outreach activities
 - Balance of women and men in the work force

Consider:

- **'Practical' gender needs** (needs arising in the context of existing gender roles/assets)
- **'Strategic' gender needs** (i.e. requiring changes to existing gender roles/assets to create greater equality of influence, opportunity and benefit such as increasing women's access to decision-making)
- **Perspectives on improved services and delivery systems**, such as prioritised services, location, type and cost of services, systems of delivery, operation and management



INSTITUTIONS, LAWS AND POLICIES

Asking questions about “Institutions, Laws and Policies” will help to understand:

- different formal and informal rights between women and men, girls and boys and how they are affected by policies and rules
- if service providers consider the impact of gender differences and if they meet demands of women, men, girls and boys

Guiding questions

- How do inheritance laws treat women, men, girls and boys respectively?
- How does the legal system treat women, men, girls and boys (i.e. due process and recognition of rights)?
- Do women, men, girls and boys have equal status under all national, regional and local laws?
- At what age do girls and boys attain adult legal status? What does this mean for girls and boys in terms of political participation, ownership of property, decisions about marriage?
- Is there a national gender policy? When was it developed and who was involved in its formulation? Is it based on context-specific gender analytical information and sex-disaggregated data?
- Are authorities knowledgeable of national gender equality policies? To what extent do they implement and enforce the policies?
- What is the accountability mechanism for implementing existing gender equality policies? Do authorities conduct periodic assessments, issue reports or measure performance on a regular basis?
- Are gender issues included in other policies? To what extent? Are the gender aspects based on context-specific gender analytical information and sex- and age-disaggregated data?
- What are the impacts of gender mainstream policy on women and men, girls and boys?
- What are service providers' beliefs about gender differences and equality? How does this affect their treatment of beneficiaries? Are women, men, girls and boys treated differently by:
 - Service providers who are women?
 - Service providers who are men?
- How and when is information about women's, men's, girls' and boys' different experiences with the services collected and analysed?
- How do ideas about women's, men's, girls' and boys' proper behavior affect their access to services by providers? How do these attitudes affect how they interact with women, men, girls and boys?

II. FOR ANALYSIS AT ORGANIZATIONAL LEVEL



POLITICAL WILL AND INFLUENCE

Guiding questions

- What is the proportion of women and men in management?
- What is the attitude of senior management staff to gender issues?
- Who does the management consult with (internally and externally) about gender issues?
- Who are the formal and informal opinion leaders? Do they take gender issues seriously?
- Which external organizations, people, donors and partners have an influence on the organization? Do they take gender issues seriously?
- What are the decision-making bodies?
- What role do women and men play in decision-making?



HUMAN RESOURCES

Guiding questions for gender focal staff

- Is there a designated gender unit/staff member? Since when?
- What is a structure/mandate/resources? What do they do? How effectively?
- What are staff's (female and male) perceptions of "gender issues" at work?

Guiding questions for all staff

- Are there equal opportunities for women and men to be employed and promoted? Training opportunities?
- What is the accountability levels on gender?
- Are there sectoral focal persons on gender?
- Who has responsibility for gender equality issues? Is there training?
- What are levels of knowledge, skills and attitudes to gender?
- Is sensitivity to gender issues included in job descriptions/assessed at interview/monitored at appraisals?



FINANCIAL RESOURCES

Guiding questions

- Do women and men receive equal pay for equal work?
- Are there gender equality initiatives “on the ground” and opportunities for staff capacity building?
- Is there funding for what activities, to what effect? Are budgets analysed and appropriated according to gender equity principles?
- Proportionately, how do budgets for programmes, supplies, infrastructure and human resources benefit women and men? Who decides how these resources are allocated?



SYSTEMS, PROCEDURES AND TOOLS

Guiding questions

- Is attention to gender issues included in routine systems and procedures (information systems; appraisal, planning and monitoring procedures)?
- Have staff been issued with guidelines/information/tools on gender policies/mainstreaming?
- Do supervision guidelines incorporate attention to gender equality?



STAFFING STATISTICS

Guiding questions

- Numbers of women and men at each level in the organization, and according to role/sector - sex-disaggregated statistics.
- Interview/recruitment/promotion/training and career development - sex-disaggregated statistics.
- Wages - sex-disaggregated statistics.



PRACTICAL NEEDS OF WOMEN AND MEN

Guiding questions

- Do women and men working at the same level and in the same cadres receive equal support and opportunities in terms of benefits, training, promotions and leadership opportunities?
- Does the organization create a safe and practical environment for women and men (consider issues like transport arrangements, working hours, travel commitments, toilets and childcare responsibilities)?



ORGANIZATIONAL CULTURE

Guiding questions

- How does information flow in the organization formally and informally?
- To what extent are women/men included in communication networks?
- What are the main shared values of the organization? Do these relate in any way (explicitly or potentially) to gender equality?
- Is decision making centralized or decentralized? Is it a rigid structure? To what extent do individual staff have “room for manoeuvre”?
- What is the attitude towards female/male staff?
- Do women or men experience harassment and assault at their workplaces, and in what form and frequency?



POLICY AND ACTION

Guiding questions

- How many women and men staff at the organization have the power to shape policies?
- Does the organization have equal opportunities, gender policy or equivalent directives?
- What does this policy cover? How has it been implemented and promoted?
- To what extent does it affect practice within the organization?
- Is there a human resource policy on gender equality and/or non-discrimination based on gender?
- Are any of the workplace policies discriminatory against women or men?

Step 2: Analysing the causes of inequities and identifying the opportunities

After collecting information about gender relations in the area in which UNICEF plans to intervene, the second step is to analyse the determinants and/or causes of inequities of women, men, girls and boys and identify how to facilitate desired change.

The gendered analysis of the determinants and/or causes of inequities is based on the premise that even when no visible gender disparities in child outcomes exist, there still are critical gender barriers that affect the fulfilment of children's rights and protection. The gender analysis of determinants and/or causes of deprivations and constraints should identify the gender-based factors that contribute to the inequality together with other factors such as age, financial poverty, wealth, ethnicity, sexual orientation, formal education, religion, dis/ability, geographical location, caste, etc.

It is also crucial to assess what opportunities and facilitating factors could contribute to success of the programme/project. Consider whether the absence of these factors may hinder the desired results.

The following five gender bottlenecks and barriers can be used to analyse the causes of gender inequities.

GENDER BOTTLENECKS AND BARRIERS

-  **Lack of safety and mobility**
-  **Lack of resources and decision making**
-  **Limited access to knowledge, information and technology**
-  **Gender division of labour between women and men, girls and boys**
-  **Masculine and feminine ideas and expectations**

EXAMPLES OF OPPORTUNITIES AND FACILITATING FACTORS



Government support, political will and resources



Local capacity; Engagement of civil society, women's and youth groups



Supportive community leaders (female/male)



Partnerships including for innovation, data and evidence



Complementary programming with United Nations sister agencies

The following questions can also be used to further understand and identify other determinants and/or causes of gender inequities.

FOUR DOMAINS TO CONSIDER WHEN ANALYSING DETERMINANTS/CAUSES OF GENDER INEQUITIES



I. ENABLING ENVIRONMENT

- **Social norms: widely-followed social rules of behavior**

- What are the root causes of the deprivations women and girls are facing within a specific context?
- What are the key societal beliefs of their value in society?
- Is there widespread discrimination based upon poverty, ethnic identity, geographic location, disability, and/or fragile and crisis conditions?

- **Legislation/policy that impact on rights of women, men, girls and boys**

- What kind of policies and legal frameworks exist to prevent and/or enforce and address key issues that affect women and girls for instance, gender-based violence (GBV) laws, inheritance laws, land/asset ownership laws, national HIV and gender policies, etc.?

- **Budget/expense: allocation and disbursement of required resource**

- How is gender addressed in national plans and budgets?
- Are there systemic funding constraints for national entities that limit capacity to provide social protection, care and support for vulnerable priority populations thereby hindering progress?

- **Management and coordination: roles and accountability/coordination/partnership**

- What national level coordination barriers hinder the enforcement of social protections particularly in humanitarian and emergency settings?



II. Supply

- **Availability of essential commodities/inputs**

- What critical commodities are lacking within the delivery process of key services to vulnerable populations?

- **Access to adequately staffed services, facilities and information**

- What lacking resources prevent access to quality services including information that has a disproportionate impact on vulnerable populations?



III. Quality

- **Adherence to required quality standards (national or international norms)**
 - What are some of the quality standards that are not being adhered to that impact access and utilization?



IV. Demand

- **Financial access: direct and indirect costs for services/practices**
 - What factors impede demand for access to services, resources or opportunities that disproportionately impact a specific gender?
- **Social, cultural practices and beliefs: individual/community beliefs, awareness, behaviors, practices, and attitudes**
 - What social norms, practices, beliefs and behaviors hinder outcome for women, men, girls and/or boys?
- **Continuity of use: completion continuity of service and practice**
 - What barriers prevent continuity of services?

Step 3: Analysing multiple and overlapping deprivations experienced by girls and boys

In many societies, the disadvantaged position of girls and boys often appears even before birth, creating multiple gendered disparities in key child outcomes that continue, but also change during adolescence and adulthood (e.g. in certain societies, a girl's mobility is even further limited when she marries).

UNICEF's Multiple Overlapping Deprivation Analysis (MODA) tool aims to analyse the severity of multi-dimensional disadvantage measured in terms of the number of multiple deprivations experienced by children. The application of the MODA tool is critical for an in-depth analysis of gender inequities and inequalities. Multiple deprivations for children are highest in societies where structural gender inequality is high. See next page for two examples on gender analysis taking into consideration several factors of deprivations. For more detailed information on MODA, see **Step-by-Step Guidelines to the Multiple Overlapping Deprivation Analysis (MODA) (UNICEF, 2012)**.

Once the gender-based inequalities are identified, the next step is to prioritise these inequalities which are most likely to affect programme/project outcomes, are feasible to address within the mandate of the programme/project, and when addressed, will contribute to greater gender equality. Upon completion of the thorough analysis, staff are ready to begin the design of the programme/project.

Stakeholder Analysis and Consultation

In the beginning of design stage, it is important to identify **primary** (individuals/groups directly affected by the programme), **secondary** (individuals/groups indirectly affected by the programme) and **key stakeholders** (people with significant ability to influence programme implementation and outcomes) to understand each stakeholder's interests and influence and to clarify the nature of the relationships between stakeholders. A gender-sensitive stakeholder analysis ensures that the voices of the range of stakeholders are heard; not only the more powerful individuals and groups. Only then is it possible to equitably address the needs, interests and priorities of diverse women, men, girls and boys.

It is also imperative at this stage to identify each stakeholder's capacities; potential roles; gender-related knowledge; skills; experiences; resources; opportunities for participation; influence and support; and resistance in relation to programme implementation and outcomes. This will enable to identify who should be involved, who has significant influence and power, nature and extent of each stakeholder's participation, capacities, alliances, and inform the programme risk mitigation strategy.

Consulting with stakeholders also enable to analyse current gender information, especially socio-economic information including gender roles, access and control to resources, sexual division of labour, power relations and legal rights, etc. This will enhance the learning process on the subject for all those involved and will improve the next step of programme/project design.

EXAMPLE OF GENDER ANALYSIS 1: MATERNAL MORTALITY OF ADOLESCENT GIRLS

GENDER INEQUALITY → **High maternal mortality of adolescent girls**

GENDER BARRIERS

INSTITUTIONS/GOVERNANCE

LEGAL/POLICY FRAMEWORK



Health workers are not trained in managing complications during delivery

Health facilities do not have adequate pre and post-natal care and Emergency Obstetric Care (EmOC) supplies for adolescent girls

Adolescent girls are unable to pay transportation/access to the health facility

Adolescent girls do not know about neonatal/post-natal care services, sexual and reproductive health (SRH), HIV and family planning

Adolescent girls have double burden of household care preventing timely neonatal visits

Partner/husband refuses to use a condom/inhibits contraceptives/family planning

Early marriage and pregnancies constrain adolescent girls' control and awareness of their reproductive health

Adolescent girls are unaware of the complications of unsafe abortions and early pregnancies

Lack of a national costing plan for implementation of Adolescent Health and Youth strategy

Family planning and reproductive health services are not adolescent-friendly

Gender norms and pressure for women and girls to have many children especially boys to look after family lineage and parents in old age

Violence and coerced sex impacts the health and well-being of pregnant adolescent girls and impacts low birth weight and mortality

EXAMPLE OF GENDER ANALYSIS 2: GIRLS' PRIMARY EDUCATION

INEQUITY IN CHILD OUTCOMES → Lower primary school completion rate of girls



GENDER BARRIERS

Pedagogy, learning and subject content reinforce gender inequality and stereotypes

Lack of separate toilets for girls and safe disposal of sanitary pads

Lack of qualified female teachers and role models

Girls are expected to help with household cleaning, cooking and care of siblings

Sons are largely considered as breadwinners and carers during old age - low value of educating girls

LEGAL/POLICY FRAMEWORK

Lack of a national costing plan for girls' education from access, retention and transition to secondary education

Lack of guidelines in schools for menstrual hygiene management (MHM) and safe learning environment for girls

Child marriage, risks of gender-based violence and low value of girls result in low priority for educating girls

Women and girls in the household do not have a voice in decision making of household expenditures

GENDER ANALYSIS FRAMEWORKS

Gender analysis frameworks enable to structure the application of research on gender and conceptual theory into gender-sensitive planning, design, implementation, monitoring and evaluation (M&E) of development interventions. The frameworks are designed to ensure that gender needs and roles can be identified, addressed and monitored. This section provides an overview of the **five key gender analysis frameworks**:

1. **Harvard Analytical Framework**, also known as the **Gender Analysis Framework**
2. **Moser Gender Planning Framework**
3. **Gender Analysis Matrix (GAM)**
4. **Women's Empowerment Framework (WEF)**
5. **Social Relations Approach**

Before considering the utility of gender analysis frameworks, it is important for users to keep in mind that each framework has limitations and must be tailored to meet the circumstances of a particular context. In addition, these five frameworks are not mutually exclusive and they can be used to complement each other.

FRAMEWORK 1

HARVARD ANALYTICAL FRAMEWORK⁵ (GENDER ANALYSIS FRAMEWORK)

What is it?

- One of the earliest efforts to systematize attention to both women and men and their different positions in society.
- Aims to demonstrate the economic rationale for investing in women and to assist in the design of more efficient projects. Provides clear information on the gender division of labour and makes women's work visible.
- Consists of checklists and key questions to ask at each stage of the project cycle: identification, design, implementation and evaluation.
- Best suited for a project design rather than programme/policy planning.

Tools

- Organizes data collected in a matrix consisting of four components:
 - 1) Activity profile (who does what?)
 - 2) Access and control profile (who has access to and control over resources used in activities?)
 - 3) Analysis of factors that influence gender differences
 - 4) Project cycle analysis (reflection on the effectiveness of the project in light of gender-disaggregated information)

FRAMEWORK 2

MOSER GENDER PLANNING FRAMEWORK⁶

What is it?

- It has the goal of freeing women from subordination and allowing them to achieve equality, equity and empowerment.
- Links the examination of women's roles to the development planning process.
- It distinguishes between women's practical and strategic gender needs. Meeting practical gender needs helps women in their current and immediate situation. Strategic gender needs, if met, would lead to transformations in gender power relations and imbalances.
- Examines women's "three roles" - productive, reproductive and community management - and how they influence women's participation in development projects.
- Best suited for gender roles identification and gender needs assessment.
- Framework does not include other inequalities like class, race and ethnicity.

Tools

- It consists of six tools and aims to provide guidance on gender planning as a policy approach in its own right:



Tool 1 identifies gender roles: what women, men, girls and boys do in various productive, reproductive and community-managing activities.



Tool 2 identifies the practical and strategic needs of women.



Tool 3 defines an access and control profile for resources and benefits of economic activity.



Tool 6 looks at the way women and gender-aware organizations and individuals can be involved in the process.



Tool 5 looks at how welfare, equity, anti-poverty, efficiency or empowerment approaches will address practical or strategic needs. The approaches are not mutually exclusive.



Tool 4 examines the impact that a new policy, project or programme will have on the three roles. A change addressing one area may affect others in a positive or negative sense.

FRAMEWORK 3

GENDER ANALYSIS MATRIX (GAM)⁷

What is it?

- Developed to determine how a particular development activity could affect women or men.
- Uses a participatory approach in which community stakeholders define and analyse gender differences.
- Intended to be used by the community for self-identification of gender issues.
- Based on the following principles:
 - 1) All requisite knowledge for gender analysis exists among the people whose lives are the subject of the analysis.
 - 2) Gender analysis does not require the technical expertise of those outside the community, except as facilitators.
 - 3) Gender analysis cannot promote transformation unless it is carried out by the people being analysed.

Tools

- It consists of two tools which focus on the impact of a development intervention:



Tool 1 analyses project objectives at four levels of society: 1) women, 2) men, 3) household and 4) community. Other levels (depending on the project goals and the community in question) such as age group, class, ethnic group and so on, can be added as appropriate.

Tool 2 looks at impact on four areas: 1) labour (tasks, skills, etc.), 2) time, 3) resources (considering both access and control of income, land, etc.), and 4) socio-cultural factors (gender roles, status, etc.).

FRAMEWORK 4

WOMEN'S EMPOWERMENT FRAMEWORK (WEF)⁸

What is it?

- Argues that poverty reduction requires the empowerment of women.
- Developed by Sara Longwe in the late 1990s, the Women's Empowerment Framework (WEF) is designed to assess commitment to women's empowerment, the existence of empowerment in the context being analysed, and the impact of empowerment of community members. In this context, empowerment relates to women's participation and control of processes and benefits.
- Helps planners to identify what women's equality and empowerment would mean in practice, and to determine to what extent a development intervention supports greater empowerment.

Tools

- The WEF introduces five hierarchical levels of equality which are (in order of progression):



- Examines a programme how it influences the five levels of empowerment through a concept of three levels of recognition of women's issues in project design:
 - 1) negative (no recognition)
 - 2) neutral (women's issues are recognized but specific actions are not taken)
 - 3) positive (women's issues are recognized and the project aims to positively change women's status relative to men's).

FRAMEWORK 5

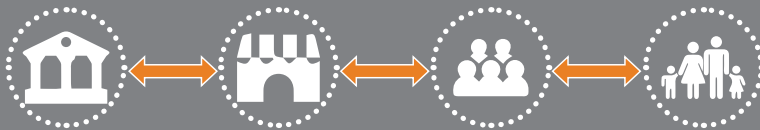
SOCIAL RELATIONS APPROACH⁹

What is it?

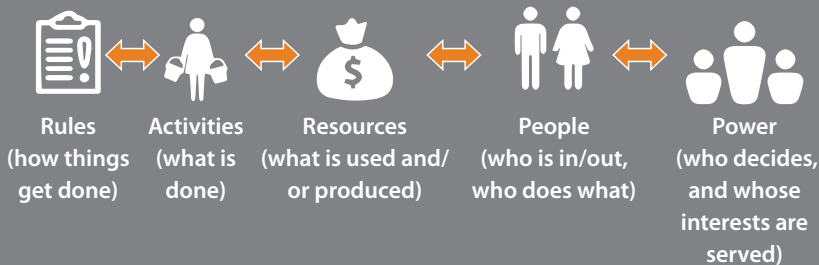
- States that development is a process for increasing human well-being (survival, security and autonomy), and not just about economic growth or increased productivity.
- Social relations including gender relations determine people's roles, rights, responsibilities and claims over others. Institutions are key to producing and maintaining social inequalities, including gender inequalities.
- Best suited for policy development and planning.
- Can appear to be complicated since it looks at all inequalities.

Tools

- The framework uses concepts rather than tools.
- Recognizes that inequality is reproduced across a range of institutions from the macro to micro level and is not confined solely to the household. Four key inter-related institutions (the state, market, community and the family) are used which produce, reinforce and reproduce social differences and inequalities. Examine how a change in policy or practice within one institution will affect and cause changes in the others.



- Five inter-related dimensions of institutional social relationships are used that aid the process of analyzing who does what, who gains and who loses.

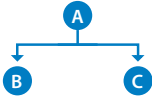


- Examine which categories of policies development interventions fall under: 1) gender-neutral policies; 2) gender-specific policies; and 3) gender-redistributive policies.
- Examine the immediate, underlying and structural factors that cause the problems and their effects on the different actors involved in relation to the four types of institution (state, market, community and family).

STAGE 2: PROGRAMME DESIGN

USEFUL TOOLS

Theory of change (ToC), Logical Framework



Gender indicators



Gender budgeting



Gender impact assessment



Purpose: Develop strategies and design a programme/project by creating a gender-sensitive Theory of Change (ToC) and a Logical Framework needed for implementation of actions and monitoring progress.

Gender-Responsive Programme Design

After identifying a set of gender priorities in line with national context, UNICEF's Strategic Plan and the Gender Action Plan (GAP) 2018-2021, and taking into account gender benefits and differentiated impacts, next step will be to develop strategies based on thorough contextual research and programmatic background to **design a gender-responsive programme/project.**

Gender-responsive programme/project design refers to the process of planning the implementation phase of programmes/projects from a gender perspective. At this stage, as the programme/project is planned to address the problems identified, gender analysis results will help to clearly identify prioritised gender issues, actions to take, budget, target group(s) and to carefully consider assumptions about intended beneficiaries. Designing a programme should be consultative and inclusive process involving UNICEF staff, existing partners and/

or potential partners, other humanitarian and development actors, and diverse women, men, girls and boys.

The programme/project objectives, outcomes, outputs and inputs need to have a logical link and to be consistent with the gender context for vulnerabilities of women, men, girls and boys, failing which the programme/project is unlikely to address the underlying factors that contribute to inequities in a given area. Specific interests and needs of women, men, girls and boys must be differently and well incorporated. In addition, barriers and constraints within the context or sector should be specifically addressed.

However, design is not an one-off task; it is an iterative process. New information and more in-depth understanding will emerge during implementation and monitoring of a programme/project. The learning should be used to refine and adjust the design of the programme throughout the programme/project cycle.

Gender Programmatic Review (GPR)

Within UNICEF programming, once critical deprivations and most affected areas and populations have been identified through the SitAn and the analysis of the causes of deprivations, the country office will proceed with designing the new Country Programme Document (CPD) or reviewing the existing CPDs, Annual Review or Mid Term Review (MTR).

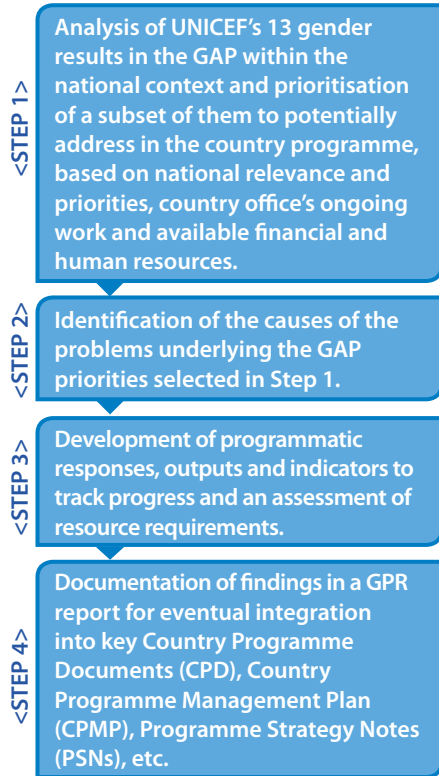
At this stage, a **Gender Programmatic Review (GPR)** should be carried out by the country office. For a Mid Term Review (MTR), the GPR is conducted before any strategic decisions are made. Ideally, the GPR immediately follows the completion of the SitAn. In the new CPD scenario, the GPR process will take up to three months and should be synchronized with strategic meetings, section retreats or strategic moment of reflection (SMR).

The key principle behind the GPR is the emphasis on quality over quantity. This means that rather than seeking to address gender equality in everything, the focus will be on addressing it well for a limited number of strategic priorities as relevant in country contexts and across the organization's work. One of the minimum standards for the implementation of the GAP in country offices is the specification of at least one targeted gender priority results and at least one gender mainstreaming result in country programmes (see page 8 of this toolkit for the GAP framework).

The UNICEF's new GPR tools will assist country offices in the prioritisation of the programmatic results that meet the five **GAP programming** principles (at-scale, innovative,

evidence-based/data generating, expert-led and well-resourced), and specify the resources, processes, capacity and systems that will be required to implement the programme. For more information on GPR, see UNICEF's **Gender Programmatic Review Toolkit (2018)**.

The GPR is carried out in **four steps**:



Criteria for Selecting Strategies

Adopting and adapting criteria that apply to a wide range of gender-responsive interventions can help with selecting strategies to address gender-based disparities and inequalities. Country offices should choose strategies based on the following criteria:

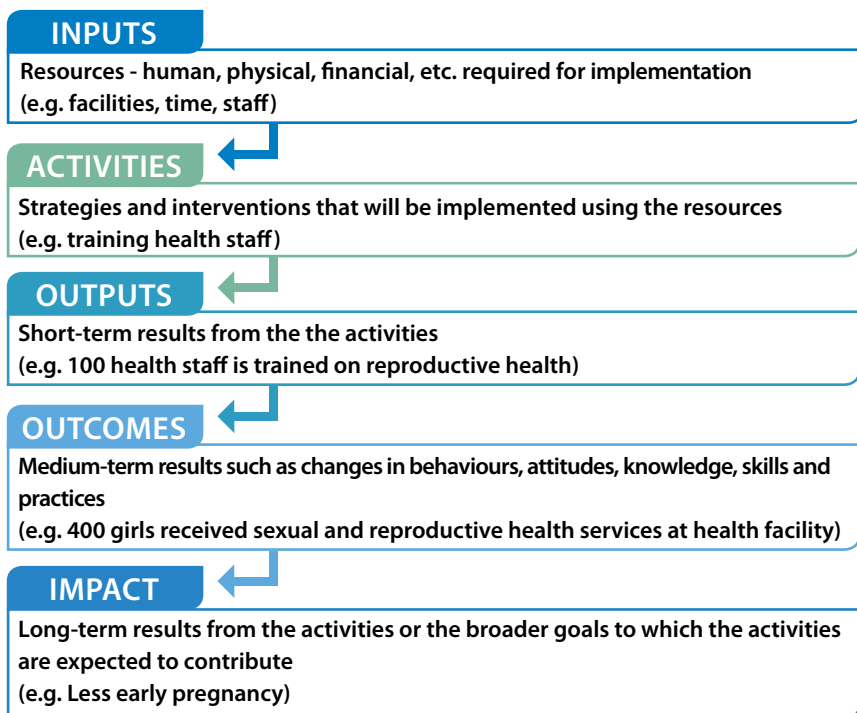
- 1) **Country office's ongoing work and comparative advantages;**
- 2) **What data and evidence show about the severity and importance of the issue in the country;**
- 3) **National policies and priorities; and**
- 4) **Existing and potential resources, expertise and partnerships necessary to address the issues effectively and at scale.**

particularly important that a Logical Framework adequately reflects a social and gender analysis that has been undertaken during the design process and shows consistency between the analysis of situation and the proposed programme/project. As part of the programme/project designing process, country offices construct a **Theory of Change (ToC)**, a detailed description of the causal linkages that are expected to bring about a desired change based on a causality analysis that demonstrates the pathway towards the desired outcome, and how activities and resources will contribute to outputs, outcomes and impacts. A results chain is a simple tool that can be used to visualize the relationship between these components as shown below.

Developing a Theory of Change (ToC)¹⁰

Developing a sound gender-responsive programme/project framework requires understanding of how the planned strategies and interventions are expected to lead to the desired change. It is

THE RESULTS CHAIN¹¹



Formulating a Logical Framework

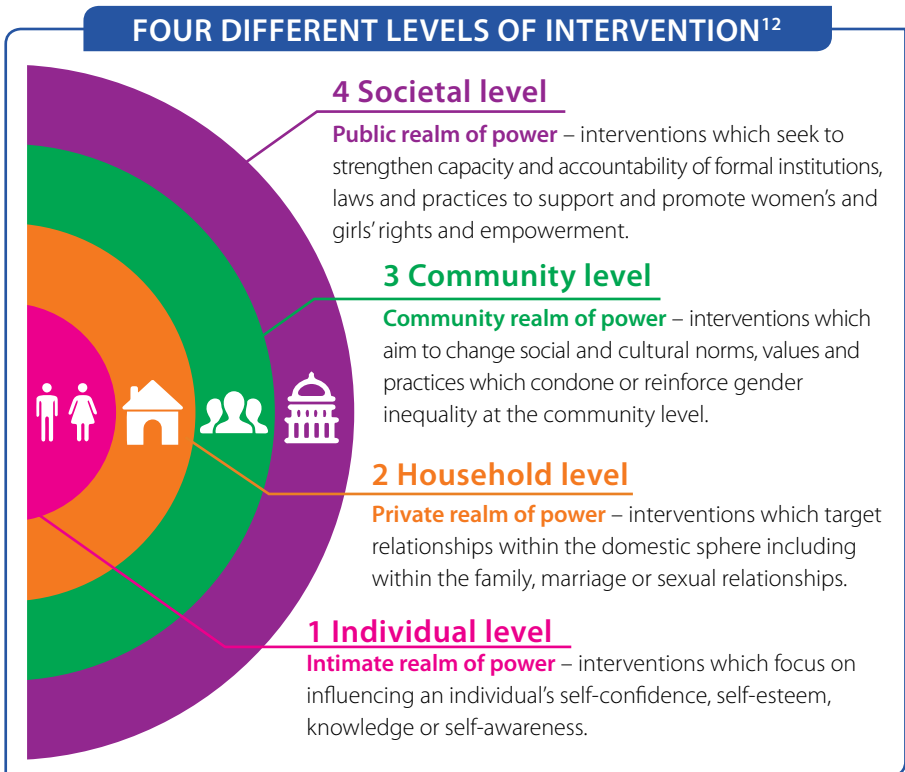
Once the link between programme/project components has been conceptualized, next step is to develop a **Logical Framework**, a methodology that articulates the assumptions connecting a programme's/project's activities, outputs, outcomes and goals based on a Theory of Change (ToC).

Gender can be incorporated into a programme/project Logical Framework in two main ways. Firstly, by "engendering" the objectives, outcomes, outputs, activities and indicators (e.g. ensuring that they refer to the anticipated changes expected for both women and men or girls and boys). For instance, by having an objective that aims to "increase enrolment rate of both girls and boys".

Secondly, by including objectives, outcomes, outputs and activities that specifically address gender issues. For example, within a WASH programme, there could be a specific objective around "menstrual hygiene management (MHM)".

Level of Intervention

When developing strategies, it is useful to consider **four different levels (individual, household, community and society)** of intervention as shown below. It is important to note that change is rarely confined to one level and some interventions may target more than one level.



Although there is no blueprint for correct approach or interventions to bring about transformative change on gender equality, a number of important implications are set out below based on each level of intervention (individual, household, community and society) and can be used when developing gender-responsive programme/project strategies.

IMPLICATIONS FOR GENDER EQUALITY PROGRAMMING¹³

1 Individual level

- **Individual women's and girls' access to knowledge and skills**

Fostering women's and girls' knowledge and skills can lead to an increased consciousness and understanding of their rights and increased confidence to claim those rights.

- **Women's and girls' access to resources**

Expanding women's and girls' economic opportunities such as jobs, assets and skills development can impact on women's and girls' agency and transform social norms.

- **Increasing women's and girls' influence in decision making**

Strengthen women's and girls' leadership capacity and include a focus on their influence in local decision making at community, village and district levels.

- **The importance of safe spaces and support mechanisms**

Collective action of women and girls not only build peace at the community level, but also offers a degree of support and protection for women and girls themselves.

2 Household level

- **Targeting all members of a household**

Evidence suggests that interventions which target all members of a household (both male and female) can have a valuable impact on the success of a programme/project.

- **Recognizing and redefining gender roles within the household**

Interventions which are designed to encourage recognition and redefinition of gender roles within the household can be an effective mechanism for women's and girls' empowerment.

- **Women's economic empowerment**

Women's economic empowerment has been found to improve women's decision making in the household when traditional approaches, such as microfinance or cash transfers are combined with other interventions, such as empowerment and educational strategies.

- **Utilizing existing positive opportunities**

Examining existing dynamics in the household can also enable programmes to build on positive opportunities for women and girls, which in turn, may impact on the success of interventions at the community and societal levels.

3 Community level

- **Community education**
Localised approaches to educate, mobilize the community and raise awareness about discriminatory practices can be effective in reducing gender inequalities through tackling myths and social norms.
- **Relationships interventions**
Relationships fostered in the spaces created by groups of women and girls can bring about the changes associated with empowerment and the capacity to act collectively to demand gender equality.
- **Working with traditional leaders and faith communities**
Working with faith organizations and traditional leaders, who are often gatekeepers to the local community, can strengthen community ownership and support for programmes/projects and many have an impact on changing discriminatory community perceptions.
- **Engaging men and boys**
Working with men and boys to transform beliefs and behaviours that underpin gender inequality is an important intervention in order to achieve transformative change for women and girls.
- **Working with and supporting women's rights and organizations**
Evidence suggests that for community mobilization efforts to achieve transformative change for women and girls, they should work with and support women's and girls' rights organizations.

4 Societal level

- **Implementation and enforcement of legal frameworks**
The implementation and enforcement of legal frameworks to ensure equality before the law has been identified as critical for transforming discriminatory norms and social practices but will only be effective if also accompanied by mechanisms for enforcement, interventions to improve women's and girls' access to justice and gender-responsive police and judicial systems.
- **Large scale media and education campaigns**
Large scale media and education campaigns are a useful tool for reaching broad audiences. However, evidence suggests these are most effective when combined with locally targeted outreach efforts and interventions such as training and workshops.
- **Supporting women's and girls' participative and collective**
Active participation of women and girls and women's rights organizations in policy-making, combined with legal reform which promote women's and girls' equality and enhanced state capacity to implement agreed gender commitments are essential for successful initiatives to promote gender equality.

[Source: DFID PPA Learning Partnership Gender Group (2015). What Works to Achieve Gender Equality and Women's and Girls' Empowerment?]

Monitoring and Evaluation (M&E) Plan

It is also essential to develop at this stage the **monitoring and evaluation (M&E) plan** based on the Logical Framework to assess the extent to which identified targets and goals are in progress or are met in later stage. Ensure that M&E plan includes the why, when and who is responsible for monitoring gender outcomes, outputs and targets. In addition, it is crucial to define responsibilities, necessary information and resources needed (financial and human resources) for the M&E phase.

Gender-Sensitive Indicators

To measure progress towards the gender-related goals and objectives of the programme/project, an M&E plan should include **gender-sensitive indicators**. A gender-sensitive indicator is simply an indicator that measures gender-related changes in society over time. The M&E plan can benefit from the indicators that are already collected and reported on through national data collection systems.

While quantitative indicators disaggregated by sex and age are a crucial way to begin monitoring and evaluating gender differences, there are gender dimensions that can only be assessed using qualitative data to capture relevant norms, knowledge, attitudes and behaviours that reflect gender relations in that setting. If the gender dimension is not visible in the indicators at the level of outcomes, it should be explicit at the output level. See **next page** (Box 3) for more information on gender-sensitive indicators.

Within UNICEF's system, progress toward outputs and outcomes will be measured with 55 indicators from the Strategic Plan 2018-2021 (48 indicators to track programme results, 7 indicators to track institutional results) and the Result Assessment Module (RAM). If it is difficult to measure with these indicators, it may be necessary to adjust existing output or outcome to reflect the new gender dimensions the programme area will now address. If there is an existing Country Programme Document (CPD), assess if the Logical Framework already have indicators that would track progress, or that could be tweaked to better reflect the gender dimensions.

Risks of Interventions

It is also essential that programming which is focused on women's and girls' empowerment identifies and mitigates any potential risks to women and girls which may occur, particularly in the initial stages of empowerment initiatives.¹⁴ Women's and girls' human rights defenders and organizations also frequently face backlash (such as violent reaction of men and boys).¹⁵ Appropriate steps must be put in place to mitigate and respond to these risks, such as supporting for network building and coordination between groups so that no one group or individual is targeted, and setting up protection mechanisms for women's and girls' rights defenders in collaboration with community, religious and political leaders.¹⁶

BOX 3

WHAT ARE GENDER-SENSITIVE INDICATORS?

Gender-sensitive indicators work to measure change for women, men, girls and boys as well as measure changes in gender equality. To this end, gender-sensitive indicators:

- Support in measuring the unique benefits to and challenges (including risks) for women, men, girls and boys in the programmes;
- Measure changes in gender roles, norms, access and control (including decision-making power) over time, including changes in attitude and/or behavior; and
- Ensure that there is an explicit focus on gender equality to optimally understand the impact of the programmes/projects on women, men, girls and boys.

The first and best place to start in developing gender-sensitive indicators is with the collection and analysis of sex- and age-disaggregated data. This is fundamental to be able to describe the divergent experiences of women, men, girls and boys and to be able to measure the different impact on them.

In addition to these basic quantitative indicators, however, it is important to capture relevant norms, knowledge, attitudes and behaviors that reflect gender relations in that setting. A health programme, for example, should have some understanding of decision making in the household, women's and girls' access to resources and their mobility. An education programme would benefit from an understanding of, among other things, the gendered division of labour in the household, the priority given to girls' education, expectations regarding employment and marriage for girls and boys, and perceptions of safety and danger in the community and on the walk to school.



[Excerpted from Save the Children (2014). Gender Equality Program Guidance & Toolkit.]

Gender-Responsive Budgeting (GRB)¹⁷

Gender-responsive budgeting (GRB) is a gender-based assessment of budget, incorporating a gender perspective at all levels of the budgetary process and restructuring revenues and expenditures to promote gender equality. The GRB can be an effective next step after the answer to the questions: "What is the different needs, interests and priorities of women and men, girls and boys?" and "What is the different impacts of financial expenditures on the lives of women, men, girls and boys?" are revealed and examined. The equity element of GRB means that resources are allocated according to need and interest; which is not always a 50/50 split between women/girls and men/boys.

The GRB is important for moving commitments forward to gender equality and human rights and increasing the efficiency of budgets through better informed financial and human resource allocations with gender expertise. The GRB is not about creating a "women's or girls' budget" but integrating gender into "mainstream" budgets.

Through improved analysis and understanding of the differing budgetary impacts on women and girls compared to men and boys, the GRB can also increase the effectiveness and accountability of the programmes/project. In UNICEF, 15% of all programme expenditures should be allocated to advancing gender equality.

Gender Impact Assessment

In addition to gender analysis, **gender impact assessment** can be also used in this phase. Gender impact assessment is an ex ante evaluation, analysis or assessment of a programme/project that makes it possible to identify, in a preventative way, the likelihood of a given decision having negative consequences for the state of equality between women and men, girls and boys.

The central question of the gender impact assessment is:

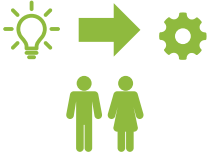
- 1. What benefit (financial, human) will the intervention bring to women, men, girls and boys?**
- 2. What cost (financial, human) will the intervention inflict on women, men, girls and boys?**
- 3. How do both female and male stakeholders perceive the intervention in terms of its costs, benefits, acceptability and practicality?**

For more detailed information on how to conduct a gender impact assessment, see **Gender Mainstreaming in Practice - Step-by-Step Guide for Gender Impact Assessment (National Commission for the Promotion of Equality, 2012)**.

STAGE 3: IMPLEMENTATION

USEFUL TOOLS

Gender-responsive implementation



Gender equality training



Gender awareness raising



Purpose: Implementing planned actions to transform the situation. All stakeholders involved in implementation must be gender-aware and gender-sensitized.

Gender-Responsive Implementation

The implementation phase is the stage of the cycle when all previous analysis, planning and prioritisation of activities are put into practice. The focus of gender mainstreaming should not only be to correct inequity but to be a means toward creating more effective development.

Gender-responsive implementation

ensures diverse women and men, girls and boys have access to, and meaningfully participate in programme decision making and activities. It also helps to identify and address the interests, knowledge, skills and priorities of the diverse women, men, girls and boys.

Monitoring the implementation process will allow to ensure that women and men, girls and boys have equitable access to benefits as well as information (**see page 68** for possible barriers which may be

encountered during the implementation phase). Monitoring of implementation also informs an improved design of future initiatives and facilitates documentation of obstacles to gender mainstreaming that can be later addressed in a wider institutional context.

To ensure that gender will be integrated throughout the programme implementation, all programme/project stakeholders need to have a basic understanding of gender and know how to integrate gender into all stages of programming, ensuring that the process is inclusive and participatory for women, men, girls and boys. Scheduling periodic meetings with key stakeholders such as local women's organizations and representatives of national women's machineries is also another way to keep gender remain at the center of the programming.

During implementation, specific activities must be designed and implemented to target particular areas or issues related to women's and girls' (as well as men's and boys') empowerment within the context or sector being analysed together with confidential and gender-sensitive complaints and feedback mechanisms (i.e. hotline, complain box, social media).

Conducting Gender Training

If necessary, conduct a **gender equality training** - as part of capacity building initiatives - to raise capacity on how to integrate a gender equality dimension in each sector. It is also important that support measures are put in place, so that during implementation, difficulties can be overcome and further guidance is available. Such support includes coaching by a gender expert, supporting from an appointed gender focal point, sharing experiences, lessons and good practices

about gender, applying new learning and skills, etc. Use a participatory approach and ensure gender-balance in the training team and pair gender and sector specialists. There are many resources that can be used when conducting gender training in **Useful Resources (page 112)** in the end of this toolkit.

Gender Awareness Raising

Publications, communications and press releases might be issued during the implementation of the programme/project to **raise awareness on gender equality**. It is important to give visibility to gender issues and avoid the use of sexist language and stereotypical or discriminatory images. Furthermore, when organizing events and conferences, it is recommended to think carefully about the list of speakers: Is there a good balance between women and men speakers?; Are women experts given sufficient attention?

REMEMBER DURING IMPLEMENTATION



Engage men and boys in efforts to achieve gender equality.

As for women and girls, men and boys have an interest in social justice and equality of rights. Also, men leaders can be powerful advocates for gender equality; engaging them can help overcome the fear of change and counter the misperception that gender is "women's issues".



Go beyond numbers.

The participation of women is not enough. A programme can be transformative if implementation includes educating and shifting traditional gender roles within the household. A programme can be gender-exploitative if it reinforces oppressive gender stereotypes.



Timing of activities.

The timing of programme activities may affect the participation of women and men, girls and boys differently. In some locations, responsibilities change with the seasons increasing or decreasing the workloads of women and men. Consider women's and girls' unpaid domestic work and care.

[Source: WFP (2017). Gender Toolkit: Gender and Implementation.]

When programme/project faces any unintended negative outcomes, it may be useful to refer to the following table of a set of gender barriers that women, men, girls and boys may face during the programme/project implementation.

BARRIERS TO SUCCESSFUL IMPLEMENTATION¹⁸

PHYSICAL BARRIERS

Distance



The greater the distance to services, resources or opportunities, the less physically accessible they are.

Location



The location of a service, resource or opportunity will influence how physically accessible it is, and there is also a security risks.

Infrastructure



The infrastructure around a service, resource or opportunity will influence how physically accessible it is.

COGNITIVE BARRIERS

Education level



An individual's level of education may influence their opportunity to access or understand information.

Language skills



An individual's language skills also influence their opportunity to access and understand information.

Confidence level



An individual's level of self-confidence and self-worth influence their opportunity to participate in the programme (activities).

SOCIAL BARRIERS

Unpaid care and domestic work



Household chores, water and fuel collections, care for children, elderly or those who will may influence their participation in the programme (activities).

Decision-making power



The level of decision-making power an individual has will influence their access to services, resources and opportunities.

Level of personal independence



The level of personal independence or freedom an individual has will influence their level of access to services, resources and opportunities.

STAGE 4: MONITORING

USEFUL TOOLS

Gender-sensitive monitoring and evaluation (M&E) tools



Surveys/
Questionnaires



Interview



Focus group



Document review



Field visits

Purpose: Continuous examination of progress achieved during implementation in order to track compliance with a plan and make decisions to improve performance.

Gender-Sensitive Monitoring

Gender-sensitive monitoring is the systematic and regular tracking of progress during planning and implementation of gender mainstreaming and it provides opportunity to understand how and why change occurs for different women, men, girls and boys and reexamine interventions and to realign objectives and methods in order to be more effective. It is needed to collect and analyse data and information using both quantitative (surveys, questionnaires) and qualitative methods (key informant interviews, focus group discussions, mapping, workshops, etc.) based on the gender-sensitive indicators that have been defined in the M&E plan, in order to verify whether intended goals and measures are being achieved. It is imperative to consider corrective actions in case obstacles, that can be immediately redressed, are identified in the process.

It is also important to ensure that the implementation of activities related to gender is followed up and reported upon. Reporting on monitoring results contributes to the learning on what works best, which is of paramount importance.

Monitoring also promotes accountability: hold those responsible for the implementation of actions accountable. For example, if a programme finds that many girls are still dropping out of school even though there is a system in place to prevent sexual harassment, there are separate toilets for girls and boys, and the provision of menstruation materials and information is present, a focus group should be organized with the girls to find out what the root cause of dropout and to respond in an effective manner to the information provided.

It is essential that diverse women and men, girls and boys are equitably represented, heard and counted in the monitoring process, especially poor and excluded women and girls.

The following list suggests various methods to gather, record and validate information and data to conduct effective monitoring and evaluation (M&E).¹⁹

M&E TOOLS	DESCRIPTION
Surveys/Questionnaires	Written instruments – self-administered or through an interviewer (in person, phone, internet)
Interviews	Standardized instruments - conducted either in person or over the phone/other ICT tools – eliciting more in-depth information than a survey
Focus groups	Group discussions - sample of participants brought together to provide their opinions on specific topics
Observation	Systematic process of recording the behavior patterns of people, objects and occurrences
Document review	Review of documentation (internal and external to programme/project)
Review of official records	Review of management information system and administrative data
Field visits	A visit to programme/project site made by staff and working partners (and/or donors) for purposes of firsthand observation
Panel surveys	Repeated observations are derived by following a sample of persons (a panel) over time and by collecting data from a sequence of interviews
Census	An official count or survey of a population, typically recording various details of individuals
Programme/project audits	Assessment to verify compliance with established rules, regulations, procedures or mandates

Analysis of Monitoring Data and Information

After gathering necessary information with relevant stakeholders using M&E tools, next step is to analyse the data and information from gender perspectives. A set of following gender analysis questions help to assess gender equality outcomes towards achieving the programme objectives.

	Questions
Implementation Process Questions	What is the nature and extent of women's and men's, girls' and boys' participation in the programme? What barriers to participation are being experienced? Why do the barriers exist? How can the barriers be overcome?
	Are some groups of women, men, girls or boys excluded from the programme? Who is not being reached? Who should be involved in, and benefiting from the programme?
	Do women and men, girls and boys equally participate in programme decision making?
	Are women and men, girls and boys treated with equal respect as decision makers, implementers, and participants?
	Who is making the decisions? Does action need to be taken to strengthen the participation of women, men, girls and/or boys in decision making?
	What factors are enabling the programme to progress towards the gender equality outcomes?
	What factors are hindering progress towards gender equality outcomes?
	Are the persons involved in programme implementation continually motivated to maintain a gender perspective? (e.g. through opportunities to update their gender knowledge and skills, discussion of gender issues in a non-judgemental environment)
	Have the gender knowledge and skills of programme staff – UNICEF and partners - increased? If not, what will be done to strengthen their gender competencies?
	Has enough gender capacity building been done?
	Do programme staff monitor budget expenditures to ensure that they are equitable and so contribute to women and men, girls and boys, benefiting from the programme?
	Are the data systematically analysed in such a way that they capture any possible differences in the programme impact on women, men, girls and boys, and gender relations?
	What revisions are needed to the programme strategy – Theory of Change, Logical Framework – to ensure that the programme is gender-transformative?
	Are new gender issues emerging within the programme?

Programme Outcomes	Questions
	How does the programme affect women, men, girls and boys? If there are differences, what are they and why do they exist?
	Who is benefiting from the programme? How?
	What benefits is the programme bringing to the lives of women, men, girls and boys? Are women, men, girls and boys supportive of the programme? Why?
	What are the – positive and negative – opinions of the women, men, girls and boys involved in, and/or benefiting from the programme?
	Would women, men, girls and/or boys like to see changes to the programme? If yes, what changes? Why?
	Is progress towards specific gender equality outcomes on track? What are possible long-term impacts of the programme on gender equality?
	Has the programme had any undesirable effects on gender equality? For example, increased workload, incidents of violence, backlash?
Participation and Decision Making	Questions
	Do women and girls enjoy greater participation in public forums and decision-making bodies (e.g. local committees, government bodies) where they were previously disenfranchised?
	Has the social status/positions of women and girls changed? Of men and boys? How? Why?
	Have more women's and girls' organizations been established or strengthened through the programme?
Access to and Control of Resources	Questions
	Has women's and girls' access to and control over natural and economic assets (land, household finances, other assets) increased?
Freedom from Violence and Harm	Questions
	Has the programme contributed to a reduction in violence against women and/or girls? Or, has the programme contributed to violence against women and girls or to women and girls fearing violence?
	Is implementation of the programme causing harm to women, men, girls and/or boys? Are any women, men, girls or boys at risk of harm because of their participation in the programme? What can be done to reduce and eliminate the risks of harm?

Socio-Cultural Norms and Practices	Questions
	Has the programme contributed to changing oppressive gender stereotypes?
	Has the programme contributed to changing discriminatory gender attitudes?
	Have the attitudes and behaviours of women and men, girls and boys changed, in favour of gender equality? If no, why not? If yes, how and why?
	Do women and men, girls and boys better understand how unequal power relations between them discriminate against and oppress women and girls?
	Is women's and girls' unpaid domestic and caring work recognized and valued?
	Do women and girls share the domestic workload more equally with men and boys? Do women and girls have more time for themselves?
Empowerment	Questions
	Are women and girls empowered to acts as agents of change?
	Do women and girls feel empowered? Men and boys? How? Why? Why not?
	How can the programme be revised so that it is empowering for women, men, girls and/or boys?
	Has women's and girls' self-esteem and self-confidence to participate in organizations and institutions increased?
Are women and girls able to exercise their capacity for leadership?	

[Source: WFP (2017). *Gender Toolkit: Gender and Monitoring.*]

Amending Programme/ Project Design

When there is needs to amend the programme/project design as a result of monitoring, it is advisable to reconsider the following:²⁰

- If any key gender issues are identified that will impact the ability of the programme/project to achieve its goals or prevent women, men, girls and boys from benefiting equally, amend the programme/project (e.g. new activities, gender indicators) to ensure that women, men, girls and boys benefit equally.
- If monitoring finds that the needs of women, men, girls and boys are substantially different in relation to the programme/project, consider if it is necessary to create a separate programme/project component focusing on women, men, girls or boys.
- If necessary, identify new relevant data that should be collected to track the gender-related programme/project impacts.
- Identify any entry points or opportunities for empowering groups of women, men, girls and/or boys through the programme/project.

STAGE 5: EVALUATION

USEFUL TOOLS

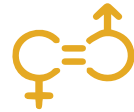
Gender-sensitive monitoring and evaluation (M&E) tools



Gender assessment scale



Gender equality marker



Purpose: Periodic assessment of activities, programmes/projects, policies and other interventions to understand why, and the extent to which, intended and unintended results are achieved and their impact on stakeholders.

Gender-Sensitive Evaluation

Gender-sensitive evaluation refers to the periodic and rigorous assessment of expected gender results in relation to specific objectives of the implementation of an on-going or completed programme, to determine its impact, effectiveness, efficiency, sustainability and relevance. It assesses the degree to which gender inequalities and unfair power relations change as a result of an intervention using a process that is inclusive, participatory and respectful of all stakeholders (including rights holders and duty bearers). Gender-sensitive evaluation also allows to assess gaps in programming, focusing on which women, girls, men and/or boys were not effectively reached. Integrating gender into evaluations produces informed recommendations that can be used for designing and refining programmes that benefit women, men, girls and boys and advance gender equality.

There are two types of evaluation: **performance evaluation** and **impact evaluation**. **Performance evaluation** focuses on descriptive and normative questions: what has a particular programme/project achieved: how it is being implemented; how is it perceived and valued; are expected results occurring; and other questions that are pertinent to programme/project design, management and operational decision making.²¹ It involves the collection of data at the start of a programme/project (to provide baseline) and again at the end.

Impact evaluation measures that change in a development outcome that is attributable to a defined intervention; impact evaluations are based on models of cause and effect and require a credible and rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change.²² Impact evaluations in which comparisons are made between

beneficiaries that are randomly assigned to either a treatment or a control group provide the strongest evidence of a relationship between the intervention under study and the outcomes measured.²³

Evaluating Gender Results in UNICEF System

In UNICEF system, there are two different tools to track the results of the interventions to achieve gender equality. Programmatic results and progresses are captured by a Results Assessment Module (RAM) under the InSight (UNICEF's performance management system). On the other hand, expenditures allocated for particular outputs are tracked through VISION (UNICEF's monitoring system) using **Gender Equality Marker (GEM)** as well as **Gender Tag** given for activity levels. See **page 83** for more detailed information on the GEM and the Gender Tag.

Gender-sensitive evaluation should include evaluators with gender expertise, who are able to identify and apply evaluation questions and methods which integrate a gender equality perspective. Specific indicators should also be identified and measured throughout the duration of the programme/project to ensure that it is having its intended effect. In addition to gathering this information, there must be increased accountability for the results that are found. It is crucial to analyse a programme's/project's effects and make the necessary changes to ensure that it is as effective as possible.

Gender Assessment Scale

When programmes/policies are not gender sensitive, they run the risk of causing harm, even though this may not be intentional. A diagram on **page 81-82** provides a **gender assessment scale** (developed by the World Health Organizations) and criteria for assessing UNICEF's programmes/projects to fall into **five levels**, two of which (Level 1 **Gender Negative** and Level 2 **Gender Blind**) hinder the achievement of gender equality. The third level, **Gender Sensitive**, is the turning-point when programmes/projects recognize the important effects of gender norms, roles and relations. Only when a policy or programme is gender-sensitive can it be either **Gender Specific** (level 4) or **Gender Transformative** (level 5) – where the real action begins. UNICEF programming should endeavor to be Gender Specific (Level 4) or Gender Transformative (Level 5).

Analysis of Evaluation Data and Information

A set of following gender analysis questions help to assess whether gender was integrated in all phases of the evaluation process.

	Questions
Evaluation Methodology	Does the methodology ensure collection of sex and age-disaggregated data?
	Do the evaluation methods and tools ensure that information will be collected from women and men, girls and boys? Have the barriers to participation for different individuals and population groups been considered and addressed? For example, will women-only and men-only discussion groups be held? Is the timing of interviews and group discussions considerate of the roles and responsibilities of women and men, girls and boys?
	Will the evaluation methods and tools ensure that gender-related information (beyond sex- age age-disaggregated data) is collected?
	Do the evaluation methods and tools ensure the privacy and confidentiality of the participants and the information they provide?
	Do the evaluation methods tools adhere to ethical codes of conduct?
	Has gender been integrated into all questionnaires, interview guides, focus group discussion guides, etc.? What factors are hindering progress towards gender equality outcomes?
	Do the evaluation methods ensure that discriminatory practices and unequal power relations are not perpetuated?
	Questions
Evaluation Team	Does the evaluation team include relatively equal numbers of women and men?
	Is the evaluation team culturally diverse?
	Do all members of the evaluation team: (a) have a basic gender knowledge, (b) know how to integrate gender into evaluations, and (c) understand the gender issues related to the programme being evaluated?
	Does at least one member of the evaluation team have gender expertise?
	If there are gaps in the gender competencies of the evaluation team, will gender training be provided?

Data Analysis	Questions
	Have the data/information been validated by cross-referencing the different sources?
	Are all (people-related) data and information disaggregated by sex and age?
	Is equal value and consideration given to the information, opinions and ideas provided by women, men, girls and boys and their organizations?
	If gender gaps in access, participation and/or benefits were detected, have the causes been identified?
	What do the data reveal about the programme's contribution to meeting the needs, interests and priorities of women, men, girls and boys?
	How well have activities and outputs translated into gender equality outcomes?
	What do the data reveal about the programme's contribution to gender equality outcomes?
Have the programme results been empowering for women and girls and contributed to realising gender equality? How?	
Relevance	Extent to which the programme
	Was informed by, and responsive to the needs and interests of, diverse stakeholders, achieved through participatory gender analysis and processes.
	Aligned to UNICEF Gender Action Plan (GAP) 2018-2021.
	Identified and reinforced positive local gender equality dynamics.
Contributed to more equality between women and men, girls and boys.	

Effectiveness	Extent to which the programme:
	Integrated gender in all processes, procedures, tools, activities and partnerships.
	Engaged women and men, girls and boys on equal terms.
	Strengthened the gender knowledge and skills of UNICEF staff and partners.
	Changed practices, behaviours and power relations between women and men, girls and boys.
	Delivered outputs and achieved empowering outcomes for women, men, girls and boys.
	Transformed gender relations in favour of equality.
Advanced gender equality.	
Efficiency	Criteria
	Partner identification and partnerships included gender equality criteria.
	Resources used to equally respond to women's and men's, girls' and boys' expressed needs, interests and priorities.
	Resources allocated (and expended) for gender equality activities, outputs and outcomes.
	Costs of not integrating gender throughout the programme.
Impact	Criteria
	Impact of the programme in the lives of women and men, girls and boys – intended and unintended, positive and negative.
	Gender equality outcomes – in policies, practices, ideas, beliefs, attitudes and across individuals, organizations and institutions.
	Changes in power, resources and workload.
	No negative effects on women, men, girls and boys.

Sustainability	Extent to which the programme:
	Focused on the main interests of women, men, girls and/or boys (ownership).
	Achieved enduring change in behaviour and attitudes around gender equality.
	Integrated gender in institutions and processes – within UNICEF, in partner organizations, in local/national governments, etc.
	Increased gender-related capacities – in UNICEF, partners, community-based organizations, governance institutions.
Increased women's and girls' access to resources.	
Appropriateness	Extent to which the programme:
	Addressed the particular needs of women, men, girls and/or boys in the context/community where it was implemented, as informed by participatory gender analysis.
	Used participatory methods for design, implementation, monitoring and evaluation.
	Integrated gender equality in objectives, outcomes and indicators.
Assessed and strengthened the gender-related capacities of partners.	
Coverage	Extent to which the programme:
	Equitably targeted women, men, girls and/or boys, based on context analysis and programme objectives.
	Considered and addressed the implications of targeting.
Assessed and addressed access and exclusion.	
Connectedness	Extent to which the programme:
	Engaged men and boys in gender equality efforts.
	Addressed gender equality as relevant to, and beneficial for, all individuals and groups (and not as a "women's and girls' issue").
Integrated gender across functional areas (programme, finance, logistics, human resources, etc.) and relevant sectors (health, nutrition, education, child protection, WASH, etc.)	

[Source: WFP (2017). *Gender Toolkit: Gender and Evaluation*.]

GENDER ASSESSMENT SCALE

LEVEL
1

GENDER NEGATIVE

- Perpetuates gender inequality by reinforcing unbalanced norms, roles and relations
- Privileges men (boys) over women (girls) (or vice versa)
- Often leads to one sex enjoying more rights or opportunities than other

GENDER BLIND

- Ignores gender norms, roles and relations
- Very often reinforces gender-based discrimination
- Ignores differences in opportunities and resource allocation for women and men, girls and boys
- Often constructed based on the principle of being “fair” by treating everyone the same

LEVEL
2

LEVEL
3

GENDER SENSITIVE

- Considering gender norms, roles and relations
- Does not address inequality generated by unequal norms, roles or relations
- Indicates gender awareness, although often no remedial action is developed

GENDER SPECIFIC

- Considers gender norms, roles and relations for women and men, girls and boys and how that affect access to and control over resources
- Considers women’s (girls’) and men’s (boys’) specific needs
- Intentionally targets and benefits a specific group of women or men, girls or boys to achieve certain policy or programme goals or meet certain needs
- Makes it easier for women and men, girls and boys to fulfill duties that are ascribed to them based on their gender roles

LEVEL
4

LEVEL
5

GENDER TRANSFORMATIVE

- Considers gender norms, roles and relations for women and men, girls and boys and how that affect access to and control over resources
- Considers women’s (girls’) and men’s (boys’) specific needs
- Addresses the causes of gender-based inequities and promote gender equality
- Include ways to transform harmful gender norms, roles and relations
- Include strategies to foster progressive changes in power relationships between women and men, girls and boys

[Source: World Health Organization (2011). *Gender Mainstreaming Manual for Health Managers: A Practical Approach*.]

Application of gender assessment scale

To better understand what each of the five categories on gender assessment scale might look like in real life, the followings are examples of the five approaches to programming as they would apply to a project which aims to improve access to sanitation facilities for girls in schools.



GENDER INEQUITY

GENDER EQUITY

Exploit

Accommodate

Transform

GENDER EQUALITY MARKER (GEM)

What is the Gender Equality Marker (GEM)?

The **Gender Equality Marker (GEM)** is a tool to measure the extent to which intermediate results that use programme budgets contribute to the advancement of gender equality or to the reduction of discrimination and inequalities based on sex as defined by the UNICEF Gender Action Plan 2018-2021.

The UNICEF GEM:

- Provides UNICEF with an improved system of tracking resource allocations and expenditures that are made to advance gender equality and/or the empowerment of women and girls.
- Sensitizes planning teams to develop results that, to the greatest extent possible, advance gender equality and empower women and girls.
- Is applied at all levels of the organization (i.e. country, regional and HQ locations).
- Has an attribute in VISION. The attribute is placed at the level of intermediate results where the GEM will be scored.
- Is applied to programme results that receive an allocation of programme funds.

It is expected that country offices, as part of normal practice, would have supported the strengthening of gender analysis within situation analysis and other assessments that form the basis of the formulation of intermediate results.

How to rate GEM?

The GEM requires a rating to be given to all output results, and will indicate how much of UNICEF's work and financial resources are spent on projects and programmes that increase gender equality and women's and girls' empowerment. This involves rating every intermediate result against a **four-category scale** that ranges from **"0"** (not expected to contribute to gender equality in any noticeable way) to **"3"** (advancing gender equality as a principal objective of the result).

Intermediate results:

- Whose **principal** objectives are to advance gender equality and/or empower women and girls should be rated: "3"
- That are expected to make a **significant** contribution to advancing gender equality and/or the empowerment of women and girls should be rated: "2"
- That are expected to make a **marginal** contribution to advancing gender equality and/or the empowerment of women and girls should be rated: "1"
- That are **not expected** to make a noticeable contribution to advancing gender equality and/or the empowerment of women and girls should be rated: "0"

It is important to note:

- Interventions for boys (where they are disadvantaged) may contribute to gender equality and may be rated as principal or significant.
- Results that target women and/or girls may not necessarily contribute to promoting gender equality. For example, a result that focuses on ensuring that only women have increased knowledge of child care practices does not recognize men's responsibility for caring for children.

Who will use the GEM?

The GEM is a hands-on tool for all staff (especially M&E officers, programme staff and gender focal points) to be used in designing gender equity programmes/projects.

Linking GEM and Gender Tag

Gender Tag in VISION is a tool to rate the extent of gender equality in programming at activity level. The Gender Tag at activity level in VISION allows a greater choice to country offices in selecting Specific Intervention Codes (SICs) for cross-sectoral gender activities. The Gender Section in Programme Division has predefined a "yes" for each SIC that is unquestionably gender related (i.e. targeted priorities or well-articulated mainstreaming issues contributing towards gender equality). This identification is visible in VISION but will not require country offices to adjust at this stage.

Ensure that output level GEM is linked to SIC level Gender Tags through percentage of expenditures allocated to gender tagged activities. It is recommended that:

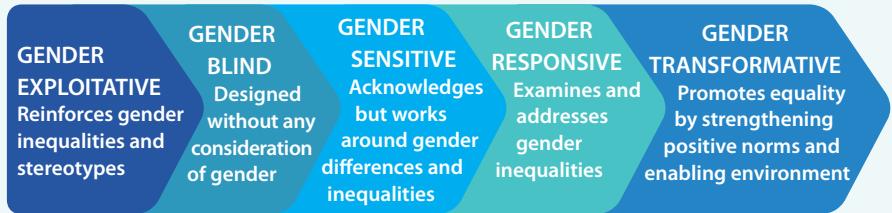
- Outputs rated **PRINCIPAL** have more than **60%** of gender tagged expenditures at activity level;
- Outputs rated **SIGNIFICANT** should have **40% to 60%** of gender tagged expenditures at activity level; and
- Outputs rated **MARGINAL** should have **15% to 40%** of gender tagged expenditures at activity level;
- Outputs rated as **NONE** should have **less than 15%** of gender tagged expenditures at activity level.

The following diagrams illustrate how different levels of GEM correspond to the gender assessment scale. Again UNICEF programming should aim for gender-responsive (GEM 2) or gender transformative (GEM 3). **Next page** provides examples of intermediate programme results and indicates how they could be rated by GEM.

UNICEF GENDER EQUALITY MARKER (GEM)



WHO GENDER ASSESSMENT SCALE



EXAMPLE OF GENDER EQUALITY MARKER (GEM) "3"

Intermediate results that have advancing gender equality and/or the empowerment of women and girls as a principal objective

Description:

Gender equality and/or the empowerment of women and girls is a **principal** objective of the intermediate result and one of the main reasons the result was formulated. The result has corresponding indicators to measure how gender equality will be advanced.

Example:

Intermediate Result: Legal and policy frameworks protect girls from FGM/C

Indicators:

- Prevalence (percent) of FGM/C among adolescent girls
- Number of survivors of FGM/C receiving services
- Number of cases of FGM/C prosecuted
- Percentage of reported cases of FGM/C prosecuted
- Number of court decisions on FGM/C implemented

Rationale for rating:

The main objective of the intermediate result is to address a harmful traditional practice targeted at women and girls. The indicators measure the extent to which the issue of FGM/C is being addressed through legal and policy frameworks.

EXAMPLE OF GENDER EQUALITY MARKER (GEM) "2"

Intermediate results that make a significant contribution to advancing gender equality and/or the empowerment of women and girls

Description:

Gender equality and/or the empowerment of women and girls is not the main objective of the intermediate result. However, it is a secondary objective expected to make a **significant** contribution to advancing gender equality, with corresponding indicators to measure how gender equality will be advanced.

Example:

Intermediate Result: Increased access to safe water supply, adequate sanitation and hygiene facilities for children in 500 primary schools

Indicators:

- Per cent of schools with separate and lockable toilets, safe water supply, adequate sanitation and hygiene facilities for girls

Rationale for rating:

The main objective of this intermediate result is to increase access to water supply, sanitation and hygiene facilities for children in general in the 500 schools – there is no mention of addressing any gender gaps. However, the indicator measures the extent to which girls have access to these facilities – especially to separate, lockable facilities, which can be an important factor in girls' attendance in school, particularly in the case of adolescent girls. While promoting gender equality is not the main objective of this result, it is a secondary objective in that it addresses what is often a barrier to girls' education.

EXAMPLE OF GENDER EQUALITY MARKER (GEM) "1"

Intermediate results that make a marginal contribution to advancing gender equality and/or the empowerment of women and girls

Description:

Intermediate results that make a **marginal** contribution to advancing gender equality and/or the empowerment of women and girls.

Example:

Intermediate Result: By the end of 2021, ministries, institutions and civil society organizations systematically monitor child rights to influence the implementation of national strategies, plans and programmes addressing poverty and exclusion of children and families

Indicators:

- Statistical agencies at all levels and ministries provide data, updated and disaggregated by sex, on the situation of children and young people, in line with the EU statistical framework and national strategies

Rationale for rating:

The intermediate result aims to monitor child rights overall, and to address poverty and exclusion of children and families – children are mentioned as a group and without reference to girls and boys and any gender disparities to be addressed. The indicator calls for statistical agencies to provide data disaggregated by sex on the situation of children and young people. However, it is neither clear what gender disparities will be analysed or monitored with this disaggregated data in relation to the result, nor how the data will be used to promote gender equality.

EXAMPLE OF GENDER EQUALITY MARKER (GEM) "0"

Intermediate results that are not expected to make a noticeable contribution to advancing gender equality and/or the empowerment of women and girls

Description:

The intermediate result is **not expected** to contribute to gender equality in any noticeable way. There are no indicators that are disaggregated by sex, measure the engagement of women, men, girls, boys, etc., nor do any of the indicators show how gender equality will be advanced.

Example:

Intermediate Result: By the end of 2021, the percentage of children from 60 prioritised municipalities who have not completed their primary education has been reduced by 6 percentage points

Indicators:

- Per cent of children who complete their primary education in prioritised municipalities
- Per cent of children passing their primary grades

Rationale for rating:

The intermediate result relates to the reduction of the percentage of children who have not completed their primary education – children are referred to as a group, and there is no mention of any targeted action for girls or boys who might be at a greater disadvantage. The indicators also monitor children as a group, not calling for disaggregated data to look at any differences in school completion or achievement between girls and boys.

STAGE 6: REPORTING

USEFUL TOOLS

Sex and age-
disaggregated
data



Quantitative &
qualitative
Information



Gender-sensitive
language



Performance
reporting (COAR)



Purpose: Document lessons learned and best practices related to gender mainstreaming or to showcase the gender-related results achieved to increase the visibility of efforts in this area.

Accountability and Learning

Reporting is the process of providing timely narrative and financial information during the implementation, and following the completion of the programme/project.

Gender-responsive reporting involves explaining the situation, actions, outputs and results of a UNICEF programme for women, men, girls and boys and the contribution to gender equality outcomes.

It is also important to make evaluation publicly accessible and strategically disseminate its results to promote its learning potential. Findings, the lessons learnt, recommendations and data from the monitoring and evaluation (M&E) should be used to design the next round of interventions and programmes/projects, ensuring continued progress until gender equity is achieved.

When sharing the programme results with target women, men, girls and boys, keep in mind the followings:

- 1. Tailor the message to the audience**
– Adapt the content and form to the target audience. Take into account language, education and literacy levels, which can differ for women and men, girls and boys. Ensure the message reaches, is understood by and engages the diverse women and men, girls and boys in the target community.
- 2. Use multiple dissemination channels that reach women and men, girls and boys** – Do not assume that women and men, girls and boys have the same access to the different information channels.
- 3. Monitor reception and impact**
– Design inclusive and participatory means of collecting quantitative and qualitative information from women and men, girls and boys and their organizations.

Reporting on UNICEF's Gender Results

The UNICEF's Gender Action Plan 2018-2021 specifies two categories of results:

- 1. Results related to the targeted gender priorities as outlined in the GAP; and**
- 2. Outputs related to gender mainstreaming or integration.**

For "mainstreaming gender", a result must do both of the following:

- Focus on one or more outcome area results (e.g. reduced stunting, improved access to water, higher immunization rates); and
- Advance the well-being, rights, socio-economic position of women and/or girls, or makes their relationship with men/boys more equitable.

Each year, UNICEF reports on its performance, describing the work that has been undertaken and the achievement made against specific objectives. It is important for country offices to document their most robust achievements on gender in their annual reporting, both for assessing and supporting further work and results on gender in their country contexts, and for effective aggregation in corporate level reports to the Executive Board, donors and key partnerships.

The Country Office Annual Report (COAR) captures Gender Results in the following sections:

- 1) COAR Strategic Programme Narrative;
- 2) Result Assessment Module (RAM);
- 3) Key Performance Indicators (KPIs);
- 4) Strategic Monitoring Questions (SMQs); and
- 5) Outcome/Output Statement.

The Planning, Monitoring and Evaluation (PME) Chief and Gender Specialist/Focal Point should jointly prioritise the 1-3 key results on gender that are the strongest and show achievement at scale. The review and selection should be discussed with the Deputy Representative and included in the COAR Strategic Programming Narrative after his/her approval. The country offices should make an effort to ensure they reflect both targeted gender priorities and gender mainstreaming results in their selection. Only 300 words are allowed under the gender equality section of the COAR Strategic Programming Narrative, and therefore this section should note the key results. Key questions to ask:

- **Who are the people being reported on?**
- **What are their particular situations (needs, priorities,etc.)?**
- **Why are their differences between women and men, girls and boys?**
- **What is UNICEF doing to address the gender inequalities?**
- **How well is UNICEF doing at addressing the needs and priorities of women, men, girls and/or boys?**
- **What else is needed?**

Further details of gender results should be reflected in the Outcome/Output Statements in the COAR. Country offices are requested to provide substantial information on their gender results under the Outcome/Output Analytical Statements that correlate with their targeted gender priorities and gender mainstreaming results. It is recommended that country offices explicitly note where subsections of the Analytical Statements are reporting on and emphasizing gender results by putting in a subheading: "Gender Results". This is the best way to have the country offices' good work on gender in a given outcome area recognized in corporate reports. Country offices should report on achievements and outputs, not just activities, for coverage and reach that is at scale. See **page 94-95** for more information on what constitutes good gender results in UNICEF reporting.



Communication Products:

For written, visual, audio and audio-visual communication products:

- ❑ **Balance the number of women and men, girls and boys** featured in communication products. Show diversity - gender, age, ethnicity, dis/ability, roles, religions, rural/urban, etc.
- ❑ **Include women and men, girls and boys in comparable and diverse roles.** If, for example, featuring community leaders, include both a woman and a man, rather than a male leader and female housewife.
- ❑ **Present the views of both women and men, girls and boys,** and present them as equally important and relevant. Allow similar time for women and men, girls and boys to speak. Quote both women and men, girls and boys as sources of expertise, opinions, experiences, etc.
- ❑ **Challenge oppressive stereotypes.** Show women and men, girls and boys in non-stereotypical roles.
- ❑ **Accurately present the situations of both women and men, girls and boys;** conveying similarities and differences in their situations. Do not represent women and girls as inherently vulnerable. Show capacities, not only vulnerabilities.



Media Messages and Advocacy:

When sharing information, preparing media products and designing advocacy messages:

- ❑ **Provide data** - provide information disaggregated by sex and age.
- ❑ **Get Specific** - present information about the specific situations, needs and capacities of women, men, girls and boys.
- ❑ **Gender Messaging** - include gender equality messages.
- ❑ **Repeat UNICEF's Commitment** to gender equality and women's and girls' empowerment as a means of achieving reaching children's full potential.

[Source: WFP (2017). Gender Toolkit: Gender and Communication.]

REPORTING ON THE GENDER RESULTS

1

BEST RESULTS

What is it?

Best results show an uptake in services, information, options and choices for large numbers of women/girls. Large numbers mean hundreds of thousands or millions, not a few hundred or a few thousand. Note that reporting on women and girls reached need not depend on UNICEF's direct service delivery but could be the outcome of work done through improved policies, financing, systems, capacity, etc., where UNICEF's contribution to the resulting beneficiaries reached is clear.

Example

If UNICEF has been systematically increasing teacher capacity and more effective resource allocation for girls' education in certain school districts, and this work is resulting in more girls attending and remaining in school, then it can be reported as girls reached.

2

VERY GOOD

What is it?

Very good results show that gendered bottlenecks for service delivery systems in sectors were addressed and their quality improved, including in response to gender specific demand for services to support more women and girls (and men and boys when applicable).

Example

If a protocol was developed and implemented for delivery rooms to have minimum WASH facilities in x number of facilities in y districts, that would be a very good gender result to report in terms of facilities and districts served that provide women convenience and dignity in giving birth. The scale criterion applies here as well. Two facilities in two districts are not a strong result, but 50 or 100 facilities in more than one district is a strong result.



GOOD

What is it?

Good results show improvements in knowledge, attitude and practices towards women/girls, or toward more gender equitable perspectives about women and men, girls and boys in large population segments. Changes in policies and laws or the adoption of national plans are worth reporting when there is clear intention to translate into real action. Plans and policies that have funds attached indicate much stronger results than unfunded policies and plans. Mobilization of financing for gender equality also constitutes a strong result.

Example

UNICEF office in x country supported development/implementation of life skills education (LSE) programmes to support transition to secondary education, covering leadership/decision making, problem solving/critical thinking, MHM, child marriage and gender/protection issues. In two districts, more than 32,000 girls benefitted and 10,000 school principals were sensitized on issues related to adolescent girls.

INTEGRATED GENDER CHECKLIST

This comprehensive checklist supports to ensure that gender perspectives are fully integrated in each step of a programme/project cycle.

STEP 1

PLANNING (ASSESSMENT AND ANALYSIS)



NO.	QUESTIONS	DONE
I. ASSESSMENT		
What is the context-specific situation of gender equality?		
DATA COLLECTION		
1.1	What means of collecting data will be effective and acceptable with each stakeholder? Is data available sex- and age-disaggregated?	<input type="radio"/>
1.2	Are several methods being used - such as desk reviews, interviews and group discussions - to ensure that data and information is age- and sex-disaggregated?	<input type="radio"/>
1.3	Are the means of collecting data and information safe for, and perceived as being safe by women, men, girls and boys? Is it possible for women to interview women and men to facilitate all-men discussions (if that is what is appropriate and effective)?	<input type="radio"/>
1.4	What is the current situation of women, men, girls and boys in the sector of planned intervention? What is taken for granted? – Why?	<input type="radio"/>
1.5	What patterns concerning women and men, girls and boys exist?	<input type="radio"/>
1.6	What are the differences between women and men, girls and boys - needs and interests?	<input type="radio"/>
1.7	What are the roles and responsibilities of women and men, girls and boys? Is there a fair (paid and unpaid) workload distribution? How does the distribution impact their respective rights and opportunities?	<input type="radio"/>
1.8	Do women and men, girls and boys as individuals and groups, encounter differing demands and expectations linked to stereotyped ideas of gender?	<input type="radio"/>
1.9	Are there specific constraints, barriers and/or opportunities for women, men, girls and boys especially from different social, ethnic, economic or age groups?	<input type="radio"/>

NO.	QUESTIONS	DONE
PARTICIPATION		
1.10	<p>Are the range of stakeholders involved?</p> <ul style="list-style-type: none"> • Women, men, girls and boys of different ages, castes, class, dis/ability, economic status, ethnicity, religion/belief, rural/urban, etc. • Civil society organizations (especially women- and youth-led) • Community and religious leaders • Government bodies • Research institutions, specialists 	<input type="radio"/>
1.11	How will the different groups of women and men, girls and boys be involved in the gender analysis?	<input type="radio"/>
1.12	Are there any obstacles to the participation of women and men, girls and boys in the gender analysis such as unpaid care work, level of literacy, social norms (decision making), lack of access to information, lack of self-confidence, personal safety and security, etc.? How can the obstacles be removed or, at least, reduced?	<input type="radio"/>
1.13	Whose voices have been heard? Whose voices have not been heard? Who else needs to be consulted? Identify and address reasons for exclusion - age, sexuality, caste, religion/belief, color, literacy, social status, wealth, mobility restrictions, etc.	<input type="radio"/>
1.14	Who will analyse the data and information?	<input type="radio"/>
1.15	Does the gender analysis team consist of women and men who reflect diversity among the stakeholders?	<input type="radio"/>
1.16	How will the gender analysis be validated? Are the individuals or groups who review the gender analysis representative and gender-aware?	<input type="radio"/>
1.17	Will the tools that will be used explore the particular needs, interest, concerns, etc. of women and men, girls and boys? Will the tools enable examination of such intangible issues as inequalities, discrimination, oppression, exercise of rights and social justice? If not, how do the tools need to be improved?	<input type="radio"/>

NO.	QUESTIONS	DONE
II. ANALYSIS What barriers and opportunities prevent or enable gender-equal rights of women, men, girls and boys? Analyse the impacts of gender constraints and opportunities to achieve the programme's objectives. Where feasible, include a gender specialist/focal point in the analysis.		
ENABLING ENVIRONMENT		
1.18	What are the root causes of the deprivations women and girls (and/or men and boys) are facing within a programme area? What are the key societal beliefs of their value in society? Is there widespread discrimination based upon poverty, ethnic identity, geographic location, disability, religion, caste and/or fragile and crisis conditions?	<input type="radio"/>
1.19	What are the consequences of these differences on women, men, girls and boys in fulfillment of rights? What can be changed? How?	<input type="radio"/>
1.20	What information is available about how the identified issue affects women, men, girls and boys differently?	<input type="radio"/>
1.21	What are the distinct capacities, needs and preferences of women, men, girls and boys?	<input type="radio"/>
1.22	Are interests, opportunities and wishes of women, men, girls and boys met to an equal degree? Whose needs are not being met? Why?	<input type="radio"/>
1.23	Have all national legal frameworks and policies associated with the problem been included in the analysis? (Do they integrate a gender perspective? Are there gender equality or gender specific policies addressed to women and girls?)	<input type="radio"/>
1.24	How does the identified issue align with national priorities? What is the existing national capacities in response to the gender inequalities associated with the issue?	<input type="radio"/>
1.25	What other project, programme or policy interventions related to this issue have already happened or will be planned?	<input type="radio"/>
1.26	Has data analysis portrays the situation of diverse groups and the most marginalized?	<input type="radio"/>
1.27	Are there systemic funding constraints for national entities that limit capacity to provide social protection, care and support for vulnerable priority populations thereby hindering progress?	<input type="radio"/>
1.28	What national level coordination barriers hinder the enforcement of social protections particularly in humanitarian and emergency settings?	<input type="radio"/>

NO.	QUESTIONS	DONE
SUPPLY		
1.29	What critical commodities are lacking within the delivery process of key services to vulnerable populations?	<input type="radio"/>
1.30	What lacking resources prevent access to quality services including information that has a disproportionate impact on vulnerable populations?	<input type="radio"/>
DEMAND		
1.31	What factors impede demand for access to services, resources or opportunities that disproportionately impact a specific gender?	<input type="radio"/>
1.32	What social norms, practices, beliefs and behaviours hinder outcomes for women and girls?	<input type="radio"/>
1.33	What barriers prevent continuity of services (e.g. lack of female staff, location, attitude of staff, etc.)?	<input type="radio"/>
QUALITY		
1.34	What are some of the quality standards that are not being adhered to that impact access and utilisation of services?	<input type="radio"/>



NO.	QUESTIONS	DONE
PRIORITISED ISSUES AND AREAS		
2.1	Does the results area align with the country office's existing or planned programme areas?	<input type="radio"/>
2.2	Does the results area fall into at least one of the GAP priorities (1-3 Targeted Priorities and/or 1-3 Gender Integration Results from the GAP)?	<input type="radio"/>
2.3	Have women, men, girls and boys been consulted about the proposed programme? To what extent? How?	<input type="radio"/>
2.4	Has the programme strategy addressed varying practical and strategic needs of women, men, girls and boys and vulnerable groups based on a gender analysis? For example, is the strategy concerned merely with delivering benefits to women and girls, or does it also involve their increased participation and empowerment, so they will be in a better position to overcome problem situations?	<input type="radio"/>
2.5	Are women, men, girls and boys encouraged to transgress stereotypical gender roles and behaviour through the proposed programme/project? Does the proposed programme/project diminish or challenge existing inequalities in the situation of women, men, girls and boys?	<input type="radio"/>
2.6	What is the evidence that the strategy will contribute to achieving the objectives?	<input type="radio"/>
2.7	Where do opportunities or entry points for change exist (that women, men, girls and boys want) and how can they best be used?	<input type="radio"/>
2.8	Have the main recommendations for the country made by CEDAW, CRC and UPR on the issue been considered?	<input type="radio"/>
2.9	Have lessons from related programmes or synergies with other programmes been addressed?	<input type="radio"/>
BACKGROUND AND JUSTIFICATION		
2.10	Is the gender dimension highlighted in background information to the intervention? Does the justification include convincing arguments for gender mainstreaming and gender equality? Are these UNICEF-relevant?	<input type="radio"/>
2.11	Will the programme/project change the perceptions or stereotypes about women, men, girls and boys, and their roles in any way?	<input type="radio"/>
2.12	What is the best way to build on and strengthen the government's commitment to women's and girls' empowerment?	<input type="radio"/>

NO.	QUESTIONS	DONE
2.13	Has the UNDAF prioritised this issue area? Does programme/project have the potential to contribute towards gender equality and the UNICEF Strategic Plan goals, the GAP priorities, SDGs and national policies?	<input type="radio"/>
GOALS		
2.14	Does the goal address priority concerns, both practical and strategic needs of women and men, girls and boys that exist (from the results of a gender analysis)?	<input type="radio"/>
2.15	Does the goal include a broader and long-term commitment to changing the institutions, attitudes or other factors that hamper gender equality?	<input type="radio"/>
2.16	Are the ways in which the programme will equitably benefit women and men, girls and boys clearly stated?	<input type="radio"/>
2.17	Have women and men, girls and boys equally contributed to determining the programme objectives?	<input type="radio"/>
OUTCOMES		
2.18	Are benefits for women, men, girls and boys been considered within each result?	<input type="radio"/>
2.19	Are the need for a specific result targeted towards empowerment and rights of women and girls been considered?	<input type="radio"/>
OUTPUTS		
2.20	Have the outputs been planned with the relevance and benefits in mind for both women and men, and/or girls and boys?	<input type="radio"/>
ACTIVITIES		
2.21	Have activities or components been designed to promote gender equality and/or mitigate gender-based risks? Will activities increase women's and men's, girls' and boys' participation and decision making? How does planned activity reflect their stated needs and priorities?	<input type="radio"/>
2.22	What measures will be put in place to ensure the active participation of women, men, girls and boys in all stages of the programme? Are the planned activities appropriate to roles and responsibilities of women, men, girls and boys? Recognize, reduce and redistribute the unpaid domestic and care work done by women and girls through awareness-raising, education, modern technologies, provision of services and infrastructure.	<input type="radio"/>
2.23	Is the programme and intervention design acceptable to women and girls (as well as men and boys) in terms of quality, design, adequate access, appropriate technology and access and cultural acceptability?	<input type="radio"/>

NO.	QUESTIONS	DONE
2.24	For gender-targeted programmes, are there any risks of harm to the targeted group of beneficiaries or to the population groups not directly participating in the programme? For example, an asset creation project targets women-only may increase a risk of domestic violence.	<input type="radio"/>
2.25	Are there any specific activities planned to address existing gender-related inequalities or violence against women and girls, etc.?	<input type="radio"/>
2.26	Will intervention promote men's and boys' understanding of, commitment to, and action for gender equality?	<input type="radio"/>
2.27	Do activities include opportunities for raising awareness on the benefits of gender equality for all women, men, girls and boys?	<input type="radio"/>
TARGET BENEFICIARIES		
2.28	What measures are in place to ensure the active participation of women, men, girls and boys in all stages of the programme? Is there impact on workload of women/girls and/or men/boys considered?	<input type="radio"/>
2.29	Do women, men, girls and boys benefit equally from the programme/project, except where interventions specifically target women/girls or men/boys? Aim to change structures, norms and relations in favour of gender equality.	<input type="radio"/>
2.30	Are special efforts made to recruit participants and encourage their active participation from the underrepresented sex?	<input type="radio"/>
IMPLEMENTATION		
2.31	Who will implement the intervention? Are the implementing partners gender competent? Do partners have an explicit gender policy and been trained on gender equality issues? Do partners have gender-sensitive tools and methodologies to implement in a gender-aware way?	<input type="radio"/>
2.32	Will gender experts/focal point, women's and girls' rights organizations and machineries, an inter-agency gender theme group be involved in programme/project implementation?	<input type="radio"/>
2.33	Does the required gender and sectoral capacity exist within UNICEF? Are there resources available to fill expertise gaps?	<input type="radio"/>
2.34	Has the needs for additional gender-related capacity building or engagement of outside gender experts been considered?	<input type="radio"/>
MONITORING AND EVALUATION (M&E)		
2.35	Does the monitoring and evaluation (M&E) plan require all data/information to be disaggregated by sex and age?	<input type="radio"/>

NO.	QUESTIONS	DONE
2.36	Does the monitoring and evaluation (M&E) plan ensure that quantitative data and qualitative information will be collected from diverse women, men, girls and/or boys; that all stakeholders can contribute to monitoring activities? For example, will refugee girls be interviewed in locations where they feel safe? Will women interview women? Has the plan accounted for women's unpaid domestic and care work?	○
2.37	Does the monitoring and evaluation (M&E) plan ensure that data and information will be collected on gender issues relevant to the programme and on gender equality? For example, will enumerators and facilitators receive gender training?	○
2.38	Have allocations been made in the budget to ensure gender-specific data collection?	○
2.39	Has the monitoring and evaluation (M&E) plan been reviewed by gender experts, women's organizations and machineries?	○
2.40	Does the evaluation examine the impacts of programme in reducing (or increasing) gender inequalities and in the lives of women and men, girls and boys separately? Does the evaluation examine if, and how, the programme results have been empowering for women, men, girls and boys?	○
2.41	Does the evaluation examine how female and male stakeholders perceive the programme in terms of its costs, benefits, acceptability and practicality?	○
2.42	Will monitoring and evaluation (M&E) examine both the content and process from a gender-sensitive point of view?	○
2.43	Will gender experts, women's and girls' rights organizations and machineries be involved in programme/project monitoring and evaluation (M&E)?	○
INDICATORS		
2.44	Were the different programme stakeholders involved in formulating the indicators?	○
2.45	Have indicators been developed to measure progress towards the fulfilment of each objective with disaggregated baselines? Indicators should monitor and evaluate: expected results; provision of quality assistance with respect to gendered needs; monitor rates of service access; satisfaction with the assistance provided; how the facilities were used; and what has changed due to the assistance, for whom and in what time frame.	○
2.46	Are there existing national indicators that could be used or adapted?	○

NO.	QUESTIONS	DONE
2.47	Do these indicators measure the gender aspects of each objective and the gender equality impacts on the situations of women and men, girls and boys, and gender relations?	<input type="radio"/>
2.48	Are all people-related indicators disaggregated by sex, gender, age and other demographic factors?	<input type="radio"/>
2.49	Are targets set to guarantee a sufficient level of gender balance in activities (e.g. quotas for female and male participation)?	<input type="radio"/>
2.50	Do indicators capture qualitative (e.g. perceptions, opinions, observations, judgements) as well as quantitative (e.g. numbers, percentages, proportions) changes in lives of women, men, girls and boys?	<input type="radio"/>
PARTNERSHIP		
2.51	Is there a possibility to work with other ongoing initiatives with other United Nations agencies or partners?	<input type="radio"/>
2.52	Are the primary and secondary stakeholders identified, including women and men, girls and boys stakeholders and their respective roles?	<input type="radio"/>
2.53	Based on a stakeholder analysis, who has the capacity to influence the programme? To what extent do they represent the interests of the diverse women, men girls and/or boys? Are they equitably consulted during the design process?	<input type="radio"/>
2.54	Do the potential partner organizations have a gender policy? What is the organizations' views on gender equality and women's and girls' empowerment? What gender inequalities do the organizations identify as being particularly relevant to its work? Why?	<input type="radio"/>
2.55	What are the organizations' experience (positive or negative) in addressing gender in its work? What gender knowledge and skills do the organizations have?	<input type="radio"/>
2.56	How aware are the organizations of broader social and political commitments to gender equality? (e.g. government policies)	<input type="radio"/>
2.57	Identify if there is potential for supplementary intersectoral programmes involving health, nutrition, education, WASH, child protection, C4D, etc., and ensure gender focal persons/advisers are engaged to maximize the results.	<input type="radio"/>
RISKS AND ASSUMPTIONS		
2.58	Is the assumptions that gender equality is fundamental to bringing about transformative and sustained changes in the lives of women, men, girls and boys clearly stated?	<input type="radio"/>

NO.	QUESTIONS	DONE
2.59	Are there formal or informal barriers to women, men, girls and boys and vulnerable groups being able to participate in programme/project design, implementation, monitoring and evaluation? Examples of barriers include: general economic conditions, legal system, socio-cultural practices and traditions, institutional structures, community characteristics, political events, environmental events, etc. Which women, men, girls or boys are more exposed to the risk?	<input type="radio"/>
2.60	Has the potential negative impact of the intervention been considered? Could the programme perpetuate gender inequalities? (e.g. potential increased burden on women and girls, loss of access to resources or social isolation of men and boys?) How can the programme, project, etc. be revised so that it contributes to greater gender equality?	<input type="radio"/>
RESOURCES		
2.61	If gender components and activities have been included in the programme/project, do they have assigned resources - human, technical, technological, financial - listed in the programme/project budget?	<input type="radio"/>
2.62	Is there gender-focused resource allocation for gender equality and women's and girls' empowerment? Is it over 15% of the entire budget?	<input type="radio"/>
2.63	Will it be possible to track the flow of these resources? Remember to select relevant Specific Intervention Codes (SIC) and assign the Gender Equality Marker (GEM).	<input type="radio"/>
2.64	Does the results area fall into a programme area that is or will be substantially funded?	<input type="radio"/>
2.65	Are there resource mobilization opportunities (internal and external) that will enable substantial funding so that the issue can be addressed at scale? What is the donor environment like in regards to this issue nationally and internationally?	<input type="radio"/>
COMMUNICATION AND KNOWLEDGE MANAGEMENT		
2.66	Is there accountability mechanisms to ensure donors, partners, community-based organizations, women and men, girls and boys beneficiaries will be able to participate, receive and share information, give feedback and make complaints of interventions? Are measures in place to protect confidentiality?	<input type="radio"/>
2.67	Will information disseminated to target population be accessible and understandable across age, gender and diverse groups? Inform women, men, girls and boys of the available resources as well as about the agency itself and how to influence the programme.	<input type="radio"/>

NO.	QUESTIONS	DONE
2.68	Are mechanisms in place to ensure that good practice, examples, lessons learned in gender mainstreaming is well documented?	<input type="radio"/>
2.69	Are there any disseminate plans in place of gender equity results of a programme/project to government, donors, partners, beneficiaries and the general public?	<input type="radio"/>
2.70	Identify and assess the effectiveness of social media/social marketing as a medium and strategy to shift gender-biased perceptions and beliefs to incorporate such a component in the programme design. Think of other communication strategies for behavioural changes.	<input type="radio"/>
INNOVATION		
2.71	Is there scope for innovative programming to solve identified gender challenges? Consider partnerships with academia, private sector, NGO, etc.	<input type="radio"/>

STEP 3

IMPLEMENTATION



NO.	QUESTIONS	DONE
3.1	Has a regular programme/project review been conducted to assess whether programme/project is making full use of both women's and men's, girls' and boys' capacity and use of gender-sensitive indicators developed during programme/project analysis and design?	<input type="radio"/>
3.2	Are gender activities and components progressing as planned?	<input type="radio"/>
3.3	Is progress towards any specific objectives related to women, men, girls or boys on track?	<input type="radio"/>
3.4	Are both women and men, girls and boys equally involved in the process of implementation?	<input type="radio"/>
3.5	Is information and support to facilitate participation in the programme/project provided to women, men, girls and boys? (e.g. advance notice, transportation, childcare facilities, etc.)	<input type="radio"/>
3.6	What other interventions related to the identified issue are planned?	<input type="radio"/>
3.7	If mitigation measures for gender-based risks were included in programme/project design, are they being implemented?	<input type="radio"/>
3.8	Have any gender issues arisen that were not identified at the programme/project design stage? How can they be addressed?	<input type="radio"/>
3.9	Have data and data analysis that portrays the situation of the most marginalized been included?	<input type="radio"/>
3.10	Is all the data collected during the programme/project being disaggregated by sex, age and other demographic factors (i.e. poverty, geographic location, religion, caste, etc.)?	<input type="radio"/>
3.11	Do the programme/project staff and partners have sufficient gender sensitivity, skills, experiences and understanding to implement the programme/project effectively? If not, there may be a need for training so that a gender perspective can be sustained throughout implementation.	<input type="radio"/>
3.12	Track implementation approaches, partners, input requirements and time required to best carry out gender-responsive activities. Ensure that commitments and actions are documented, followed and reported in a timely manner.	<input type="radio"/>

STEP 4

MONITORING



NO.	QUESTIONS	DONE
4.1	Who is responsible for monitoring and evaluation (M&E) tasks (does the monitoring team include a mix of both women and men as well as gender specialist/focal point)?	<input type="radio"/>
4.2	Does the monitoring and evaluation (M&E) strategy include a gender perspective?	<input type="radio"/>
4.3	How other stakeholders including women, men, girls and boys will participate in the monitoring process?	<input type="radio"/>
4.4	Are the proposed activities being carried out in the manner outlined in the programme/project operational plan? Why or why not?	<input type="radio"/>
4.5	When and where monitoring will take place (should note the time and availability to engage with women and girl who may otherwise be unavailable due to household/family responsibilities)?	<input type="radio"/>
4.6	Are monitoring tools used that are able to assess the specific impacts of activities and outputs on women, men, girls and boys?	<input type="radio"/>
4.7	Are the tools and methods sufficient for collecting sensitive information? For example, asking pregnant and lactating girls about sexual violence.	<input type="radio"/>
4.8	Is the intervention making a difference to gender inequalities? To what extent is the intervention responsible for the measured or observed changes?	<input type="radio"/>
4.9	Is programme/project monitoring showing any problems?	<input type="radio"/>
4.10	Are women and men, girls and boys accessing programme/project benefits equally, and satisfied with the products and processes? If gender gaps are identified, investigate why these gaps are happening including identifying any root causes.	<input type="radio"/>
4.11	Are there any unintended adverse impacts based on gender not already identified in the safeguards screening process?	<input type="radio"/>
4.12	Are there any adjustments need to be made to the programme activities and strategies in order to ensure that expected results are achieved?	<input type="radio"/>

STEP 5

EVALUATION



NO.	QUESTIONS	DONE
5.1	If gender-related results were included in the programme/project design, to what extent have these objectives been met? What are the reasons for over- or under-achievements? How can this programme inform other initiatives?	<input type="radio"/>
5.2	Has the perception of women/girls and men/boys (norms, stereotypes and values) been at all altered during the course of this programme or project?	<input type="radio"/>
5.3	What are the extent of satisfaction among women, men, girls and boys from diverse groups?	<input type="radio"/>
5.4	What significant changes have occurred in women's, men's, girls' and boys' lives? Why did they occur? How likely are they to be sustained?	<input type="radio"/>
5.5	What changes in policies, practices, ideas, beliefs and attitudes have occurred in specific institutions, groups and individuals? Why? Have any of the changes contributed to greater gender equality? In what areas? For who?	<input type="radio"/>
5.6	Has the programme contributed to transforming inequalities in the relationships between women and men, girls and boys? How? If so, for better or worse?	<input type="radio"/>
5.7	Can it be scaled up? That is, can the intervention be adapted, replicated or built on to increase its reach or scope for a larger population or a different region?	<input type="radio"/>
5.8	What interventions and strategies are most effective and cost-effective at addressing gender disparities in a target field/sector?	<input type="radio"/>
5.9	Does the programme/project strategy reflect a gender-sensitive approach?	<input type="radio"/>
5.10	Are all (people-related) data and information disaggregated by sex and age?	<input type="radio"/>
5.11	Were the results delivered to all key stakeholders (including women/ men, girls/boys) who were affected by the problem?	<input type="radio"/>
5.12	Is equal value given to the information, opinions and ideas provided by women, men, girls and boys?	<input type="radio"/>
5.13	How did the results influence the indirect beneficiaries and wider community?	<input type="radio"/>

NO.	QUESTIONS	DONE
5.14	Have there been any unexpected or unintentional effects (both positive and negative), including on gender relations and gender equality? What? Why did they occur?	<input type="radio"/>
5.15	Can the impact already be measured? Is the impact likely to be observed in the near future?	<input type="radio"/>
5.16	Are the benefits sustainable both for women/men and girls/boys? Did the programme strengthen local capacities of diverse groups including local women's and girls' groups, young groups, religious groups, minority groups and groups of persons with disabilities, etc.?	<input type="radio"/>
5.17	Has gender equality been an essential part of the political, economic, social or cultural transformation the programme/project tried to achieve?	<input type="radio"/>
5.18	What unique opportunities exist in the country to see a further improvements? Among those, which are most important for UNICEF to act on?	<input type="radio"/>

STEP 6

REPORTING



NO.	QUESTIONS	DONE
6.1	Have 1-3 key gender results been selected that are the strongest to report under the COAR? Do they include both targeted gender priorities and gender mainstreaming results of the GAP 2018-2021?	<input type="radio"/>
6.2	Does the evaluation report systematically identify issues of significance for women, men, girls and boys?	<input type="radio"/>
6.3	Does the evaluation report address the programme's gender equality challenges and successes?	<input type="radio"/>
6.4	Does the evaluation report include recommendations on strengthening gender equality - in process and outcomes?	<input type="radio"/>
6.5	Has the evaluation report been reviewed by gender specialists to ensure that all relevant gender issues have been addressed?	<input type="radio"/>
6.6	Has a communication strategy been developed for informing about existence, progress and results of the programme/project from a gender perspective for learning (South to South), advocacy and funding?	<input type="radio"/>
6.7	Are mechanisms in place to ensure that good practice examples and lessons learned in gender mainstreaming is well documented?	<input type="radio"/>
6.8	Have meetings been held with internal (UNICEF staff) and external (e.g. cooperating partners, donors) stakeholders to discuss the evaluation conclusions and recommendations?	<input type="radio"/>
6.9	Have the implications of the evaluation recommendations for the different stakeholders been documented?	<input type="radio"/>
6.10	Has feedback been received from women, men, girls and boys and their representative organizations? Has the feedback been acted upon?	<input type="radio"/>
6.11	Are there any disseminate plan in place of gender equity results of a programme/project to government, donors, partners, beneficiaries and the general public?	<input type="radio"/>
6.12	Are key gender gaps or opportunities that have been identified but were not able to address during programme/project implementation used as the basis to inform the design of future programmes or projects?	<input type="radio"/>
6.13	Has using innovative technology platforms been considered to communicate messaging or implement accountability and feedback mechanisms for reporting?	<input type="radio"/>

USEFUL RESOURCES

I. UNICEF'S CORE GENDER DOCUMENTS

Gender Action Plan 2018-2021	It specifies how UNICEF will promote gender equality across the organization's work, in alignment with the UNICEF Strategic Plan 2018–2021.
Gender Action Plan 2014-2017	It specifies how UNICEF will promote gender equality across all of the organization's work at the global, regional and country levels, in alignment with the UNICEF Strategic Plan 2014-2017.
Gender Policy 2010	It establishes the basis for UNICEF's programme cooperation with governments and other partners to promote equality between girls and boys, women and men.
Gender Equality and Rights: Annual Results Report 2017	The first report of UNICEF ROSA to show the main gender issues in South Asia region as well as programme and actions that each country office took to promote gender equality and rights across Regional Headline Results areas.

II. GENDER STATISTICS AND DATABASE

UNICEF	<ul style="list-style-type: none"> • MICS • Child information: Monitoring the situation of children and women
World Bank	<ul style="list-style-type: none"> • GenderStats • Living Standards Measurement Study
International Household Survey Network (IHSN)	<ul style="list-style-type: none"> • IHSN central survey catalogue
United Nations Statistics Division	<ul style="list-style-type: none"> • DevInfo • Social indicators • Statistics and indicators on women and men
United Nations Development Programme (UNDP)	Human Development Report: Gender Inequality Index tracks education, economic and political participation and reproductive health
Organisation for Economic Co-operation and Development (OECD)	Social Institutions and Gender Index measures discrimination against women in social institutions
World Economic Forum	The Global Gender Gap Index calculates the relative gaps between women and men in health, education, economy and politics
Asian Development Bank	Gender Facts and Figures

III. GENDER AND BEHAVIOURAL CHANGE

Gender Responsive Communication for Development: Guidance, Tools and Resources (UNICEF ROSA, 2018)	This resource was developed with the aim to provide specific guidance on how to integrate gender dimensions in C4D efforts addressing child survival, well-being, education and protection.
Gender Socialization during Adolescence in Low- and Middle Income Countries: Conceptualization, Influences and Outcomes (UNICEF Office of Research-Innocenti, 2017)	This paper provides a conceptual understanding of the gender socialization process during adolescence, its influences and outcomes, and practical suggestions on how to use this knowledge in the design of policies and programmes to improve gender equality.
Gender and Social and Behaviour Change Communication Implementation Kit (Johns Hopkins University, 2017)	This website provides tools to learn about gender and social and behaviour change communication; assess existing strategy; and guide the integration of strategic improvements.

IV. ENGAGEMENT OF MEN AND BOYS

Gender Equity and Male Engagement: It Only Works When Everyone Plays (International Center for Research on Women (ICRW), 2018)	In this brief, ICRW provides an overview of the field and guidance for stakeholders to support the funding, design and implementation of programming that effectively engages men and boys in creating sustainable gender norm transformation.
Engaging Boys and Men in Gender Transformation: The Group Education Manual (Promundo, 2008)	This document provides guidance for working with men to question non-equitable views about masculinity and develop more positive attitudes to prevent unhealthy behaviours that put them and their partners and families at risk.
IMAGES Survey (Promundo and the International Center for Research on Women (ICRW))	The International Men and Gender Equality Survey (IMAGES) is one of the most comprehensive studies ever on women's and men's practices and attitudes as they relate to gender norms, attitudes toward gender-equality policies, household dynamics including caregiving and men's involvement as fathers, intimate partner violence, health, economic stress and more.

V. GENDER AND M&E

The UN Women Evaluation Handbook: How to Manage Gender-Responsive Evaluation (UN Women, 2015)

This toolkit is a practical handbook to help those initiating, managing and/or using gender-responsive evaluations.

Integrating Human Rights and Gender Equality in Evaluations (United Nations Evaluation Group, 2014)

This report was as an in-depth guidance handbook to serve as a field guide to improve human rights and gender equality responsive evaluation throughout the UN system. It outlines practical steps on how to prepare, conduct and use human rights and gender equality responsive evaluations.

VI. GENDER AND SITUATION ANALYSIS

Gender Programmatic Review Tools (UNICEF HQ, Gender Division, 2018)

The tool contains guidelines on quality assurance checklists for gender integration in Country Programme Document (CPD), Programme Strategy Note and Situation Analysis as well as Gender Programmatic Review Tools and best practices on gender integration.

Step-by-Step Guidelines to the Multiple Overlapping Deprivation Analysis (MODA) (UNICEF, 2012)

This is a practical guidance on Multiple Overlapping Deprivation Analysis (MODA) which is a UNICEF's methodology to provide a comprehensive approach to the multidimensional aspects of child poverty and deprivation.

A Guide to Gender-Analysis Frameworks (Candida March, Ines A. Smyth, Maitrayee Mukhopadhyay, 1999)

This is a guide to all the main analytical frameworks for gender-sensitive research and planning.

VII. GENDER BUDGETING

Gender Responsive Budgeting in Practice: A Training Manual (UNFPA and UNIFEM, 2010)

The manual seeks to build understanding of Gender Responsive Budgeting as a tool for promoting gender equity, accountability to women's rights, and efficiency and transparency in budget policies and processes.

Gender Responsive Budgeting: Analysis of Budget Programmes from Gender Perspective (UN WOMEN, 2016)

This document provides a guideline for carrying out the different steps of Gender Responsive Budgeting analysis which is a basis and starting point for further work to make policies and budgets more gender responsive.

VIII. GENDER AND HUMANITARIAN

The Gender Handbook for Humanitarian Action (Inter-Agency Standing Committee (IASC), 2017)

The handbook provides practical guidance for humanitarian workers to mainstream gender equality into humanitarian action across sectors. It also aims to place protection at the centre of humanitarian action, with an age, gender and diversity approach as the core element of fair and equal protection.

Training Manual: Gender Leadership in Humanitarian Action (OXFAM, 2017)

This training manual supports the institutionalization of gender equality and women's rights in all humanitarian action and aims to train gender leaders who can influence changes in policy and practice at different levels across the humanitarian system.

OCHA Gender Toolkit (OCHA, 2012)

This toolkit provides guidance on how to incorporate gender into humanitarian work. Included are definitions of key gender terminology as well as practical tips, examples and a step-by-step framework for assessing and addressing gender issues within the OCHA's programme.

The Effect of Gender Equality Programming on Humanitarian Outcomes (UN WOMEN, 2015)

This report presents the findings of research, based on interviews with more than 2,000 crisis-affected households gathered for case studies conducted in four countries. The report presents overall findings, and discusses practical recommendations for integrating gender equality programming in future humanitarian interventions in ways that strengthen effectiveness and inclusiveness.

IX. TOOLKIT ON GENDER

Tool Kit on Gender Equality Results and Indicators (Asian Development Bank and Australian Aid, 2013)

The tool kit presents a menu of gender equality outcomes, results and indicators that may be selected or adapted by users.

Engendering Transformational Change, Save the Children Gender Equality Programme Guidance & Toolkit (Save the Children, 2014)

This programme guidance and toolkit explains why gender mainstreaming is critical; who affects and being affected by gender; and how to mainstream gender equality.

Making Joint Gender Programmes - Guide for Design Implementation, Monitoring and Evaluation (UNDP, 2013)	<p>This guide aims to help the UN system, including UN Country Teams, Gender Theme Groups, UN entities and national stakeholders to improve the development, implementation, and monitoring and evaluation of joint gender programmes.</p>
Gender Mainstreaming in Development Programming (UN WOMEN, 2015)	<p>This document provides general principles for implementing gender mainstreaming at the country level; describes the substantive and technical programming aspects of gender mainstreaming at the country level drawing on good practices; and examines changes related to more gender-responsive organizations.</p>
X. E-LEARNING ON GENDER	
The Global Human Rights Education and Training Centre	<p>Offers low-cost e-courses in such topics as gender-responsive budgeting and engaging men and boys in gender equality programming.</p>
UNICEF Agora Online Training	<p>UNICEF's free hub for learning and development. Interagency courses with topics such as Gender Equality, UN Coherence and You.</p>
UN Women Training Centre	<p>The UN Women Training Centre eLearning Campus is a global and innovative online platform for training for gender equality.</p>

REFERENCES

1. Global Partnership for Education (2017). 12. DFID PPA Learning Partnership Gender Guidance for Developing Gender-Responsive Education Sector Plans.
2. UNDP (2001). Learning and Information Pack: Gender Analysis.
3. DFID PPA Learning Partnership Gender Group (2015). What Works to Achieve Gender Equality and Women's and Girls' Empowerment?
4. Jhpiego (2016). Gender Analysis Toolkit for Health Systems.
5. March, Candida et al (1999). A Guide to Gender-Analysis Frameworks, An Oxfam Publication.
6. Ibid.
7. Ibid.
8. Ibid.
9. Ibid.
10. Global Partnership for Education (2017). 21. Guidance for Developing Gender-Responsive Education Sector Plans.
11. World Bank and IEG (2012). Designing a Results Framework for Achieving Results: A How to Guide.
12. DFID PPA Learning Partnership Gender Group (2015). What Works to Achieve Gender Equality and Women's and Girls' Empowerment?
13. Ibid.
14. Ibid.
15. Ibid.
16. Ibid.
17. Global Partnership for Education (2017). Guidance for Developing Gender-Responsive Education Sector Plans.
18. Save the Children (2014). Engendering Transformational Change: Save the Children Gender Equality Program Guidance & Toolkit.
19. Ibid.
20. UNDP (2016). How to Conduct a Gender Analysis.
21. USAID (2017). Integrating Gender in the Monitoring and Evaluation of Health Programs: A Toolkit.
22. Ibid.
23. Ibid.

Photo credits:

Front cover: © UNICEF/UN048396/Pirozzi

Photo with a quotation: ©UNICEF/UNI118224/Noorani

Cover on Section 1: ©UNICEF/UN046741/Haque

Cover on Section 2: ©UNICEF/UN046694/Haque



for every child

UNICEF Regional Office for South Asia

Lekhnath Marg, Kathmandu 44600

 www.unicef.org/rosa

 rosa@unicef.org

 www.facebook.com/UNICEFSouthAsia

 www.twitter.com/UNICEFROSA



SECTION 3

GENDER INTEGRATION IN
REGIONAL HEADLINE RESULTS
AND COMPLEMENTARY RESULTS

UNICEF REGIONAL OFFICE FOR SOUTH ASIA

unicef 
for every child

GENDER CHECKLIST 1

SAVE NEWBORNS



SOUTH ASIA REGIONAL HEADLINE RESULTS

To close huge equity gaps and realize the rights of millions of children across South Asia, UNICEF plans to achieve the following six Regional Headline Results by 2021:

SAVE NEWBORNS

500,000 additional newborn lives saved



STOP STUNTING

10 million fewer children with stunted growth and development



EVERY CHILD LEARNS

10 million out-of-school girls and boys are enrolled and learning



END CHILD MARRIAGE

500,000 child marriages averted



ERADICATE POLIO

Zero polio case + 3.3 million children fully immunized



STOP OPEN DEFECACTION

148 million fewer individuals practice open defecation and use basic sanitation



This brief guide provides an overview to understand the key gender inequalities that affect children under the **Regional Headline Result 1: Save Newborns**. Understanding gender inequality and analysing how to address its effects on maternal and newborn health allows to ensure Save Newborns programming is relevant and responsive to the unique needs of women, men, girls and boys. The module includes:

- **Key gender issues;**
- **Checklist on gender integration programming; and**
- **Useful resources on gender-responsive programming.**

It is important to note that this is not a comprehensive guide; it should be seen as a guideline that will help colleagues to consider and address the issues and barriers women, men, girls and boys face as a result of gender inequality under each Headline Result.

Cover page photo: ©UNICEF/UN076821/Sharma

AT A GLANCE: GENDER INDICATORS FROM STRATEGIC PLAN (SP) 2018-2021

• INTEGRATED GENDER RESULTS

Goal 1: Gender-equitable health care and nutrition for girls and boys; Quality maternal care; Gender equality in community health systems

Outcome Indicators:

- 1.1 Percentage of pregnant women receiving at least four antenatal visits
- 1.2 Percentage of live births attended by skilled health personnel (home and facilities)
- 1.4 Percentage of mothers receiving postnatal care
- 1.12 Percentage of women with anaemia
- 1.18 Percentage of girls and boys living with HIV who receive antiretroviral therapy (disaggregated by age and sex)

Output Indicators:

- 1.a.3 Number of countries implementing plans to strengthen quality of maternal and newborn primary health care (according to the quality, equity and dignity (QED) guideline)
- 1.c.3 Number of countries that have institutionalized community health workers into the formal health system (disaggregated by sex of community health worker)
- 1.c.4 Number of community health workers that underwent skills enhancement programmes to operationalize integrated community care management (ICCM) through UNICEF-supported programmes (disaggregated by sex of community health worker)
- 1.d.1 Percentage of pregnant women receiving iron and folic acid supplementation
- 1.f.2 Number of adolescent girls and boys tested for HIV and received the result of the last test
- 1.g.1 Number of countries having initiatives to strengthen availability of gender-responsive evidence for the All In framework for prevention of HIV

• TARGETED GENDER RESULTS

Goal 1: Promoting adolescent girls' nutrition and pregnancy care, and preventing HIV/AIDS and HPV

Outcome Indicators:

- 1.1 Percentage of pregnant women (aged 15-19) receiving at least four antenatal visits
- 1.4 Percentage of mothers (aged 15-19) receiving postnatal care
- 1.21 Percentage of girls (age 15-19) with anaemia
- 1.22 Percentage of live births (to mothers age 15-19) attended by skilled health personnel
- 1.23 Percentage of adolescent girls vaccinated against HPV in selected districts in target counties

Output Indicators:

- 1.f.2 Number of adolescent girls tested for HIV and received the result of the last test
- 1.g.1 Number of countries having initiatives to strengthen availability of gender-responsive evidence for the All In framework for prevention of HIV
- 1.i.1 Number of adolescent girls provided with services to prevent anaemia and other forms of malnutrition through UNICEF-supported programmes
- 1.i.2 Number of countries that have nationally introduced HPV in their immunization schedule
- 1.i.3 Number of countries having an inclusive, multisectoral and gender-responsive national plan to achieve targets for adolescent health and well-being

KEY GENDER ISSUES TO SAVE NEWBORNS

High maternal mortality rate



South Asia significantly reduced its maternal mortality ratio (MMR) from 550 per 100,000 live births in 1990 to 182 in 2015, making a decline of 67%.¹ However, South Asia is still home to the second-highest MMR in the world after sub-Saharan Africa.² Every year, 66,000 women (180 women per day) die from preventable maternal deaths, accounting for 22% of the global total.³

Gender-biased sex selection



Gender-biased sex selection can take place before and during pregnancy or after birth through infanticide or child neglect: most notably in India which has a sex ratio (age 0-1) of 111 males to 100 females followed by Pakistan (108 males to 100 females).⁴ A girl under five in India or Pakistan has a 30% to 50% greater chance of dying than a boy.⁵ This is a reflection of pervasive gender norms and low value of a girl child. In areas with strong son preference, women are often under intense societal pressure to produce sons, and may continue having children until a boy is born – thus putting their health and life at risk.

Women's and girls' poor nutrition



Ensuring adequate nutrition throughout women's life cycle will contribute to better outcomes for mothers and newborn, given the close link between women's and girls' multiple nutritional deficiencies and low-birth weight, lower immunity and other health concerns among newborn. However, where women and girls suffer a low social status, women and girls eat least and last.

South Asia has the world's highest prevalence of anaemia, estimated in the range of 55% to 81% which increases the risk of maternal death.⁶ Under-nutrition is also a concern for women and adolescent girls with over a third of women and adolescent girls are underweight in Bangladesh, India and Pakistan.⁷ Inappropriate knowledge among care givers and cultural beliefs and taboos around feeding and hygiene practices can negatively affect maternal nutrition, early initiation of breastfeeding, exclusive breastfeeding, weaning and hygiene behaviours.

Gender discriminatory norms, beliefs and practices



Low value of women and girls in many South Asian societies and gender role internalization compromises the health and well-being of females from birth. This includes insufficient care and attention to illnesses, inadequate food in both quality and quantity affecting their nutritional status; disproportionate responsibility for household and caregiving without sufficient rest, which exact a life-time cost in their optimal well-being and are likely to compromise their reproductive health status, which in turn compromises the health and well-being of newborns. Evidence shows that empowered and educated girls are better protected from child marriage and early childbirth, and tend to have healthier and better nourished babies, who most likely will do everything to have their own children attending school as well, thus breaking the vicious cycle of poverty.⁸

Lack of access to and control of resources



Women are less able to access health services as needed and may habitually defer health seeking for themselves and their children. Women and girls tend to be more reticent in articulating their health care needs and, given the fewer opportunities when they have to influence decision-

making processes, reproductive health service provision may fail to fully meet their needs. It is difficult for women to effectively care for their children, unless they are empowered to make decisions over household resources, and are supported by male members of the household in childcare practices.

Culturally-blind health care



This includes unacceptably long distance to clinics and hospitals that able to offer essential emergency obstetric care (EmOC), inadequate resource allocation to facilitate recruitment and retention of female skilled birth attendants to reduce community reticence to use maternal and newborn health services provided by male health workers that prevent access to health services and life-saving interventions.

It also includes inadequate efforts to address beliefs and cultural norms that perpetuate practices that result in reluctance among women, heads of households and community decision makers to recognize the need of reproductive health care from male health providers and low health seeking behaviour around pregnancy and child bearing because they tend to be perceived as "normal" life events that require no special interventions. Lack of awareness of the close relationship between maternal and newborn health further reduces sufficient attention to and monitoring of a pregnancy and support during delivery.

Deferred health seeking behaviour



Inadequate physical access to affordable health care services, lack of skilled and female health workers, low quality of health services as well as low availability of EmOC may result in unacceptable delays in seeking essential care, leaving manageable pregnancy complications undetected (e.g. sexually transmitted infections, maternal malnutrition, insufficient fetal growth, medical complication such as hypertension and kidney infections, obstetric complication such as poor placenta placement or other abnormal situations). This results in neglect that can lead to increased risk of maternal and/or neonatal death and disability before, during or after delivery.

Low awareness on pregnancy risks



Every woman, adolescent girls and their social gatekeepers need to understand that risk-free pregnancies are the exception and not the norm. Every pregnant woman, especially pregnant adolescent girls, need at least four antenatal care visits starting in the first trimester, delivery by a well-trained skilled birth attendant in an adequately equipped and stocked health facility that is linked to a functioning referral system for emergency obstetric and newborn care (EmONC) and community-based monitoring of mother and baby pair until the dangerous postnatal period is concluded with good health outcome for both mother and baby.

Barriers to

sexual and reproductive health



Women's and girls' access to sexual and reproductive health services that support their desired family size and spacing of pregnancies is accorded low priority in many countries, especially in remote and underserved communities. Lack of political will to adequately direct sufficient resources to reduce maternal and newborn deaths does not recognize the high individual and societal cost that survival-centered programming would avert especially in remote and rural locations, and for indigenous and marginalized populations.

High rates of child marriage and early pregnancy



Early initiation to active sexual life and child marriages coupled with low access to contraceptive services and commodities push young girls into reproductive lives that increase their exposure to life threatening pregnancies, sexual and gender-based violence (GBV), perpetuate intergenerational poverty, limit their access to sexual and reproductive health rights and prevent the translation of knowledge into action to halt the unacceptably high number of the preventable newborn deaths. Newborns born to adolescent mothers are at greater risk of having low birth weight with long-term potential effects. Child marriage and adolescent pregnancy is also a risk factor for nutrition deprivation in adolescent girls.⁹

GENDER AND SAVE NEWBORNS PROGRAMMING CHECKLIST

The following checklist and a set of gender analysis questions are meant to guide users through all stages of Save Newborns programme cycle in identifying the main gender issues in the health sector and in designing strategies to respond to the identified gender issues.

STEP 1

PLANNING (ASSESSMENT AND ANALYSIS)



NO.	WHAT TO DO	DONE
I. ASSESSMENT What is the context-specific situation of gender equality to Save Newborns? Use Gender Analysis Questions (page 24-39) as guiding questions to conduct a gender analysis.		
1.1	<p>Conduct a desk review and informational interviews to collect and analyse sex- and age-disaggregated data and to understand the gender barriers, bottlenecks and opportunities related to the objectives of Save Newborns programme in the target area by using:</p> <ul style="list-style-type: none"> • National surveys such as Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS) • Administrative data of hospital and health centres • UNICEF, WHO, UNFPA and other United Nations database • The latest country situation analysis for information on: <ol style="list-style-type: none"> 1) the status of women and girls; and 2) the roles and policies of ministries and other institutions in addressing gender equality in health • UNICEF Gender Programmatic Review (if one has been conducted), especially if maternal and newborn programming was reviewed • Gender equality goals and targets in the Country Programme Document (CPD) • Latest country programme Mid Term and/or Annual work plan review report to understand any recent progress on gender equality in health • Documents and assessments related to any existing gender-responsive health programmes in the country or region • Any evaluation of maternal and newborn health programmes that included an assessment of equity including gender dimensions 	○

NO.	WHAT TO DO	DONE
1.2	<p>Using Gender Analysis Questions from page 24, organize information about gender differences from existing sources. Assess whether the existing information is adequate to understand how Save Newborns programme objectives may be affected by gender differences and inequalities in the following areas:</p> <ol style="list-style-type: none"> 1) Differences in women's, men's, girls' and boys' access to assets, resources and health services; 2) Differences and inequities in women's and men's, girls' and boys' use of time between paid, unpaid and volunteer labour and caretaking responsibilities in the household and community; and 3) Differences and inequalities in leadership roles, decision making and legal status. 	○
1.3	<p>Collect sex-disaggregated data on health standards of females/males, women's/men's role in the health sector, the numbers and training levels of female and male health workers, preferences for female or male health workers, women's/men's and girls'/boys' use of capacity to benefit from health care services, etc.</p>	○
1.4	<p>Use participatory methods (including both women and men, girls and boys) of data collection within the community, particularly when attempting to get data that is qualitative. Methods may include: community mapping; transect walks; focus group discussions; surveys; spatial mapping, etc. Define ways which women and men, girls and boys beneficiaries and other stakeholders, especially poor women and girls, can participate in the assessment.</p>	○
1.5	<p>Identify the rates and gaps in women's and men's, girls' and boys' levels of participation, roles, capacities and information needs to improve access, use and coverage of essential and life-saving reproductive health and neonatal care, especially in underserved communities.</p>	○
1.6	<p>Assess how potential differential effects of health policies and programmes on women and men, girls and boys including those that are unintended, may negatively or positively impact women's and men's, girls' and boys' opportunities, health, socioeconomic status and well-being.</p>	○
1.7	<p>Assess cultural norms and practices which dictate the extent to which reproductive health services, including antenatal care services, delivery and post-natal care are accessed/utilized, as needed for both baby girls and boys, and whether the quality of health care meets the needs of different population groups.</p>	○
1.8	<p>Assess differences in coverage of interventions or access to quality services by sex and other demographic factors (i.e. location, age, etc.) and identify the most disadvantaged areas with greater health support needs.</p>	○
1.9	<p>Ensure health staff conducting assessment and situation analysis are gender-sensitive, have the local knowledge and cultural understanding of gender-related issues.</p>	○

NO.	WHAT TO DO	DONE
1.10	Work with women's and girls' rights organizations and inter-agency/ inter-sectoral gender working groups (if established) to understand what approaches and solutions other agencies are adopting to enhance gender equality in maternal and newborn health programming.	○
II. ANALYSIS What barriers and opportunities prevent or enable to Save Newborns? Analyse the impacts of gender constraints and opportunities to achieve the programme's objectives. Where feasible, include a gender specialist/focal point in the analysis.		
ENABLING ENVIRONMENT		
1.11	Analyse reasons for inequalities in neonatal and infant survival rates between girls and boys, and overall health outcomes between women and men as well as girls and boys.	○
1.12	Assess cultural gender norms that influence existing health seeking practices around reproductive health across the life cycle, including norms and practices around menstrual hygiene, access to the sanitation facilities and services to adequately manage menstrual hygiene, nutritional needs of adolescent girls and pregnant/lactating women, current practices around perinatal care, and local people's knowledge of the inter-relatedness of maternal health and well-being and that of newborn.	○
1.13	Assess and analyse the role and engagement of traditional reproductive health providers (midwives/traditional birth attendants) in the local area/communities as well as public/national primary health care workers who provide maternal and child health care in the programme area/local communities to ensure that they are gender aware and responsive as well as equity conscious.	○
1.14	Analyse background issues: <ul style="list-style-type: none"> • family planning/contraceptive services; • contraceptive prevalence rate, birth spacing and fertility rates, average age at first pregnancy (which may reveal child marriage as a risk factor); and • levels of poverty and nutritional sufficiency as factors that support or hinder gender-responsive reproductive health programming and specific interventions to safeguard maternal and newborn survival and health.	○
1.15	Analyse and discuss customary laws and social norms that may reduce access to reproductive health services and assess their role in facilitating gender-responsive Save Newborns programming.	○
1.16	Analyse and understand community dynamics, in particular gender and equity issues as they intersect, to ensure that the needs, concerns and disparities encountered by women and girls in marginalized segments of community or social groups are clearly identified and documented to ensure the Save Newborns programme design addresses their situation and challenges.	○

NO.	WHAT TO DO	DONE
1.17	Assess what other project, programme or policy interventions related to maternal and newborn health have already happened or will be planned.	○
1.18	Ensure that data analysis portrays the situation of the most marginalized based on gender, age, religion, wealth quantile, ethnicity, geographic location, caste, etc.	○
1.19	Assess if there are systemic funding constraints for national entities that limit capacity to provide gender-responsive health care and support for vulnerable priority populations thereby hindering progress.	○
1.20	Analyse what national level coordination barriers hinder the protection of maternal and newborn health particularly in humanitarian and emergency settings.	○
1.21	Analyse if promising approaches exist that can be scaled-up or investigated further.	○
1.22	Identify opportunities to challenge structural inequalities between women and men, girls and boys, and to promote women's and girls' leadership within the Save Newborns programme. Ensure the programme upholds "Do No Harm" principle.	○
SUPPLY		
1.23	Facilitate institutional, human resources and budget analysis; conduct an analysis of stakeholders such as women and youth-led community-based organizations, working in gender-sensitive maternal and newborn health, and of existing coordination mechanisms across government, civil society and partner networks.	○
1.24	Analyse what critical commodities are lacking within the delivery process of key health services to vulnerable populations.	○
1.25	Assess what lacking resources prevent access to quality health services including information that has a disproportionate impact on women and girls.	○
DEMAND		
1.26	Identify what factors impede demand for access to health services, resources or opportunities that disproportionately impact women and girls.	○
1.27	Analyse what social norms, practices, beliefs and behaviours hinder outcomes for women and girls.	○
1.28	Assess what barriers prevent continuity of health services (e.g. lack of female staff, location, fees, gender-blind attitude of staff, etc.).	○
QUALITY		
1.29	Analyse quality standards of health services that are not being adhered to that impact access and utilization of health services by women and girls.	○

STEP 2

PROGRAMME DESIGN



NO.	WHAT TO DO	DONE
PRIORITISED ISSUES AND AREAS		
2.1	Make sure that the identified gender issues fall into the GAP 2018-2021 targets (either integrated gender results or targeted priorities) and UNICEF's Strategic Plan 2018-2021 goals.	<input type="radio"/>
2.2	Ensure that the target groups (especially women and girls) identify their own health and nutrition needs, by involving them in the design of the health/nutrition programmes. Also consider involving women- and youth-led NGOs and/or community-based organizations.	<input type="radio"/>
2.3	Assess how Save Newborns programme will affect women, men, girls and boys differently (e.g. will their work burdens be increased or decreased; their health be affected; economic benefits reached; is there gender balance in the burdens and benefits, etc.).	<input type="radio"/>
2.4	Identify the most critical challenge and inequities, aligned with global and sector priorities, capacity and resources to act, and partners on the ground to select the issues that will be addressed by the UNICEF Country Programme on Save Newborns prioritising gender-responsive action.	<input type="radio"/>
2.5	Assess and identify <u>what</u> gender-responsive results Save Newborns programme aims to achieve and <u>how</u> to achieve them (key interventions) that correspond to the root causes of high maternal and newborn mortality rate as well as gender-biased sex selection. Consider how the programme will affect women, men, girls and boys.	<input type="radio"/>
2.6	Ensure that the logical framework addresses both practical and strategic gender needs and priorities of women, men, girls and boys for reproductive health services especially in disadvantaged communities and aligned with the findings from a gender analysis. See separate Section 2: Practical Steps for Gender Mainstreaming (page 60) of this toolkit for more information on how to develop a gender-responsive logical framework.	<input type="radio"/>
2.7	Analyse why gender issues that were previously identified are not yet addressed, why the immediate and underlying causes persist and the possible risk factors that may exacerbate existing gender issues.	<input type="radio"/>
2.8	Identify, harmonize and collaborate with existing national programmes to address maternal and newborn health and gender equality.	<input type="radio"/>
2.9	Ensure to consider the main recommendations for the country made by CEDAW, CRC and UPR on the maternal and newborn health.	<input type="radio"/>

NO.	WHAT TO DO	DONE
GOALS		
2.10	Identify the major objectives to be achieved in terms of gender-responsive strategies to reduce maternal and newborn deaths over the planning cycle, including awareness raising among community members and empowering women and girls, in particular to improve household practices related to neonatal care as well as practices to safeguard their own nutritional status and reproductive health.	○
OUTCOMES		
2.11	Emphasize the human rights-based approach to an inclusive maternal and newborn health services and develop the capacities of national governments and civil society organizations (CSOs) to employ such an approach. Consider benefits and specific needs of women, men, girls and boys to achieve set goals of Save Newborns programme.	○
OUTPUTS		
2.12	Ensure outputs are planned with the relevance and benefits in mind for both women and men or girls and boys to achieve outcomes in Save Newborns programme.	○
ACTIVITIES		
2.13	In consultation with community members (especially women and girls from the most marginalized communities), community and religious leaders and healthcare personnel (both female and male) including traditional birth attendants and primary health workers, identify the specific sets of actions that need to be taken at the household, community and health facility level to safeguard maternal and newborn well-being and to transgress stereotypical gender roles and behaviours. Ensure that meeting spaces are safe and accessible for all.	○
2.14	In collaboration with Nutrition section, invest in maternal and adolescent girls' nutrition with a focus on anaemia prevention through disseminating information on healthy diet, especially iron-rich foods and providing nutritious food and micronutrient supplementation.	○
2.15	Engage and enhance working with fathers and other household members throughout the process to promote unbiased newborn care.	○
2.16	Work with partners to promote the professionalization of female and male frontline health workers by advocating for gender-equitable national health policies, developing training modules and financing to training. Empower community-based female health workers and volunteers to provide women-to-women services and develop more integrated and women-centered health care.	○

NO.	WHAT TO DO	DONE
2.17	Ensure activities are accessible to women and girls as well as men and boys in terms of quality, design, adequate access, appropriate technology and access and cultural acceptability.	○
2.18	Use implementation processes to empower mothers (and fathers) to develop local capacity. Mothers should be considered as agents of change who can be empowered to bring about the changes necessary to improve maternal and newborn health.	○
2.19	Take into account the social or lived realities of women and girls while designing initiatives for women's and girls' empowerment to increase their access to reproductive health services and facilities.	○
2.20	Link health and early childhood development (ECD) programmes by using curricula that models positive gender roles (e.g. women leadership, caring fathers) and implementing and scaling up comprehensive community-based parenting programmes that promote healthy development of girls and boys.	○
2.21	Promote better health outcomes for adolescent girls and boys through supporting governments to equip mainstream public health systems to be responsive to the needs of adolescents especially pregnant girls, developing strategies of school retention of pregnant girls, working on sexual and reproductive health and HIV, and preventing adolescent pregnancy and anaemia.	○
2.22	Support implementation of policy and legal frameworks to ensure the abolishment and penalization of female foeticide/gender-based sex selection, female infanticide, hate crimes, honour killing, domestic violence and any other gender-based violence (GBV). Consider conditional cash transfers and media campaign to address excess female child mortality and any kind of GBV.	○
2.23	In collaboration with Nutrition and Education section, develop curriculum guidelines and instruction materials for school programmes on nutrition, hygiene and family planning for girls and boys. Nutrition and reproductive health education for adolescent girls, in particular, will reduce maternal risk factors when they grow up.	○
2.24	Assess if additional activities be necessary to more directly promote gender equality.	○

NO.	WHAT TO DO	DONE
TARGET BENEFICIARIES		
2.25	Ensure women, men, girls and boys benefit from the programme, except where interventions specifically target women, men, girls and/or boys.	○
2.26	Engage men and boys as the role of caregivers to support maternal and newborn health and Early Childhood Development (ECD); as male champions against all forms of gender-based violence (GBV); and as role models in confronting adverse social gender norms.	○
2.27	Consider developing programmes that support empowerment of women and girls link with livelihood, income generation, microfinance, education and employment to avoid discriminatory practices hindering women's and girls' ability to participate in decision making regarding access to health services including sexual and reproductive health.	○
IMPLEMENTATION		
2.28	Identify who will implement the intervention and if the implementing partners are gender competent. Assess if partners have a gender equality policy or strategy to implement the programme, and been trained on gender equality issues.	○
2.29	Involve gender experts/focal persons, women's and girls' rights organizations and machineries in programme implementation.	○
2.30	Confirm if the required gender and sectoral capacity exist within UNICEF and if there are resources available to fill expertise gaps.	○
2.31	Consider the needs for additional gender-related capacity building or engagement of outside gender experts.	○
2.32	As far as possible, employ an equal number of women and men in Save Newborns programmes.	○
2.33	Assess if the data of executing agency's monitoring system or Management Information System (MIS) is disaggregated by sex, age and other demographic variables (location, religion, etc.).	○
MONITORING AND EVALUATION (M&E)		
2.34	Devise a monitoring and evaluation (M&E) framework with a gender perspective to track programme outcomes on Save Newborns with specific strategies to collect M&E data which is disaggregated by sex, age, ethnicity, wealth quantile, religion, location, caste, etc.	○
2.35	Ensure monitoring and evaluation (M&E) examine both the content and process from a gender sensitive point of view.	○

NO.	WHAT TO DO	DONE
INDICATORS		
2.36	Establish clear benchmarks and gender-disaggregated health indicators and ensure these are reflected in the M&E plans of Save Newborns programme. Ensure indicators are SMART (specific, measurable, attainable, locally relevant and time-bound).	○
2.37	Ensure that gender-sensitive indicators have been developed to measure progress towards the fulfillment of each objective with disaggregated baselines.	○
2.38	Ensure indicator data will be also disaggregated along other key dimensions (such as location or disability) to reach the most excluded. Assess the following: expected results; provision of quality assistance with respect to gendered needs; monitor rates of service access; satisfaction with the assistance provided; how the facilities were used; and what has changed due to the assistance, for whom and in what time frame.	○
2.39	Assess if targets are set to guarantee a sufficient level of gender balance in activities (e.g. quotas for female and male participation) and special efforts are made to recruit participants from the underrepresented sex or groups.	○
2.40	Ensure that indicators capture qualitative as well as quantitative changes in lives and health outcomes of women, men, girls and boys and their access to health services.	○
PARTNERSHIP		
2.41	Determine synergistic action necessary at different levels including household, community, health facilities, national ministries and policy makers.	○
2.42	Promote gender equality in strengthening national capacity from health/nutrition sector policy development by the national government and sector programmes to management and administration, human resource planning, service delivery, management information system and support for authentic consultation with civil society.	○
2.43	Identify key partners in implementing Save Newborns programme, including national ministries, NGOs, INGOs, local/community-based organizations, advocacy groups and change agents. Partner with women's and youth civil society organizations (CSOs) that have experience in providing support for women's and girls' empowerment and rights in health. Assess their capacity for gender-responsive planning, implementation and monitoring.	○
2.44	Consider how health facilities can empower mothers (women) and girls to understand their own rights.	○

NO.	WHAT TO DO	DONE
2.45	Identify if there is potential for supplementary intersectoral programmes involving nutrition, WASH, child protection, social policy, C4D, etc. and ensure gender focal person/adviser are engaged to maximize the results.	○
RISKS AND ASSUMPTIONS		
2.46	Analyse if stereotypes or structural barriers are preventing the full participation of women and girls (or men and boys) and think how the programme deals with stereotypes and barriers.	○
2.47	Identify and address major risks and opportunities in implementing the gender-responsive Save Newborns programme.	○
2.48	Eliminate legal, financial, social and institutional barriers that prevent access to comprehensive health services for women and girls to create the demands for services to achieve scale. For example, outreach programmes that target women and girls to address restricted mobility and provision of subsidized or free care for maternal and child health services.	○
2.49	Identify the possible backlash to women and girls, and any risk factors that may be associated with the Save Newborns programme implementation (e.g. potentially increased burden on women and girls, aggressive reactions of men and boys, etc.), and think of strategies to deal with them. In some contexts, it may be necessary to negotiate with community leaders prior to talking with women and girls to avoid backlash.	○
RESOURCES		
2.50	Identify if the priority falls into a Save Newborns programme that is or will be substantially funded.	○
2.51	Allocate sufficient human, financial and material resources for gender-responsive activities related to Save Newborns programme.	○
2.52	Identify if there are resource mobilization opportunities (internal and external) that will enable sustainable funding.	○
2.53	Integrate gender budgeting into national health budget processes to generate tangible improvements in policy outcomes for women and girls.	○
2.54	Ensure resources allocated for selected gender-responsive programming actions are linked to UNICEF programme and accounting code. Select relevant gender Specific Intervention Codes (SIC) and Gender Equality Markers (GEM) in VISION to track progress.	○

NO.	WHAT TO DO	DONE
COMMUNICATION AND KNOWLEDGE MANAGEMENT		
2.55	Promote awareness raising to address traditional social and gender norms in support of women and adolescent health to increase health services utilization including sexual and reproductive health. Promote meaningful male engagement in child care and nutrition. Design separate gender-appropriate communication strategies for women/girls and men/boys, if necessary.	○
2.56	Raise awareness about the importance of immunization and assess existing coverage, and plan immunization campaigns/service access to eliminate maternal and neonatal tetanus. This step calls for efforts to: <ul style="list-style-type: none"> • Mobilize demand for increasing coverage; • Communication strategies to increase demand; • Social mobilization strategies to get communities on board; and • Knowledge, Attitudes and Practice (KAP) approaches to increase awareness and buy in from communities. 	○
2.57	Ensure that women, men, girls and boys participate in Save Newborns programme are able to provide confidential feedback and access complaint mechanisms by managing safe and accessible two-way communication channels.	○
2.58	Identify and assess the effectiveness of social media/social marketing as a medium and strategy to shift gender-biased perceptions and beliefs to incorporate such a component in the Save Newborns programme design.	○
2.59	Ensure mechanisms are in place to record good practices, examples, lessons learned on gender mainstreaming in maternal and newborns health programme.	○
INNOVATION		
2.60	Promote partnerships with private sector, academia and NGOs for innovative solutions to solve identified gender challenges and to reach the most hard-to-reach women and girls such as those with disability, without parental care and in emergency context.	○

STEP 3

IMPLEMENTATION



NO.	WHAT TO DO	DONE
3.1	Identify and implement required activities to achieve the proposed gender outputs and outcomes as outlined in Save Newborns programme.	<input type="radio"/>
3.2	Assess if services (i.e. reproductive health, ante- and post-natal care) for women and girls are properly delivered as planned.	<input type="radio"/>
3.3	Review the results of the Save Newborns programme implementation and make sure that findings correspond to the gender-related activities that have been planned. If not, adopt the activities to make sure they correspond to actual needs.	<input type="radio"/>
3.4	Identify and mitigate possible risks of any interventions related to the Save Newborns programme, especially factors that may limit women's and girls' ability to access reproductive health services including prevalent harmful practices.	<input type="radio"/>
3.5	Ensure that Save Newborns programmes build capacity of women and men through knowledge transfer and continuous learning including on child care practices within the household.	<input type="radio"/>
3.6	Update policies/strategies, guidelines and bylaws to incorporate the promotion of gender equality together with training and promotion programmes, operational guidelines, etc.	<input type="radio"/>
3.7	Conduct evidence-based advocacy to ensure national legislation and policy frameworks on maternal and newborn health consider the direct and indirect impacts on gender norms, roles, responsibilities and relations.	<input type="radio"/>
3.8	Track implementation approaches, partners, input requirements and time required to best carry out gender-responsive activities to Save Newborns. Ensure that commitments and actions are documented, followed and reported in a timely manner.	<input type="radio"/>
3.9	Ensure gender inequalities are regularly reviewed and addressed in the Save Newborns programme implementation through meetings with a team and partners. Conduct a gender analysis when necessary.	<input type="radio"/>
3.10	Define and mobilize collaborative efforts and strategies with all partner organizations. Make sure that working partners have adequate skills to integrate a gender equality perspectives into the Save Newborns programme and with a minimum gender bias.	<input type="radio"/>

NO.	WHAT TO DO	DONE
3.11	Assess whether there is equitable participation (in all activities including decision making) of women, men, girls and boys in the implementation, depending on the Save Newborns programme's intended beneficiaries. If imbalances are identified, take appropriate measures to ensure the full participation of all beneficiary groups.	○
3.12	Assess if there is equitable access to quality, affordable care for all women and adolescent girls before, during and after pregnancy - inclusive of midwifery and obstetric care, modern contraception, safe abortion and post-abortion care. Adopt a community-based approach to service delivery and hours of service delivery to women's work schedule.	○
3.13	Assess other needs of beneficiary women and girls (e.g. literacy programme, skills training for income generation) as these emerge, and propose practical ways of addressing these needs in the programme.	○
3.14	Ensure information sharing (feedback) mechanisms with/between partner organizations and affected communities (especially women and girls) are in place and effectively used.	○

STEP 4

MONITORING



NO.	WHAT TO DO	DONE
4.1	Ensure a set of interventions (activities) are being implemented as planned and outlined in Save Newborns programme and if gender-related issues in Save Newborns programme are being addressed as planned. Monitor the effectiveness of resources being invested.	<input type="radio"/>
4.2	Measure and monitor the separate effects on women, men, girls and boys and the changes in women's and men's, girls' and boys' involvement and their access to and control of resources related to reproductive health and maternal and newborn health services.	<input type="radio"/>
4.3	Ensure that the specific identified root gender-based causes that contribute to high maternal and newborn mortality prevalence are addressed.	<input type="radio"/>
4.4	Ensure that all data collected is disaggregated by sex, age, religion, wealth quantile, location, caste, etc.	<input type="radio"/>
4.5	Choose the data collection method carefully for assessing how the Save Newborns programme is progressing to achieve planned results.	<input type="radio"/>
4.6	Ensure that voices of national and sub-national institutions, partner agencies and affected communities (especially women and girls) and their equitable participation are involved in the collection of information.	<input type="radio"/>
4.7	Consider a safe space when monitoring and/or collecting data and conduct data collection separately with women, men, girls and boys where female enumerators engage with female stakeholders and male enumerators with male stakeholders.	<input type="radio"/>
4.8	Ensure to apply gender analysis in all scope of work.	<input type="radio"/>
4.9	Collect and analyse data to identify any gender gaps in access, participation or benefit for beneficiary groups in Save Newborns programme.	<input type="radio"/>
4.10	If gender gaps are identified, investigate why these gaps are happening, including identification of any root causes at different levels, both downstream and upstream.	<input type="radio"/>
4.11	Undertake corrective actions as needed to adjust interventions based on monitoring results.	<input type="radio"/>
4.12	Make any adjustments need to scale up the Save Newborns programme components that are responsive to change gender inequality, or curtail those that appear to raise the risks for women and girls or have negative consequences for them.	<input type="radio"/>

STEP 5

EVALUATION



NO.	WHAT TO DO	DONE
5.1	Evaluate the Save Newborns programme by adapting the baseline tool to ask the same questions and measure changes related to maternal and newborn health and gender equality over the life of the Save Newborns programme.	<input type="radio"/>
5.2	Identify how the Save Newborns programme interventions change the condition (practical needs) and position (strategic needs) of women and girls in relation to that of men and boys with respect to their decision making power especially related to: <ul style="list-style-type: none"> • health seeking behaviours and decisions for pregnant women, adolescent girls and neonates; • timely health seeking for both girls and boys; • community-level reproductive health care practices and services in place (e.g. traditional birth attendants) and their involvement in the set of interventions around saving newborns; and • household practices around reproductive health care access. 	<input type="radio"/>
5.3	Evaluate community awareness, knowledge levels and engagement on health and gender inequality issues by assessing to what extent have the relevant segments/representatives of the community (women/ girls and men/boys) been consulted in all stages of the Save Newborns programme development.	<input type="radio"/>
5.4	Involve community members in identifying criteria for the evaluation, collecting and recording data, organizing workshops to analyse the findings, and reviewing evaluation findings to ensure their buy in, responsibility and accountability to ensure results on Save Newborns programme are sustained beyond the programme duration.	<input type="radio"/>
5.5	Use a combination of female and male evaluators where possible.	<input type="radio"/>
5.6	Evaluate if there has been a positive or negative shift in the way attention to the health and nutritional needs of women and girls are being addressed at the household and community level.	<input type="radio"/>
5.7	Assess how the interventions contribute to achieve the desired impact in terms of changing knowledge, awareness, participation, utilization and decision making in terms of health seeking, especially for reproductive health services and peri-natal care (pregnancy, delivery and post-partum care).	<input type="radio"/>

NO.	WHAT TO DO	DONE
5.8	Evaluate efficiency and effectiveness of gender-responsive actions in reducing maternal and newborn deaths.	○
5.9	Assess what difference the Save Newborns programme made for the indirect beneficiaries.	○
5.10	Assess if interventions contributed to effectively respond to and reduce gender-based violence (GBV) in the target areas.	○
5.11	Evaluate if there is any evidence of gender-sensitive behavior changes relevant to Save Newborns through proxy indicators.	○
5.12	Identify if there are any examples of unintended gender-related outcomes.	○
5.13	Assess what potential workarounds or solutions are planned or being planned to address the further challenges.	○
5.14	Identify what unique opportunities exist in the country to see a further reduction in maternal, newborn and under-five mortality. Among those, identify which are most important for UNICEF to act on.	○
5.15	Analyse what challenges have been encountered along the way (e.g. integrated programmes, multisectoral work and partnerships, technical guidance from Headquarter and Regional Office, scale up, knowledge generation and use, community resistance to social norm change).	○
5.16	Ensure the evaluation include concrete recommendations for follow-up initiatives to further promote gender equality to improve maternal and newborn health.	○

STEP 6

REPORTING



NO.	WHAT TO DO	DONE
6.1	Document lessons learned and best and innovative practices related to gender mainstreaming in the Save Newborns programme for learning (South to South), communications, advocacy and funding. Include gender gaps, barriers or opportunities to which UNICEF was unable to respond as well as those that were successfully addressed in the Save Newborns programme.	<input type="radio"/>
6.2	Ensure all data reported on is disaggregated by gender, age, wealth quintile, location, religion, caste, etc.	<input type="radio"/>
6.3	Consider how and to whom communicate the results of the initiatives.	<input type="radio"/>
6.4	Disseminate the gender-related results of the Save Newborns programme to government authorities, donors, partners, beneficiaries and the general public. Very often, many great accomplishments on gender equality are being realized, but are not communicated beyond the implementing organization and/or partners.	<input type="radio"/>
6.5	Support strengthen national health data information systems and national statistical offices to be gender-responsive as an important basis for building evidence generation on gender equity and knowledge sharing.	<input type="radio"/>
6.6	Ensure gender-related learning is captured in the knowledge management process and system. It is important to house the gendered learnings so they can be shared and used to inform development of new programming.	<input type="radio"/>
6.7	Use key gender gaps or opportunities that have been identified but were not able to address during the Save Newborns programme implementation as the basis to inform the design of future programmes.	<input type="radio"/>
6.8	Use innovative technology platforms to communicate messaging or implement accountability and feedback mechanisms for reporting.	<input type="radio"/>

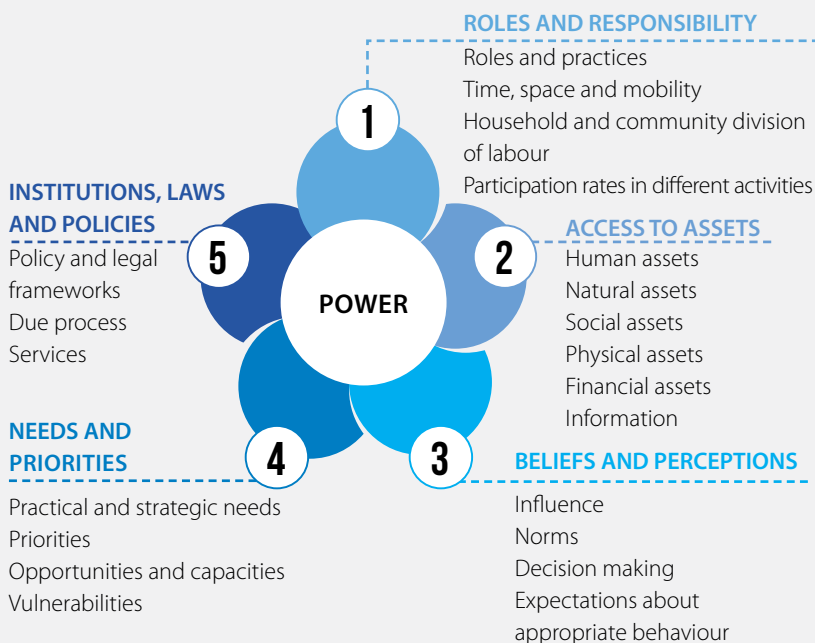


GENDER ANALYSIS QUESTIONS



A set of gender analysis questions from next page follows a gender analysis framework¹⁰ (see separate **Section 2: Practical Steps for Gender Mainstreaming, page 28**) and should be used in the initial assessment to assist in the design of gender-responsive Save Newborns programme that will maximize the participation of both female and male beneficiaries and benefits to them. The checklist is to be applied to specific country contexts and is not comprehensive, and should be used in addition to general data and other UNICEF documents.

GENDER ANALYSIS FRAMEWORK



1. ROLES AND RESPONSIBILITY (PRACTICES)



HOUSEHOLD ACTIVITIES

- What are the demographic profiles of target populations? (gender, ethnicity, caste, age, migration trend, percentage of female- and child-headed households, households size, marriage age, number of pregnant and lactating women, etc.)
- What is the gendered division of labor: roles, activities, work and responsibility of women, men, girls and boys in the house? Tasks can include the care of children, care of the aged, food production (including the cultivation of domestic food crops and livestock, shopping, food preparation and cooking), fuel and water collection, education, health care, laundry and cleaning, house maintenance (structural), artisan and craft production, and performance of social obligations. How do women, men, girls and boys spend their time?
- Respectively, for what activities or tasks are girls and boys responsible? Are these by choice or prescribed by the community? What happens when individual girls or boys don't follow these norms of behavior?
- Do women/girls or men/boys have restrictions on their mobility? What restrictions? How do they influence women's and girls' access to services and supportive social networks?



COMMUNITY ACTIVITIES

- What is the average age of marriage and first pregnancy? Who decides at what age a girl or boy marries? What are the reasons for getting married at younger/older ages?
 - Does a woman or a man in a couple decide when to have sex and when to have a child? Under what circumstances do they decide jointly? How do they communicate their preferences?
 - Are there gender-based differences in knowledge and attitudes regarding fertility decisions?
- How many and what percentage of women and men serve on the community health committee or other community activities relating to health? Do women hold positions of leadership or decision making within committees? Are women able to exercise authority or leadership in these activities? Do women participate in good numbers at meetings organized by the committees?
 - What kinds of social groups do women/girls and men/boys participate in, respectively? What kind of leadership positions do women and men occupy? How do women's and men's participation in social groups affect their access to health information, health services, and care and support from other community members?

- Spatially, within the community and beyond, where are women's/girls' and men's/boys' activities located?
- Do adolescent girls or boys participate in community government, associations or other civil society organizations? What determines if they participate or not - family position or wealth, educational attainment or other factors?



MATERNAL AND NEWBORN HEALTH

- What are the local maternal mortality and morbidity rates? What are the local newborn and child mortality rates, disaggregated by sex and age?
- What is the fertility rate and its frequency?
- What are the main maternal risk factors? What are the major clinical, environmental and socioeconomic causes? Which age groups and communities are the most at risk?
- What is the extent of women's and girls' workload, and are patterns of sickness among women and girls (malnutrition, anaemia and other diseases) explained by their occupational context?
- What percentage of births are assisted by skilled birth attendants?
- What limits pregnant women's and adolescent girls' access to health facilities for antenatal care, delivery and postnatal care? Are fathers accompanying pregnant partners?
- Is child marriage or other gender-based violence (GBV) and harmful practices contributing to the risks of pregnancy and childbirth?
- Are sex-selective abortions taking place? How common is abortion (legal or non-legal)? Is it legal? Which groups are primarily concerned? What are the effects on women's and girls' health? What are the main reasons of sex-selective abortions?
- For how many months do women and adolescent girls usually breastfeed their children? Is there a difference in the duration of breastfeeding for girl and boy children?
- Are there any gender specific differences between female and male newborn taken to health centers? What are the causes and norms that dictate any such differences?
- Are there food taboos for women and adolescent girls during pregnancy and lactation? How does it affect to maternal health and nutrition status?
- What is the incidence of anaemia among pregnant women and adolescent girls in the target population? What are the causes and effects on women's and girls' health and well-being?



ADOLESCENT REPRODUCTIVE HEALTH

- What is the prevalence of adolescent pregnancy - disaggregated by early (age 10-14) and late adolescents (age 15-19), wealth quantile, ethnicity and geographic location? What are the main causes?
- Respectively, at what age do girls and boys have their first sexual experience? Is it prior to or after marriage (for girls/boys)?
- Respectively, are girls and boys allowed to influence or discuss with their parents when or whom to marry, or if to marry? Who decides?
- Do parents discuss with or educate their children about sex?
- Can adolescent girls use health services without the permission of parents, partners or in-laws?
- Do married adolescent girls face any barriers in accessing reproductive health services? Who do they turn to for help/support during pregnancy and birth delivery?
- Do adolescent girls or boys engage in sex work? How are girls or boys recruited?



HEALTH SERVICES AND PROVIDERS

- Where do women and men seek health care for themselves and their children and why: traditional healer, local drug shop, community health worker, formal health clinic or a combination of the above? Who makes decisions in families about taking children to a health care provider for treatment?
- How is health work organized? Are women and men, girls and boys treated equally regarding:
 - »» Formal/informal care?
 - »» Paid/unpaid care?
 - »» Full-time/part-time work?
 - »» Skilled/unskilled work?
- Who does what kind of health work? Women? Men?
- Are there female traditional birth attendants and have they received any trainings?
- Are women and men, girls and boys treated differently by:
 - »» Providers who are women?
 - »» Providers who are men?
- What is the ratio of female to male health care providers? What are the consequences of this ratio? What are their roles and capacity?
- What is the proportion of women and men in management in health sector? Supervisors of each category of health workers, staff and volunteers?

- How does counseling promote or discourage women's/girls' and men's/boys' personal choices about uptake of health services, compliance with treatment or use of contraceptive methods?
- Do health workers ask women who decides:
 - »» If she can go to the health facility?
 - »» To bring her child to a health facility for a well child or sick care?
 - »» Where she will deliver?
- Are there incidents of disrespectful care by female or male health care providers in the facility toward:
 - »» Female clients or companions?
 - »» Male client or companions?
 - »» Female health workers?
- Are women and girls discriminated at health facilities against for being poor, of a particular ethnic group, for being young or old, for the timing of her arrival (too early or too late in labor), or for coming in with a miscarriage or abortion?
- Do health care providers explain to the woman and adolescent girls and her companion progress and procedures during labor, delivery and postpartum?
- Do health care providers treat women and adolescent girls who give birth to a boy differently than those who give birth to a girl?



GENDER-BASED VIOLENCE (GBV)

- What are women's/girls' and men's/boys' different experiences with violence - as victims, survivors or perpetrators?
- Do girls or boys experience sexual abuse or harassment at: school, water source, market, friends' or relatives' houses, home or health services? When? By whom? At what ages?
- Where are programmes for GBV survivors located? In cities and/or rural areas?
- Where are programmes for perpetrators located? In cities and/or rural areas?
- What percentage of sexual violence cases reported to health facilities has been properly referred? What percentage of sexual violence cases that have been adjudicated have resulted in the prosecution of the perpetrator?
- Are adolescent girls or boys in the community vulnerable to sexual exploitation and abuse? Are there adolescent friendly health services they can access?
- Do adolescent girls or boys experience violence from an intimate partner? What effect does this have on girls' and boys' schooling? To what extent is violence associated with early pregnancy and early marriage?

2. ACCESS TO AND CONTROL OVER ASSETS



HOUSHOLD RESOURCES

- What kind of resources do women/ girls and men/boys have access to, respectively? How does access to and control over assets and resources differ between women/girls and men/boys?
 - »» Financial »» Information
 - »» Natural »» Social capital
 - »» Services »» Knowledge
- What are the constraints and implications arising out of lack of control over or access to productive resources, for those who lack such control and access?
- What do women and men own? What do they do with what they own to improve their own and their children's health? What do they own together?
- Respectively, are women's and men's assets equally liquid and transferrable?
- What are the broad income levels of the target population? Are there differences in income between females and males?
- What employment opportunities are open to women and men? Do women and men have equal chance of choosing any occupation? How do women's wages compared to men's?
- Do women and men working at the same level and in the same cadres receive equal support and opportunities in terms of benefits, training, promotions and leadership opportunities?



COMMUNITY RESOURCES

- What kinds of social services (e.g. health and hygiene, literacy programme, etc.) are available and how is accessibility by women, men, girls and boys? Is external assistance available?
- How do women's and men's, girls' and boys' access to and control over community resources affect their ability to:
 - »» Decide to seek care?
 - »» Reach the right level of care?
 - »» Access transport to care?
 - »» Access health information?
 - »» Get appropriate care?
- Who decides about the deployment of community resources (such as transport and infrastructure) for health?
- What kinds of services exist in the community tailored for youth (e.g. health, education, employment, digital)?



REPRODUCTIVE HEALTH

- Do women and men, adolescent girls and boys have access to reproductive health services and information, such as about contraceptives, sexually transmitted infections (STIs) and HIV? What kinds of financial and social barriers impede their access?
- How do women, men, adolescent girls and boys gain access to condoms and other contraceptives? Do women and girls exercise control over their use of contraception?
- Are women/girls limited or empowered to negotiate safer or delayed sex and pregnancies in their relationships?
- What is the family planning acceptance rate in the target population? What is the percentage of new acceptors each year? Which methods are most widely accepted?
- Are there information/education programmes on family planning? Who offers them in the programme area - NGOs and/or public sector?
- Are information/education programmes on family planning adapted for low-literacy populations? Do the programmes target women/girls or men/boys, or both genders? Are the female and male users aware of the pros and cons of each method of contraception?



ADOLESCENT REPRODUCTIVE HEALTH

- What kind of assets do adolescent girls and boys have access to?
 - »» Schooling
 - »» Vocational training
 - »» Mentors
 - »» Employment
 - »» Peer groups
 - »» Money for school supplies
- How do these assets influence their dating and sexual behavior (e.g. the role of peer groups)?
- How do adolescent girls and boys gain access to financial assets for food, shelter, school materials and clothing?
- What kind of social networks do adolescent girls and boys have? What is the average number of people in girls' and boys' networks?
- Until what age respectively do girls and boys stay in school? What is the average year of completion for girls and boys?
- Respectively, what kinds of media do adolescent girls and boys have access to?
- How do girls and boys learn about sex and from whom? How do girls and boys obtain information about contraception and from whom? Is comprehensive sexual education taught in schools?



HEALTH SERVICES AND PROVIDERS

- Are there differences in access for women/girls, men/boys to health services at the primary, secondary and tertiary level? If so, what factors affect these differences?
- What is the average amount of time health care providers spend explaining procedures and treatment regimens to women vs. men, girls vs. boys?
- What amount of time do health care providers spend with women/girls and men/boys for the same or comparable conditions? Are women/girls and men/boys treated by the same category of health care provider for comparable conditions?
- What is the amount of time women/girls and men/boys spend in the hospital for similar conditions? Do women/girls or men/boys spend less time, and why? For example, do women leave the health facility sooner than expected after giving birth? Why?
- Are commodities available for both female and male health needs, according to demand?
- Are ambulances deployed equitably to meet the different needs of women and men, girls and boys?
- Are fees for transport applied equitably and without discrimination?
- Do female or male health care providers have the same opportunities for training in antenatal care (ANC), family planning, emergency obstetric and newborn care (EmONC), active management of the third stage of labor, postpartum care and other skills, locally, nationally and internationally?
- Do either female or male health care providers report that there was training on these or other topics that they wanted to attend but were not able to? Why couldn't they attend (e.g. given on a day off when they had family or other obligations, not selected, too far away, couldn't afford the cost of the course, or other associated costs)?
- Are female or male health care providers denied promotions or other benefits because of assumptions about competing household obligations or lack of autonomy?
- Do female and male health care providers receive equal pay for equal work, equitable fringe benefits, preferred postings and equal opportunity to work the same number of hours and shifts?
- Proportionately, how do health budgets for programmes, drugs, supplies, infrastructure and human resources benefit women/girls vs. men/boys? Who decides how these resources are allocated?
- Are the differential effects on women/girls and men/boys taken into consideration regarding different forms of cost recovery such as fees and insurance?



GENDER-BASED VIOLENCE (GBV)

- What kind of health, legal and social services are available to GBV survivors?
- Who has access to these services and who does not?
- Have health care providers had access to GBV pre-service or in-service training?
- Have health care providers been trained on how to:
 - »» Screen for GBV?
 - »» Detect GBV?
 - »» Provide counseling?
 - »» Conduct safety planning and referrals?
 - »» Perform forensic exams?
- Do women and girls throughout the country have local access to health services with rape kits, post-exposure prophylaxis and emergency contraception?
- What is the budget for GBV services, monitoring and prevention?

3. BELIEFS AND PERCEPTIONS (NORMS)



HOUSEHOLD AND COMMUNITY

- What is appropriate behavior for a woman/girl or a man/boy? What is an ideal woman/girl and man/boy? How do these beliefs influence their health behaviors?
- What are the social beliefs and perceptions that condition women's/girls' and men's/boys' expectations and aspirations? For education, employment, marriage and family?
- Who should make decisions? What decisions do women and men make in the household? Which kinds of decisions are made jointly?
 - »» When and with whom to have sex
 - »» Safe sex
 - »» Use of family planning, antenatal care (ANC), skilled delivery care, postpartum care
 - »» Voluntary counselling and testing (VCT)
 - »» Prevention of Mother to Child Transmission (PMTCT)
 - »» Voluntary medical male circumcision (VMMC)
 - »» Children's health and nutrition
 - »» Management of the household
 - »» Schooling for girls and boys
- What are beliefs about:
 - »» Age of marriage for women/girls and men/boys?
 - »» Circumcision for men and boys?
 - »» Sex work for women and men?
 - »» Adolescent girls' and boys' use of condoms and other contraceptives?
 - »» Sex for girls and boys prior to marriage or women outside of marriage?
 - »» Homosexuality?
 - »» Polygamy for women and men?
- What structures does the community use to make health decisions? Who participates in decision-making spaces? Do women and men have equal voice? How do adolescent girls and boys participate?
- How does the community enforce gender norms and punish people when they do not conform to appropriate gender norms? How does this kind of social control affect women/girls and men/boys? What are the ways in which communities discriminate against women and girls (as well as men and boys)?
- Which community norms and beliefs could influence women's and girls' participation in the programme activities? These norms and beliefs may include the following:
 - cultural exclusion from productive activities;
 - heavy participation in reproductive activities;
 - exclusion from (active) participation in public proceedings;
 - seclusion from contacts with male service staff; or
 - lack of mobility because of cultural norms.



ADOLESCENT REPRODUCTIVE HEALTH

- Are girls and boys expected to abstain from sexual relations until marriage? What is the reason?
- Are boys expected to be sexually experienced before getting married? What is the reason?
- What are local beliefs about adolescent girls or boys having sex with a non-married partner?
- What are local beliefs about adolescents' use of contraceptives?
- Are some contraceptives believed to be only for use by married couples or have side effects that affect fertility or women's/girls' or men's/boys' health? Do women/girls and men/boys hold these beliefs equally?
- For married adolescents, how do beliefs about son or daughter preference influence women's use of contraception?
- Are there beliefs held by women/girls and/or men/boys that discourage the use of contraceptives at particular times or for particular women (e.g. adolescents, breastfeeding women, women without children)?



HEALTH SERVICES AND PROVIDERS

- How do ideas about women's/girls' and men's/boys' proper behavior affect their access to services and treatment by health care providers?
- What are health care providers' beliefs about gender differences and equality? How does this affect their treatment of patients?
- What are supervisors' and administrators' attitudes about sending female and male health care providers for training?
- Do factors related to gender influence promotion decisions in health sector?
- Do women/girls and men/boys have a preference for a health care practitioner of the same sex?
- What are the beliefs held by women/girls and men/boys that prevent them from:
 - »» Using family planning?
 - »» Attending antenatal care (ANC)?
 - »» Delivering at a health care facility?
 - »» Breastfeeding?
- Are there beliefs that would discourage men from getting an HIV test, seeking services for a sexually transmitted infection (STI), agreeing to use condoms or supporting his partner to use other types of family planning?
- What is considered respectful treatment, respectively, by female and male health workers of:
 - »» Female clients or companions?
 - »» Male clients or companions?

- Do health care providers believe that a woman should not receive family planning until she has a boy child, or that she should not receive a family planning method without her husband's consent? Do health care workers believe women/girls and men/boys should receive the same attention and quality of care?



COMMUNICATION

- Are information, education and communication (IEC) materials equally accessible to female and male clients? Why or why not (i.e. low literacy levels of women/girls, illustrations do not include women/girls and men/boys equitably, or sex-specific pronouns are used in exclusionary ways)?
- Do existing health community outreach materials and activities exacerbate negative gender stereotypes (i.e. women are caregivers; men are only portrayed as those in need of care or as doctors and administrators)? What are the kind of gender stereotypes perpetuated by current outreach materials? How do these gender stereotypes impact women's and girls' access to health services?
- Do health communication materials include basic information about gender-based violence (GBV) risk reduction, where to report GBV risk and how to access care?

- How might women/girls or men/boys interpret new experiences or information differently based on their gender identities, level of education and different types of knowledge that women/girls and men/boys may have? Is there equal concern for disseminating health information to women/girls and men/boys?

- Is there a behaviour change communication strategy for maternal and newborn health, and how and at what scale is it implemented?

- Are women and men, girls and boys involved in the design, planning and implementation of the communication strategy?

- Does the communication strategy address the identified gender-related barriers to optimal health practices and utilization of services?

- Will the programme need a communication strategy and innovative teaching methods for illiterate women/girls and men/boys, out-of-school girls and boys, etc.?

- Is a separate communication strategy needed to ensure that programme messages to reach women and girls (e.g. a woman-to-woman information service or the use of local women's and girls' groups)?



GENDER-BASED VIOLENCE (GBV)

- Is GBV regarded as a public health problem?
- Which forms of GBV are considered health problems?
- Is GBV considered a private matter?
- Is GBV considered a multi-sectoral issue?

4. NEEDS AND PRIORITIES



HOUSEHOLD AND COMMUNITY

- What are the needs (both practical and strategic needs) of women, men, girls and boys and their priorities in health?
- What perspectives do they have on the appropriate and sustainable ways of addressing their needs?
- What are women's/girls' and men's/boys' different skills and capabilities?



HEALTH SERVICES AND PROVIDERS

- Are women's/girls' or men's/boys' health needs prioritised or disregarded? Is triage affected by the sex of a person? For example, are women with obstetric complications treated with the same speed as men with injuries from car accidents or occupational injuries?
 - How well do health workers respond to women's/girls' and men's/boys' different health needs? Are there female and male health care providers to fulfill the client's preferred sex of provider?
 - Are there women-to-women services in maternal and child health programmes (including reproductive health and family planning)? Does lack of women-to-women maternal and child health services constrain women and girls from health services including sexual reproductive health?
 - What are the constraints preventing more women (or men) from being trained or being appointed as health providers?
 - During antenatal care (ANC), do health care providers ask a woman and adolescent girls if there are any reasons that would prevent her from delivering at a health facility; if she is able to decide for herself where to deliver; and if not, whether she can bring the decision maker to her next appointment?
 - Are there enough female midwives and physicians to care for women and adolescent girls who prefer female health care providers?
 - Are there enough male nurses and physicians to counsel women's partners on family planning and HIV should they desire a male to speak to instead of a female?
- Are women/girls and men/boys equitably involved in programme and health planning?
 - Are women's/girls' and men's/boys' different health needs taken into consideration in community, district and national planning, programme design and budget development?
 - Are measures taken to address women's/girls' and men's/boys' different socioeconomic and cultural constraints in accessing health services, for example:
 - » Hours health services are open
 - » Educational materials, messages and health outreach activities
 - » Balance of women and men in the health work force
 - » Level of privacy

5. INSTITUTIONS, LAWS AND POLICIES



LEGAL SYSTEM

- How do inheritance laws treat women, men, girls and boys respectively?
- How does the legal system treat women, men, girls and boys (i.e. due process and recognition of rights)?
- Do women and men, girls and boys have equal status under all national, regional and local laws?
- Do women and girls have rights to self-determination (e.g. divorce, property rights, custody of children, decisions about reproductive matters)?
- At what age do girls and boys attain adult legal status? What does this mean for girls and boys in terms of political participation, ownership of property, decisions about marriage?
- What is the legal age of marriage for girls and boys? What is the legal age of sexual consent for girls and boys?



POLICY FRAMEWORKS

- Is there a national policy on gender equality and are any of them specific to health? Does the Ministry of Health (MOH) have policies on gender equality?
- Is there a human resource policy in health sector at the district and facility levels on gender equality and/or non-discrimination based on gender?
- Are there family-friendly policies in place in the health sector? Does the organization of health work take into consideration women's disproportionate responsibilities for childcare, food preparation and other family care?
- How is the health system leadership accountable for implementing existing gender equality policies? Do they conduct periodic assessments, issue reports or measure performance on a regular basis?
- Are government authorities knowledgeable of national gender equality policies? To what extent do they implement and enforce the policies?
- Are district and national budgets analysed and appropriated according to gender equity principles?



HEALTH SERVICES AND PROVIDERS

- What services (health, education, water and infrastructure, agricultural extension, law and justice) are provided in the programme area and to whom? Consider differences in socioeconomic status as well as gender.
- Does the organization, spatial arrangement and client flow in the facility affect women and men, girls and boys differently making them more or less likely to use the services? Provide them more or less privacy?
- Is health information at the facility level disaggregated by sex and age and comparatively analysed for decision making?
- Are statistics on the health workforce disaggregated both by sex and type of professional (e.g. nurse, doctor, etc.)?
- Are women/girls and men/boys treated equally with regard to confidentiality (nondisclosure) of health information?
- Does the health facility have a code of conduct and reporting mechanisms for sexual harassment and assault and disrespectful treatment?
- As a consequence of facility protocols and procedures, do women/girls or men/boys experience stigma around different diseases such as sexually transmitted infections (STIs) or HIV? What about differences between groups of women/girls and men/boys, based on marital status or sexual orientation?
- How are female and male health care workers involved in planning and policy formulation in the health facility? Do women and men with equal training and seniority have equal decision making and influence?
- Which of the facility-level policies promote or discourage female and male clients' personal choices about uptake of services or compliance with treatment? How do they affect women's and men's, girls' and boys' choices and access to services or treatment?
- Are health staff trained on gender equality and human rights, and how is the training often offered?
- Do referral systems treat women/girls and men/boys equitably? What is the likelihood of women and men being appropriately referred and reaching the facility in a timely fashion?



GENDER-BASED VIOLENCE (GBV)

- Are there guidelines for the health sector response on GBV?
- Are there protocols at the facility level about screening for and responding to GBV?
- Does the MOH have policies and protocols and referral procedures on intimate partner violence, sexual violence or other forms of GBV history and intake (e.g. regarding Post-Exposure Prophylaxis and emergency contraception)?
- Has the MOH committed to ending GBV, and how public are those commitments?
- Are there GBV indicators in the health management information system, and are data disaggregated by sex, age, location, religion, wealth quantile, caste, etc?
- What laws/policies define GBV? Is rape illegal? How is rape defined? Is there such a thing as marital rape in the law? Is domestic violence illegal? How is it defined?
- Does the law recognize GBV against women/girls, men/boys and other gender identities?

[Source: Excerpted from Gender Analysis Toolkit for Health Systems, Jhpiego (2016) and Gender Checklist: Health, Asian Development Bank (2006).]

USEFUL RESOURCES

GENDER AND MATERNAL AND CHILD HEALTH	
<p>Global Strategy for Women's, Children's and Adolescent's Health 2016-2030 (WHO, 2015)</p>	<p>The Global Strategy (2016-2030) is a roadmap to achieve right to the highest attainable standard of health for all women, children and adolescents – to transform the future and ensure every newborn, mother and child not only survives, but thrives.</p>
<p>Improving Maternal and Reproductive Health in South Asia: Drivers and Enablers (World Bank Group, 2017)</p>	<p>This report identifies the interventions and factors that contributed to reducing maternal mortality ratio (MMR) and improving maternal and reproductive health (MRH) outcomes in South Asia.</p>
<p>An Equal Start – Why Gender Equality Matters for Child Survival and Maternal Health (Save the Children, 2011)</p>	<p>This document focuses on the huge ramifications of gender inequality and notably shows a clear correlation between the power and status of women in society, the state of their health and the mortality of their children.</p>
<p>Promoting Gender Equality through UNICEF - Supported Programming in Young Child Survival and Development (UNICEF, 2011)</p>	<p>This guidance document aims to orient UNICEF programme staff on how to apply gender analysis to programming in Young Child Survival and Development (YCSD) overall, as well as to sectoral areas of intervention.</p>
<p>Gender Influences on Child Survival, Health and Nutrition: A Narrative Review (UNICEF, 2011)</p>	<p>This review of the literature and accompanying guidance document respond to a range of questions exploring more broadly the ways in which gender influences household dynamics in relation to aspects of young child health and nutrition.</p>
<p>Preventing Gender-Biased Sex-Selection (WHO, 2011)</p>	<p>This OHCHR, UNFPA, UNICEF, UN Women and WHO joint interagency statement reaffirms the commitment of United Nations agencies to encourage and support efforts by States, international and national organizations, civil society and communities to uphold the rights of girls and women and to address the multiple manifestations of gender discrimination including the problem of imbalanced sex ratios caused by sex selection. It thus seeks to highlight the public health and human rights dimensions and implications of the problem and to provide recommendations on how best to take effective action.</p>

Targeting Poverty and Gender Inequality to Improve Maternal Health (International Center for Research on Women (ICRW), 2010)	<p>This paper examines the ways in which poverty and gender inequality impact maternal mortality by creating barriers to maternal healthcare access and utilization. It also analyses strategies designed to increase utilization to identify best practices.</p>
---	---

ENGAGEMENT OF MEN AND BOYS

Engaging Men and Boys in Gender Equity and Health: A Toolkit for Action (UNFPA, 2010)	<p>This toolkit presents conceptual and practical information on engaging men and boys in promoting gender equality and health. Specific topics include sexual and reproductive health; maternal, newborn and child health; fatherhood; HIV and AIDS prevention, care and support; and prevention of gender-based violence.</p>
Global Sexual and Reproductive Health Service Package for Men and Adolescent Boys (International Planned Parenthood Federation (IPPF) and UNFPA, 2017)	<p>This is the first comprehensive package focused on supporting providers of men’s sexual and reproductive health (SRH) services. The resource aims to improve the range and quality of available SRH services to meet the specific and diverse needs of men and adolescent boys and to promote gender-transformative approaches to engaging men in health and equality.</p>
Adolescent Boys and Young Men: Engaging Them as Supporters of Gender Equality and Health and Understanding their Vulnerabilities (Promundo and UNFPA, 2016)	<p>This report highlights the importance of engaging adolescent boys and young men in sexual and reproductive health and rights and in gender equality. It reviews current research on boys’ and young men’s specific risks and realities – and the implications for women and girls – in relation to their general health status, violence, sexuality and sexual and reproductive health, media violence, sexual exploitation and other vulnerabilities.</p>
Preventing Violence Against Women and Girls: Engaging Men through Accountable Practice Intervention (International Rescue Committee (IRC), 2014)	<p>This guideline, consists of three parts: Introductory guide, Training guide and Implementation guide, aims to prevent violence against women and girls by addressing its root causes in conflict settings. It provides a range of evidenced-based and field-tested interventions to end gender-based violence (GBV) and step-by-step guide to effectively engage men to prevent any kind of GBV.</p>

ADOLESCENT HEALTH	
Regional Assessment of Gender Responsive Adolescent Health in South Asia (UNICEF ROSA, 2017)	This report provides a regional situation analysis of gender-responsive adolescent health across South Asia and the overall scope and key opportunities for UNICEF to focus on and make an impact.
Adolescent Pregnancy Situation in South-East Asia Region (WHO, 2014)	This publication presents prevalence and trends on adolescent pregnancy and related health issues in the form of country factsheets and a regional summary.
Global Accelerated Action for the Health of Adolescents (AA-HA!) Guidance to Support Country Implementation (WHO, 2017)	It assists governments in what to do – as well as how to do it – as they respond to the health needs of adolescents in their countries. Case studies show that what is being recommended actually can be done. The full document with case studies, a summary document, a comic book, brochure and infographics are available in their website.

REPRODUCTIVE HEALTH	
WE-MEASR: A Tool to Measure Women's Empowerment in Sexual, Reproductive and Maternal Health Programs (CARE, 2014)	The tool was developed to measure women's empowerment in domains of their lives that are important for improving sexual, reproductive, and maternal health outcomes. It is composed of 20 short scales designed to measure women's agency, social capital and relations with their partners.
Manual to Evaluate Quality of Care from a Gender Perspective (International Planned Parenthood Federation/ Western Hemisphere Region, 2000)	This manual will assist reproductive health institutions to evaluate the quality of care of their services from a gender perspective. This manual provides guidance on assessing the level of gender integration in the institution, identify ways to better integrate gender into the institutions, and build staff's capacity to use a gender perspective in their delivery of reproductive health services.

GENDER, HEALTH AND SOCIAL NORMS

Transforming Gender Norms, Roles, and Power Dynamics for Better Health: Evidence from Systematic Review of Gender-Integrated Health Programmes in Low- and Middle-Income Countries (Health Policy Project, 2014)	This review provides evidence of the most effective gender-integrated strategies used by programmes in low- and middle-income countries worldwide. Its results underscore the need to conduct gender analysis to understand how health needs and behaviors differ among women, men, and transgender people; to identify evidence-based strategies that respond to and mitigate the specific gender barriers faced by these groups; and to incorporate these strategies into programmes.
An Evidence Map of Social, Behavioural and Community Engagement Interventions for Reproductive, Maternal, Newborn and Child Health (WHO, 2017)	This document provides an evidence map of existing research into a set of selected Social, Behavioural and Community Engagement (SBCE) interventions for reproductive, maternal, newborn and child health (RMNCH), the fruit of a collaboration between the WHO and partners. It represents an important way forward in this area, harnessing technical expertise and academia to strengthen knowledge about the evidence base.

GENDER AND HEALTH IN EMERGENCY

Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (Inter-Agency Standing Committee (IASC), 2015)	The purpose of the Guidelines is to assist humanitarian actors and communities affected by armed conflict, natural disasters and other humanitarian emergencies to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of GBV across all sectors of humanitarian response including health.
The Gender Handbook for Humanitarian Action (Inter-Agency Standing Committee (IASC), 2017)	It is a concise guide built upon lessons learned by the humanitarian community and reflects the main challenges faced in ensuring that gender equality and women's empowerment are mainstreamed throughout the assessment, planning, resource mobilization, implementation and monitoring stages of the humanitarian programme cycle. There is a specific section on Health.

TOOLS ON GENDER AND HEALTH

<p>Gender Checklist: Health (Asian Development Bank, 2006)</p>	<p>It guides users through all stages of the project/ programme cycle in identifying the main gender issues in the health sector and in designing appropriate gender-sensitive strategies, components and indicators to respond to gender issues.</p>
<p>Gender Analysis Toolkit for Health Systems (Jhpiego, 2016)</p>	<p>The toolkit is a practical guide for public health professionals seeking to understand how gender can impact health outcomes, service delivery, and access to information and care. Its primary focus is sexual, reproductive, maternal, newborn, child and adolescent health.</p>
<p>Working with Individuals, Families and Communities to Improve Maternal and Newborn Health: a Toolkit for Implementation (WHO, 2017)</p>	<p>This toolkit was designed to support countries to integrate and operationalize key themes of empowerment and community engagement in maternal and newborn health programmes at the district level. It also serves as a resource to support countries in planning, implementing, monitoring and evaluating health promotion interventions for maternal and newborn health.</p>
<p>Tools for Assessing Gender in Health Policies and Programmes (Health Policy Project, 2014)</p>	<p>This compilation of gender assessment tools and frameworks is designed to support policymakers, advocates and development practitioners working to integrate gender into the health policy process. Most resources in this collection support gender assessment, policy and programme planning, or monitoring and evaluation in one or more of the following health areas: family planning, HIV, maternal and child health and reproductive health.</p>
<p>Gender Mainstreaming for Health Managers: A Practical Approach (WHO, 2011)</p>	<p>The manual is a user-friendly guide aimed to raise awareness and develop skills on gender analysis and gender responsive planning in health sector activities. The manual is conceptually structured to move from awareness to action throughout a three to four-day workshop to reduce gender-based inequities in health.</p>
<p>Integrating Gender in the Monitoring and Evaluation of Health Programs: A Toolkit (MEASURE Evaluation, 2017)</p>	<p>This toolkit aims to help international health programmes integrate a gender perspective in their M&E activities, measures and reporting. It is designed for use by health programme staff (such as project directors, gender focal persons, programme offices and M&E officers), working in various health sectors and for various health agencies and initiatives.</p>

REFERENCES

1. WHO, UNICEF, UNFPA and the World Bank estimates (2014). Trends in Maternal Mortality: 1990 to 2013.
2. UNICEF Global Database, <https://data.unicef.org/topic/maternal-health/maternal-mortality/> (Accessed on 7 May 2018)
3. Ibid.
4. United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision.
5. UNDP (2016). Human Development Reports.
6. World Bank (2016). South Asia Regional Gender Action Plan (RGAP).
7. Aguayo, Victor and Kajali Paintal, (2017). Nutrition in adolescent girls in South Asia, *BMJ* 2017;357:j1309.
8. UNESCO (2013). Fact Sheet: Girls' education – the facts, UNESCO.
9. Aguayo, Victor and Kajali Paintal, (2017). Nutrition in adolescent girls in South Asia, *BMJ* 2017;357:j1309.
10. Jhpiego (2016). Gender Analysis Toolkit for Health Systems.



for every child

UNICEF Regional Office for South Asia

Lekhnath Marg, Kathmandu 44600

 www.unicef.org/rosa

 rosa@unicef.org

 www.facebook.com/UNICEFSouthAsia

 www.twitter.com/UNICEFROSA

UNICEF REGIONAL OFFICE FOR SOUTH ASIA

unicef 
for every child

GENDER CHECKLIST 2

STOP STUNTING



SOUTH ASIA REGIONAL HEADLINE RESULTS

To close huge equity gaps and realize the rights of millions of children across South Asia, UNICEF plans to achieve the following six Regional Headline Results by 2021:



This brief guide provides an overview to understand the key gender inequalities that affect children under the **Regional Headline Result 2: Stop Stunting**. Understanding gender inequality and analyse how to address its effects on mothers' and children's nutrition ensures Stop Stunting programming is relevant and responsive to the unique needs of women, men, girls and boys. The module includes:

- **Key gender issues;**
- **Checklist of gender integration programming; and**
- **Useful resources on gender-responsive programming.**

It is important to note that this is not a comprehensive guide; it should be seen as a guideline that will help colleagues to consider and address the issues and barriers women, men, girls and boys face as a result of gender inequality under each Headline Result.

Cover page photo: ©UNICEF/UN0153113/Mawa

AT A GLANCE: GENDER INDICATORS FROM STRATEGIC PLAN (SP) 2018-2021

• INTEGRATED GENDER RESULTS

Goal 1: Gender-equitable health care and nutrition for girls and boys; Quality maternal care; Gender equality in community health systems

Outcome Indicators:

1.12 Percentage of women with anaemia

1.17 Percentage of girls and boys with severe acute malnutrition (SAM):

(a) who are admitted for treatment and default;

(b) who are admitted for treatment and recover through UNICEF-supported programmes (disaggregated by sex)

Output Indicators:

1.c.4 Number of community health workers that underwent skills enhancement programmes to operationalize integrated community care management (ICCM) through UNICEF-supported programmes (disaggregated by sex of community health worker)

1.d.1 Percentage of pregnant women receiving iron and folic acid supplementation

1.d.2 Number of countries that have integrated nutrition counselling in their pregnancy care programmes

1.e.1 Number of girls and boys with severe acute malnutrition (SAM) who are admitted for treatment (humanitarian) (disaggregated by sex)

• TARGETED GENDER RESULTS

Goal 1: Promoting adolescent girls' nutrition and pregnancy care, and preventing HIV/AIDS and HPV

Outcome Indicators:

1.1 Percentage of pregnant women (aged 15-19) receiving at least four antenatal visits

1.4 Percentage of mothers (aged 15-19) receiving postnatal care

1.21 Percentage of girls (age 15-19) with anaemia

1.22 Percentage of live births (to mothers age 15-19) attended by skilled health personnel

1.23 Percentage of adolescent girls vaccinated against HPV in selected districts in target counties

Output indicators:

1.i.1 Number of adolescent girls provided with services to prevent anaemia and other forms of malnutrition through UNICEF-supported programme

1.i.2 Number of countries that have nationally introduced HPV in their immunization schedule

KEY GENDER ISSUES TO STOP STUNTING

Malnutrition of women and girls



Gender disparities in nutrition are most pronounced for women and girls in the reproductive age group in South Asia. Over one-third (37%) of the world's anaemic women live in South Asia which amounts to 227 million women.¹ Anaemia among women of reproductive age is a severe public health problem especially in India (53%), Pakistan (50%), Nepal (41%) and Afghanistan (40%).² One in five women in the region are too thin (BMI <18.5/kg/m²); one in ten women in the region have short stature (height <145 cm).³ Maternal undernutrition, for example, leads to intrauterine growth restriction, evidenced in low-birth-weight, which accounts for 20% of childhood stunting.⁴

Quick growth and menstruation during adolescence increase the risk of anaemia and iron deficiency, and impair physical growth and development. Undernutrition and anaemia affect over 50% of adolescent girls in South Asia, particularly girls in rural areas from poor socioeconomic backgrounds.⁵ Iron deficiency causes weakness and fatigue, and reduces physical ability to study and work. Adolescent girls who have high rates of undernourishment are more likely to bear underweight children or die in childbirth, which leads to a cycle of undernourishment.

Son preference



Discriminatory gender norms and son preference may also result in preferential treatment of male children over female. The data from India and Nepal shows that the gap in nutritional status between female and male children begins to widen around age four.⁶ Higher quality of food and care that boys receive compared to girls may result in differential nutritional outcomes.

Lack of female autonomy



The poor nutritional status suffered by most South Asian countries can be traced, in part, to women's and girls' low health and educational status, as well as gendered power dynamics within the household and community that determine feeding and other nutrition choices.⁷ A mother's low status in the household generally hampers her capacity to carry out critical infant and young child care practices such as breastfeeding, complementary feeding or health services utilization. A study in South Asia estimated that if women and men had equal status, the underweight rate for children under three would drop by approximately 13% points, meaning 13.4 million fewer malnourished children in this age group alone.⁸ Constraints on women's and girls' mobility can also hamper their access to food.

Early marriage and early pregnancy



In South Asia, almost one-third (30%) of women aged 20-24 were married or in union before the age of 18.⁹ Child marriage and associated adolescent pregnancies exacerbate the risk of low-birth-weight babies, inadequate birth spacing and availability of nutrients for the foetus. Evidence shows that childbearing during adolescence reduces post-menarchal height and weight gain in their children than in children born to adult women.¹⁰

Poor sanitation and hygiene



There are over 558 million people practicing open defecation in South Asia (60% of global total), and handwashing practices are far from optimal.¹¹ Women and girls who lack safe water and hygiene are prone to WASH-related illnesses, such as hookworm infestation which, during pregnancy can lead to anaemia resulting in adverse birth outcomes including low birth weight, pre-term birth delivery and postpartum hemorrhage, a leading cause of maternal death.

Lack of men's involvement



Involving fathers and other household members - in addition to mothers - in feeding and care of infants and young children can further improve nutritional outcomes for children. However, men's engagement in the care and development of their children are limited. South Asia shows the most disproportionate contributions from women to unpaid work in the world: women do 6.5 times more unpaid (care) work than men do.¹²

Lack of gender perspectives



In spite of the fact that women play a critical role in influencing the nutrition outcomes of their children, gender considerations are not yet adequately addressed in the design, implementation and monitoring and evaluation (M&E) of nutrition programmes.

Insufficient education for girls



A mothers' educational level and occupation are determinants of stunting of children. Women with higher education levels tend to have a significantly higher likelihood of early initiation of breastfeeding.¹³ Gender disparity in education is a prevalent issue in South Asia that is linked to pervasive socio-cultural gender biases in the region. At the primary level, 5.9 million girls are out of school compared to 5.5 million boys, and significantly more girls (81%) than boys (42%) will never go to school in the region.¹⁴

Food security and gender-based violence (GBV)



Levels of food security and the risk of GBV are closely linked. Women and girls are typically responsible for the production, procurement and preparation of food and water. As a result, women and girls can find themselves removed from familiar surroundings whilst tending crops and livestock, gathering fuel or attending food distributions. This isolation can increase the risk of abuse or violent attack.¹⁵ Lack of food can also cause tensions in the household, leading to intimate partner violence, negative coping strategies such as resorting to transactional sex or even sending girls to child marriage.¹⁶

GENDER AND STOP STUNTING PROGRAMMING CHECKLIST

The following checklist and a set of gender analysis questions are meant to guide users through all stages of Stop Stunting programme cycle in identifying the main gender issues in the nutrition sector and in designing strategies to respond to the identified gender issues.

STEP 1

PLANNING (ASSESSMENT AND ANALYSIS)



NO.	WHAT TO DO	DONE
I. ASSESSMENT What is the context-specific situation of gender equality to Stop Stunting? Use Gender Analysis Questions (page 24-36) as guiding questions to conduct a gender analysis.		
1.1	<p>Conduct a desk review and informational interviews to collect and analyse disaggregated data by sex, age and other demographic variables and to understand the barriers, bottlenecks and opportunities related to the objectives of a Stop Stunting programme in the target area by using:</p> <ul style="list-style-type: none"> • National surveys such as Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS) • Administrative data of hospital and health centres • UNICEF, WHO, FAO, WFP and other United Nations database • The latest country situation analysis for information on: <ol style="list-style-type: none"> 1) the status of women and girls; and 2) the roles and policies of ministries and other institutions in addressing maternal and child nutrition • UNICEF Gender Programmatic Review (if one has been conducted), especially if nutrition programming was reviewed • Gender equality goals and targets in the Country Programme Document (CPD) • Latest country programme Mid Term and/or Annual work plan review report to understand any recent progress on gender mainstreaming in nutrition • Documents and assessments related to any existing gender-responsive nutrition programmes in the country or region • Any evaluation of nutrition programmes that included an assessment of equity including gender dimensions 	○

NO.	WHAT TO DO	DONE
1.2	Analyse data by sex, region, geographic area (e.g. rural vs. urban), caste and population/ethnic group. Additional analysis may be required to assess if there are any gender differences or to obtain data by maternal education status. The characteristics of populations with poor nutrition status, or those who do not receive nutrition services or are not being fed optimally should also be analysed to determine if a gender dimension exists in the disparities.	○
1.3	Use participatory assessment (interviewing both women and men, girls and boys) to gather information, particularly when attempting to get qualitative data. Methods may include: community mapping; transect walks; focus group discussions; surveys; spatial mapping, etc. Define ways in which especially poor women and girls can participate in the assessment.	○
1.4	Using Gender Analysis Questions from page 24 , organize information about gender differences from existing sources. Assess whether the existing information is adequate to understand how Stop Stunting programme objectives may be affected by gender differences and inequalities in the following areas: <ol style="list-style-type: none"> 1. Differences in women's and men's, girls' and boys' access to assets, resources and health and nutrition services; 2. Differences and inequities in women's and men's, girls' and boys' use of time between paid, unpaid and volunteer labour and caretaking responsibilities in the household and community; and 3. Differences and inequalities in leadership roles, decision making and legal status. 	○
1.5	Analyse key policy documents and legislative frameworks on nutrition and assess risks, vulnerabilities and capacity gaps that will further impact on the nutritional status of children (girls and boys) and women. Assess how nutrition policies and regulations shape the food environment and influence women's and girls' nutrition and diet quality.	○
1.6	Ensure nutrition staff conducting assessment and situation analysis are gender-sensitive, have the local knowledge and cultural understanding of gender-related issues.	○
1.7	Assess differences in coverage of interventions or access to quality services by sex, age and other social markers.	○
1.8	Work with women's and girls' rights organizations and inter-agency/ inter-sectoral gender working groups (if established) to understand what approaches and solutions other agencies are adopting to enhance gender equality in nutrition programming.	○

NO.	WHAT TO DO	DONE
II. ANALYSIS What barriers and opportunities prevent or enable to Stop Stunting? Analyse the impacts of gender constraints and opportunities to achieve the programme's objectives. Where feasible, include a gender specialist/focal point in the analysis.		
ENABLING ENVIRONMENT		
1.9	Analyse the gender-specific sources of the distribution and determinants of child stunting and undernutrition of women and adolescent girls. Analyse if there are differences in social risks and responsibilities specific to gender and nutrition that need to be addressed including mobility, safety, knowledge, literacy, limited gender roles and decision-making ability, social norms, division of labour, resource allocation and access to services. Identify the root causes of the deprivations women and girls are facing in nutrition.	○
1.10	Identify groups with the greatest nutritional support needs and the underlying factors that potentially affect nutritional status, disaggregated by sex and age.	○
1.11	Identify other barriers for effectively practicing interventions or accessing quality nutrition services that are linked to gender such as work burdens, domestic violence, permission and resources from men and elders in the family.	○
1.12	Analyse community dynamics to ensure that the nutrition needs, concerns and disparities encountered by women and girls in marginalized segments of community or social groups are clearly identified and documented.	○
1.13	Analyse sociocultural determinants of behaviours and barriers or enabling factors to stop stunting. Dimensions to assess and correlate the nutrition status, practices and utilization of nutrition services include: <ul style="list-style-type: none"> • women's and girls' social status, value, autonomy and agency; • feeding, care and health seeking practices for girls and boys; • roles and responsibilities of women and men in the household and community with regard to care and feeding of children and accessing nutrition services; • access to food in the household by women and men; • control over and decision making regarding food and other resources in the household; • access to services by women and men, adolescent girls and boys; • quality of services being provided to women and men, girls and boys; and • coping strategies and responses to emergencies by women, men, girls and boys. 	○
1.14	Analyse reasons for inequalities in malnutrition rates between girls and boys.	○

NO.	WHAT TO DO	DONE
1.15	Analyse reasons for inequalities in minimum dietary diversity and meal frequency for girls and boys.	<input type="radio"/>
1.16	Assess if there is widespread discrimination based upon poverty, ethnic identity, geographic location, religion, caste, disability, and/or fragile and crisis conditions.	<input type="radio"/>
1.17	Analyse if there are systemic funding constraints for national entities that limit capacity to provide health and nutrition services for vulnerable priority populations thereby hindering progress.	<input type="radio"/>
1.18	Identify what national level coordination barriers hinder the enforcement of health and nutrition services. For example, a coordination among government, health facilities and nutrition service providers.	<input type="radio"/>
1.19	Analyse if promising approaches exist that can be scaled-up or investigated further.	<input type="radio"/>
1.20	Identify opportunities to challenge structural inequalities between women and men, girls and boys, and to promote women's and girls' leadership within the nutrition programme. Ensure the programme upholds "Do No Harm" principle.	<input type="radio"/>
SUPPLY		
1.21	Facilitate institutional, human resources and budget analysis; conduct an analysis of stakeholders such as women- and youth-led community-based organizations, working in nutrition-specific and gender-sensitive programmes and of existing coordination mechanisms across government, civil society and partner networks.	<input type="radio"/>
1.22	Analyse what critical commodities are lacking within the delivery process of nutrition services to women, men, girls and boys.	<input type="radio"/>
1.23	Analyse what lacking resources prevent access to quality nutrition services including information that has a disproportionate impact on women and girls.	<input type="radio"/>
DEMAND		
1.24	Analyse what factors impede demand for access to nutrition services or opportunities that disproportionately impact to women and girls.	<input type="radio"/>
1.25	Identify social norms, practices, beliefs and behaviours that decrease demand of nutrition services for women and girls.	<input type="radio"/>
1.26	Identify what barriers prevent continuity of gender equal nutrition services such as lack of gender-sensitive facilities, ignorance of gender sensitivity among health and nutrition workers, security issues, fees, etc.	<input type="radio"/>
QUALITY		
1.27	Analyse quality standards that are not being adhered to that impact access to nutrition services.	<input type="radio"/>



NO.	WHAT TO DO	DONE
PRIORITISED ISSUES AND AREAS		
2.1	Make sure that the identified issues fall into the Gender Action Plan (GAP) 2018-2021 targets (either integrated gender results or targeted priorities) and UNICEF's Strategic Plan 2018-2021 goals.	<input type="radio"/>
2.2	Identify the most critical challenge and inequities, aligned with global and sector priorities, capacity and resources to act, and partners on the ground to select the issues that will be addressed by the UNICEF Country Programme on Stop Stunting prioritising gender-responsive action.	<input type="radio"/>
2.3	Identify <u>what</u> gender-responsive results that the Stop Stunting programme aims to achieve and <u>how</u> to achieve them based on UNICEF's comparative advantage and mandate, resources and capacity to act effectively and ability to address issues that other organizations are not willing or able to do. Ensure UNICEF will be able to address this issue at scale.	<input type="radio"/>
2.4	Ensure that the logical framework addresses both practical and strategic gender needs and priorities of women, men, girls and boys especially in disadvantaged communities, and is aligned with the findings from gender analysis. See separate Section 2: Practical Steps for Gender Mainstreaming (page 60) of this toolkit for more information on how to develop a gender-responsive logical framework.	<input type="radio"/>
2.5	Ensure Stop Stunting programme addresses underlying reasons for discrimination against women and girls. Include empowerment strategies of women and girls in the programme design.	<input type="radio"/>
2.6	Analyse why gender issues that were previously identified are not yet addressed, why the immediate and underlying causes persist and the possible risk factors that may exacerbate existing gender issues.	<input type="radio"/>
2.7	Ensure the Stop Stunting programme identifies, harmonizes and collaborates with existing national programmes to address gender equality in nutrition.	<input type="radio"/>
2.8	Ensure national legislation and policy frameworks on women's and children's nutrition consider the direct and indirect impacts on gender norms, roles, responsibilities and relations.	<input type="radio"/>
2.9	Take into consideration the main recommendations for the country made by CEDAW, CRC and UPD on nutrition and health.	<input type="radio"/>

NO.	WHAT TO DO	DONE
GOALS		
2.10	Identify the major objectives to be achieved in terms of gender-responsive strategies to improve nutrition status of women including adolescent girls and children over the planning cycle, including awareness raising among community members and empowering women and girls.	○
OUTCOMES		
2.11	Emphasize the human rights-based approach to an inclusive health and nutrition services and develop the capacities of national governments and civil society organizations (CSOs) to employ such an approach. Consider benefits and specific needs of women, men, girls and boys to achieve set goals of Stop Stunting programme.	○
OUTPUTS		
2.12	Ensure outputs are planned with the relevance and benefits in mind for both women and men, girls and boys to achieve outcomes in the Stop Stunting programme.	○
ACTIVITIES		
2.13	In consultation with community members (especially women and girls from the most marginalized communities), community and religious leaders, and healthcare personnel (both female and male), identify the specific sets of actions that need to be taken at the household, community and health facility level to safeguard nutrition for women, adolescent girls and children using existing community structures. Ensure that meeting spaces are safe and accessible for all.	○
2.14	Improve household support for the mothers by engaging men, boys as well as elderly women such as mothers-in-law or grandmothers in nutrition programming as role models, and using male community health workers to engage men and boys to become supportive and equal partners in child care. Working with men and boys to challenge attitudes and behaviours that perpetuate gender inequality.	○
2.15	Introduce content on gender-responsive nutrition efforts into pre- and in-service training for health and nutrition managers and frontline workers, at every level in the home and in healthcare facilities. Train staff on how to refer people to gender-based violence (GBV) services.	○
2.16	Ensure activities are accessible to women and girls as well as men and boys in terms of quality, design, adequate access, appropriate technology and access and cultural acceptability. Consider to engage women, men, girls and boys in non-traditional gender roles.	○

NO.	WHAT TO DO	DONE
2.17	Promote widespread training and education for female and male carers in the household, adolescent girls, community members and health workers focused on maternal and child nutrition, anaemia prevention, counseling and support.	○
2.18	Enhance knowledge of women and girls on healthy diet, hygiene and good breastfeeding practices and expand its coverage. Support formation of social groups for women and adolescent girls focusing on mental health and self-esteem.	○
2.19	Ensure suitable nutrition counseling/education and support (i.e. micronutrient supplementation) to pregnant and lactating mothers including adolescent mothers through antenatal and postnatal care programmes. Promote exclusive breastfeeding through training of providers and information campaigns. Introduce community-based programmes to reach as many women and girls as possible.	○
2.20	Conduct quantitative and qualitative research to measure, analyse and address the underlying determinants of malnutrition of adolescent girls (and boys), and the context-specific factors affecting adolescents' food choices, diet and eating practices, physical activity, gender norms (including body image) and social and emotional well-being.	○
2.21	Develop target interventions for adolescent girls, for example working with schools through providing services such as school feeding programmes and information related to reproductive health and incentivizing their participation. Collaborate with existing interventions that engage adolescent girls to include nutrition component.	○
2.22	Support the scale up of evidence- and community-based interventions to reduce stunting, based on the evidence on how the nutritional status of a mother influences a child's nutritional status, the influence of practices such as feeding and hygiene, and the different practices with girl children as compared to boys as predictive of girls' greater vulnerability to stunting. Include women's inputs as consumers and household managers.	○
2.23	Work closely with WASH sector on the gender dimensions of sanitation and water, particularly around the nutrition benefits of improved WASH services.	○
2.24	Link nutrition and early childhood development (ECD) programmes by using curricula that models positive gender roles (e.g. women leadership, caring fathers) and implementing and scaling up comprehensive community-based parenting programmes that promote healthy childcare.	○
2.25	Assess if additional activities be necessary to more directly promote gender equality.	○

NO.	WHAT TO DO	DONE
TARGET BENEFICIARIES		
2.26	Ensure women, men, girls and boys benefit from the programme, except where interventions specifically target women, men, girls and/or boys.	○
2.27	Increase women's and girls' autonomy, decision making and control over assets by developing programmes that support empowerment of women and girls link with livelihood, income generation, microfinance, education, employment to avoid discriminatory practices hindering women's and girls' ability to participate in decision making regarding access to health and nutrition services.	○
IMPLEMENTATION		
2.28	Identify who will implement the intervention and if the implementing partners are gender competent and have a gender equality policy or strategy to implement the programme, and been trained on gender equality issues.	○
2.29	Consider to involve gender experts/Focal Points, women's and girls' rights organizations and machineries in Stop Stunting programme implementation.	○
2.30	Assess the needs for additional gender-related capacity building or engagement of outside gender experts. Involve an equal number of women and men in all capacity training programmes.	○
2.31	As far as possible, employ an equal number of women and men on nutrition programmes.	○
2.32	Assess if the data of executing agency's monitoring system or Management Information System (MIS) is disaggregated by sex, age and other demographic variables (location, religion, etc.).	○
MONITORING AND EVALUATION (M&E)		
2.33	Devise a monitoring and evaluation (M&E) framework to track gender-related outcomes on Stop Stunting programme, with specific strategies to collect M&E data disaggregated by sex, age, ethnicity, wealth quantile, religion, location, caste, etc.	○
2.34	Ensure monitoring and evaluation (M&E) examine both the content and process from a gender sensitive point of view.	○

NO.	WHAT TO DO	DONE
INDICATORS		
2.35	Establish clear benchmarks and gender-disaggregated nutrition indicators and ensure these are reflected in the M&E plans of Stop Stunting programme. Ensure indicators are SMART (specific, measurable, attainable, locally relevant and time-bound).	○
2.36	Ensure that indicators have been developed to measure progress towards the fulfillment of each objective with disaggregated baselines.	○
2.37	Ensure indicator data will be also disaggregated along other key dimensions (such as location or disability) to reach the most excluded. Assess the following: expected results; provision of quality assistance with respect to gendered needs; monitor rates of service access; satisfaction with the assistance provided; how the facilities were used; and what has changed due to the assistance, for whom and in what time frame.	○
2.38	Assess if targets are set to guarantee a sufficient level of gender balance in activities (e.g. quotas for female and male participation) and special efforts are made to recruit participants from the underrepresented sex or groups.	○
2.39	Ensure that indicators capture qualitative as well as quantitative changes in lives and nutrition status of women, men, girls and boys as well as access to nutrition services.	○
PARTNERSHIP		
2.40	Support government to improve gender-responsive governance, policies and accountability for reducing child stunting, with a focus on maternal and adolescent girls' nutritional sufficiency across the life cycle and gender differentials in child health and survival. Promote an equity-based approach which targets the poorest and the most marginalized communities.	○
2.41	Determine synergistic action necessary at different levels including household, community, hospitals, schools, national ministries and policy makers.	○
2.42	Identify key partners in implementing Stop Stunting programme, including national ministries, NGOs, INGOs, local/community-based organizations, advocacy groups and change agents. Partner with women's and youth civil society organizations (CSOs) that have experience in providing support for women's and girls' empowerment and rights in nutrition. Assess their capacity for gender-responsive planning, implementation and monitoring.	○
2.43	Partner with adolescents in the design, implementation and evaluation of nutrition programmes learning from successful examples of working with youth in other sectors.	○

NO.	WHAT TO DO	DONE
2.44	Identify if there is potential for supplementary intersectoral programmes involving health, education, WASH, child protection, C4D, etc. and ensure gender focal persons/advisers are engaged to maximize the results.	○
RISKS AND ASSUMPTIONS		
2.45	Consistently refer back to results of the gender analysis conducted during the assessment and design phase; check assumptions, incorporate emerging issues and concerns and adjust interventions accordingly.	○
2.46	Identify and address major risks and opportunities in implementing the Stop Stunting programme. Assess if there is any gender-related bottleneck that may reduce the effectiveness of the programme.	○
2.47	Analyse if stereotypes or structural barriers are preventing the full participation of women and girls (or men and boys) and think how the programme deals with stereotypes and barriers.	○
2.48	Identify the possible backlash to women and girls, and any risk factors that may be associated with the Stop Stunting programme implementation (e.g. potentially increased burden on women and girls, aggressive reactions of men and boys, etc.), and think of strategies to deal with them. In some contexts, it may be necessary to negotiate with community leaders prior to talking with women and girls in order to avoid backlash.	○
RESOURCES		
2.49	Identify if the priority fall into the Stop Stunting programme that is or will be substantially funded.	○
2.50	Allocate sufficient human, financial and material resources for gender-responsive activities related to Stop Stunting programme.	○
2.51	Address service fees and other financial and non-financial barriers to access to nutrition services as part of a comprehensive national plan.	○
2.52	Identify if there are resource mobilization opportunities (internal and external) that will enable sustainable funding.	○
2.53	Ensure the required gender and sectoral capacity exist within UNICEF and resources are available to fill expertise gaps.	○
2.54	Ensure resources allocated for selected gender-responsive programming actions are linked to UNICEF programme and accounting code. Select relevant gender Specific Intervention Codes (SIC) and Gender Equality Markers (GEM) in VISION to track progress.	○
2.55	Integrate gender budgeting into national health/nutrition budget processes to generate tangible improvements in policy outcomes for women and girls.	○

NO.	WHAT TO DO	DONE
COMMUNICATION AND KNOWLEDGE MANAGEMENT		
2.56	Ensure that women, men, girls and boys participate in Stop Stunting programmes are able to provide confidential feedback and access complaint mechanisms by managing safe and accessible two-way communication channels.	○
2.57	<p>Raise awareness about the importance of vital nutrition services, assess existing coverage, and plan nutrition campaigns/service access to eliminate stunting and wasting. Ensure to include those with disabilities, low literacy and from linguistics minority groups. This step calls for efforts to:</p> <ul style="list-style-type: none"> • Mobilize demand for increasing coverage; • Communication strategies to increase demand; • Social mobilization strategies to get communities on board; and • Knowledge, Attitudes and Practice (KAP) approaches to increase awareness and buy in from communities. 	○
2.58	Identify and assess the effectiveness of social media/social marketing as a medium and strategy to shift gender-biased perceptions and beliefs to incorporate such a component in the Stop Stunting programme design.	○
2.59	Ensure mechanisms are in place to document good practices, examples, lessons learned on gender mainstreaming in nutrition programme.	○
INNOVATION		
2.60	Promote partnerships with private sector, academia and NGOs for innovative solutions to solve identified gender challenges and to reach the most hard-to-reach women and girls such as those with disability, without parental care and in emergency context. Grant competitions to identify or scale new approaches may also be beneficial.	○

STEP 3

IMPLEMENTATION



NO.	WHAT TO DO	DONE
3.1	Tailor programme activities to the specific nutrition-related needs, capacities and priorities of all women, men, girls and boys.	<input type="radio"/>
3.2	Review the results of the Stop Stunting programme implementation and make sure that findings correspond to the gender-related activities that have been planned. If not, adopt the activities to make sure they correspond to actual needs.	<input type="radio"/>
3.3	Identify and mitigate possible risks of any interventions related to the Stop Stunting programme, especially factors that may limit women's and girls' ability to access health and nutrition services including prevalent harmful practices.	<input type="radio"/>
3.4	Ensure the Stop Stunting programme interventions are participatory and inclusive in a way that builds the capacity of women and men to address the close relationship between maternal under-nutrition and child stunting through knowledge transfer and continuous learning.	<input type="radio"/>
3.5	Create opportunities for women including adolescent girls and men to speak freely without judgement, develop programmes that support empowerment of women and girls to avoid discriminatory practices hindering women's and girls' participation in decision-making processes.	<input type="radio"/>
3.6	Update policies/strategies, guidelines and bylaws on nutrition to incorporate the promotion of gender equality together with training and promotion programmes, operational guidelines, etc.	<input type="radio"/>
3.7	Conduct evidence-based advocacy to ensure national legislation and policy frameworks on nutrition on mothers, adolescents girls and children consider the direct and indirect impacts on gender norms, roles, responsibilities and relations.	<input type="radio"/>
3.8	Track implementation approaches, partners, input requirements and time required to best carry out gender-responsive activities to stop stunting. Ensure that commitments and actions are documented, followed and reported in a timely manner.	<input type="radio"/>

NO.	WHAT TO DO	DONE
3.9	Ensure gender inequalities are regularly reviewed and addressed for the Stop Stunting programme implementation through meetings with a team and partners. Conduct a gender analysis when necessary.	○
3.10	Make sure that working partners have adequate skills to integrate a gender equality perspective into the Stop Stunting programme and with a minimum gender bias. Try to involve an equal number of female and male staff as possible.	○
3.11	Assess whether there is equitable participation (in all activities including decision making) of women, men, girls and boys in the implementation, depending on the Stop Stunting programme's intended beneficiaries. If imbalances are identified, take appropriate measures to ensure the full participation of all beneficiary groups.	○
3.12	Assess services (i.e. nutrition services during pregnancy, iron and folic acid supplements) for women and girls are properly delivered as planned and ensure their accessibility.	○
3.13	Define and mobilize collaborative efforts and strategies with all partner organizations.	○
3.14	Establish information sharing (feedback) mechanisms with/between partner organizations and affected communities (especially women and girls) focusing on gender inequalities in nutrition of women, adolescent girls and children. Ensure actors in nutrition liaise with actors in other sectors (i.e. health, WASH, education, etc.) to share best practices.	○

STEP 4

MONITORING



NO.	WHAT TO DO	DONE
4.1	Ensure a set of interventions designed in the Stop Stunting programme are being implemented as planned and outlined using the M&E plan and if gender-related issues in Stop Stunting programmes are being addressed as planned. Monitor the effectiveness of programme resources being invested.	<input type="radio"/>
4.2	<p>Measure and monitor the separate effects on women, men, girls and boys and the changes in women's and men's, girls' and boys' involvement and their access to and control of resources related to nutritional sufficiency within the household and Stop Stunting interventions or services such as:</p> <ul style="list-style-type: none"> • Exclusive breastfeeding rates for female and male infants; • Percentage of girls and boys covered by Outpatient Therapeutic programmes and treatment for severe acute malnutrition (SAM); • Percentage of girls and boys who are still unable to meet nutritional requirements despite enrolment in nutrition programmes; • Girls', boys' and mothers' access to all nutrition services; and • Prevalence of anaemia among women and adolescent girls. 	<input type="radio"/>
4.3	Ensure that all data collected is gender- and age-disaggregated to assess the indicators. Ensure Sphere standard for SAM indicators provides gender-disaggregated critical analysis.	<input type="radio"/>
4.4	Choose the data collection method carefully such as focus group discussions or key informant interviews to assess how the programme is progressing to achieve planned results and provide necessary information on gender issues.	<input type="radio"/>
4.5	Ensure that voices of participation of national and sub-national institutions, partner agencies and affected communities (especially women and girls) and their equitable participation are involved in the collection of information.	<input type="radio"/>
4.6	Consider a safe space when monitoring and/or collecting data and conduct data collection separately with women, men, girls and boys where female enumerators engage with female stakeholders and male enumerators with male stakeholders.	<input type="radio"/>

NO.	WHAT TO DO	DONE
4.7	Collect and analyse data to identify any gender gaps in access, participation or benefit for beneficiary groups in Stop Stunting programme. Undertake observation/spot checks to identify early potential problems or negative effects.	○
4.8	If gender gaps are identified, investigate why these gaps are happening including identifying any root causes at different levels, both downstream and upstream.	○
4.9	Address the specific identified root gender-based causes that contribute to high children's stunting and wasting and women's and girls' underweight and anaemia prevalence.	○
4.10	Undertake corrective actions as needed to adjust interventions based on monitoring results and review meetings with partners.	○
4.11	Analyse if any adjustments are needed to be made to scale-up the Stop Stunting programme components that are responsive to change, or curtail those that appear to raise the risks for women and girls or have negative consequences for them.	○

STEP 5

EVALUATION



NO.	WHAT TO DO	DONE
5.1	Evaluate the Stop Stunting programme adapting the baseline tool to ask the same questions and measure changes related to women's, adolescent girls' and children's nutrition and gender equality over the life of the Stop Stunting programme. Identify what evidence of progress is available.	<input type="radio"/>
5.2	Evaluate if there is a positive or negative shift in the way attention to the health and nutritional needs of women and girls are being addressed at the household and community level.	<input type="radio"/>
5.3	Evaluate if gender-related considerations were included throughout in all nutrition programming.	<input type="radio"/>
5.4	Assess if intervention was affordable and cost-effective. Assess the sustainability of the gender-responsive actions in Stop Stunting.	<input type="radio"/>
5.5	<p>Identify how the Stop Stunting programme interventions change the condition (practical needs) and position (strategic needs) of women and girls in relation to that of men and boys with respect to their decision-making power especially related to:</p> <ul style="list-style-type: none"> • nutritional adequacy throughout the life cycle in terms of quantity and nutrient quality (micronutrient intake); and • decision making regarding food access, food preparation and feeding practices, including the timing and duration of breastfeeding, complementary feeding and household practices around hygiene and management of infectious diseases. 	<input type="radio"/>
5.6	<p>Evaluate gender-responsive behaviour change through proxy indicators that can be correlated to the reduction of stunting such as:</p> <ul style="list-style-type: none"> • assurance of adequate nutrition and supplementation for adolescent girls and pregnant women (calories and micronutrients); • adoption of recommended breastfeeding and complementary feeding practices, as well as therapeutic feeding for infants and young children with severe malnutrition; • availability of food supplementation or dietary advice during pregnancy; • the effectiveness of strategies to improve the quality of the diet through instituted food fortification systems and regular access to fortified food; and • post-partum monitoring of nutritional adequacy and care of mothers and babies of both sexes, including essential practices such as timely attention to infections, immunizations and nutritional needs of mother and child. <p>These data should be disaggregated by gender, income, urban/rural setting, and emergency settings when relevant.</p>	<input type="radio"/>

NO.	WHAT TO DO	DONE
5.7	Involve community members in identifying criteria for the evaluation, collecting and recording data, organizing workshops to analyse the findings, and reviewing evaluation findings to ensure their buy in, responsibility and accountability to ensuring results on Stop Stunting programme beyond the programme duration.	○
5.8	Use a combination of female and male evaluators where possible.	○
5.9	Ensure there is timely health and nutrition seeking for both girls and boys.	○
5.10	Assess how gender-responsive interventions contributed to achieving the desired impact in terms of changing knowledge, awareness, participation, utilization and decision making in terms of health and nutrition seeking.	○
5.11	Assess if results delivered to all key stakeholders (including women, men, girls and boys).	○
5.12	Assess what difference the Stop Stunting programme made for the indirect beneficiaries.	○
5.13	Analyse what challenges have been encountered along the way (e.g. integrated programmes, multisectoral work and partnerships, technical guidance from Headquarter and Regional Office, scale up, knowledge generation and use, community resistance to social norm change).	○
5.14	Consider what potential workarounds or solutions are planned or being planned to address the further challenges.	○
5.15	Assess what unique opportunities exist in the country to see a further reduction in stunting and wasting of children and underweight and anaemia of women and adolescent girls. Among those, identify which are most important for UNICEF to act on.	○
5.16	Ensure the evaluation include concrete recommendations for follow-up initiatives. Identify what evidence of progress is available on country reduction of gender gaps in nutrition. Assess the sustainability of the gender-responsive actions in Stop Stunting.	○

STEP 6

REPORTING



NO.	WHAT TO DO	DONE
6.1	Document lessons learned and best and innovative practices related to gender mainstreaming and nutrition for learning (South to South), communications, advocacy and funding. Include gender gaps, barriers or opportunities to which UNICEF was unable to respond as well as those that were successfully addressed in the Stop Stunting programme.	<input type="radio"/>
6.2	Ensure all data reported on is gender- and age-disaggregated.	<input type="radio"/>
6.3	Consider how and to whom communicate the results of the initiatives.	<input type="radio"/>
6.4	Disseminate the gender-related results of the Stop Stunting programme to government authorities, donors, partners, beneficiaries and the general public. Very often, many great accomplishments on gender equality are being realized, but are not communicated beyond the implementing organization and/or partners.	<input type="radio"/>
6.5	Refer back to gender analysis and capture and report on how Stop Stunting programme has addressed gender inequalities in the knowledge management process and system. It is important to house the gendered learnings so they can be shared and used to inform development of new programming.	<input type="radio"/>
6.6	Lead to generate, analyse and promote the use of evidence by strengthening national data information systems or national statistical offices to be gender-responsive and track progress in addressing gender-based barriers in accessing to adequate nutrition.	<input type="radio"/>
6.7	Use key gender gaps or opportunities that have been identified but were not able to address during the Stop Stunting programme implementation as the basis to inform the design of future nutrition programmes.	<input type="radio"/>
6.8	Use innovative technology platforms to communicate messaging or implement accountability and feedback mechanisms for reporting.	<input type="radio"/>

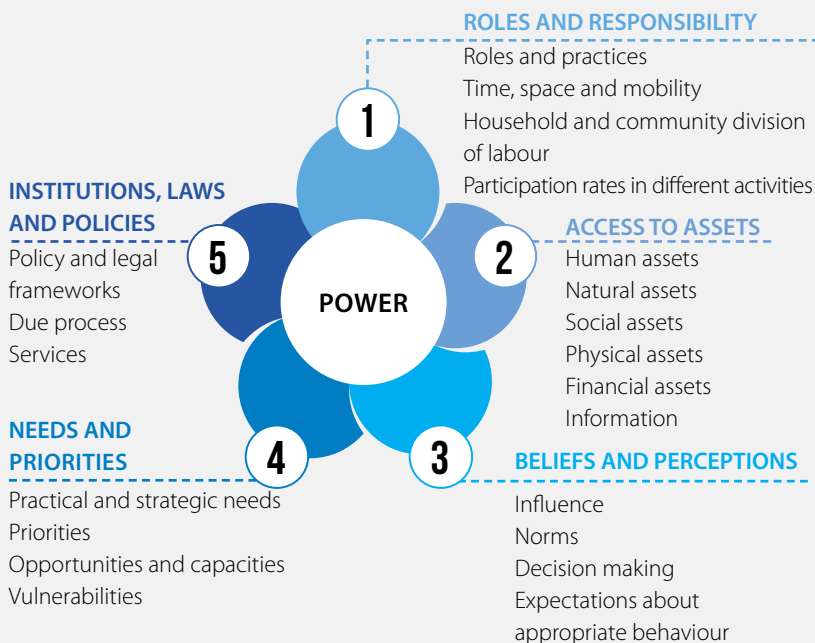


GENDER ANALYSIS QUESTIONS



A set of gender analysis questions from next page follows a gender analysis framework¹⁷ (see separate **Section 2: Practical Steps for Gender Mainstreaming, page 28**) and should be used in the initial assessment to assist in the design of gender-responsive Stop Stunting programme that will maximize the participation of both female and male beneficiaries and benefits to them. The checklist is to be applied to specific country contexts and is not comprehensive, and should be used in addition to general data and other UNICEF documents.

GENDER ANALYSIS FRAMEWORK



1. ROLES AND RESPONSIBILITY (PRACTICES)



HOUSEHOLD ACTIVITIES

- What are the demographic profiles of target populations? (gender, ethnicity, caste, age, migration trend, percentage of female- and child-headed households, households size, marriage age, number of pregnant and lactating women, etc.)
- What is the gendered division of labor: roles, activities, work and responsibility of women, men, girls and boys in the house? Tasks can include the care of children, care of the aged, food production (including the cultivation of domestic food crops and livestock, shopping, food preparation and cooking), fuel and water collection, education, health care, laundry and cleaning, house maintenance (structural), artisan and craft production, and performance of social obligations. How do women, men, girls and boys spend their time?
- Respectively, for what activities or tasks are girls and boys responsible? Are these by choice or prescribed by the community? What happens when individual girls or boys don't follow these norms of behaviour?
- Do women/girls or men/boys have restrictions on their mobility? What restrictions? How do they influence women's and girls' access to services and supportive social networks?

- How often do women and adolescent girls spent their time on leisure activities? What kind of activities? Do they have time to rest in a day?



COMMUNITY ACTIVITIES

- Who organizes and carries out work for the local community (for example, care and maintenance of community facilities such as water supply equipment, meeting places, and places of worship)? How much time does this work take and when is it done?
- What types of community organizations (traditional sociocultural organizations, producer groups such as cooperatives, savings and credit groups, community-based organizations organized by nongovernment organizations) exist in the programme area?
- What kinds of social groups do women/girls and men/boys participate in, respectively? What kind of leadership positions do women and men occupy? How do women's and men's participation in social groups affect their access to health and nutrition information, health and nutrition services, and care and support from other community members?

- Spatially, within the community and beyond, where are women's/girls' and men's/boys' activities located?
- Do adolescent girls or boys participate in community government, associations or other civil society organizations? What determines if they participate or not - family position or wealth, educational attainment or other factors?



FOOD CONSUMPTION

- Who in the household is involved in working in agriculture, food or livestock production (including farming activities, food processing and preservation, milk and dairy production, poultry production, fisheries, etc.)?
- What type of diet is common in the population? Do women, men, girls and boys have different access to diverse diets? How is food distributed within the household?
- What are the distinct roles of women and men, girls and boys in food production, collection, storage and cooking? Who is responsible for food hygiene? How much time is spent - by women, men, girls and boys separately - in meeting the household's food needs?
- Is food bought or grown? Are changes from subsistence to cash production affecting food supply or changing dietary patterns? What is the significance for the health status of women and men, girls and boys?



CHILDREN'S NUTRITION

- What is the health and nutrition situation of girls and boys respectively? How does this differ with age?
- Do anthropometric data show any differences between females and males in nutrition status among children under 5 years old (stunting, wasting and underweight)?
- Are there differential patterns of growth between girls and boys in the same age group? Different diseases? Are these differences related to differential feeding patterns of girls and boys or other factors?
- Are there any differences in the proportion of female and male children 6–23 months old who are fed a minimum acceptable diet (if data are available)?
- Do micronutrient deficiency data for children show any differences between the sexes (vitamin A deficiency, anaemia, iodine deficiency)?
- Does the data from community-based management of acute malnutrition and moderate acute malnutrition programmes show any differences between the number of girls and boys enrolled for treatment?



FEEDING PRACTICES

- Are there any differences in feeding and care practices for young girls or boys?
- Are there any differences between females and males in rates of early initiation of breastfeeding (within 1 hour of birth), exclusive breastfeeding (< 6 months) and continued breastfeeding at 1 year and at 2 years?
- For how many months do women usually breastfeed their children? Is there a difference in the duration of breastfeeding for girl and boy children?
- Are there secluded spaces for breastfeeding, especially in crowded locations? Are they safe to access?
- Is bottle-feeding a common practice? What socioeconomic factors contribute to decisions to bottle-feed infants?
- Are there any differences between girls and boys in rates of consumption of nutritionally adequate, safe and appropriate complementary foods - energy, protein, fat and vitamins and minerals?
- Do micronutrient supplementation programmes for children under 5 years old show any differences between girls and boys (e.g., vitamin A supplementation, deworming or multi micronutrient supplementation)?
- Do men engage in feeding and care of children? If not, what hinders their engagement?



WOMEN'S AND MEN'S NUTRITION

- Do data on nutrition status for female and male adolescents and adults (body mass index, if available) show any differences between the sexes?
- Does any of the available disaggregated data on nutrition indicate that women, men, adolescent girls and boys are disproportionately affected? If so, why? How do other factors that intersect with gender such as castes or disability have an impact on nutrition status?
- What is the prevalence of underweight among adolescents and adult females and males show?
- What do the data on anaemia among adolescents and adult females and males show?
- What is the incidence of anaemia and nutritional status among pregnant and lactating women/girls in the target population?



PHYSICAL AND MENTAL HEALTH

- Are girls and boys cared in hygienic and functional environment with clean water, sanitation facilities and electricity? Are there any differences between girls and boys?
- What are the most serious illnesses in the programme area(s)? Do they affect which groups (wealth quantile, geographical location, age, women, men girls or boys)?

- Are there gender differences in the incidence of particular diseases? What are the main causes of these illnesses (consider sanitation, diet, activity patterns)?
- What factors, other than reproductive, contribute to gender differences in the incidence of disease?
- What is the extent of women's and girls' workload, and are patterns of sickness among women and girls (malnutrition, anaemia and other diseases) explained by their occupational context?
- What information exists and can be collected regarding the mental health of women and men (and girls and boys)? Are there gender-related differences in incidence? Does this affect nutrition status of women, men, girls and/or boys?



SEXUAL AND REPRODUCTIVE HEALTH

- What is the average age of marriage and first pregnancy? Who decides at what age a girl or boy marries? What are the reasons for getting married at younger/older ages?
- What is the frequency of childbirth of women and adolescent girls in the target areas?
- How often do pregnant women and adolescent girls receive pre- and postnatal care? What socioeconomic or cultural constraints do they face in accessing health services?

- Are there food taboos for women and girls during pregnancy and lactation?
- Do pregnant and lactating women receive or comply with maternal nutrition services or recommendations? If not, why don't they seek pre- and postnatal care? Why don't they collect or take iron or multi-micronutrient supplements?



NUTRITION SERVICES

- How effective are health and nutrition services for women and men, girls and boys in the target population?
- What is the ratio of female to male service providers including those in a managerial position? What are the consequences of this ratio? For example, are there traditional barriers for women being examined and counselled on breastfeeding by male health providers?
- Are there child care centres/breastfeeding rooms in public/community institutions? If so, what is the coverage and the quality of services being provided?
- Do the health and nutrition services give adequate priority to appropriate maternal nutrition services, including counselling, micronutrients, nutrition screening and provision/referral for supplements, if required?
- Do the promotional nutrition services in the health system (e.g. counselling and communication) only target mothers, or do they attempt to reach out to men and adolescents as well?

2. ACCESS TO AND CONTROL OVER ASSETS



HOUSEHOLD RESOURCES

- What kind of resources do women/girls and men/boys have access to, respectively? How does access to and control over assets and resources differ between women/girls and men/boys?
 - »» Financial »» Information
 - »» Natural »» Social capital
 - »» Services »» Knowledge
- What are the constraints and implications arising out of lack of control over or access to productive resources, for those who lack such control and access?
- What do women and men own? What do they do with what they own to improve their own and their children's nutrition? What do they own together?
- Respectively, are women's and men's assets equally liquid and transferrable?
- What are the broad income levels of the target population? Are there differences in income between females and males? Who make decision on expenditures?
- What employment opportunities are open to women and men? How do women's wages compare to men's?
- Do women and men have equal access to food services and programmes, the local market, cash for work opportunities and agricultural inputs?
- Do women, men, girls and boys have equal access to sufficient and culturally appropriate nutrition, health and WASH programmes and services?

- Who in the household controls the resources and does this have a different impact on the access to food or the feeding habits of women, men, girls and boys? Do certain members of the family eat first and most? Who determines household purchasing, procuring and spending on food?
- What decisions do women and men make that affect family's nutrition as well as their own nutritional status? Do women, girls, men and boys have equal access to food? Are there any social norms which prevent access for certain genders or ages?
- If women are heading households and/or family groups, are they accessing sufficient food, especially when they are pregnant or lactating?
- What are the cooking fuels (e.g. firewood, charcoal) needs of women, adolescent girls and other at-risk groups? Who collects it? Are there dangers or difficulties in collecting fuel wood and water?



COMMUNITY RESOURCES

- How do women's/girls' and men's/boys' access to and control over community resources affect their ability to:
 - »» Decide to seek services?
 - »» Reach the right level of services?
 - »» Access transport to services?
 - »» Access nutrition information?
 - »» Get appropriate services?

- Who decides about the deployment of community resources (such as transport and infrastructure) for health/nutrition services?
- What kinds of nutrition services exist in the community tailored for youth?



CHILDREN'S NUTRITION

- Are there any differences in nutrition status of girls and boys under 5 by maternal education?
- What is the educational status of women and adolescent girls in the target areas? Does this affect their own and their children's nutrition outcomes?
- Are there differences in access for girls and boys to nutrition services? If so, what factors affect these differences?
- Do micronutrient supplementation programmes for children under 5 years old show any differences in access and utilization between girls and boys (e.g., vitamin A supplementation, deworming or multi micronutrient supplementation)?



NUTRITION SERVICES

- What socioeconomic or cultural constraints do people face in accessing health and nutrition services? Are there differences in access between women and men, girls and boys? Is there outreach service?

- How do gender relations and roles affect decision making for women and girls to attend nutrition services, including being allowed to travel to the clinic or finding the time to attend the clinic?
- Is regular uptake of nutrition services affected by women's and girls' difficulties to pay user fees in clinics and to pay for transport?
- What, if any, are the gender issues that constrain or facilitate health and nutrition system efforts to reach unserved populations?
- What factors reduce women's and adolescent girls' access to health and nutrition services? Consider factors such as timing of services, lack of time for women and girls, distance, lack of money for transportation, restrictions on women's and girls' movement in public, lack of female staff in clinics, lack of privacy for examination, complicated or intimidating procedures and/or poor facilities.
- Do pregnant and lactating women receive adequate macronutrients to meet their needs? If not, why? How does this relate to poverty, gender roles whereby men eat first and eat more, lack of awareness, lack of utilization of services due to gender barriers, etc.?
- Do men and boys have access to health/nutrition education and at times they are available?

3. BELIEFS AND PERCEPTIONS (NORMS)



HOUSEHOLD AND COMMUNITY

- What is appropriate behavior for a woman/girl or a man/boy? What is an ideal woman/girl and man/boy? How do these beliefs influence their nutrition behaviors?
- What are the social beliefs and perceptions that condition women's/ girls' and men's/boys' expectations and aspirations? For education, employment, marriage and family?
- How does the community enforce gender norms and punish people when they do not conform to appropriate gender norms? How does this kind of social control affect women/girls and men/boys? What are the ways in which communities discriminate against women and girls (as well as men and boys)?
- What structures does the community use to make decisions relating to nutrition? Who participates in decision-making spaces? Do women and men have an equal voice? How do adolescent girls and boys participate?
- How does the gender division of labour and patterns of decision making affect the nutrition programme, and how could the programme affect the gender division of labour and decision making in the community?

- Which community norms and beliefs could influence women's and girls' participation in the programme activities? These norms and beliefs may include the following:
 - cultural exclusion from productive activities;
 - heavy participation in reproductive activities;
 - exclusion from (active) participation in public proceedings;
 - seclusion from contacts with male service staff; or
 - lack of mobility because of cultural norms.



FEEDING PRACTICES

- What gender/age and other diversity-linked beliefs and practices such as food taboos prevent access to adequate nutrition?
- What are the cultural attitudes toward the duration of breastfeeding? According to cultural beliefs, is breastfeeding during pregnancy an acceptable practice?
- What are the beliefs held by women and men that prevent women from breastfeeding? Is there perceptions that breast-milk substitutes are better? Do women have time or support?

- How do women and men view feeding and care of young children and maternal nutrition? Who is responsible, what is needed and what should or should not be done or given? Furthermore, who decides, who controls and who influences?



NUTRITION SERVICES

- Are there sociocultural practices, social norms, cultural beliefs or caring practices that affect the nutrition status of women, men, girls and boys in different ways?
- Are there any differences by sex and other social markers in participation, decision making and planning of nutrition interventions at community, service delivery, organizational and policy levels?
- How do ideas about women's/girls' and men's/boys' proper behavior affect their access to services and treatment by health care and nutrition service providers?
- What are health/nutrition service providers' beliefs about gender differences and equality? How does this affect their treatment of beneficiaries?
- What are supervisors' and administrators' attitudes about sending female and male service providers for training?
- Do factors related to gender influence promotion decisions in health/nutrition sector?



COMMUNICATION

- Are information, education and communication (IEC) materials equally accessible to women, men, girls and boys? Why or why not (i.e. low literacy levels of women/girls, illustrations do not include women/girls and men/boys equitably, or sex-specific pronouns are used in exclusionary ways)?
- Are nutrition messages, illustrations, and other media presentations free of gender stereotypes and biases? Are they culturally appropriated? Do the illustrations stereotype women's and men's roles (i.e. women are caregivers; women are portrayed as responsible for illness of other family members, men are only portrayed as those in need of care or as doctors and administrators)?
- Is there a behaviour change communication strategy for nutrition, and how and at what scale is it implemented?
- Does the communication strategy for nutrition only target mothers, or does it attempt to reach out to men and adolescent girls as well?
- Are women and men (girls and boys) involved in the design, planning and implementation of the communication strategy?
- Does the communication strategy address the identified gender-related barriers to optimal nutrition practices and utilization of services?

- How might women/girls or men/boys interpret new experiences or information differently based on their gender identities, level of education and different types of knowledge that women/girls and men/boys may have? Is there equal concern for disseminating nutrition information to women/girls and men/boys?
- Will the programme need a communication strategy and innovative teaching methods for illiterate women/girls and men/boys?
- Is a separate communication strategy needed to ensure that programme messages to reach women and girls (e.g. a woman-to-woman information service or the use of local women's and girls' groups)?

4. NEEDS AND PRIORITIES



HOUSEHOLD AND COMMUNITY

- What are the nutrition-related needs (both practical and strategic needs), capacities and aspirations of women, men, girls and boys?
- What perspectives do they have on the appropriate and sustainable ways of addressing their needs?
- What are women's/girls' and men's/boys' different skills and capabilities?



NUTRITION SERVICES

- Are measures taken to address women's/girls' and men's/boys' different socioeconomic and cultural constraints in accessing nutrition services, for example:
 - »» Hours nutrition services are open
 - »» Educational materials, messages and nutrition outreach activities
 - »» Balance of women and men in the nutrition work force
- Are women's/girls' or men's/boys' nutrition needs prioritised or disregarded? Is treatment affected by the sex of a person?
- How well do nutrition service providers respond to women's/girls' and men's/boys' different nutrition needs? Are there female and male nutrition service providers to fulfill the client's preferred sex of provider?
- What food and livelihood assistance modality (e.g. food, cash, vouchers, seeds, livestock) do women and men prefer? What are the implications of each, for women and men separately?
- What are the constraints preventing more women from being trained or being appointed as health/nutrition service providers?

5. INSTITUTIONS, LAWS AND POLICIES



LEGAL SYSTEM

- How do inheritance laws treat women, men, girls and boys respectively?
- How does the legal system treat women, men, girls and boys (i.e. due process and recognition of rights)?
- Do women and men, girls and boys have equal status under all national, regional and local laws? Does national legislation ensure equal rights to land for women and men?
- Do women and girls have rights to self-determination (e.g. divorce, property rights, custody of children, decisions about reproductive matters)?
- At what age do girls and boys attain adult legal status? What does this mean for girls and boys in terms of political participation, ownership of property, decisions about marriage?



POLICY FRAMEWORKS

- Is there a national policy on gender equality and are any of them specific to nutrition? Does the Ministry of Health (MOH) or other relevant ministries have policies that address gender equality in nutrition?
- Is there a human resource policy in nutrition sector at the district and facility levels on gender equality and/or non-discrimination based on gender?
- Are any of the workplace policies in nutrition sector discriminatory against women or men?
- Are there family-friendly policies in place? Does the organization of nutrition work take into consideration women's disproportionate responsibilities for childcare, food preparation and other family care?
- How is the nutrition system leadership accountable for implementing existing gender equality policies? Do they conduct periodic assessments, issue reports or measure performance on a regular basis?
- Are government authorities knowledgeable of national gender equality policies? To what extent do they implement and enforce the policies?
- Are national budgets for nutrition assessed for whether they are gender equitable?



NUTRITION AND OTHER SERVICES

- What services (health, education, water and infrastructure, agricultural extension, law and justice) are provided in the programme area and to whom? Consider differences in socioeconomic status as well as gender.
- Does the nutrition system disaggregate information on service statistics by sex and age?
- Does the nutrition system collect data on maternal weight, height, mid-upper arm circumference, anaemia or body mass index?
- What type of programmes addressing child and maternal nutrition are there in communities and health facilities in the country, and what is their coverage (girls across age groups, pregnant women and lactating mothers)?
- What is the level of representation of women in decision-making positions on nutrition programmes, and does this influence the level of priority given to nutrition programmes?
- What barriers and constraints exist for women and men, girls and boys participating and benefiting equally from the nutrition programme?
- Are statistics on the nutrition workforce disaggregated both by sex and type of professional?
- How are female and male nutrition service providers involved in planning and policy formulation in the health and nutrition facility? Do women and men with equal training and seniority have equal decision making and influence?
- Are health/nutrition staff trained on gender equality and human rights, and how is the training often offered?
- Do referral systems treat women/girls and men/boys equitably? What is the likelihood of women and men, girls and boys being appropriately referred and reaching the facility in a timely fashion?

[Source: Excerpted from Gender Analysis Toolkit for Health Systems, Jhpiego (2016), Gender Checklist: Health and Gender Checklist: Agriculture, Asian Development Bank (2006) and The Gender Handbook for Humanitarian Action, IASC (2017).]

USEFUL RESOURCES

GENDER AND NUTRITION	
<p>Global Nutrition Report 2017 (International Food Policy Research Institute, 2017)</p>	<p>The Global Nutrition Report acts as a report card on the world's nutrition—globally, regionally, and country by country—and on efforts to improve it. It assesses progress in meeting Global Nutrition Targets established by the World Health Assembly.</p>
<p>Maternal Nutrition for Girls and Women: Technical Guidance Brief (USAID, 2015)</p>	<p>This brief presents information on why the nutrition of adolescent girls and mothers is important, the causes of malnutrition, and the scope of the problem. It also provides an overview of key, nutrition-specific interventions that address the immediate causes of malnutrition in adolescent girls and mothers.</p>
<p>Gender Influences on Child Survival, Health and Nutrition: A Narrative Review (UNICEF, 2011)</p>	<p>The literature review and guidance document highlight the importance of considering three areas in health and nutrition work; women's status and bargaining power; gender divisions of labour; and gender norms, values and identities.</p>
<p>Gender-Inclusive Nutrition Activities in South Asia (World Bank, 2012)</p>	<p>This paper examines promising approaches from a wide array of literatures to improve gender-inclusive nutrition interventions in South Asia. It is the second of a series on gender and nutrition in South Asia.</p>
<p>The Nutrition Situation of Adolescent Girls in South Asia (Aguayo, Victor and Kajali Paintal, 2017)</p>	<p>This report reviewed evidence from national surveys and research studies on the nutritional status of adolescent girls in South Asia and its determinants.</p>

GENDER AND NUTRITION IN EMERGENCY	
<p>Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (Inter-Agency Standing Committee (IASC), 2015)</p>	<p>The purpose of the Guidelines is to assist humanitarian actors and communities affected by armed conflict, natural disasters and other humanitarian emergencies to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of GBV across all sectors of humanitarian response including nutrition.</p>

<p>The Gender Handbook for Humanitarian Action (Inter-Agency Standing Committee (IASC), 2017)</p>	<p>It is a concise guide built upon lessons learned by the humanitarian community and reflects the main challenges faced in ensuring that gender equality and women's empowerment are mainstreamed throughout the assessment, planning, resource mobilization, implementation and monitoring stages of the humanitarian programme cycle. There is a specific section on Nutrition.</p>
--	--

TOOLS ON GENDER EQUALITY AND NUTRITION

<p>Gender Checklist: Agriculture and Natural Resources (Asian Development Bank, 2006)</p>	<p>This checklist guides users through all stages of the project/programme cycle to identify the main gender issues in the agriculture sector and to design appropriate gender-sensitive strategies, components, and indicators to respond to gender issues.</p>
<p>Gender and Nutrition Programming Checklist (UNICEF Pakistan, 2017)</p>	<p>This checklist helps advance gender-responsiveness in all stages of programming from planning and implementation to monitoring and reporting.</p>
<p>Gender Tool Box (International Food Policy Research Institute (IFPRI), 2009)</p>	<p>This website provides a set of tool to apply a gender analysis to nutrition programming.</p>
<p>Infant and Young Child Feeding and Gender – A Training Manual for Male Group Leaders (USAID, 2011)</p>	<p>These manuals are designed for training male group leaders to share information and encourage discussions on gender roles related to optimal infant and young child feeding practices.</p>
<p>Improving Nutrition for Mothers, Newborns and Children in Afghanistan, Facilitator's Guide: Gender Training for Community Health Workers in Afghanistan (Save the Children, 2014)</p>	<p>The purpose of this facilitation guide is to support child rights-based organizations in their work carrying out gender sensitive health and nutrition programming. The training sessions are designed to facilitate the participation of front-line health workers so that they can integrate a gender approach in their existing activities.</p>
<p>Gender Toolkit (World Food Programme (WFP), 2017)</p>	<p>This Gender Toolkit is a comprehensive set of resources for integrating gender into the work and activities of WFP to support achievement of gender equality outcomes in food security and nutrition.</p>

REFERENCES

1. WHO Global WHA 2025 Tracking Tool.
2. Afghanistan NNS 2013; India NFHS -4 2015-6; Nepal DHS 2016 ; Pakistan NNS 2011.
3. Goudet, S., Murira, Z., Torlesse, H., Hatchard, J., & Busch-Hallen, J. (2018). Predictors of the coverage of maternal nutrition interventions and effectiveness of programme approaches to increase coverage in South Asia: systematic review of evidence, 2000-2017. In press *Maternal & Child Nutrition*.
4. Black, R.E. et al. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet - the Maternal and Child Nutrition Study Group*. 2013;371: 243–60. doi:10.1016/S0140-6736(13)60937-X.
5. V. Aguayo and K. Paintal (2017). Nutrition in adolescent girls in South Asia. *BMJ* 2017;357:j1309 [http:// dx.doi.org/10.1136/bmj.j1309](http://dx.doi.org/10.1136/bmj.j1309).
6. World Bank (2012). Dissemination Note No.3 Gender-Inclusive Nutrition Activities in South Asia. Available at [http://documents.worldbank.org/curated/en/992921468103138546/pdf/716690BRI0Box30ng0Dissemination Note.pdf](http://documents.worldbank.org/curated/en/992921468103138546/pdf/716690BRI0Box30ng0Dissemination%20Note.pdf).
7. World Bank (2016). South Asia Regional Gender Action Plan (RGAP).
8. Save the Children (2011). *An equal start: why gender inequality matters for child survival and maternal health*. London: Save the Children Fund.
9. UNICEF (2018). Press Release: 25 million child marriages prevented in last decade due to accelerated progress, according to new UNICEF estimates, NY, UNICEF.
10. V. Aguayo and K. Paintal (2017). Nutrition in adolescent girls in South Asia. *BMJ* 2017;357:j1309 [http:// dx.doi.org/10.1136/bmj.j1309](http://dx.doi.org/10.1136/bmj.j1309).
11. Joint Monitoring Programme for Water Supply and Sanitation Data as of 2015, WHO/UNICEF, <https://www.wssinfo.org/> (Accessed on 19 June 2018).
12. Heilman B, Levtorov R, van der Gaag N, Hassink A, and Barker G (2017). *State of the World's Fathers: Time for Action*. Washington, DC: Promundo, Sonke Gender Justice, Save the Children, and MenEngage Alliance.
13. Acharya, P. and Khanal, V. (2015). The effect of mother's educational status on early initiation of breastfeeding: further analysis of three consecutive Nepal Demographic and Health Surveys. *BMC Public Health*. 15: pp. Article ID 1069.
14. UNESCO (2014). *UIS Data Source*.
15. IASC (2017). *The Gender Handbook for Humanitarian Action*.
16. Ibid.
17. Jhpiego (2016). *Gender Analysis Toolkit for Health Systems*.



for every child

UNICEF Regional Office for South Asia

Lekhnath Marg, Kathmandu 44600

 www.unicef.org/rosa

 rosa@unicef.org

 www.facebook.com/UNICEFSouthAsia

 www.twitter.com/UNICEFROSA

UNICEF REGIONAL OFFICE FOR SOUTH ASIA



GENDER CHECKLIST 3

EVERY CHILD LEARNS



SOUTH ASIA REGIONAL HEADLINE RESULTS

To close huge equity gaps and realize the rights of millions of children across South Asia, UNICEF plans to achieve the following six Regional Headline Results by 2021:

SAVE NEWBORNS

500,000 additional newborn lives saved



STOP STUNTING

10 million fewer children with stunted growth and development



EVERY CHILD LEARNS

10 million out-of-school girls and boys are enrolled and learning



END CHILD MARRIAGE

500,000 child marriages averted



ERADICATE POLIO

Zero polio case + 3.3 million children fully immunized



STOP OPEN DEFECCATION

148 million fewer individuals practice open defecation and use basic sanitation



This brief guide provides an overview to understand the key gender inequalities that affect children under the **Regional Headline Result 3: Every Child Learns**. Understanding gender inequality and analysing how to address its effects on education allows to ensure that Every Child Learns programming is relevant and responsive to the unique needs of women, men, girls and boys. The module includes:

- **Key gender issues;**
- **Checklist on gender integration programming; and**
- **Useful resources on gender-responsive programming.**

It is important to note that this is not a comprehensive guide; it should be seen as a guideline that will help colleagues to consider and address the issues and barriers women, men, girls and boys face as a result of gender inequality under each Headline Result.

Cover page photo: ©UNICEF/UN0156399/Haque

AT A GLANCE: GENDER INDICATORS FROM STRATEGIC PLAN (SP) 2018-2021

• INTEGRATED GENDER RESULTS

Goal 2: Gender equality in access, retention and learning in education for girls and boys; Gender equality in teaching and education systems

Outcome Indicators:

- 2.1 Percentage of countries with gender disparity (gender parity index (GPI)) (for the primary and lower secondary education completion rates and for the upper secondary gross enrolment rate)
- 2.2 Adjusted net attendance rate of children from the poorest quintile in primary and lower and upper secondary education and attendance rate in early childhood education of children from the poorest quintile (disaggregated by educational level and sex)
- 2.3 Gross enrolment rate in pre-primary education (disaggregated by sex)
- 2.4 Out-of-school rate for girls and boys of primary and lower secondary school age (disaggregated by educational level and sex)
- 2.5 Percentage of countries showing improvement in learning outcomes (disaggregated by sex)

Output Indicators:

- 2.a.1 Number of out-of-school girls and boys who participated in early learning, primary or secondary education through UNICEF-supported programmes (humanitarian) (disaggregated by educational level and sex)
- 2.a.3 Percentage (and number) of countries with gender-responsive education systems for access
- 2.a.5 Percentage of UNICEF-targeted girls and boys in humanitarian situations who have participated in early learning, primary or secondary education through UNICEF-supported programmes (humanitarian) (disaggregated by educational level and sex)
- 2.b.4 Percentage (and number) of countries with gender-responsive teaching and learning systems
- 2.c.1 Number of girls and boys who have participated in skills development programmes for learning, personal empowerment, active citizenship and/or employability through UNICEF-supported programmes (humanitarian) (disaggregated by sex)

• TARGETED GENDER RESULTS

Goal 2: Advancing adolescent girls' secondary education, learning and skills, including science, technology, engineering and mathematics

Outcome Indicators:

- 2.2 Adjusted net attendance rate of children from the poorest quintile in lower and upper secondary education (disaggregated by sex and educational level)
- 2.4 Out-of-school rate for girls and boys of lower secondary school age
- 2.5 Percentage of countries showing improvement in learning outcomes (disaggregated by sex)
- 2.7 Percentage of adolescents not in employment, education or training (NEET) (disaggregated by sex)

Output Indicators:

- 2.a.1 Number of out-of-school girls and boys who participated in secondary education through UNICEF-supported programmes (humanitarian)
- 2.a.5 Percentage of UNICEF-targeted girls and boys in humanitarian situations who have participated in secondary education through UNICEF-supported programmes (humanitarian) (disaggregated by sex)
- 2.c.1 Number of girls and boys who have participated in skills development programmes for learning, personal empowerment, active citizenship and/or employability through UNICEF-supported programmes (humanitarian)
- 2.c.2 Percentage (and number) of countries with systems that institutionalize gender equitable skills for learning, personal empowerment, active citizenship and/or employability

KEY GENDER ISSUES FOR EVERY CHILD LEARNS

Gender gaps in primary education



Gender gaps in primary education in South Asia have decreased region-wide, with all countries except Afghanistan and Pakistan, achieving gender parity in primary education enrollment rates. Gender parity index (GPI) for net enrollment of primary school stands at 0.69 in Afghanistan and 0.79 for Pakistan, meaning there are only 69 girls against 100 boys in primary school in Afghanistan and 79 girls against 100 boys in Pakistan.¹

At the primary level, 5.6 million girls are out of school compared to 4.7 million boys in South Asia.² Of the region's out-of-school girls, 81% are unlikely to ever start school, compared to 42% of out-of-school boys.³ The biggest factor keeping girls out of school is gender discrimination coupled with caste, class, religious and ethnic divisions that pervade the region.

Secondary school completion rate



In secondary education, school enrollments for girls are on the rise. On average, 87.7% of girls and 86% of boys who complete primary school progress to secondary school.⁴ In some countries, namely Bangladesh, Bhutan, India, Nepal and Sri Lanka, girls' enrollments even exceed that of boys, raising concerns of a reverse gender bias.⁵ At the lower secondary level, 10.2 million boys in South Asia are out-of-school compared to 8 million girls.⁶

However, it is in attendance and completion of secondary and post-secondary education

that gender disparities disadvantage girls most conspicuously.⁷ The female-to-male ratio of enrollment at the secondary level is 93.4% and 78.2% at the tertiary level.⁸ Lower completion of tertiary education of girls is inhibiting them access to high value jobs in the labour market. Even in countries where there is gender parity in education, for example in Sri Lanka, this has not translated into improved employment outcomes for young women as compared to young men.

Poor school facilities



Lack of certain essential facilities in the school such as classrooms, non-gender-biased textbooks, sex-segregated sanitation facilities for managing menstruation, drinking water, school wall boundaries and lack of female teachers act as barriers to girls' education. A growing body of mostly qualitative research from across the region suggest that more than a third of girls miss school for 1-3 days per month during their period partly due to poor sanitation facilities at schools.⁹ Lack of gender awareness among teachers and administrative staff also affects negatively on girls' education, their retention and dropout.

Safety of girls to go to schools



In many parts of South Asian countries, especially in rural areas, long distances to school and lack of affordable transportation facilities may become barriers for girls to receive education. When girls may face dangers or violence on the long way to school, many parents opt to keep their daughters at home and out of harm's way.

Cost of education



Though education should be free, there are costs associated with sending children to school. The cost of uniforms, textbooks or bus fare can be too much to bear for a family living in poverty. Too often, parents regard schooling for girls to be less affordable than that for boys. In their view, the direct costs (e.g. tuition and textbooks), hidden costs (e.g. uniforms and supplies), and opportunity costs (e.g. for girls' household tasks, agriculture responsibilities) of educating girls outweigh the benefits.

Discriminatory gender norms



Typically, girls are asked to fetch the water, take care of their younger siblings and to help their mothers cook and clean. Due to this, girls may not have the opportunity to attend school because their contributions to the household are valued more than their personal education. This means that parents find that sending girls is associated with opportunity cost, loss of wages or unpaid labour. However, girls' completion of education is proved to bring significant positive benefits to girls, her families and society as a whole – increased lifetime earnings and national growth rates, reductions in child marriage, stunting and child and maternal mortality.¹⁰

Child marriage and early pregnancy



When girls are forced to marry young, they are often pulled out of school at a very critical age in their development. Currently, almost one third (30%) of girls

in South Asia marry before their 18th birthday, accounting for 44% of child marriage globally.¹¹ The transition from primary to secondary education is key for girls to gain the life skills they need to escape the cycle of poverty. Yet, this is often the same time that many girls leave school due to child marriages or pregnancy. High prevalence of child marriage lead for families to give lower priority to girls' education, seeing it as poor investment since girls tend to get married off early and leave their natal homes.

Girls who become pregnant are often discouraged from attending school because of the stigma surrounding them, or be excluded due to school policy, or parent's fears about pregnancy to be known at school and in the community. In addition, the time and demands of caring for a baby may prevent girls from attending school after delivery.

Limited employment opportunities



South Asia has the second-lowest rate of female labor force participation of all global regions - at 32% - with women being almost three times less likely to be employed in full-time jobs than men which inhibits parents to invest in girls' education in a longer term.¹² Drivers for low rates of female labor force participation include: (i) women's greater care of household responsibilities, including caring for children and elderly family members; (ii) a skills mismatch between the education and training women and girls receive and what employers seek; (iii) gender bias in

parents' and employers' expectations of women and men, which play out in life choice, job search and hiring processes; and (iv) mobility constraints that limit women's employment options due to poor infrastructure, unsafe public transport or increasingly distant job markets.¹³ It is needed to build on the momentum of increased participation of young women in higher education and ensure this positive trend translates into their equal access to jobs.

Boys' disadvantage in education



Boys in the region also face barriers to schooling, in particular the likelihood of being engaged in paid labour. For example, in Bangladesh, boys have higher rates of dropout and lower performance than girls at primary and lower secondary levels.¹⁴ While factors such as child labour and limited quality education and skills training contribute to high male dropout, gender disparities also stem from the introduction of the female stipend programme, which contributed to the improvement of girls' participation in secondary education.¹⁵

Boys' underperformance in education is also evident at higher levels of education and coexists with higher social and economic positioning and privileging within family and society.¹⁶ Peer pressure and perceptions that education is not a desirable "masculine" trait make it much more complex in certain country contexts.¹⁷

Gender-based violence in school



Once arriving to school, girls may face various forms of violence at the hands of teachers, peers and other people in the school environment. If parents find out school is not safe for their daughters, they may remove their daughters from school. Fear of sexual harassment at school is one reason that parents in South Asia may withdraw girls from school at puberty, thus constraining girls' lifetime opportunities for education and a career.¹⁸ Lack of reporting and response mechanisms to address school-related gender-based violence is one of barriers for girls to go to school safely.¹⁹

Inadequate early childhood education



The early years (0 to 8 years) are the most extraordinary period of growth and development in a child's lifetime. The education provides a valuable starting point for promoting gender equality through early childhood education or preschool, when gender norms and identities are formed. In South Asia, however, only 69% of its children have access to early childhood education and few countries in the region have national policies on early learning and early childhood development (ECD).²⁰

GENDER AND EVERY CHILD LEARNS PROGRAMMING CHECKLIST

The following checklist and a set of gender analysis questions are meant to guide users through all stages of Every Child Learns programme cycle in identifying the main gender issues in the education sector and in designing strategies to respond to the identified gender issues.

STEP 1

PLANNING

(ASSESSMENT AND ANALYSIS)



NO.	WHAT TO DO	DONE
I. ASSESSMENT What is the context-specific situation of gender equality for Every Child Learns? Use Gender Analysis Questions (page 24-37) as guiding questions to conduct a gender analysis.		
1.1	<p>Conduct a desk review and informational interviews to collect and analyse sex- and age-disaggregated data and to understand the barriers, bottlenecks and opportunities related to the objectives of Every Child Learns programme in the target area by using:</p> <ul style="list-style-type: none"> • International gender inequality indices such as the UNDP's Gender Inequality Index (GII), the World Economic Forum's Global Gender Gap Index and the OECD's Social Institutions and Gender Index (SIGI) • National surveys such as Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS) • Administrative data of the Ministry of Education and schools • UNICEF, UNESCO and other United Nations database • The latest country situation analysis for information on: <ol style="list-style-type: none"> 1. the status of women and girls (e.g. sex-disaggregated school enrolment, workforce and political representation, health status and gender-based violence (GBV)); and 2. the roles and policies of ministries and other institutions in addressing gender equality in education • UNICEF Gender Programmatic Review (if one has been conducted), especially if education programming was reviewed • Gender equality goals and targets in the Country Programme Document (CPD) • Latest country programme Mid Term and/or Annual work plan review report to understand any recent progress on gender equality in education • Documents and assessments related to any existing gender-responsive education programmes in the country or region • Any evaluation of education programmes that included an assessment of equity including gender dimensions 	○

NO.	WHAT TO DO	DONE
1.2	Identify if there is national level data disaggregated by sex, age, ethnicity, location, wealth quantile, religion, caste, etc. on educational enrolment, completion, attrition and dropout rates at various levels (household, school system, district and policy levels) including frequency.	○
1.3	Analyse key national educational law and policy documents and assess if they address girls' education or gender equality as well as other risks, vulnerabilities and capacity gaps that will further impact on the education attainment of girls and boys.	○
1.4	Assess and document the gender gaps and disparities in education of the target population. Collect qualitative data that would help identify the gaps and disparities at the immediate (practical) and underlying (strategic) levels. The former includes information on barriers to access such as infrastructure deficits, teacher availability and their preparedness/training, school facilities that meet the needs of girls and boys. The latter includes information on gender norms, roles and beliefs surrounding education. To the extent possible, identify the specific disadvantages faced by women and girls of the most marginalized communities/groups. Use participatory assessment (interviewing both women and men, girls and boys) to gather information if necessary.	○
1.5	Assess differences in coverage of interventions or access to quality education by sex and other social markers and identify the most disadvantaged areas with greater education support needs (e.g. largest number of out-of-school girls and/or boys).	○
1.6	Ensure education staff conducting assessment and situation analysis are gender-sensitive, have the local knowledge and cultural understanding of gender-related issues.	○
1.7	Work with women's and girls' rights organizations and inter-agency/ inter-sectoral gender working groups (if established) to understand what approaches and solutions other agencies are adopting to enhance gender equality in education programming.	○

NO.	WHAT TO DO	DONE
II. ANALYSIS What barriers and opportunities prevent or enable gender-equal rights for girls and boys to learn? Analyse the impacts of gender constraints and opportunities to achieve the programme's objectives. Where feasible, include a gender specialist/focal point in the analysis.		
ENABLING ENVIRONMENT		
1.8	Conduct an analysis of the root causes, barriers and opportunities that prevent or enable girls and boys from achieving their right to education. These include gender-differentiated barriers linked to access to educational resources, as well as barriers to control over the use of the benefits of education, which may be operating at the household and community, school system or policy levels, and may concern duty bearers (national education policymakers, school administrations, mothers and fathers or community/religious leaders) and/or the rights claimants (girls or boys).	○
1.9	Collect and analyse data on how each gendered barrier to education for girls impact on pursuing secondary education; this includes data on child marriage and early pregnancy, school-related GBV, and the direct and indirect costs of education.	○
1.10	For each of the identified barriers, determine both immediate causes (those easiest to address, usually by filling a gap or supplying a missing element) and underlying causes (those hardest to address, which will require change at the level of value systems and societal norms).	○
1.11	Identify the gender norms and practices that affect the gender gaps in education for girls and boys.	○
1.12	Analyse if enforcement of international or national statutes have provoked a ripple effect to create and replicate existing barriers to education, especially for girls.	○
1.13	Identify both practical needs (related to the right to access education resources and equality of opportunity) and strategic needs (related to the right to a quality education and the control of its benefits throughout different stages of the life cycle leading to equality of outcomes) of women, men, girls and boys.	○
1.14	Analyse if there is widespread discrimination against girls or boys based upon poverty, ethnic identity, geographic location, religion, caste, disability, and/or fragile and crisis conditions.	○
1.15	Draw conclusions from analysis of information regarding: <ul style="list-style-type: none"> • Factors that influence gender-equal education; • Factors that contribute to constraints or limit gender-equal access to and benefit from education; and • Factors that contribute to opportunities to improve gender equal access to and benefits from basic education and enhance girls' and women's participation in decision making. 	○

NO.	WHAT TO DO	DONE
1.16	Analyse if there are any other gender-related bottlenecks that might reduce the effectiveness of the programme design to educate all girls and boys.	○
1.17	Analyse if there are systemic funding constraints for national entities that limit capacity to provide education, social protection, care and support for vulnerable priority populations thereby hindering progress.	○
1.18	Identify what national level coordination barriers hinder the enforcement of education for all. For example, a coordination between law enforcement, schools, social services and service providers.	○
1.19	Analyse if promising approaches exist that can be scaled-up or investigated further.	○
1.20	Identify opportunities to challenge structural inequalities between women and men, girls and boys, and to promote women's and girls' leadership within education programme. Ensure the programme upholds "Do No Harm" principle.	○
SUPPLY		
1.21	Facilitate institutional, human resources and budget analysis; conduct an analysis of stakeholders, such as women- and youth-led community-based organizations, working in education-specific and gender-sensitive programmes and of existing coordination mechanisms across government, civil society and partner networks.	○
1.22	Analyse what critical commodities are lacking within the delivery process of education to girls and boys.	○
1.23	Identify what lacking resources prevent access to quality education including information that has a disproportionate impact on girls and/or boys.	○
DEMAND		
1.24	Analyse what factors impede demand for access to education, resources or opportunities that disproportionately impact to girls and/or boys.	○
1.25	Identify social norms, practices, beliefs and behaviours that decrease demand of education for girls and/or boys.	○
1.26	Identify what barriers prevent continuity of quality education both for girls and boys such as lack of gender-sensitive facilities, ignorance of gender sensitivity among teachers, security issues, fees, etc.	○
QUALITY		
1.27	Analyse quality standards that are not being adhered to that impact access to education for girls and/or boys.	○



NO.	WHAT TO DO	DONE
PRIORITISED ISSUES AND AREAS		
2.1	Make sure that the identified issues fall into the GAP 2018-2021 targets (either integrated gender results or targeted priorities) and UNICEF's Strategic Plan 2018-2021 goals.	<input type="radio"/>
2.2	Identify entry points in UNICEF programming to address gender-based educational practical needs and strategic needs identified in the analysis phase. Ask the following questions: 1) What is UNICEF mandate within the education focus area? 2) What needs can be met by other UNICEF focus areas (e.g. distance to schools, opportunity costs of schooling to be addressed through incentives such as scholarships, availability of separate toilets with provisions for MHM, ratio of female-male teachers, etc.)? Include a gender specialist/Focal Point as well as beneficiaries (especially women and girls) in the programme design and setting objectives.	<input type="radio"/>
2.3	Identify <u>what</u> gender responsive results that Every Child Learns programme aims to achieve and <u>how</u> to achieve them based on UNICEF's comparative advantage and mandate, resources and capacity to act effectively and ability to address issues that other organizations are not willing or able to do.	<input type="radio"/>
2.4	Ensure that the logical framework addresses the underlying reasons for discrimination against women and girls, and educational needs and priorities of girls and boys to improve gender parity especially in disadvantaged communities and is aligned with the findings from a gender analysis. See separate Section 2: Practical Steps for Gender Mainstreaming (page 60) of this toolkit for more information on how to develop a gender-responsive logical framework.	<input type="radio"/>
2.5	Identify why gender issues that were previously identified are not yet addressed, why the immediate and underlying causes persist and the possible risk factors that may exacerbate existing gender issues.	<input type="radio"/>
2.6	Identify, harmonize and collaborate Every Child Learns programme with existing national programmes to address gender equality in education.	<input type="radio"/>
2.7	Ensure national legislation and policy frameworks on education consider the direct and indirect impacts on gender norms, roles, responsibilities and relations.	<input type="radio"/>

NO.	WHAT TO DO	DONE
2.8	Invest in strategies and partnerships that keep girls in schools, where they can receive quality education through to the completion of secondary education and in environments free from the fear and acts of violence.	○
2.9	Ensure to consider the main recommendations for the country made by CEDAW, CRC and UPR on gender equity in education.	○
GOALS		
2.10	Identify the major objectives to be achieved in terms of gender-responsive strategies to realize girls' and boys' equal right to education over the planning cycle. Include women and girls in setting these objectives.	○
OUTCOMES		
2.11	Emphasize the human rights-based approach to an inclusive education for all girls and boys and develop the capacities of national government and civil society organizations (CSOs) to employ such an approach. Consider benefits and specific needs of women, men, girls and boys to achieve set goals of Every Child Learns programme.	○
OUTPUTS		
2.12	Ensure outputs are planned with the relevance and benefits in mind for both women and men, girls and boys to achieve outcomes in Every Child Learns programme.	○
ACTIVITIES		
2.13	In consultation with community members (especially women and girls from the most marginalized communities), community/religious leaders and teachers (both female and male), identify the specific sets of actions that need to be taken at the household, community and school level to change prevailing gender norms and practices pertaining to education, and a transformation of the prevailing value systems around education, especially of girls. Ensure that meeting spaces are safe and accessible for all.	○
2.14	Engage men and boys as supportive partners for girls' education, and working with them to challenge attitudes and behaviours that perpetuate gender inequality. Provide programmes aimed at boys and male education staff to stop harassment of girls and to encourage attitudes of respect.	○
2.15	Identify types of interventions that can be designed to address the specific gender issues or remove barriers (i.e. fee, distance, language, etc.) that prevent girls and boys from accessing to education, ensuring that adequate resources and the necessary expertise and leadership are in place.	○

NO.	WHAT TO DO	DONE
2.16	Consider the way to reduce costs paid for education by the family such as eliminating school fees and other costs for textbooks; providing bursaries, stipends, scholarships and cash transfers; eliminating hidden, voluntary or school administrative charges; and providing multiple services at school such as meal and health care.	○
2.17	Make schools more accessible and safe for girls and boys by constructing child- and gender-friendly schools and satellite schools staffed with qualified female and male teachers, providing safe transportation, and promoting flexible schedules, study and delivery models that focus on out-of-school children including those living with disabilities, affected by household chores, market activities and crises.	○
2.18	Support development and implementation of reentry policies for pregnant or married schoolgirls and school-aged mothers. Increase provision of childcare for young mothers.	○
2.19	Work with governments to address teacher deployment to facilitate the placement of female teachers in safe spaces, especially in rural areas and support the development of gender-responsive policies to advance teachers of both sexes and to reduce absenteeism and transfers. Provide performance-based incentives for teachers.	○
2.20	Support governments, schools and communities to remove gender stereotypes in teaching materials and other educational media, and promote development of bias-free teaching and learning materials, curricula and pedagogy.	○
2.21	Consider to set quota systems or implement an affirmative action plan to facilitate women's involvement in school management, teacher organizations, etc.	○
2.22	Consider providing career counseling at the stage where girls and boys make career choices, and using successful female/male role models and mentors to help them make better choices.	○
2.23	Ensure activities are accessible to women, men, girls and boys in terms of quality, design, adequate access, appropriate technology and access and cultural acceptability.	○
2.24	Invest in programmes offering girls and women marketable skills through internships, apprenticeships, mentoring programme and training opportunities by ensuring that national plans include provision of the right levels of life skills and vocational skill building programmes in education.	○
2.25	Take into account the social or lived realities of women and girls while designing initiatives for women's and girls' empowerment to increase their access to education.	○

NO.	WHAT TO DO	DONE
2.26	Take appropriate measures to tackle abuse and violence towards girls in school setting by addressing safe and clean water supply and sanitation facilities, developing and improving safe school policies and practices, including codes of conduct, reporting mechanisms and training for school-related gender-based violence (GBV), and support mechanisms for victims.	○
2.27	Assess if additional activities be necessary to more directly promote gender equality.	○
TARGET BENEFICIARIES		
2.28	Ensure women, men, girls and boys benefit from the education programme, except where interventions specifically target women, men, girls and/or boys.	○
2.29	Transform attitudes in the community by working with: (i) family, religious and traditional leaders, and men and boys and (ii) media regarding the importance of girls' and boys' education. Involve parents and communities in planning, management, decision making and advocacy efforts. Promote participation of parents (both female and male) in school management committees and parent-teacher associations.	○
2.30	Consider to develop programmes that support empowerment of women and girls link with livelihood, income generation, microfinance, education and employment to avoid discriminatory practices hindering women's and girls' ability to participate in decision making regarding access to education.	○
2.31	Use implementation processes to empower girls and develop local capacity. Girls and boys should be considered as agents of change who can be empowered to bring about the changes necessary to ensure education equity for all children. Provide them with life skills with a gender focus especially at the post-primary level including sexual and reproductive health and rights (SRHR) information through adolescent clubs and safe spaces.	○
IMPLEMENTATION		
2.32	Identify who will implement the intervention and if the implementing partners are gender competent. Identify if partners have a gender equality policy or strategy to implement the programme, and been trained on gender equality issues.	○
2.33	Involve gender experts/focal persons, women's and girls' rights organizations and machineries in programme implementation.	○
2.34	Confirm if the required gender and sectoral capacity exist within UNICEF and if there are resources available to fill expertise gaps.	○
2.35	Consider the needs for additional gender-related capacity building or engagement of outside gender experts.	○

NO.	WHAT TO DO	DONE
2.36	As far as possible, employ an equal number of women and men in Every Child Learns programmes. Ensure an equal distribution between women and men of significant and appropriate roles.	○
2.37	Assess if the data of executing agency's monitoring system or Management Information System (MIS) is disaggregated by sex, age and other demographic variables (location, religion, etc.).	○
MONITORING AND EVALUATION (M&E)		
2.38	Devise a gender-responsive monitoring and evaluation (M&E) framework with a gender perspective to track outcomes on Every Child Learns programme with specific strategies to collect M&E data disaggregated by sex, age, ethnicity, wealth quantile, religion, location, caste, etc.	○
2.39	Ensure monitoring and evaluation (M&E) examine both the content and process from a gender sensitive point of view.	○
2.40	Build in mechanisms of monitoring and evaluation, including gender auditing and the examination of gender-biased practices within schools.	○
INDICATORS		
2.41	Establish clear benchmarks and gender-disaggregated education indicators and ensure these are reflected in the M&E plans of Every Child Learns programme. Ensure indicators are SMART (specific, measurable, attainable, locally relevant and time-bound).	○
2.42	Ensure that gender-sensitive indicators have been developed to measure progress towards the fulfillment of each objective with disaggregated baselines.	○
2.43	Assess if targets are set to guarantee a sufficient level of gender balance in activities (e.g. quotas for female and male participation) and special efforts are made to recruit participants from the underrepresented sex or groups.	○
2.44	Ensure that indicators capture qualitative as well as quantitative changes in lives of women, men, girls and boys as well as education attainment for both girls and boys.	○
PARTNERSHIP		
2.45	Determine synergistic action necessary at different levels including household, community, schools, national ministries and policy makers.	○
2.46	Integrate a strategy for development of national capacity in implementation. Enable Ministry of Education and other relevant ministries to provide leadership and capacity to promote gender equality in education.	○
2.47	Work with governments and partners to develop national education sector plans addressing gendered socio-cultural and financial barriers to quality education.	○

NO.	WHAT TO DO	DONE
2.48	Identify key partners in implementing Every Child Learns programme, including national ministries, NGOs, INGOs, local/community-based organizations, advocacy groups and change agents. Partner with women's and youth's civil society organizations (CSOs) that have experience in providing support for girls' and women's empowerment and rights to education. Assess their capacity for gender-responsive planning, implementation and monitoring.	○
2.49	When planning for support to training professionals, for example government officials and teachers, ensure that training on gender equality and gender-based violence (GBV) is included and equally accessible to females and males. Include gender specialist/focal point in designing and implementing the training.	○
2.50	Consider how schools could empower girls and boys as well as their parents to understand equal rights of women and men, girls and boys.	○
2.51	Work with key partners, including United Nations Girls' Education Initiative (UNGEI), the Global Partnership for Education (GPE), UNESCO, the World Bank and other organizations to support investment in addressing distance-related barriers to education, re-entry policies for young mothers and MHM in schools.	○
2.52	Identify if there is potential for supplementary intersectoral programmes involving health, nutrition, WASH, child protection, social policy, C4D, etc. and ensure gender focal person/adviser are engaged to maximize the results.	○
RISKS AND ASSUMPTIONS		
2.53	Analyse if stereotypes or structural barriers are preventing the full participation of women and girls (or men and boys) in the programme and think how the programme deals with stereotypes and barriers.	○
2.54	Address tuition fees and other financial and non-financial barriers to access to primary and secondary education as part of a comprehensive national plan that provides for adequate financial allocations to offset direct and indirect costs of schooling for vulnerable families and as a key component to address child marriage and school dropout.	○
2.55	Identify the possible backlash to women and girls, and any risk factors that may be associated with Every Child Learns programme implementation (e.g. potentially increased burden on women and girls, aggressive reactions of men and boys, etc.), and think of strategies to deal with them. In some contexts, it may be necessary to negotiate with community leaders prior to talking with women and girls to avoid backlash.	○

NO.	WHAT TO DO	DONE
2.56	Assess any other gender-related bottlenecks that may reduce the effectiveness of the programme design.	○
RESOURCES		
2.57	Identify if the priority falls into Every Child Learns programme that is or will be substantially funded.	○
2.58	Allocate sufficient human, financial and material resources for gender-responsive activities related to Every Child Learns programme.	○
2.59	Identify if there are resource mobilization opportunities (internal and external) that will enable sustainable funding.	○
2.60	Ensure resources allocated for selected gender-responsive programming actions are linked to UNICEF programme and accounting code. Select relevant gender Specific Intervention Codes (SIC) and Gender Equality Markers (GEM) in VISION to track progress.	○
2.61	Allocate funds specifically for the development of strategies for increasing poor women's and girls' participation.	○
2.62	Promote to include gender-budgeting in national education budget process to generate tangible improvements in policy outcomes for women and girls.	○
COMMUNICATION AND KNOWLEDGE MANAGEMENT		
2.63	Ensure that women, men, girls and boys participate in Every Child Learns programmes are able to provide confidential feedback and access complaint mechanisms by managing safe and accessible two-way communication channels.	○
2.64	Mobilize communities through outreach and awareness programmes by addressing gendered barriers at all levels of education (for girls, child marriage, GBV, inadequate WASH facilities in schools and a heavy burden of household chores).	○
2.65	Identify and assess the effectiveness of social media/social marketing as a medium and strategy to shift gender-biased perceptions and beliefs to incorporate such a component in Every Child Learns programme design.	○
2.66	Ensure mechanisms are in place to record good practices, examples, lessons learned on gender mainstreaming in Every Child Learns programme.	○
INNOVATION		
2.67	Promote partnerships with private sector, academia and NGOs for innovative solutions to solve identified gender challenges and to reach most hard-to-reach women and girls such as those with disability, without parental care and in emergency context.	○

STEP 3

IMPLEMENTATION



NO.	WHAT TO DO	DONE
3.1	Identify and implement required activities to achieve the proposed gender outputs and outcomes as outlined in the Every Child Learns programme.	○
3.2	Review the results of Every Child Learns programme implementation and make sure that findings correspond to the gender-related activities that have been planned. If not, adopt the activities to make sure they correspond to actual needs.	○
3.3	Identify any changes observed to empower women and girls as well as men and boys through awareness raising and improved knowledge.	○
3.4	Identify and mitigate possible risks of any interventions related to Every Child Learns programmes, especially factors that may limit girls' ability to access education including prevalent harmful practices.	○
3.5	Ensure Every Child Learns programmes are participatory and inclusive in a way that includes parents, teachers and community members in assuming responsibility for ensuring educational equity for all girls and boys, in reflecting their concerns and priorities (e.g. safety for girls, access to separate sanitation facilities, security, threat of gender-based violence (GBV) or sexual harm, and prevention of HIV/AIDS and human papillomavirus (HPV)), and in education policy, planning and budgeting processes.	○
3.6	Create opportunities for women, men, girls and boys to speak freely without judgment, and develop programmes that support empowerment to avoid discriminatory practices hindering women's and girls' participation in decision-making processes.	○
3.7	Update policies/strategies, guidelines and bylaws on education to incorporate the promotion of gender equality together with training and promotion programmes, operational guidelines, etc.	○
3.8	Conduct evidence-based advocacy to ensure national legislation and policy frameworks on education consider the direct and indirect impacts on gender norms, roles, responsibilities and relations.	○
3.9	Track implementation approaches, partners, input requirements and time required to best carry out gender-responsive activities for Every Child Learns programme. Ensure that commitments and actions are documented, followed and reported in a timely manner.	○

NO.	WHAT TO DO	DONE
3.10	Ensure gender inequalities are regularly reviewed and addressed for Every Child Learns programme implementation through meetings with a team and partners. Conduct a gender analysis when necessary.	<input type="radio"/>
3.11	Make sure that working partners have adequate skills to integrate a gender equality perspective into Every Child Learns programme and with a minimum gender bias.	<input type="radio"/>
3.12	Define and mobilize collaborative efforts and strategies with all partner organizations.	<input type="radio"/>
3.13	Assess whether there is equitable participation (in all activities including decision making) of women, men, girls and boys in the implementation, depending on the programme's intended beneficiaries. If imbalances are identified, take appropriate measures to ensure the full participation of all beneficiary groups.	<input type="radio"/>
3.14	Ensure that data and data analysis portrays the situation of the most marginalized.	<input type="radio"/>
3.15	Conduct a regular programme review to assess whether programme is making full use of both women's and men's, girls' and boys' capacities.	<input type="radio"/>
3.16	If mitigation measures for gender-based risks including violence were included in programme design, ensure that they are being implemented.	<input type="radio"/>
3.17	Assess if any gender issues have been arisen that were not identified at the programme design stage. Consider how they can be addressed.	<input type="radio"/>
3.18	Establish information sharing mechanisms with/between partner organizations and affected communities (especially women and girls) focusing on gender inequalities in education. Ensure actors in education liaise with actors in other sectors (i.e. health, nutrition, WASH, child protection, C4D, etc.) to share best practices.	<input type="radio"/>

STEP 4

MONITORING



NO.	WHAT TO DO	DONE
4.1	Make sure a set of interventions designed in Every Child Learns programme are being implemented as planned using the monitoring and evaluation (M&E) plan.	<input type="radio"/>
4.2	Ensure activities are leading to expected results. Assess the cost-effectiveness of interventions.	<input type="radio"/>
4.3	Measure and monitor the separate effects on women, men, girls and boys and the changes in women's and men's, girls' and boys' involvement and their access to and control of education benefits.	<input type="radio"/>
4.4	Choose the data collection method carefully for assessing how Every Child Learns programme is progressing to achieve gender parity in education.	<input type="radio"/>
4.5	Ensure that all data collected is disaggregated by sex, age, religion, wealth quantile, location, caste, etc.	<input type="radio"/>
4.6	Ensure that voices of participation of national and sub-national institutions, partner agencies and affected communities (especially women and girls) and their equitable participation are involved in the collection of information.	<input type="radio"/>
4.7	Consider a safe space when monitoring and/or collecting data, and conduct data collection separately with women, men, girls and boys where female enumerators engage with female stakeholders and male enumerators with male stakeholders.	<input type="radio"/>
4.8	Collect and analyse data to identify any gender gaps in access, participation or benefit for beneficiary groups in Every Child Learns programme. Ensure women and men, girls and boys are accessing programme benefits equally. Undertake observation/spot checks to identify early potential problems or negative effects.	<input type="radio"/>
4.9	If gender gaps are identified, investigate why these gaps are happening including identifying any root causes at different levels, both downstream and upstream.	<input type="radio"/>
4.10	Address the specific identified root gender-based causes that still contribute to education disparity between girls and boys in pre-primary, primary, secondary and tertiary level.	<input type="radio"/>
4.11	Undertake corrective actions as needed to adjust interventions based on monitoring results to address gender inequalities.	<input type="radio"/>
4.12	Analyse if any adjustments are needed to be made to scale-up the Every Child Learns programme components that are responsive to change, or curtail those that appear to raise the risks for women and girls or have negative consequences for them.	<input type="radio"/>

STEP 5

EVALUATION



NO.	WHAT TO DO	DONE
5.1	Assess if all the proposed activities have been carried out in the manner outlined in Every Child Learns programme's implementation plan and are leading to expected results. Identify what were the key contributing factors results in these accomplishments.	<input type="radio"/>
5.2	Identify to what extent the intervention is responsible for the measured or observed changes and if they can be scaled up. Assess if interventions were affordable and cost-effective.	<input type="radio"/>
5.3	Assess if results delivered to all key stakeholders (including women/men, girls/boys) who were affected by the gender inequality in education.	<input type="radio"/>
5.4	Evaluate the extent to which girls and boys from all communities/ demographic groups have gained equal access to education at the primary and secondary levels; and their rates of equitable education attainment (enrolment, attendance, performance, advancement and completion, as well as attrition and dropout rates, proficiency and repetition rates). Record what data sources and methodologies are used to ascertain that.	<input type="radio"/>
5.5	Identify how the interventions on educational equity for girls and boys change the socio-economic condition and position of women and girls and that of men and boys with respect to: labour market access and wage levels; personal autonomy and empowerment; decision-making power, livelihood security and reduced poverty.	<input type="radio"/>
5.6	<p>Evaluate gender-responsive behaviour change through proxy indicators that can be correlated to the improvements in educational equity for all girls and boys, such as:</p> <ul style="list-style-type: none"> • improved attendance rates by girls/equal attendance rates by girls and boys/lower rates of girls' withdrawal from school at peaks in the agricultural cycle or for domestic responsibilities; • reduced dropout rates/school withdrawal rates for girls and boys; and • lower repetition rates. <p>These data should be disaggregated not only by gender, but also by age, location and for other key demographic variables (caste, race/ethnicity).</p>	<input type="radio"/>
5.7	Analyse positive shifts in girls' continuity and advancement in school (which would attest to the shifts in teachers' non-gender discriminatory pedagogical practices in the classroom, gender-responsive books and curricula, and the presence of more female teachers).	<input type="radio"/>

NO.	WHAT TO DO	DONE
5.8	Assess how positive changes in school infrastructure affect girls' continuity and advancement in school (i.e. safe sex-disaggregated toilet, availability of water, transportation, etc.).	○
5.9	Analyse how interventions contributed to achieve the desired impact in terms of changing knowledge, awareness, participation, decision making and behaviours among women, men, girls and boys in terms of access and quality of education.	○
5.10	Involve community members in identifying criteria for the evaluation, collecting and recording data, organizing workshops to analyse the findings, and reviewing evaluation findings to ensure their buy in, responsibility and accountability to ensure results on Every Child Learns programme are sustained beyond the programme duration.	○
5.11	Use a combination of female and male evaluators where possible.	○
5.12	Assess what difference Every Child Learns programme made for the indirect beneficiaries.	○
5.13	Analyse what challenges have been encountered along the way (e.g. integrated programmes, multisectoral work and partnerships, technical guidance from Headquarter and Regional Office, scale up, knowledge generation and use, community resistance to social norm change).	○
5.14	Identify if there are any examples of unintended gender-related outcomes.	○
5.15	Consider what potential workarounds or solutions are planned or being planned to address the further challenges.	○
5.16	Assess what unique opportunities exist in the country to see a further improvement of gender parity in education. Among those, identify which are most important for UNICEF to act on.	○
5.17	Collect and analyse disaggregated data on an annual basis to understand the trends and patterns in school systems, such as the equitable recruitment, placement and advancement of teachers of all genders, the quality of the curriculum and resource availability (books and pedagogical tools) across schools (low-income communities as compared to better off ones), to identify the systemic constraints that may impede the achievement of education equity for all girls and boys.	○
5.18	Ensure the evaluation include concrete recommendations for follow-up initiatives. Identify what evidence of progress is available on country reduction of gender gaps in education.	○

STEP 6

REPORTING



NO.	WHAT TO DO	DONE
6.1	Document lessons learned and best and innovative practices related to gender mainstreaming and education for learning (South to South), communications, advocacy and funding. Include gender gaps, barriers or opportunities to which UNICEF was unable to respond to as well as those that were successfully addressed in the programme.	<input type="radio"/>
6.2	Ensure all data reported on is disaggregated by gender, age, wealth quintile, location, religion, caste, etc.	<input type="radio"/>
6.3	Consider how and to whom communicate the results of the initiatives.	<input type="radio"/>
6.4	Disseminate the gender-related results of Every Child Learns programme to government authorities, donors, partners, beneficiaries and the general public. Very often, many great accomplishments on gender equality are being realized, but are not communicated beyond the implementing organization and/or partners.	<input type="radio"/>
6.5	Support strengthen national education data information systems and national statistical offices to be gender-responsive (beyond gender parity) as an important basis for building evidence generation on gender equity and knowledge sharing.	<input type="radio"/>
6.6	Refer back to gender analysis and capture and report on how Every Child Learns programme has addressed gender inequalities in the knowledge management process and system. It is important to house the gendered learnings so they can be shared and used to inform development of new programming.	<input type="radio"/>
6.7	Use key gender gaps or opportunities that have been identified but were not able to address during Every Child Learns programme implementation as the basis to inform the design of future education programmes.	<input type="radio"/>
6.8	Use innovative technology platforms to communicate messaging or implement accountability and feedback mechanisms for reporting.	<input type="radio"/>

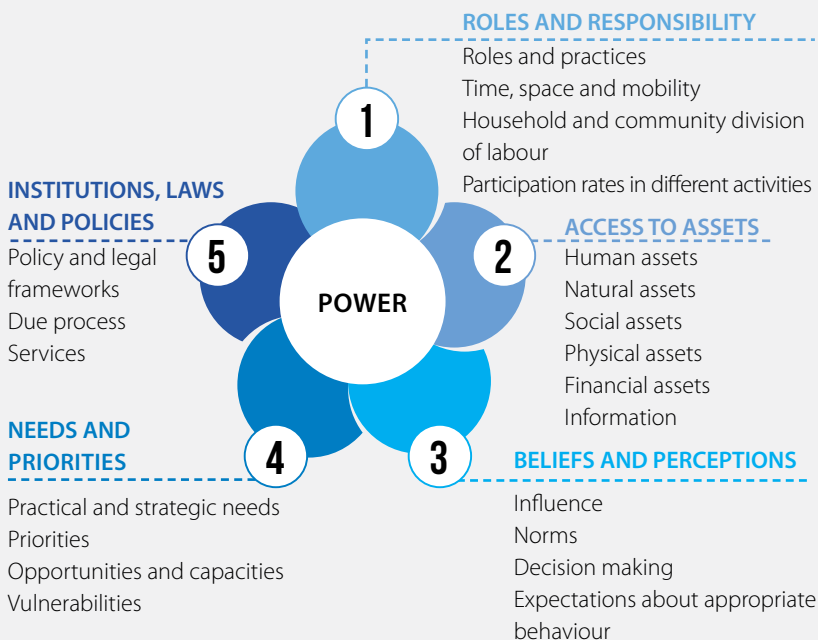


GENDER ANALYSIS QUESTIONS



A set of gender analysis questions from next page follows a gender analysis framework²¹ (see separate **Section 2: Practical Steps for Gender Mainstreaming, page 28**) and should be used in the initial assessment to assist in the design of gender-responsive Every Child Learns programme that will maximize the participation of both female and male beneficiaries and benefits to them. The checklist is to be applied to specific country contexts and is not comprehensive, and should be used in addition to general data and other UNICEF documents.

GENDER ANALYSIS FRAMEWORK



1. ROLES AND RESPONSIBILITY (PRACTICE)



HOUSEHOLD ACTIVITIES

- What are the demographic profiles of target populations? (gender, ethnicity, caste, age, migration trend, percentage of female- and child-headed households, households size, marriage age, number of pregnant and lactating women, etc.)
- What is the gendered division of labor: roles, activities, work and responsibility of women, men, girls and boys in the house? Tasks can include the care of children, care of the aged, food production (including the cultivation of domestic food crops and livestock, shopping, food preparation and cooking), fuel and water collection, education, health care, laundry and cleaning, house maintenance (structural), artisan and craft production, and performance of social obligations. How do women, men, girls and boys spend their time?
- Respectively, for what activities or tasks are girls and boys responsible? Are these by choice or prescribed by the community? What happens when individual girls or boys don't follow these norms of behavior?
- Where the work is done (location/ patterns of mobility)? Do women/girls or men/boys have restrictions on their mobility? What restrictions? How do they influence women's and girls' access to services and supportive social networks?
- When the work is done (daily and seasonal patterns)? And how much time it takes?
- What is the average age of marriage and first pregnancy? Who decides at what age a girl or boy marries? What are the reasons for getting married at younger/older ages?
- At what age does the average woman give birth to her first child? What proportion of girls are pregnant or have a child by age 15? By age 18?
- Are there gender-based differences in knowledge and attitudes regarding fertility decisions?
- Do girls and boys have models of men in nurturing roles? Are fathers encouraged to play an equal role in caring for their children?



COMMUNITY ACTIVITIES

- What types of activities, meetings, associations and groups do women, men, girls and boys engage in?
- What types of leadership roles do women/girls and men/boys play?
- Spatially, within the community and beyond, where are women's/girls' and men's/boys' activities located?
- Do community members and parents participate in school-related activities?

- Do women/mothers and men/fathers participate equally in education system such as school management committees and parent-teacher association? Do women hold positions of leadership or decision making within committees/ association? Are women able to exercise authority or leadership in these activities? Do women participate in good numbers at meetings organized by the committees/association?



LEARNING ENVIRONMENT

- In what ways do families support girls in their learning? In what ways are boys supported?
- How the work/tasks accomplished by girls and boys impacts their learning?
- Is praise and discipline the same for girls and boys?
- Do girls and boys have equal and sufficient time in the day to do homework?
- Are opportunities for play and exploration the same for both girls and boys? Do girls have equal access to safe places to play?
- What are the disparities in nutritional status for girls and boys? How does that affect their capacity to learn?
- What is the prevalence of child labour? In particular, what are the labor rates of girls and boys of different ages? Does this affect their learning opportunities?



EDUCATION SYSTEM

- Is youth violence an issue? If yes, is there information on the percentage of girls and boys involved?
 - Are there any available studies on gender-based violence (GBV)? If so, what is the nature and magnitude of GBV in society? Who are the victims? Does GBV affects girls and/or boys for learning?
-
- Is there gender discrimination in the choice of schooling for girls and boys?
 - What are the class sizes at the different levels of the system and in different regions?
 - What is the proportion of female and male teachers at different levels of the education system and in different regions? What are the consequences of this ratio? What are their roles and capacity?
 - What is the proportion of female and male school leaders and school management? What are the consequences of this ratio? What are their roles and capacity?
 - Are teachers sufficiently trained to recognize the gender biases they bring to the classroom?
 - Are girls and boys treated differently by:
 - »» Teachers who are women?
 - »» Teachers who are men?
 - Are girls and/or boys discriminated

against for being poor, of a particular ethnic group, for being young or old?



GENDER-BASED VIOLENCE (GBV) IN SCHOOLS

- Are there any reports of physical, psychological or sexual violence at school?

- Do teachers' codes of practice exist? Do they address gender-based violence (GBV), including corporal punishment, bullying and sexual violence?
- Is there a mechanism in place to monitor and address cases of violence in schools?

2. ACCESS TO AND CONTROL OVER ASSETS



HOUSEHOLD RESOURCES

- What kind of resources do women/girls and men/boys have access to, respectively? How does access to and control over assets and resources differ between women/girls and men/boys?
 - »» Financial »» Information
 - »» Natural »» Social capital
 - »» Services »» Knowledge
- What are the constraints and implications arising out of lack of control over or access to productive resources, for those who lack such control and access?
- What do women and men own? What do they do with what they own to improve their children's education? What do they own together?
- Respectively, are women's and men's assets equally liquid and transferrable?
- What are the broad income levels of the target population? Are there differences in income between females and males?
- What employment opportunities are open to women and men? Do women and men have equal chance of choosing any occupation? How do women's wages compare to men's?
- Do women and men working at the same level and in the same cadres receive equal support and opportunities in terms of benefits, training, promotions and leadership opportunities?



COMMUNITY RESOURCES

- What kinds of social services (e.g. health and hygiene, literacy programme) available and how is accessibility by women, men, girls and boys? Is external assistance available?
- How do women's/girls' and men's/boys' access to and control over community resources affect their ability to:
 - »» Decide to receive education?
 - »» Access transport to school?
 - »» Get appropriate education?
- Who decides about the deployment of community resources (such as transport and infrastructure) for education?
- What kinds of services exist in the community tailored for youth (e.g. health, education, employment, digital)?



ADOLESCENT REPRODUCTIVE HEALTH

- What kind of assets do adolescent girls and boys have access to?
 - »» Schooling »» Vocational training
 - »» Mentors »» Employment
 - »» Peer groups
 - »» Money for school supplies
- What kind of social networks do adolescent girls and boys have? What is the average number of people in girls' and boys' networks?
- Respectively, what kinds of media do adolescent girls and boys have access to?
- How do girls and boys learn about sex and from whom? How do girls and boys obtain information about contraception and from whom? Is comprehensive sexual education taught in schools?



ACCESS TO EDUCATION

- What is the average distance to school for children?
- Are there boarding facilities available in secondary education? If so, what is the proportion of girls to boys in these?
- Are girls and boys safe on their way to school?
- Are there fees levied in primary, lower secondary and upper secondary education? What is the level of indirect costs (textbook costs, uniforms, etc.)?
- What proportion of total education costs are paid by the parents at different education levels?
- Are there bursaries, scholarships, stipends, cash transfers or school feeding programmes? If so, what categories of children are targeted (girls, orphans, etc.)? At what levels of education?
- What are the overall participation rates at the various levels of education? Until what age respectively do girls and boys stay in school? What is the average year of completion for girls and boys?
- How do girls compare with boys, and women with men, in educational participation rates at the various levels of education, particularly among the poor?
- How have girls' and boys' educational access, participation and completion changed over the past 5–10 years?
- Is there a significant gap between girls and boys for the different indicators in education? What is the gender parity index; what has been its trend?
- How does the country's educational participation rates compare with countries of the same region or income group?
- Do the gender participation rates differ between regions?
- Do girls and boys of different ages have the same access to education (namely, early childhood education, primary school, secondary school, vocational training and higher learning)?

- What are the broader social and economic factors that influence access to educational opportunities for girls and boys?
- What are the constraints on girls' (and boys') access to school in various social groups?
- What are the causes of gender differences in enrollment? Are the differences caused by admission policies and practices or inadequate school facilities (lack of boarding facilities) for girls? Are school fees a barrier to female enrollment? at which levels of education? Are the constraints related to concern for the safety of girls in long-distance travel from home to school?
- How do rural vs. urban areas, different regions, income groups, castes, ethnicities or religions affect gender parity?
- What facilities (separate dormitories, toilet facilities, special financial incentives to ensure female retention rates, etc.) are needed to improve girls' access to schools?
- How menstruation affects girls' school attendance? Do girls miss schools during menstruation? Why?
- How can the dropout rates of girls/boys be reduced?
- Are education and training opportunities for girls in all available programmes widely publicized? Is secondary education offered in rural communities?



EDUCATION SYSTEM

- Are female teachers available at both primary and secondary education?
- Is the school environment safe and secure with private and sanitary facilities that are available and accessible, with separate provision for girls and boys?
- Are there specific modules on gender concepts and gender-sensitive pedagogy implemented in the preservice and in-service training?
- Is menstrual hygiene taught to girls so that they are informed and empowered to attend school during menstruation?
- Do education materials include life skills, such as prevention of child marriage and early pregnancy, sexual and reproductive health, menstrual hygiene management (MHM) and health awareness, active citizenship, negotiation skills, children's rights, gender equality and respect for and appreciation of diversity?
- Are technologies and materials equally accessible to girls and boys?
- What are the differences, if any, between girls' and boys' learning outcomes and the numbers of girls and boys completing primary and secondary school? What are the major reasons of the identified differences ?

- Has the country participated in any international assessments on learning outcomes? Do results reveal gender disparities in learning outcomes at certain levels or in certain subjects (such as Science, Technology, Engineering and Mathematics)? If information is available regarding students' location, wealth, language spoken, etc., are there gender disparities for students of different areas or regions, income levels, or linguistic or ethnic identity?
- Are the training locations for teachers accessible to both women and men?
- Do school management committees receive training on gender issues?
- Do school management committees have authority to ensure school safety and security?



NONFORMAL EDUCATION AND TRAINING

- How are excluded girls and boys (ethnic minorities, children with disabilities, refugee and internally displaced children, conflict-affected children, etc.) treated differently as far as access to quality education is concerned?
- Are there any data available on children who are out of school? How many children and who are they (girls or boys and what age)? What are the main reasons for girls and boys to be out of school?
- Do women/out-of-school girls/boys have access to nonformal education, literacy training, livelihood training, etc.?
- Are women and girls being encouraged through career counseling to participate in all forms of training?
- Do women and girls in the target population have enough free time to participate in training?
- Are courses offered at times when women and girls with family responsibilities or jobs can attend? Did women and girls help choose the training programmes?
- Are the courses or training sessions held in locations that are accessible to women and girls as well as men and boys, considering cultural norms and women's and girls' mobility? Are childcare services needed to facilitate women's and adolescent girls' participation?
- Are there mechanisms to ensure that poor women and girls in particular receive information about nonformal education/training opportunities?
- Will the cost of such training permit the participation of women and girls without independent sources of income? Is there a need for scholarships, adequate physical facilities, and other special arrangements to ensure female participation?

3. BELIEFS AND PERCEPTIONS (NORMS)



HOUSEHOLD AND COMMUNITY

- What is appropriate behavior for a woman/girl or a man/boy? What is an ideal woman/girl and man/boy? How do these beliefs influence access to education?
 - What are the norms and expectations for girls' and boys' working inside and outside of the home? Is the labor of female children considered more necessary to the household than that of male children?
 - What are the social beliefs and perceptions that condition women's/girls' and men's/boys' expectations and aspirations? For education, employment, marriage and family?
 - What are beliefs about:
 - »» Age of marriage for women/girls and men/boys?
 - »» Adolescent girls' and boys' use of condoms and other contraceptives?
 - »» Sex for girls and boys prior to marriage or women outside of marriage?
 - How does the community enforce gender norms and punish people when they do not conform to appropriate gender norms? How does this kind of social control affect women/girls and men/boys? What are the ways in which communities discriminate against women and girls (as well as men and boys)?
- What are community attitudes about girls being in school? How are they different than attitudes about boys?
 - What structures does the community use to make education-related decisions? Who participates in decision-making spaces? Do women and men have equal voice? How do adolescent girls and boys participate?
 - Which community norms and beliefs could influence women's and girls' participation in the programme activities? These norms and beliefs may include the following:
 - cultural exclusion from productive activities;
 - heavy participation in reproductive activities;
 - exclusion from (active) participation in public proceedings;
 - seclusion from contacts with male service staff; or
 - lack of mobility because of cultural norms.



ACCESS TO EDUCATION

- How are the investment returns on educating girls and boys viewed? Is educating girls considered a good investment for the family?
- Is the education of girls considered an advantage or an impediment to marriage? What impact will education have on customs such as dowry or bride price?

- Is there an expectation that boys will support their parents in later life, thus making boys' educational attainment more important than girls'?
- How are pregnant adolescent girls treated in the school system? In general, are they ostracized and/or expelled from school? What mechanisms are there to take care of pregnant schoolgirls to secure their continued access to education?
- What are the main reasons for girls' and boys' dropouts, at different levels of education and for different ages?



EDUCATION SYSTEM

- Who makes decisions on whether girls or boys are allowed to attend school? Who makes decisions on whether they can engage in livelihoods?
- How do ideas about women's/girls' and men's/boys' proper behavior affect their access to education and treatment by teachers?
- How do the attitudes of teachers differ toward girls and boys?
- What are teachers' beliefs about gender differences and equality? How does this affect their educating of students?
- What are supervisors' and administrators' attitudes about sending female and male teachers for training?
- Do factors related to gender influence promotion decisions among teachers?
- Do girls and boys have a preference for a teacher of the same sex?
- Are there studies that look at teachers' attitudes related to gender? What do they show? Are girls and boys given equal attention?
- Are teaching methodologies helping students to develop skills to confront and challenge gender bias?
- Have curricula been reviewed for gender bias?
- Are the sexes segregated in training programmes, schools or colleges because of social beliefs (e.g. that girls or women should be taught only by female teachers)?
- Is critical attention paid to the representation of the roles of women, men, girls and boys – as well as to gender relations – in textbooks and other teaching materials to ensure that girls and boys receive equal representation and respect and to counter narrow, negative and limiting gender definitions?
- Are female students being taught the same subjects as male students, or does the curriculum differ for female and male students? Are there beliefs that girls should learn only certain subjects? Who make decisions? Are these subjects taught at schools that are accessible to the target population?



COMMUNICATION

- Are information, education and communication (IEC) materials equally accessible to female and male? Why or why not (i.e. low literacy levels of women/girls, illustrations do not include women/girls and men/boys equitably, or sex-specific pronouns are used in exclusionary ways)?
- Do textbooks or other educational media promote gender stereotypes (e.g. images of women holding babies and men holding agricultural implements)? How are women and girls portrayed in the textbooks and media? How are men and boys portrayed?
- How might women/girls or men/boys interpret new experiences or information differently based on their gender identities, level of education and different types of knowledge that women/girls and men/boys may have? Is there equal concern for disseminating education information to women/girls and men/boys?
- Are women and men involved in the design, planning and implementation of the communication strategy?
- Will the programme need a communication strategy and innovative teaching methods for illiterate women/girls and men/boys, out-of-school children, etc.?
- Is a separate communication strategy needed to ensure that programme messages to reach women and girls (e.g. a woman-to-woman information service or the use of local women's and girls' groups)?

4. NEEDS AND PRIORITIES



HOUSEHOLD AND COMMUNITY

- What are the needs (both practical and strategic needs) of women, men, girls and boys and their priorities in education?
- What perspectives do women, men, girls and boys have on the appropriate and sustainable ways of addressing their needs?
- What are women's/girls' and men's/boys' different skills and capabilities? How can they be used in the programme?



EDUCATION SYSTEM

- Are women/girls and men/boys equitably involved in education programme/project planning?
- Are women's/girls' and men's/boys' different education needs taken into consideration in community, district and national planning, programme design and budget development?
- Are measures taken to address women's/girls' and men's/boys' different socioeconomic and cultural constraints in accessing education and training for example:
 - »» Hours schools/trainings are open
 - »» Educational materials (including mother tongue instruction), messages and outreach activities
 - »» Balance of women and men in the education work force
- Are women's/girls' or men's/boys' education needs prioritised or disregarded?
- How well do teachers respond to women's/girls' and men's/boys' different education needs? Are there female and male teachers to fulfill the students' preferred sex of teachers, especially in rural areas and emergency contexts?
- What are the constraints preventing more women from being trained or being appointed as a teacher, school leader and school management?
- Are the differential effects on women/girls and men/boys taken into consideration regarding different forms of cost recovery such as scholarships and stipends?

5. INSTITUTIONS, LAWS AND POLICIES



LEGAL SYSTEM

- How do inheritance laws treat women, men, girls and boys respectively?
 - How does the legal system treat women, men, girls and boys (i.e. due process and recognition of rights)?
 - Do women and men, girls and boys have equal status under all national, regional and local laws?
 - Do women and girls have rights to self-determination (e.g. divorce, property rights, custody of children, decisions about reproductive matters)?
 - At what age do girls and boys attain adult legal status? What does this mean for girls and boys in terms of political participation, ownership of property, decisions about marriage?
 - What is the legal age of marriage for girls and boys?
- Are there policies that are not gender-specific but may have an impact on gender equality in education (e.g. school fee abolition policy, policy on the language of instruction, etc.)?
 - Are there policies to address:
 - Corporal punishment
 - Safety in schools, including school-related violence and ensure safe reporting
 - Health, including sexual and reproductive health, life skills and pregnancy prevention
 - Child marriage and early pregnancy
 - Attendance by pregnant girls
 - Reentry of school-aged mothers after the birth of their babies and provision of child care
 - School sanitation and hygiene, including menstrual hygiene
 - Is there a specific policy or other instrument to increase the number of female teachers? If yes, for what levels of education is this the case?
 - Is there a specific policy or other instrument to increase the number of female managers or decision makers, including female school directors and district directors and supervisors?



EDUCATION LAWS AND POLICIES

- Is there a national education law or policy ensuring free and compulsory public education for all? If yes, what does it include?
- Does the national or state education policy/plan address girls' education or gender equality?
- What proportion of women hold decision-making positions in the Ministry of Education (MOE)?



GENDER-BASED VIOLENCE (GBV) IN SCHOOLS

- Are there guidelines for the education sector response on GBV in schools?
- Are there protocols at schools about screening for and responding to GBV in schools?
- Does the Ministry of Education (MOE) have policies and protocols and referral procedures on physical and sexual violence or other forms of GBV in schools history and intake?
- Has the MOE committed to ending GBV in schools, and how public are those commitments?
- Are there GBV indicators in the education management information system, and are data disaggregated by sex?
- What laws/policies define GBV in schools?

[Source: Excerpted from Gender Analysis Toolkit for Health Systems, Jhpiego (2016) and Gender Checklist: Education, Asian Development Bank (2006).]

USEFUL RESOURCES

GENDER AND EDUCATION	
<p>The Guidance for Developing Gender-Responsive Education Sector Plans (The Global Partnership for Education, 2017)</p>	<p>Developed by Global Partnership for Education and United Nations Girls' Education Initiative (UNGEI), with support from UNICEF, this guidance is designed to help deliver on the commitment of the Sustainable Development Goals and Education 2030 to achieve gender equality in education. The tool aims to help developing countries put in place gender-sensitive policies, plans and learning environments, with a view to transform the way education systems function.</p>
<p>Promoting Gender Equality through UNICEF-Supported Programming in Basic Education, Operational Guidance (UNICEF, 2011)</p>	<p>This document guides how to incorporate gender into education programming in UNICEF.</p>
<p>Gender Analysis in Education, A Conceptual Overview Working Paper, No. 5 (United Nations Girls' Education Initiative (UNGEI), 2012)</p>	<p>This document defines gender analysis and its importance, provides a description and history of gender approaches and gender analysis frameworks and their application to education.</p>
<p>Global Education Monitoring Report Gender Review: Meeting Our Commitments to Gender Equality in Education (UNESCO, 2018)</p>	<p>This is the key finding of its sixth annual Review, which surveyed 189 States to assess whether they ensured that girls and women fully benefit from the right to education. The Review looks at the causes of slow progress towards gender equality in education, and how such issues may be addressed.</p>
<p>Global Education Monitoring Report - Accountability in Education: Meeting Our Commitments 2017/8 (UNESCO, 2017)</p>	<p>This report assessed the progress towards the Sustainable Development Goal on education (SDG 4) and its 10 targets, as well as other related education targets in the SDG agenda. It also investigates accountability in education, analysing how all relevant stakeholders can provide education more effectively, efficiently and equitably.</p>

<p>Gender Inequality in Learning Achievement in Primary Education. What Can TERCE Tell Us? (UNESCO, 2016)</p>	<p>The analysis identifies and describes gender gaps based on the average score differences, the score distributions (variability) and representation in the ‘achievement levels’ developed by TERCE for each course and grade. It also explores factors that may be associated with the evidenced gender gaps in educational performance, focusing on third and sixth grader achievement in mathematics, reading and science.</p>
<p>Educate All Girls and Boys in South Asia: The Global Out-of-School Children Initiative (UNICEF, 2015)</p>	<p>This report presents a snapshot of education in South Asia, where the out-of-school children in South Asia reside, who the out-of-school children in South Asia are, the learning crisis, and what keeps South Asia’s children from education in this part of the world.</p>
<p>GENDER AND EMPLOYMENT</p>	
<p>From Education to Employability: Preparing South Asian Youth for the World of Work (Just Jobs Network / UNICEF, 2017)</p>	<p>The report provides snapshots of government spending and key trends in education in South Asia and makes a case for increasing public and private financing in education and skills interventions. It discusses the need for alternative learning pathways and expanding evidence-based research on the alignment of education to the labor market.</p>
<p>Shaping Futures: Planning Ahead for Girls’ Empowerment and Employability (An Evaluation Study of a School- Based Girls’ Gender Integrated Skills Program in Delhi, India) (International Center for Research on Women (ICRW), 2017)</p>	<p>This report outlines the goals of, challenges around, and results from an evaluation of the programme which was designed to build empowerment and employability skills in school settings for girls from low-income communities. The programme was implemented in four government schools in New Delhi, India and was designed to engage adolescent girls (ages 15-17) from low-income communities.</p>
<p>GirlForce: Skills, Education and Training for Girls Now (ILO and UNICEF, 2018)</p>	<p>This document highlights a generation of girls risk being left outside the labour force or trapped in vulnerable or low quality employment, due to a lack of skills, absence of quality jobs, and gendered expectations of their roles as caregivers. It also provides some recommendations for a skilled girls to fully participate in the workforce.</p>

EDUCATION AND REPRODUCTIVE HEALTH

Educating Girls: Creating a Foundation for Positive Sexual and Reproductive Health Behaviors (USAID, 2014)

This paper highlights supporting girls to stay in school through the secondary level as one of several “high-impact practices in family planning” (HIPs) identified by a technical advisory group of international experts. The paper makes the connections between school enrollment and reproductive health outcomes and presents strategies and programme examples of what works to keep girls in school.

GENDER-BASED VIOLENCE IN SCHOOLS

Violence against Children in Education Settings in South Asia (UNICEF, 2016)

The desk review commissioned by the UNICEF Regional Office for South Asia (ROSA) has found that many children in South Asia are exposed to different forms of violence and threats in schools and other educational settings. Findings show that children face physical punishment, sexual abuse, harassment, bullying and social stigma. Acts of violence are manifested differently for boys, girls and transgender children. Further, children’s economic status, ethnic/caste identity, and other markers of vulnerability such as disability often shape the nature and degree of violence they experience.

Are Schools Safe and Gender Equal Spaces? (International Center for Research on Women (ICRW) and Plan International, 2015)

This report provides evidence on the pervasiveness of violence in, around and on the way to school, that contributes to feeling of being unsafe among girls and boys and provides recommendations on how to tackle violence in programmatic efforts in five Asian countries: Cambodia, Indonesia, Nepal, Pakistan and Vietnam, as part of a programme to address School Related Gender Based Violence (SRGBV).

Connect with Respect: Preventing Gender-Based Violence in Schools (Plan International, 2017)

This tool has been created to help teachers and school principals to provide positive role models, empower children and youth to have healthy and respectful relationships, and deliver a violence prevention programme within their curriculum in Asia and the Pacific.

Beyond Access: Toolkit for Integrating Gender Based Violence Prevention and Response into Education Projects (USAID, 2015)

This toolkit provides guidance and resources to increase understanding of gender-based violence (GBV) in the education context and strengthen integration of a GBV response into projects and activities.

<p>Global Guidance on Addressing School-Related Gender-Based Violence (UNESCO and UN Women, 2016)</p>	<p>It introduces approaches, methodologies, tools and resources that have shown positive results in preventing and responding to school-related gender-based violence.</p>
<p>School-Related Gender-Based Violence (SRGBV) (United Nations Girls' Education Initiative (UNGEI), website)</p>	<p>This website provides a range of documents and research on gender-based violence at schools.</p>

GENDER AND SCHOOL CURRICULA

<p>Measuring Gender Inequality in Education in South Asia (UNICEF and UNGEI, 2006)</p>	<p>This paper assesses current measures for gender equality in education. While gender disaggregating enrolment and progression data has been an important step forward, measures that are concerned only with the presence or absence of girls in school provide little insight into aspects of gender inequalities within schools or the gendered environment beyond school. The paper presents the Gender Equality in Education Index (GEEI) – a measure developed to draw on existing data sources to consider gender equality in education in more dimensions than simply enrolments.</p>
<p>Cracking the Code: Girls' and Women's Education in Science, Technology, Engineering and Mathematics (STEM) (UNESCO, 2017)</p>	<p>It presents the status of girls' and women's participation and achievement in STEM subjects at different levels of education, drawing on cross-national and regional assessments from more than 120 countries.</p>
<p>A Guides for Gender Equality in Teacher Education Policy and Practices (UNESCO, 2015)</p>	<p>This document introduces the gender perspective to all aspects of teacher education and training, notably policy and planning, budgeting, curriculum development, pedagogy and instructional materials, support services, and monitoring and evaluation.</p>

GENDER AND EDUCATION IN EMERGENCIES

<p>United Nations Girls' Education Initiative, Girls' Education in Emergencies Website</p>	<p>This website provides a set of documents, policy briefs and research papers on girls' education in emergencies.</p>
---	--

Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (Inter-Agency Standing Committee (IASC), 2015)	<p>The purpose of the Guidelines is to assist humanitarian actors and communities affected by armed conflict, natural disasters and other humanitarian emergencies to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of GBV across all sectors of humanitarian response including education.</p>
The Gender Handbook for Humanitarian Action (Inter-Agency Standing Committee (IASC), 2017)	<p>It is a concise guide built upon lessons learned by the humanitarian community and reflects the main challenges faced in ensuring that gender equality and women's empowerment are mainstreamed throughout the assessment, planning, resource mobilization, implementation and monitoring stages of the humanitarian programme cycle. There is a specific section on Education.</p>

GENDER-SENSITIVE M&E AND EDUCATION

Gender-Sensitive Education Statistics and Indicators: A Practical Guide (UNESCO, 1997)	<p>The guide is part of the training material intended to promote and facilitate the building of national statistical capacities for systematic monitoring of progress towards non-discriminately education.</p>
---	--

SEX-DISAGGREGATED DATA

UNICEF	<ul style="list-style-type: none"> • MICS • Child information: Monitoring the situation of children and women
World Bank	<ul style="list-style-type: none"> • Education Statistics (EdStats) • GenderStats • Living Standards Measurement Study
International Household Survey Network (IHSN)	<ul style="list-style-type: none"> • IHSN central survey catalogue
UNESCO	<ul style="list-style-type: none"> • Data Centre • EFA Global Monitoring Report
United Nations Statistics Division	<ul style="list-style-type: none"> • DevInfo • Social indicators • Statistics and indicators on women and men

REFERENCES

1. UNESCO (2017). UNESCO Global Education Monitoring Report 2017/8.
2. UNESCO (2016). UIS Data sources.
3. Ibid.
4. World Bank (2016). South Asia Regional Gender Action Plan (RGAP).
5. Ibid.
6. UNESCO (2016). UIS Data sources.
7. World Bank (2016). South Asia Regional Gender Action Plan (RGAP).
8. Ibid.
9. WaterAid and UNICEF (2018). Menstrual hygiene management in schools in South Asia.
10. UNESCO (2013). Fact Sheet: Girls' education – the facts, UNESCO.
11. UNICEF (2018). New Global estimates of child marriage, UNICEF.
12. World Bank (2014). Gender at Work, A Companion to the World Development Report on Jobs. Washington, DC: World Bank.
13. World Bank (2016). South Asia Regional Gender Action Plan (RGAP).
14. The Global Partnership for Education (2017). Guidance for Developing Gender-Responsive Education Sector Plans. Available at http://www.ungei.org/GPE_Guidance_for_Gender-Responsive_ESPs_Final.pdf.
15. Ibid.
16. UNESCO (2013). Education Sector Technical Notes: Gender Equality in Education.
17. The Global Partnership for Education (2017). Guidance for Developing Gender- Responsive Education Sector Plans.
18. Ibid.
19. Bott, Sarah, Shireen Jejeebhoy, Iqbal Shah, and Chander Puri. (2003). Towards Adulthood: Exploring the Sexual and Reproductive Health of Adolescents in South Asia. Geneva: World Health Organization.
20. UNESCO (2014). UIS Data sources.
21. Jhpiego (2016). Gender Analysis Toolkit for Health Systems.




for every child

UNICEF Regional Office for South Asia

Lekhnath Marg, Kathmandu 44600

 www.unicef.org/rosa

 rosa@unicef.org

 www.facebook.com/UNICEFSouthAsia

 www.twitter.com/UNICEFROSA

UNICEF REGIONAL OFFICE FOR SOUTH ASIA



GENDER CHECKLIST 4

END CHILD MARRIAGE



SOUTH ASIA REGIONAL HEADLINE RESULTS

To close huge equity gaps and realize the rights of millions of children across South Asia, UNICEF plans to achieve the following six Regional Headline Results by 2021:

SAVE NEWBORNS

500,000 additional newborn lives saved



STOP STUNTING

10 million fewer children with stunted growth and development



EVERY CHILD LEARNS

10 million out-of-school girls and boys are enrolled and learning



END CHILD MARRIAGE

500,000 child marriages averted



ERADICATE POLIO

Zero polio case + 3.3 million children fully immunized



STOP OPEN DEFECACTION

148 million fewer individuals practice open defecation and use basic sanitation



This brief guide provides an overview to understand the key gender inequalities that affect children under the **Regional Headline Result 4: End Child Marriage**. Understanding gender inequality and analysing how to address its effects on child marriage ensures End Child Marriage programming is relevant and responsive to the unique needs of women, men, girls and boys. The module includes:

- **Key gender issues;**
- **Checklist on gender integration programming; and**
- **Useful resources on gender-responsive programming.**

It is important to note that this is not a comprehensive guide; it should be seen as a guideline that will help colleagues to consider and address the issues and barriers women, men, girls and boys face as a result of gender inequality under each Headline Result.

Cover page photo: ©UNICEF/UN061998/Vishwanatha

AT A GLANCE: GENDER INDICATORS FROM STRATEGIC PLAN (SP) 2018-2021

• INTEGRATED GENDER RESULTS

Goal 3: Gender-based prevention and response to violence against girls and boys

Outcome Indicators:

3.1 Percentage of girls and boys who have ever experienced any sexual violence and sought help from a professional (girls aged 15-17; data coverage insufficient to calculate percentage on boys)

3.6 Percentage of girls and boys that are in contact with the justice and administrative bodies who:

- (a) benefit from interventions to improve children's access to justice, such as specialized legal aid for children;
- (b) are subject to a diversion order or alternative measure as opposed to a custodial sentence through UNICEF - supported programmes

3.7 Percentage of children under five whose births are registered

3.c Countries have improved systems to protect children that come in contact with the law and to treat them in accordance with international standards

Output Indicators:

3.a.5 Prevention, risk mitigation and response services through UNICEF-supported programmes in humanitarian situations:

- (a) percentage of UNICEF-targeted girls and boys in humanitarian situations provided with psychosocial support, including access to child friendly spaces with intersectoral programming interventions;
- (b) percentage of UNICEF-targeted unaccompanied and separated girls and boys registered with family tracing and reunification services and family-based care or appropriate alternative services;
- (c) percentage of UNICEF-targeted girls and boys recruited and used by armed forces and groups that have been released and reintegrated with their families and provided with adequate care and services (humanitarian) (disaggregated by sex)

3.a.6 Percentage of UNICEF-targeted women, girls and boys in humanitarian situations provided with risk mitigation, prevention or response interventions to address gender-based violence through UNICEF-supported programmes (humanitarian) (disaggregated by sex and age)

3.c.1 Number of countries with specialized justice for children systems, such as capacity building and standards-setting within criminal and civil justice systems

3.c.2 Percentage of justice professionals that have been certified in and dealing with: (a) child offenders; and (b) child victims

3.c.4 Number of countries that have in place free and universal birth registration service within the civil registration system, in accordance with national legal requirements

• TARGETED GENDER RESULTS

Goal 3: Preventing and responding to child marriage and early unions; Preventing and responding to gender-based violence in emergencies

Outcome Indicators:

3.5 Number of adolescent girls receiving prevention and care interventions to address child marriage through UNICEF-supported programmes

Output Indicators:

3.a.6 Percentage of UNICEF-targeted women, girls and boys in humanitarian situations provided with risk mitigation, prevention or response interventions to address gender based violence through UNICEF-supported programmes (humanitarian)

3.b.3 Number of countries implementing a costed national action plan or strategy to end child marriage being implemented

KEY GENDER ISSUES TO END CHILD MARRIAGE

Protection of girls



South Asia has the largest decline in child marriage in the last 10 years, from nearly 45% in 2010 to 30% in 2015, driven predominantly by progress in India.¹ However, South Asia is still home to the largest number of child brides (285 million), followed by sub-Saharan Africa, accounting for 44% of child marriage globally.²

For many parents, marriage is seen as a way to protect their daughters. Parents fear their daughters may become victims of violence or rape; at times girls must walk alone - sometimes long distances to school or to collect firewood and water.³ And in some communities where virginity is prized and associated with family honour, parents want to protect their daughters from sexual violence/engaging in premarital sex by marrying off their daughters at earlier age.⁴ In situations where a girl is sexually assaulted, marrying her to the perpetrator can be regarded as a solution to the problem.⁵

Lack of education and few alternatives for girls



Child marriage can be both a cause and consequence of school dropout. In South Asia, where son preference is strong, families with a limited income choose to invest more of the scarce sources they have in the care and education of their sons.⁶ South Asia has the highest number of out-of-school girls in the world (14.71 million) mainly because schools are inaccessible or expensive,

parents don't see the value of girls' education, either because it is of poor quality or not seen as relevant to their lives or economically beneficial.⁷ Evidence shows that there are strong correlations between child marriage and low school attainment: girls who have no education are three times as likely to marry by 18 compared to girls with secondary or higher education.⁸

Even when girls can start their education, they are often pulled out of school when they are forced to marry young. The transition from primary to secondary education is key for girls to gain life skills they need to escape the cycle of poverty. Yet this is often the same time that many girls leave school due to early marriages or pregnancy.

Domestic violence



Child marriage leaves girls vulnerable to sexual exploitation and other forms of violence throughout their lives. Child brides are often initiated into sex by force or coercion by their husbands, and typically continue to experience nonconsensual sex throughout their marriage due to limited agency and ability to negotiate power relations and influence decision making within household.⁹ Married girls also face other forms of physical, sexual and psychological abuse by their husbands and potentially others in their families.¹⁰ It is found that the greater the age difference between girls and their husbands, the more likely girls are to experience intimate partner

violence.¹¹ In addition, child brides are least likely to take action against these abuses.¹²

Other issues, closely related to the issues of child marriage, are those of child trafficking and child labour, with children being forced into false marriages for the purposes of sexual exploitation and domestic enslavement.¹³

Early pregnancy



Child marriage means early sexual activity and, in most cases, early childbearing, high fertility, increased risk of maternal death and higher rates of infant mortality. Despite widespread recognition that childbearing in the adolescent years is harmful to both mother and a child, 1 in 5 women aged 20–24 reported to give birth before age 18 in South Asia.¹⁴ A study shows that in countries including South Asia with a high prevalence of child marriage and a strong preference for sons, married girls face pressures to forego contraception until they give birth to a boy.¹⁵ Moreover, girls who have children to look after may not be able to resume their education due to practical obstacles and stigma.¹⁶

Lack of sexual and reproductive services



Girls in South Asia region often lack basic sexuality education due to cultural, religious or normative reasons, which leaves them unaware of the risks of early pregnancy.¹⁷ Married girls are often unable to negotiate contraceptive use due to unequal power dynamics and lack of reproductive health information, resulting in greater risk of unplanned pregnancies, sexually

transmissible infections (STIs) and HIVs.¹⁸ Despite the increased risk of maternal mortality and morbidity, adolescent girls between 10 and 19 years of age face distinct barriers to adolescent-friendly reproductive health care and typically receive limited, if any, skilled pregnancy-related care.¹⁹

Patriarchal norms



Child marriage in South Asia reflects the dominance of patriarchal norms surrounding marriage, which view girls as objects to be “protected” or “owned” and exchanged as commodities, rather than as bearers of rights.²⁰ In many countries in the region, children are not afforded the responsibility or agency to make their own choices regarding either age at marriage or marriage partner, and girls are additionally subject to unequal power relations arising from gender inequality, patriarchal structures and gendered laws and norms.²¹

In rural and poor areas, girls are particularly vulnerable to child marriage due to the predominance of these patriarchal views and widespread poverty.²² The risk of child marriage is also exacerbated for girls in conflict and disaster-affected areas, where there are increased risks of poverty from financial instability and sexual violence that pose a threat to girls’ bodily integrity and virginity.²³

On the other hand, very little is known about child grooms, from prevalence to impacts of the practice of them. Overall there are fewer child grooms than child brides, but Nepal and India are in the top 10 child groom countries in the world.²⁴

Economics of child marriage



Child marriage also persists as a financial survival strategy, particularly in areas with significant poverty as well as in conflicts and emergencies as a means to settle debts/family conflicts or to generate income.²⁵ Parents often view their daughters as a financial burden, as they must bear the cost of raising them, but will not be supported by them in the future as daughters are married away to another family.²⁶

Further, in much of South Asia, marriage comes with significant costs for the bride's parents in the existing dowry system. The younger a girl is, the less dowry is demanded from parents of groom, which gives bride's parents an incentive to marry their daughters at a younger age.²⁷ Similarly, in situations where a girl's family receives a "bride price," or payment from the groom's family, a younger bride attains a higher price.²⁸

Cultural and social norms



Cultural and social norms that potentially affect practices of child marriage include, but are not limited to: a sense of tradition and social obligation; stigma around pre-marital sex and pregnancy out of wedlock; negative stereotypes toward older girls who are still unmarried; prestige associated with marriage; and the belief that religion prescribes early marriage for girls.²⁹ Girls are also often considered ready for marriage once they are being menstruating, while men are expected to gain wealth and status before marrying.³⁰

Lack of access to resources



Married girls are often socially and psychically isolated from friends, natal family and other social networks, causing them to rely on their husband and in-laws to access needed resources.³¹ This situation often remains the case throughout the girls' lifetime and translates into a lack of control over financial resources, limited mobility and restricted access to information and social networks.³² Effects of isolation and lack of voice and agency can have profound effects on girls' mental, emotional and social well-being.³³

GENDER AND END CHILD MARRIAGE PROGRAMMING CHECKLIST

The following checklist and a set of gender analysis questions are meant to guide users through all stages of End Child Marriage programme cycle in identifying the main gender issues and in designing strategies to respond to the identified gender issues.

STEP 1

PLANNING (ASSESSMENT AND ANALYSIS)



NO.	WHAT TO DO	DONE
I. ASSESSMENT What is the context-specific situation of gender equality to End Child Marriage? Use Gender Analysis Questions (page 25–37) as guiding questions to conduct a gender analysis.		
1.1	<p>Conduct a desk review and assessment to understand the barriers, bottlenecks and opportunities related to the objectives of End Child Marriage programme in the target country or region by using:</p> <ul style="list-style-type: none"> National surveys such as Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS) Administrative data of hospital, police, legal enforcement entities UNICEF, UNFPA, WHO and other United Nations database The latest country situation analysis for information on: <ol style="list-style-type: none"> the status of women and girls (e.g. sex-disaggregated school enrolment, health status, gender-based violence (GBV)); and the roles and policies of ministries and other institutions in addressing child marriage and other forms of violence UNICEF Gender Programmatic Review (if one has been conducted), especially if End Child Marriage programming was reviewed Gender equality goals and targets in the Country Programme Document (CPD) Latest country programme Mid Term and/or Annual work plan review report to understand any recent progress on ending child marriage Documents and assessments related to any existing gender-responsive ending child marriage programmes in the country or region Any evaluation of programmes on ending child marriage that included an assessment of equity including gender dimensions 	○

NO.	WHAT TO DO	DONE
1.2	Collect and analyse data on the trends, responses and impact on economy of child marriage in recent years and identify the areas with high prevalence rates of child marriage (both for girls and boys).	○
1.3	Analyse data by sex, age, region, geographic area (e.g. rural vs. urban), population/ethnic group, wealth quantile, religion, caste, etc.	○
1.4	Analyse key national law, bylaws and policy documents on child marriage and their gender implications. Ensure national legislation and policy frameworks on ending child marriage consider the direct and indirect impacts on gender norms, roles, responsibilities and relations.	○
1.5	Assess the current national responses to end child marriage and gaps in the responses.	○
1.6	Work with target community to understand social norms, traditions and contexts and to better identify causality and drivers of child marriage in the target population.	○
1.7	<p>Using Gender Analysis Questions from page 25, organize information about gender differences from existing sources. Assess whether the existing information is adequate to understand how End Child Marriage programme objectives may be affected by gender differences and inequalities in the following areas:</p> <ol style="list-style-type: none"> 1) Differences in women's and men's, girls' and boys' access to assets, resources and services; 2) Differences and inequities in women's and men's, girls' and boys' use of time between paid, unpaid and volunteer labour and caretaking responsibilities in the household and community; and 3) Differences and inequalities in leadership roles, decision making and legal status. 	○
1.8	<p>Identify what measures and mechanism are already in place in terms of interventions to end child marriage in the following domain:</p> <ul style="list-style-type: none"> • Creating capacity for choice (empowering women and girls, mobilizing parents and communities, engaging men and boys, providing quality adolescent services) • Providing alternatives to child marriage (alternative/accelerated learning, material support or incentives, livelihoods) • Creating legal and policy structures that enable and support change (legal and policy changes, protective services and support) 	○
1.9	Assess the extent to which incentive-based programmes exist to encourage girls' education (i.e. cash incentives for girls' school attendance, training of female teachers, safe school environments, etc.).	○

NO.	WHAT TO DO	DONE
1.10	Assess differences in coverage of interventions or access to quality services to end child marriage by sex, age and other key demographic variables.	○
1.11	Work with women's and girls' rights organizations and inter-agency/ inter-sectoral gender working groups (if established) to understand what approaches and solutions other agencies are adopting to end child marriage.	○
1.12	Assess and generate evidence on adolescent pregnancy including causes, norms and prevalence disaggregated by age, wealth quantile, ethnicity, cast, geographic location and its relation to child marriage and GBV.	○
II. ANALYSIS What barriers and opportunities prevent or enable to End Child Marriage? Analyse the impacts of gender constraints and opportunities to achieve the programme's objectives. Where feasible, include a gender specialist/focal point in the analysis.		
ENABLING ENVIRONMENT		
1.13	Assess and identify what is gender-related concerns in the current situation of child marriage. Identify what are the root causes of the deprivations women and girls are facing with in a programme area.	○
1.14	Clarify the context to reduce child marriage: a gender-responsive policy; specific legislation prohibiting child marriage that adheres to international standards; an adequate institutional framework for oversight on reporting of child marriage; enforcement of child marriage laws; dominant social norms; political and economic situation; emergency level of the country, etc.	○
1.15	Analyse what kind of cultural norms and beliefs exist regarding to child marriage. Identify the gender and social norms, beliefs and practices that lead to the perception of girls as a burden or a benefit and that promotes low/high value of girl child.	○
1.16	Assess what are the main gender roles and responsibilities of women, men, girls and boys within a household and community.	○
1.17	Identify differences of access to and control over assets and resources between women and men, girls and boys.	○
1.18	Analyse if there is widespread discrimination based upon poverty, ethnic identity, geographic location, religion, caste, disability and/or fragile and crisis conditions.	○

NO.	WHAT TO DO	DONE
1.19	Analyse relations between prevalence of child marriage and birth registration and examine if low birth registration rate hinders the progress to end child marriage.	○
1.20	Analyse power relations and decision-making process between women and men, girls and boys and assess how it affects to promote/reduce child marriage.	○
1.21	Analyse customary laws that may increase child marriage and assess their role in facilitating gender-responsive End Child Marriage programming. Analyse if enforcement of international or national statutes have provoked a ripple effect to create and replicate existing barriers to end child marriage.	○
1.22	Analyse and understand community dynamics, in particular gender and equity issues as they intersect, to ensure that the needs, concerns and disparities encountered by women and girls in marginalized segments of community or social groups are clearly identified and documented in order for the End Child Marriage programme design to address their situation and challenges.	○
1.23	Analyse if there are systemic funding constraints for national entities that limit capacity to provide social protection, care and support for vulnerable priority populations thereby hindering progress to end child marriage.	○
1.24	Identify what national level coordination barriers hinder the enforcement of social protections to end child marriage. For example, a coordination between law enforcement, social services and service providers.	○
1.25	Analyse if promising approaches to end child marriage exist that can be scaled-up or investigated further.	○
1.26	Identify opportunities to challenge structural inequalities between women and men, girls and boys, and to promote women's and girls' leadership within the End Child Marriage programme. Ensure the programme upholds "Do No Harm" principle.	○
SUPPLY		
1.27	Facilitate institutional, human resources and budget analysis; conduct an analysis of stakeholders, such as women-led community-based organizations, working in ending child marriage programmes, and of existing coordination mechanisms across government, civil society and partner networks.	○

NO.	WHAT TO DO	DONE
1.28	Analyse what critical commodities are lacking within the delivery process of key services to end child marriage.	<input type="radio"/>
1.29	Analyse what lacking resources prevent access to quality services including information that has a disproportionate impact on women and girls.	<input type="radio"/>
DEMAND		
1.30	Analyse what factors impede demand for access to services (including justice), resources or opportunities that disproportionately impact to women and girls to end child marriage.	<input type="radio"/>
1.31	Identify social norms, practices, beliefs and behaviours that continue practices of child marriage.	<input type="radio"/>
1.32	Assess what barriers prevent continuity of services to end child marriage such as location, fees, lack of gender-sensitive services, ignorance of gender sensitivity among staff, etc.	<input type="radio"/>
QUALITY		
1.33	Analyse quality standards that are not being adhered to that impact access and utilization of services to protect girls and boys from child marriage.	<input type="radio"/>



NO.	WHAT TO DO	DONE
PRIORITISED ISSUES AND AREAS		
2.1	Identify what is the burden and scope of gender inequities in child marriage in the country as well as groups with the greatest protection support needs to end child marriage.	○
2.2	Assess if UNICEF country programming currently address these issues. If so, identify how and at what scale.	○
2.3	Identify the most critical gender-based challenges, constraints and inequities and protection pertaining to child marriage that will be addressed by the UNICEF country programme aligned with global and sector priorities and Gender Action Plan (GAP), capacity and resources to act, and partners on the ground.	○
2.4	Assess and identify <u>what</u> gender-responsive results the End Child Marriage programme wants to achieve and <u>how</u> to achieve them, based on UNICEF's comparative advantage, mandate, resources and capacity to act effectively and ability to address issues that other organizations are not willing or able to do (such as sexuality education, child protection, etc.). Ensure UNICEF will be able to address this issue at scale.	○
2.5	Ensure that the logical framework addresses the needs and priorities of adolescent girls and boys in health, education and livelihood options (may led by other agencies), especially in disadvantaged communities. See Section 2: Practical Steps for Gender Mainstreaming (page 60) of this toolkit for more information on how to develop a gender-responsive logical framework.	○
2.6	Ensure that the End Child Marriage programme identifies, harmonizes and collaborates with existing national programmes.	○
2.7	Ensure to consider the main recommendations for the country made by CEDAW, CRC and UPR to end child marriage.	○
GOALS		
2.8	Identify the major objectives to be achieved in terms of the specific gender-sensitive strategies to end child marriage over the planning cycle, including awareness raising among community members (women/girls and men/boys), empowerment of women and girls, and the feasibility of advocacy on delayed marriage for girls and boys to 18 years of age through social marketing or other culturally favourable media.	○

NO.	WHAT TO DO	DONE
OUTCOMES		
2.9	Emphasize the human rights-based approach to an inclusive service and develop the capacities of national governments and civil society organizations (CSOs) to employ such an approach. Consider benefits and specific needs of women, men, girls and boys to achieve set goals of End Child Marriage programme.	○
OUTPUTS		
2.10	Ensure outputs are planned with the relevance and benefits in mind for both women and men, girls and boys to achieve outcomes in the End Child Marriage programme.	○
ACTIVITIES		
2.11	In consultation with community members (women, men, girls and boys) and community leaders, religious authorities and political leaders, and service providers (both female and male), identify the specific sets of actions that need to be taken to delay marriage for children, including programmes alternative to child marriage and other incentive schemes such as conditional cash transfers or life skills programmes with building on existing community structures. Ensure that meeting spaces are safe and accessible for all.	○
2.12	Identify the key entry points for delaying marriage at the community level: educational continuity, skills training, greater labour market opportunities, improved community literacy including adult literacy campaigns that target adult women for awareness raising on the negative consequences of child marriage.	○
2.13	<p>Include programme design components awareness raising about the benefits of delayed marriage and the negative generational impacts of child marriage including:</p> <ul style="list-style-type: none"> • Benefit of education and adequate preparation for productive life; • Diminished opportunities to engage in livelihood security activities that could facilitate an exit from poverty; • The risks of early pregnancy, including delivery complications, debilitating conditions/illness or death; and • Exposure to sexually transmitted infections (STIs), HIV and the likelihood of gender-based violence (GBV). 	○
2.14	Ensure that interventions and activities to end child marriage are accessible to women, men, girls and boys in terms of quality, design, adequate access, appropriate technology and access and cultural acceptability. Think how can the ability of married girls to participate in programme activities be maximized.	○

NO.	WHAT TO DO	DONE
2.15	Ensure that child marriage programmes involve men and boys as partners in implementation, advocating for positive behaviour change as well as beneficiaries. Collect evidence of effectiveness of programmes that work with men and boys.	○
2.16	Behaviour change programming should target the main risks to women and girls. It should also explore the intersections of masculinity, femininity and child marriage.	○
2.17	Assess the feasibility of mechanisms to report child marriages/violations; the effectiveness of law enforcement procedures; including the safety factor for women and girls who may seek such recourse.	○
2.18	Enhance the capacity of law enforcement officials, police and of relevant stakeholders who are responsible to effectively implement child marriage prohibition laws/policies and to ensure access to legal remedies and redress for married girls. When planning for support to training professionals, ensure that training on gender equality is included. Invite gender specialist/ Focal Point to the training.	○
2.19	<p>Ensure the following age-appropriate services are available for women and girls and reflect in the programme to end child marriage:</p> <ul style="list-style-type: none"> • Reproductive health services and information are available to adolescent girls at risk of early pregnancy as well as adolescent boys. • Interim shelters/safe houses and other strategies to protect girls and boys fleeing child marriage arrangements are in place. • Protection services against gender-based violence (GBV) are being implemented. • Psychological/mental health services are identified and accessible to support girls exposed to trauma associated with child marriage practices. • Girls and families (where necessary also boys) have access to safe reporting of gender-based violence (GBV) and coercive practices for child marriage. Confidential hotlines run outside the community is effective. • Access to services that would ensure children/adolescent girls who were party to child marriage to continue/complete their education have been set in place. • Opportunities for self-employment that would eventually confer social and economic autonomy and livelihood security of girls who have been party to child marriage have been identified and are implemented girls' empowerment to increase their access to social protection services. • Life skills education to girls and boys that addresses gender inequity, gender roles, harmful practices and the rights of young people to seek services and justice. • Adolescent clubs both for girls and boys in and out of school, and peer networks to reach out adolescent girls and boys at risk of child marriage or who are already married. 	○

NO.	WHAT TO DO	DONE
2.20	Strengthen material support or incentives (i.e. conditional cash transfers, scholarships) for girls to attend school and/or delay marriage and early pregnancy. Promote policy reforms for the integration of married girls and adolescent mothers in schools.	○
2.21	Take into account the social or lived realities of women and girls while designing initiatives for women's and girls' empowerment to increase their access to social protection services.	○
2.22	Promote resilience by strengthening national and community-based systems that prevent and mitigate gender-based violence (GBV), and by enabling survivors and those at risk of GBV to access to specialized care and support.	○
2.23	Assess if additional activities be necessary to more directly promote gender equality.	○
TARGET BENEFICIARIES		
2.24	Ensure women, men, girls and boys benefit from the programme, except where interventions specifically target women, men, girls and/or boys.	○
2.25	Consider to develop programmes that support empowerment of women and girls link with livelihood, income generation, microfinance, education and employment to avoid discriminatory practices hindering women's and girls' ability to participate in decision making regarding to child marriage. Women and girls should be considered as agents of change who can be empowered to bring about the changes to end child marriage.	○
2.26	Ensure that girls who are married under 18 years of age or have recently left a child marriage or at risk of being married have access to financial and other forms of support including one-on-one counseling, helpline and rehabilitation services.	○
IMPLEMENTATION		
2.27	Identify who will implement the intervention and if the implementing partners are gender competent and have a gender equality policy or strategy to implement the programme, and been trained on gender equality issues.	○
2.28	Consider to involve gender experts/Focal Point, women's and girls' rights as well as well as youth organizations and machineries in End Child Marriage programme implementation.	○
2.29	As far as possible, employ an equal number of women and men in End Child Marriage programme.	○

NO.	WHAT TO DO	DONE
2.30	Confirm if the required gender and sectoral capacity exist within UNICEF and if there are resources available to fill expertise gaps.	○
2.31	Assess if the data of executing agency's monitoring system or Management Information System (MIS) is disaggregated by sex, age and other demographic variables (location, religion, etc.).	○
MONITORING AND EVALUATION (M&E)		
2.32	Devise a monitoring and evaluation (M&E) framework to track programme outcomes on End Child Marriage with specific strategies to collect M&E data which is disaggregated by sex, age and other social markers.	○
2.33	Ensure monitoring and evaluation (M&E) examine both the content and process from a gender sensitive point of view.	○
INDICATORS		
2.34	Establish clear benchmarks and gender-disaggregated indicators and ensure these are reflected in the M&E plans of End Child Marriage programme. Think also how to measure multi-level interventions and collective impact. Ensure indicators are SMART (specific, measurable, attainable, locally relevant and time-bound).	○
2.35	Ensure that indicators have been developed to measure progress towards the fulfillment of each objective with disaggregated baselines. Include the following: expected results; provision of quality assistance with respect to gendered needs; monitor rates of service access; satisfaction with the assistance provided; how the facilities were used; and what has changed due to the assistance, for whom and in what time frame.	○
2.36	Make sure these indicators measure the gender aspects of each objective and are disaggregated by sex, age and other demographic variables.	○
2.37	Assess if targets are set to guarantee a sufficient level of gender balance in activities (e.g. quotas for female and male participation) and special efforts are made to recruit participants from the underrepresented sex or groups.	○
2.38	Ensure that gender-sensitive indicators capture qualitative as well as quantitative changes in lives of women, men, girls and boys as well as prevalence of child marriage.	○
PARTNERSHIP		
2.39	Determine synergistic action necessary at different levels, including household, community, legal/social/health institutions, national ministries and policy makers.	○

NO.	WHAT TO DO	DONE
2.40	Integrate a strategy for development of national capacity in implementation. Enable responsible ministry and other relevant ministries to provide leadership and capacity to promote ending child marriage.	○
2.41	Work closely with responsible ministry of civil registration and vital statistics (CRVS) to strengthen birth and marriage registration and its monitoring.	○
2.42	Establish and promote the use of gender-sensitive standard procedures and protocols in the health system for preventing, screening, detecting and responding to multiple forms of violence against women and girls including those at risk of child marriage. Ensure there is no discrimination due to sex, age, caste, ethnicity, etc.	○
2.43	Consider bringing local organizations including women's and youth groups/collectives and other national and international partner organizations, private sector, academia and those with expertise on ending child marriage and gender equality into the design process, using it as an opportunity for building coalitions and identifying partners for advocacy. This includes consulting with the GBV sub-cluster or gender working group/theme groups, where such bodies exist and closing the gender gap issues.	○
2.44	Identify if there is potential for supplementary intersectoral programmes involving health, nutrition, education, social policy, C4D, etc. and ensure gender focal persons/advisers are engaged to maximize the results.	○
RISKS AND ASSUMPTIONS		
2.45	Analyse if stereotypes or structural barriers are preventing the full participation of women and girls (or men and boys) and think how the programme deals with stereotypes and barriers.	○
2.46	Identify the possible backlash to women and girls and any risk factors that may be associated with the programme implementation (i.e. potentially increased burden on women and girls, aggressive reactions of men and boys, etc.), and think of strategies to deal with them. In some contexts, it may be necessary to negotiate with community leaders prior to talking with women and girls to avoid backlash.	○
2.47	Identify and address major risks and opportunities in implementing the End Child Marriage programme. Assess if there is any gender-related bottleneck that may reduce the effectiveness of the programme.	○
RESOURCES		
2.48	Develop a clear strategy and action plan to End Child Marriage, ensuring that adequate resources and the necessary expertise and leadership are in place. This could include recruiting specific staff with experience in both ending child marriage and gender-responsive programming.	○

NO.	WHAT TO DO	DONE
2.49	Identify if there are resource mobilization opportunities (internal and external) that will enable sustainable funding to end child marriage.	○
2.50	Ensure resources allocated for selected gender-responsive programming actions are linked to UNICEF programme and accounting code. Select relevant gender Specific Intervention Codes (SIC) and Gender Equality Markers (GEM) in VISION to track progress.	○
COMMUNICATION AND KNOWLEDGE MANAGEMENT		
2.51	Use traditional, cultural and religious structures to develop and deliver messages on the value of educating girls, negative consequences of child marriage and its detrimental effects of early pregnancy and violence and to promote intergenerational community conversations and mobilize adolescents and communities to take actions.	○
2.52	Raise awareness about the importance of ending child marriage. This step calls for efforts to: <ul style="list-style-type: none"> • Communication strategies to increase awareness; • Social mobilization strategies to get communities on board; and • Knowledge, Attitudes and Practice (KAP) approaches to increase awareness and buy in from communities. 	○
2.53	Identify and assess the effectiveness of social media/social marketing as a medium and strategy to shift gender-biased perceptions and beliefs to incorporate such a component in the End Child Marriage programme design.	○
2.54	Ensure mechanisms are in place to record good practices, examples, lessons learned of gender mainstreaming in End Child Marriage programme.	○
INNOVATION		
2.55	Promote partnerships with private sector, academia and NGOs for innovative solutions to end child marriage and to reach the most hard-to-reach women and girls such as those without parental care and in emergency context.	○

STEP 3

IMPLEMENTATION



NO.	WHAT TO DO	DONE
3.1	Ensure gender-responsive activities and components are progressing as planned.	○
3.2	Review the results of End Child Marriage programme implementation and make sure that findings correspond to the gender-related activities that have been planned. If not, adopt the activities to make sure they correspond to actual needs.	○
3.3	Ensure the interventions in the End Child Marriage programmes build the capacity of women and girls to protect their rights through awareness raising and improved knowledge of options, laws and recourse strategies (i.e. safe reporting of legal violations). Ensure also to target/reach out to young brides who maybe at a high risk of violence.	○
3.4	Track implementation approaches, partners, input requirements and time required to best carry out gender-responsive activities to end child marriage. Ensure that commitments and actions are documented, followed and reported in a timely manner.	○
3.5	Ensure gender inequalities are regularly reviewed and addressed for all programme implementation through meetings with a team and partners. Conduct a gender analysis when necessary.	○
3.6	Make sure that working partners have adequate skills to integrate a gender equality perspective into the End Child Marriage programme and with a minimum gender bias.	○
3.7	Assess whether there is equitable participation (in all activities including decision making) of women, men, girls and boys in the implementation, depending on the programme's intended beneficiaries. If imbalances are identified, take appropriate measures to ensure the full participation of all beneficiary groups.	○
3.8	Ensure that key institutions in the health (especially sexual and reproductive health, GBV services, counseling and mental health services), education (formal and informal such as alternate/accelerated learning and non-formal education), psychosocial and justice sectors (shelter, safe houses) are equipped to meet the needs of adolescent girls (and boys) to ensure that needed services are available, acceptable, culturally sensitive and of quality for married and at risk girls (and boys). Strengthen inter-sectoral collaboration.	○

NO.	WHAT TO DO	DONE
3.9	Conduct evidence-based advocacy to ensure national legislation and policy frameworks consider the direct and indirect impacts on gender norms, roles, responsibilities and relations.	○
3.10	Identify what other projects, programmes or policy interventions related to ending child marriage have already happened.	○
3.11	Ensure that data and data analysis portrays the situation of the most marginalized.	○
3.12	Conduct a regular programme review to assess whether End Child Marriage programme is making full use of both women's and men's as well as girls' and boys' capacity.	○
3.13	If mitigation measures for gender-based risks/violence were included in the programme design, ensure that they are being implemented as planned.	○
3.14	Assess if any gender issues have been arisen that were not identified at the programme design stage. Consider how they can be addressed.	○
3.15	Define and mobilize collaborative efforts and strategies with all partner organizations.	○
3.16	Establish information sharing mechanisms with/between partner organizations and feedback mechanisms from affected communities (especially women and girls). Ensure actors in ending child marriage programme liaise with actors in other areas (i.e. health, nutrition, education, C4D, social policy, etc.) to share best practices and promote inter-sectoral collaboration.	○

STEP 4

MONITORING



NO.	WHAT TO DO	DONE
4.1	Ensure a set of interventions (activities) are being implemented as planned and outlined in the End Child Marriage programme and if gender-related issues in End Child Marriage programmes are being addressed as planned. Monitor the effectiveness of programme resources being invested.	<input type="radio"/>
4.2	Choose the data collection method carefully for assessing how the programme is progressing to achieve ending child marriage.	<input type="radio"/>
4.3	Measure and monitor the separate effects on women and men, girls and boys and the changes in women's and men's, girls' and boys' (including in-laws) involvement and their access to and control of resources related to marriage arrangements.	<input type="radio"/>
4.4	Ensure that the specific identified root gender-based causes that contribute to high child marriage prevalence are addressed.	<input type="radio"/>
4.5	Ensure that all data collected is disaggregated by gender, age and other key demographic variables (location, religion, etc.).	<input type="radio"/>
4.6	Ensure that voices of women and men, girls and boys and their equitable participation are involved in the collection of information.	<input type="radio"/>
4.7	Consider a safe space when monitoring and/or collecting data and conduct data collection separately with women, men, girls and boys where female enumerators engage with female stakeholders and male enumerators with male stakeholders.	<input type="radio"/>
4.8	Ensure women and men, girls and boys are accessing programme benefits equally.	<input type="radio"/>
4.9	Collect and analyse data to identify any gender gaps in access, participation or benefit for beneficiary groups in the End Child Marriage programme.	<input type="radio"/>
4.10	If gender gaps are identified, investigate why these gaps are happening, including identification of any root causes at different levels, both downstream and upstream.	<input type="radio"/>
4.11	Undertake corrective actions as needed to adjust interventions to achieve intended End Child Marriage programming results based on monitoring through review meetings with partners.	<input type="radio"/>
4.12	Make any adjustments need to scale-up the programme components that are responsive to change, or curtail those that appear to raise the risks for women and girls or have negative consequences for them.	<input type="radio"/>

STEP 5

EVALUATION



NO.	WHAT TO DO	DONE
5.1	Evaluate the End Child Marriage programme, adapting the baseline tool to ask the same questions and measure changes related to child marriage over the life of the programme.	<input type="radio"/>
5.2	Identify what were the key contributing factors resulting in these accomplishments.	<input type="radio"/>
5.3	Generate evidence-base and data to facilitate legal accountability and to inform the development of government programmes and policies to end child marriage through various M&E tools such as randomized control trials (RCTs), outcome mapping, key informant and in-depth interviews, focus group discussion, etc. and evaluate norm changes.	<input type="radio"/>
5.4	Identify how the programme interventions change the condition and position of women and girls and that of men and boys with respect to their decision-making power in household matters, especially with regard to timing and choice in contracting marriage.	<input type="radio"/>
5.5	Assess if results delivered to all key stakeholders (including women and men, girls and boys) who were affected by child marriage.	<input type="radio"/>
5.6	Evaluate community awareness, knowledge levels and engagement on ending child marriage by assessing to what extent have the relevant segments/representatives of the community (women/girls and men/boys) been consulted in all stages of the programme development.	<input type="radio"/>
5.7	Involve community members in identifying criteria for the evaluation, collecting and recording data, organizing workshops to analyse the findings, and reviewing evaluation findings to ensure their buy in, responsibility and accountability to ensure the results on ending child marriage will sustain beyond the programme duration.	<input type="radio"/>
5.8	Use a combination of female and male evaluators where possible.	<input type="radio"/>
5.9	<p>Collect and analyse data that can be correlated to reduced prevalence rates of child marriage such as:</p> <ul style="list-style-type: none"> • girls' (and boys') school completion and attrition rates; • delayed age for girls' (and boys') marriage contraction; • improved birth and marriage registration rates; • increased reports of violations in child marriage laws; and • improved access to and utilization of cash-based incentives systems to keep girls' (and boys') in school through secondary school. <p>These data should be disaggregated by gender, income and by urban/ rural setting; and emergency settings when relevant.</p>	<input type="radio"/>

NO.	WHAT TO DO	DONE
5.10	Assess what difference the End Child Marriage programme made for the indirect beneficiaries.	○
5.11	Identify what interventions and strategies were most effective and cost-effective and assess if they can be scaled up.	○
5.12	Evaluate if gender-related considerations were included throughout and incorporated in End Child Marriage programming.	○
5.13	Re-evaluate evaluation techniques to measure and assess not only important behavioural outcomes, but the changes in knowledge, values decision making and attitudes on child marriage taking place within communities.	○
5.14	Ensure that there is timely services seeking for both girls and boys who are married or at risks of getting married.	○
5.15	Identify if there are any examples of unintended gender-related outcomes.	○
5.16	Consider what potential workarounds or solutions are planned or being planned to address the further challenges.	○
5.17	Assess what unique opportunities exist in the country to see a further reduction in child marriage. Among those, identify which are most important for UNICEF to act on.	○
5.18	Ensure the evaluation include concrete recommendations for follow-up initiatives.	○

STEP 6

REPORTING



NO.	WHAT TO DO	DONE
6.1	Document lessons learned and best and innovative practices related to gender mainstreaming for learning (South to South), communications, advocacy and funding. Include gender gaps, barriers or opportunities to which UNICEF was unable to respond (key gap areas) as well as those that were successfully addressed in the End Child Marriage programme.	○
6.2	Ensure all data reported on is disaggregated by gender, age, wealth quantile, location, religion, caste, etc.	○
6.3	Consider how and to whom communicate the results of the initiatives.	○
6.4	Disseminate the gender-related results of the programme to government authorities, donors, partners, beneficiaries and the general public. Very often, many great accomplishments on gender equality are being realized, but are not communicated beyond the implementing organization and/or partners.	○
6.5	Refer back to gender analysis and capture and report on how End Child Marriage programme has addressed gender inequities in the knowledge management process and system. It is important to house the gendered learnings so they can be shared and used to inform development of new programming.	○
6.6	Support to strengthen national child marriage and other protection (such as gender-based violence (GBV)) data information systems to be gender-responsive as an important basis for building evidence generation on gender equity and knowledge sharing.	○
6.7	Use key gender gaps or opportunities that have been identified but were not able to address during the End Child Marriage programme implementation as the basis to inform the design of future programmes.	○
6.8	Use innovative technology platforms to communicate messaging or implement accountability and feedback mechanisms for reporting.	○

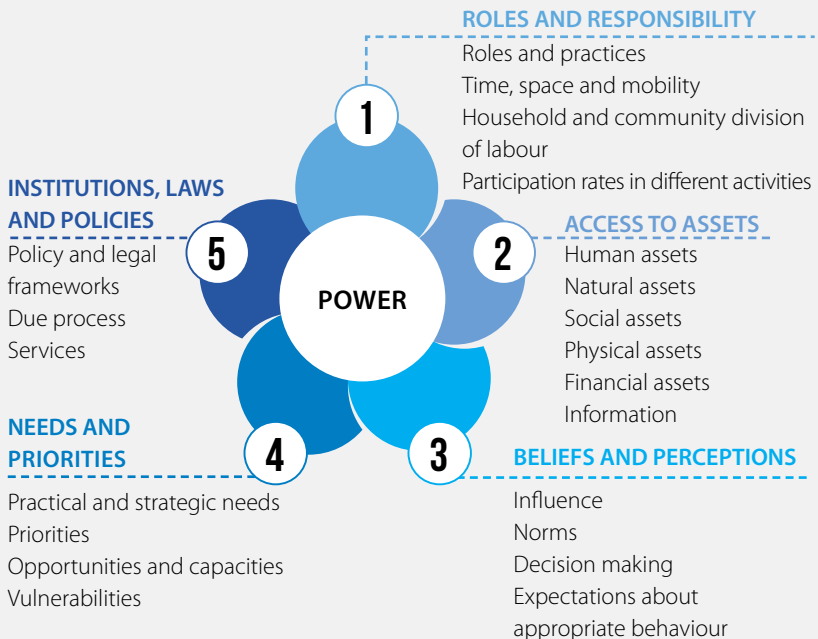


GENDER ANALYSIS QUESTIONS



A set of gender analysis questions from next page follows a gender analysis framework³⁴ (see separate **Section 2: Practical Steps for Gender Mainstreaming, page 28**) and should be used in the initial assessment to assist in the design of gender-responsive End Child Marriage programme that will maximize the participation of both female and male beneficiaries and benefits to them. The checklist is to be applied to specific country contexts and is not comprehensive, and should be used in addition to general data and other UNICEF documents.

GENDER ANALYSIS FRAMEWORK



1. ROLES AND RESPONSIBILITY (PRACTICES)



HOUSEHOLD ACTIVITIES

- What are the demographic profiles of target populations? (gender, ethnicity, caste, age, migration trend, percentage of female- and child-headed households, households size, marriage age, number of pregnant and lactating women, etc.)
- What is the gendered division of labor between productive (market) and reproductive (non-market): roles, activities, work and responsibility of women/girls and men/boys in the house and market? How do women/girls and men/boys spend their time?
- Respectively, for what activities or tasks are girls and boys responsible? Are these by choice or prescribed by the community? What happens when individual girls or boys don't follow these norms of behavior? What are the protection-related risks relating to these roles?
- Do women/girls or men/boys have restrictions on their mobility? What restrictions? How do they influence women's and girls' access to services and supportive social networks?
- How is the burden of care for the young and old distributed between women/girls and men/boys? How much time do women and girls spend on unpaid care work compared to men and boys?

- How does the division of labour influence school dropout and completion, fertility rates and economic participation rate, as well as the age of marriage and the dynamics of the marriage relationship among females and males?



COMMUNITY ACTIVITIES

- What kinds of social groups do women/girls and men/boys participate in, respectively? What kind of leadership positions do women and men occupy? How do women's/girls' and men's/boys' participation in social groups affect their access to information, services, and care and support from other community members?
- Do adolescent girls or boys participate in community government, associations or other civil society organizations? What determines if they participate or not - family position or wealth, educational attainment or other factors?



PRACTICE OF MARRIAGE

- What is the average age of marriage and first pregnancy in the target area? Who decides at what age a girl or boy marries? What are the reasons for getting married at younger/older ages?



ADOLESCENT REPRODUCTIVE HEALTH

- How do gender roles, responsibilities, and time use differ between girls who were married as a result of child marriage and unmarried girls? Between girls and boys? Between married women who were married before the age of 18 and married women who were married after the age of 18?
- Do women and girls (or men and boys) who have experienced child marriage encounter unique obstacles? What kind?
- If local elites and religious leaders approve and are willing to perform marriages between younger individuals, do families practice child marriage? What is the situation of inheritance?
- What cultural and traditional practices accompany marriage formation (i.e. bride price, dowry, polygamy, bride abduction, and emphasizing female chastity)? Does marriage signify a financial transaction, such as dowry or bride price? How do financial practices associated with marriage affect the age of marriage?
- Are girls and/or boys ever removed from school to carry out unpaid care work or as a result of child marriage?
- Are there polygamous family structures in the target areas? How it affects child marriage rate?
- What are the local maternal mortality and morbidity rates especially among adolescent mothers? What are the local newborn and child mortality rates, disaggregated by sex and age especially of adolescent mothers?
- What is the fertility rate and its frequency of adolescent mothers?
- What are the main maternal risk factors of adolescent mothers? What are the major clinical, environmental and socio-economic causes? Which age groups and communities are the most at risk?
- What limits pregnant adolescent girls' access to health facilities for antenatal care, delivery and postnatal care and skilled birth attendant?
- Respectively, at what age do girls and boys have their first sexual experience? Is it prior to or after marriage (for girls/boys)?
- Respectively, are girls and boys allowed to influence or discuss with their parents when or whom to marry, or if to marry? Who decides?
- Do parents discuss with or educate their children about sex?
- Can adolescent girls use health services without the permission of parents, partners or in-laws?

- Do married adolescent girls face any barriers in accessing reproductive health services? Who do they turn to for help/support during pregnancy and birth delivery?
- Do adolescent girls or boys engage in sex work? How are girls or boys recruited?
- Does a woman/girls or a man/boy in a couple decide when to have sex and when to have a child? Under what circumstances do they decide jointly? How do they communicate their preferences?
- Are there gender-based differences in knowledge and attitudes regarding fertility decisions?



CHILD PROTECTION SERVICES

- Where do women/girls and men/boys seek care and services for themselves and their children?
- Are women/girls and men/boys treated differently by:
 - »» Service Providers who are women?
 - »» Service Providers who are men?
- What is the ratio of female to male service providers in health, justice, police, etc.? What are the consequences of this ratio? What are their roles and capacity?
- What is the proportion of women and men in management in institutions? Supervisors of each category of health, justice, police, etc.?

- Are there incidents of disrespectful care by female or male service providers in the facility toward:
 - »» Female clients or companions?
 - »» Male clients or companions?
- Are women and girls discriminated against for being poor, of a particular ethnic group, for being young or old, married or unmarried?



GENDER-BASED VIOLENCE (GBV)

- What are women's/girls' and men's/boys' different experiences with violence as victims, survivors or perpetrators?
- If women and girls experience gender-based violence (GBV), such as abduction or rape, are they encouraged to marry perpetrators? If so, why?
- Where are programmes for GBV survivors located? In cities and/or rural areas?
- Where are programmes for perpetrators located? In cities and/or rural areas?
- What percentage of GBV cases reported to health facilities and police has been properly referred? What percentage of GBV cases that have been adjudicated have resulted in the prosecution of the perpetrator?
- Do adolescent girls (or boys) experience violence from an intimate partner or husbands (wives)?
- Is child marriage or other gender-based violence (GBV) and harmful practices contributing to the risks of pregnancy and childbirth?

2. ACCESS TO AND CONTROL OVER ASSETS



HOUSEHOLD RESOURCES

- What kind of resources do women/girls and men/boys have access to, respectively? How does access to and control over assets and resources differ between women/girls and men/boys?
 - »» Financial »» Information
 - »» Natural »» Social capital
 - »» Services »» Knowledge
- What are the constraints and implications arising out of lack of control over or access to productive resources, for those who lack such control and access?
- What do women and men own? What do they do with what they own to improve their own and their children's well-being? What do they own together?
- Respectively, are women's and men's assets equally liquid and transferrable?
- What are the broad income levels of the target population? Are there differences in income between females and males?
- What employment opportunities are open to women and men? Do women and men have equal chance of choosing any occupation? How do women's wages compare to men's?
- Do women and men working at the same level and in the same cadres receive equal support and opportunities in terms of benefits, training, promotions and leadership opportunities?



COMMUNITY RESOURCES

- Are women or men denied promotions or other benefits because of assumptions about competing household obligations or lack of autonomy?
- What types of community work are women and girls engaged in compared to men and boys?
- How do women's and men's access to and control over community resources affect their ability to:
 - »» Decide to seek care and services?
 - »» Reach the right level of care and services?
 - »» Access transport to care and services?
 - »» Access service information?
 - »» Get appropriate care and services?
- Who decides about the deployment of community resources (such as transport and infrastructure)?
- What kinds of services exist in the community tailored especially for youth (e.g. health, education, employment, digital)? What is needed?



PRACTICE OF MARRIAGE

- How do age of marriage, dynamics of the marriage relationship, and difference in partners' ages affect whether females and males own, have access to, and have the capacity to use productive resources (such as assets, income, social benefits, public services and technology) and the information necessary to be an active and productive participant in society?
- Do boys need a job before getting married? Can women and girls find a job after marriage?
- Do women and men, girls and boys who have experienced child marriage face social isolation?
- Do women and men, girls and boys who have experienced child marriage lack access to resources and the power and knowledge of how to control those resources? How about relations with husband's or wife's family?
- How do age gaps between female and male spouses exacerbate access to and control of resources?
- How does access to and control over assets and resources differ between women and girls who were married as a result of child marriage and unmarried girls and married women who were married after the age of 18?
- Are women and girls limited or empowered to negotiate safer or delayed sex and pregnancies in their relationships?

- What is the family planning acceptance rate in the target population? Which methods are most widely accepted?
- Are there information/education programmes on family planning? Who offers them in the programme area - NGOs and/or public sector?
- Are information/education programmes on family planning adapted for low-literacy populations? Do the programmes target women/girls or men/boys or both genders? Are the female and male users aware of the pros and cons of each method of contraception?



ADOLESCENT REPRODUCTIVE HEALTH

- Do adolescent girls and boys have access to reproductive health services and information, such as about contraceptives, sexually transmitted infections (STIs) and HIV? What kinds of financial and social barriers impede their access?
- How do adolescent girls and boys gain access to condoms and other contraceptives? Do women and girls exercise control over their use of contraception?
- What kind of assets do adolescent girls and boys have access to?
 - »» Schooling
 - »» Vocational training
 - »» Money for school supplies
 - »» Mentors
 - »» Employment
 - »» Peer groups
- How do these assets influence their dating and sexual behavior (e.g. the role of peer groups)?

- How do adolescent girls and boys gain access to financial assets for food, shelter, school materials and clothing?
- What kind of social networks do adolescent girls and boys have? What is the average number of people in girls' and boys' networks?
- Until what age respectively do girls and boys stay in school? What is the average year of completion for girls and boys?
- Respectively, what kinds of media do adolescent girls and boys have access to?
- How do girls and boys learn about sex and from whom? How do girls and boys obtain information about contraception and from whom? Is comprehensive sexual education taught in schools?
- Are certain members of population unable to access services due to social exclusions or safety concerns and consequently find themselves at greater risk in trying to fulfill those needs?
- Are service commodities available for both female and male needs, according to demand?
- Do female or male service providers have the same opportunities for training to protect girls and boys from child marriage, violence and other harms?
- Are there equal opportunities for female and male service providers to be employed and promoted?



CHILD PROTECTION SERVICES

- Are individuals, households and communities aware of laws related to child marriage? How do laws and policies influence marriage decisions at the local level?
- Do women/girls and men/boys have access to a fair and accessible judicial system with follow-up support services?
- Are there differences in access for women/girls, men/boys to health, legal, social services? If so, what factors affect these differences?



GENDER-BASED VIOLENCE (GBV)

- What kind of health, legal and social services are available to GBV survivors? Are there adolescent-friendly health services girls and boys can access?
- Who has access to these services and who does not?
- Have service providers been trained on how to:
 - »» Screen for GBV?
 - »» Detect GBV?
 - »» Provide counseling?
 - »» Conduct safety planning and referrals?
 - »» Perform forensic exams?
- What is the budget for GBV services, monitoring and prevention?

3. BELIEFS AND PERCEPTIONS (NORMS)



HOUSEHOLD AND COMMUNITY

- What is appropriate behavior for a woman/girl or a man/boy? What is an ideal woman/girl and man/boy? How do these beliefs influence their behaviors?
 - What are the relevant norms and beliefs about women's and girls' roles as caregivers and men's and boys' roles as breadwinners?
 - What are the social beliefs and perceptions that condition women's/girls' and men's/boys' expectations and aspirations? For education, employment, marriage and family?
 - Who should make decisions? What decisions do women and men make in the household? Which kinds of decisions are made jointly?
 - »» When and with whom to have sex
 - »» Safe sex
 - »» Use of family planning, antenatal care (ANC), skilled delivery care, postpartum care
 - »» Children's health and nutrition
 - »» Management of the household
 - »» Schooling for girls and boys
 - How does the community enforce gender norms and punish people when they do not conform to appropriate gender norms? How does this kind of social control affect women/girls and men/boys? What are the ways in which communities discriminate against women and girls (as well as men and boys)?
- Which community norms and beliefs could influence women's and girls' participation in the programme activities? These norms and beliefs may include the following:
 - cultural exclusion from productive activities;
 - heavy participation in reproductive activities;
 - exclusion from (active) participation in public proceedings;
 - seclusion from contacts with male service staff; or
 - lack of mobility because of cultural norms.



PRACTICE OF MARRIAGE

- What are the cultural norms and beliefs regarding marriage?
- Who within the family including in-laws or community makes decisions about if, when, and who a girl or a boy should marry?
- Is child marriage perceived as protection? What kind of threats are perceived for girls (and boys)?
- How does education status, urban/rural, age, religion, ethnic group and socio-economic status influence marriage decisions?

- What kind of power and decision making do different family members exert with in the household over marriage-decisions, as well as traditional practices, health, education, economic growth and protection issues related to marriage? Who participates in decision-making spaces? Do women and men have an equal voices? How do adolescent girls and boys participate?
- Which community elites and religious leaders influence decisions over marriage?
- How do norms on marriage and women's roles as caregivers affect beliefs regarding women's and girls' education, economic participation and social network?
- What are the relevant norms on chastity and purity and how do they influence marriage practices?
- What do relevant gender norms say about how husbands should treat their wives, particularly younger wives?
- How do age of marriage, dynamics of the marriage relationship and difference in age of partners influence patterns of power and decision making within the marriage relationship?



ADOLESCENT REPRODUCTIVE HEALTH

- Are girls and boys expected to abstain from sexual relations until marriage? What is the reason?
- Are boys expected to be sexually experienced before getting married? What is the reason?

- What are local beliefs about adolescent girls or boys having sex with a non-married partner?



CHILD PROTECTION SERVICES

- Are women/girls and men/boys confident that security and/or police forces can provide formal protection against the gender-related risks they face? How about other protection services? Are they reliable?



COMMUNICATION

- Are information, education and communication (IEC) materials equally accessible to female and male target beneficiaries? Why or why not (i.e. low literacy levels of women/girls, illustrations do not include women/girls and men/boys equitably, or sex-specific pronouns are used in exclusionary ways)?
- Are child protection messages, illustrations, and other media presentations free of gender stereotypes and biases? Do the illustrations stereotype women's and men's roles (i.e. women are caregivers; men are the breadwinners)?
- How might women/girls or men/boys interpret new experiences or information differently based on their gender identities, level of education and different types of knowledge that women/girls and men/boys may have? Is there equal concern for disseminating information to women/girls and men/boys?

- Is there a behaviour change communication strategy to end child marriage, how and at what scale is it implemented?
- Are women and men, girls and boys involved in the design, planning and implementation of the communication strategy?
- Will the programme need a communication strategy and innovative teaching methods for illiterate women/ girls and men/boys, out-of-school girls and boys, etc.?
- Is a separate communication strategy needed to ensure that programme messages to reach women and girls (e.g. a woman-to-woman information service or the use of local women's and girls' groups)?



GENDER-BASED VIOLENCE (GBV)

- Is GBV considered a private matter?
- Is GBV considered a multi-sectoral issue?
- If women and girls experience GBV, such as abduction or rape, are they encouraged to marry perpetrators? If so, why?
- Do power and decision-making dynamics within households promote gender-based violence (GBV) and exploitation for women and girls who have experienced child marriage?

4. NEEDS AND PRIORITIES



HOUSEHOLD AND COMMUNITY

- What are the needs (both practical and strategic needs) of women, men, girls and boys and their priorities to end child marriage?
- What perspectives do they have on the appropriate and sustainable ways of addressing their needs?
- What are women's/girls' and men's/boys' different skills and capabilities?



CHILD PROTECTION SERVICES

- Are measures taken to address women's/girls' and men's/boys' different socioeconomic and cultural constraints in accessing protection services for example:
 - » Hours services are open
 - » Educational materials, messages and outreach activities
 - » Balance of women and men in the service work force
- How well do child protection actors respond to women's/girls' and men's/boys' different needs? Are there female and male service providers to fulfill the beneficiary's preferred sex of provider?
- Are there women-to-women services? Does lack of women-to-women services constrain women and girls from using protection services?
- What are the constraints preventing more women from being trained or being appointed as protection service providers (i.e. police, justice, health, etc.)?
- Are women/girls and men/boys equitably involved in ending child marriage programme planning? How can maximize the ability of married girls and at-risk girls to participate in programme activities?
- Are women's/girls' and men's/boys' different needs taken into consideration in community, district and national planning, programme design and budget development to end child marriage?

5. INSTITUTIONS, LAWS AND POLICIES



LEGAL SYSTEM

- How do inheritance laws treat women, men, girls and boys respectively?
- How does the legal system treat women, men, girls and boys (i.e. due process and recognition of rights)?
- Do women and men, girls and boys have equal status under all national, regional and local laws?
- Are there national laws on the minimum age of marriage, marriage certification, birth registration, gender discrimination, GBV and child-protection standards? Are these laws enforced at the national and local levels, including additional provisions and punishments related to the laws? By whom are these laws implemented? Are national laws fully harmonized by establishing a consistent legal minimum age of marriage of 18 as well as legal remedies for child brides?
- Does customary law allow child marriage or associated practices? Does customary law contradict formal law? Who upholds and enforces customary law?
- If the national law states a minimum age of marriage, is this law actually what people abide by?
- Do women and girls have rights to self-determination (e.g., divorce, property rights, custody of children, decisions about reproductive matters)?
- At what age do girls and boys attain adult legal status? What does this mean for girls and boys in terms of political participation, ownership of property, decisions about marriage?
- Are women and girls able to access justice including law enforcement and judiciary systems - or do they encounter constraints? What are the opportunities to access justice?



POLICY FRAMEWORKS

- Is there a national policy and national action plan on child marriage and early pregnancy?
- How is the child protection system leadership accountable for implementing existing child marriage policies? Do they conduct periodic assessments, issue reports or measure performance on a regular basis?
- Are government authorities knowledgeable of national child marriage policies? To what extent do they implement and enforce the policies?



CHILD PROTECTION AND OTHER SERVICES

- What services (health, education, law and justice, social protection) are provided in the programme area and to whom? Consider differences in socioeconomic status as well as gender.

- Is there a civil registration and vital statistics (CRVS) system in place including registration of birth, marriage, divorce and separation? Is the CRVS system properly implemented and managed?
- Is information at the facility level disaggregated by sex and age and comparatively analysed for decision making?
- Are statistics on the child protection workforce disaggregated both by sex and type of professional?
- Are women/girls and men/boys treated equally with regard to confidentiality (nondisclosure) of information?
- How are female and male service providers involved in planning and policy formulation in the child protection service/facility? Do women and men with equal training and seniority have equal decision making and influence?
- Are child protection actors trained on gender equality and human rights, and how is the training often offered?
- Do referral systems treat women/girls and men/boys equitably? What is the likelihood of women/girls and men/boys being appropriately referred and reaching the service/facility in a timely fashion?
- Proportionately, how do child protection budgets especially for ending child marriage programmes, supplies, infrastructure and human resources benefit women/girls vs. men/boys? Who decides how these resources are allocated?



GENDER-BASED VIOLENCE (GBV)

- Are district and national budgets on ending child marriage analysed and appropriated according to gender equity principles?
- Are there guidelines for the child protection/health sector response on GBV?
- Are there protocols at the facility level about screening for and responding to GBV?
- Does government have policies and protocols and referral procedures on intimate partner violence, sexual violence or other forms of GBV history and intake?
- Has government committed to ending GBV, and how public are those commitments?
- Are there GBV indicators in the child protection/health management information system, and are data disaggregated by sex and age?
- What laws/policies define GBV? Is rape illegal? How is rape defined? Is there such a thing as marital rape in the law? Is domestic violence illegal? How is it defined?
- Does the law recognize GBV against women/girls, men/boys and other gender identities?

[Source: Excerpted from Gender Analysis Toolkit for Health Systems, Jhpiego (2016), Promoting Gender Equality through UNICEF-Support Programming in Child Protection, UNICEF (2011) and The Gender Handbook for Humanitarian Action, IASC (2017).]

USEFUL RESOURCES

CHILD MARRIAGE	
<p>UNICEF Global Estimates of Child Marriage 2018 (UNICEF, 2018)</p>	<p>Following the validation of several large scale national surveys in early 2018, UNICEF has released revised figures for the global prevalence and burden of child marriage, as well as revised projections for the next decade. This presentation explains the reasons for changing trends and their implications for the future.</p>
<p>Economic Impacts of Child Marriage: Global Synthesis Report (International Center for Research on Women (ICRW) and World Bank, 2017)</p>	<p>This study demonstrates the negative impacts of child marriage and their associated economic costs. The study looks at five domains of impacts: (i) fertility and population growth; (ii) health, nutrition and violence; (iii) educational attainment and learning; (iv) labor force participation and earnings; and (v) participation, decision making and investments.</p>
<p>Preventing Child Marriage: Lessons from World Bank Group Gender Impact Evaluations (World Bank Group, Gender Group, 2014)</p>	<p>This brief summarizes the results of a gender impact evaluation study, entitled preventing child marriage: lessons from World Bank Group (WBG) gender impact evaluations (IEs).</p>
<p>Ending Child Marriage (Bangladesh, India and Nepal) (UNICEF and UNFPA, 2017)</p>	<p>UNICEF and UNFPA have jointly produced informative advocacy publications on the Global Child Marriage Programme as exemplified in high-risk countries in South Asia – Bangladesh, India and Nepal.</p>
<p>Key Drivers of the Changing Prevalence of Child Marriage in Three Countries in South Asia (UNICEF and UNFPA, 2018)</p>	<p>This study provides empirical evidence on the cross-sectional and temporal effects of micro-level and macro-level factors on child marriage in three South Asian countries, namely Bangladesh, Nepal and Pakistan. This research seeks primarily to investigate those macro-level circumstances that are most effective in reducing the prevalence of child marriage in selected contexts.</p>
<p>Mapping of Child Marriage Initiatives in South Asia (UNICEF and UNFPA, 2016)</p>	<p>The UNFPA-UNICEF report gives an overview of major regional initiatives, covers key stakeholder's initiatives by country, and includes policies, key studies and national plans for a better understanding of the legal foundation of child marriage and adolescent empowerment work.</p>

<p>Report on the Expert Group Meeting on the Evidence Base for Accelerated Action to End Child Marriage (UNFPA APRO and UNICEF ROSA, 2016)</p>	<p>The Asia-Pacific Regional Office United Nations Population Fund (UNFPA APRO) and the UNICEF Regional Office for South Asia (UNICEF ROSA) hosted a three-day expert group meeting to examine the evidence around programming and policies to end child marriage in South Asia. The report shows key drivers of child marriage and promising interventions to address the practice in South Asia, based on available evaluation and research.</p>
<p>Marrying Too Young (UNFPA, 2012)</p>	<p>This report documents the scope, prevalence and inequities associated with child marriage. It suggests prioritised actions to reduce and eventually eliminate child marriage, and calls for more investment in cross-cutting policies and strategies that focus on changing social norms.</p>

CHILD MARRIAGE AND EDUCATION

<p>Addressing Child Marriage through Education: The Evidence Shows (Child Not Brides, 2018)</p>	<p>The brief includes: The links between child marriage and education and the importance of investing in girls' education. Common barriers to girls' education and strategies to address them, highlighting policy initiatives, programmes, and evidence gaps or inconsistencies. A set of policy recommendations for how the education sector can contribute to ending child marriage.</p>
--	---

CHILD MARRIAGE AND HEALTH

<p>Motherhood in Childhood: Facing the Challenge of Adolescent Pregnancy (UNFPA, 2013)</p>	<p>The 2013 edition of the State of the World's Population focuses on the challenge of adolescent pregnancy. It identifies child marriage as one of the underlying causes of early motherhood and details the subsequent consequences for girls' health.</p>
---	--

CHILD MARRIAGE AND LAWS

<p>Child Marriage in South Asia, International and Constitutional Legal Standards and Jurisprudence for Promoting Accountability and Change (Center for Reproductive Rights, 2013)</p>	<p>This report focuses on violations of women's and girls' reproductive rights and right to be free from sexual violence arising from child marriage in Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka. It is intended to serve as a resource for those interested in establishing government accountability for child marriage through human rights advocacy and litigation, and government officials to strengthen their role in enforcing existing laws and policies and bringing about necessary legal reform.</p>
---	---

<p>Child Marriage Laws and Their Limitations (Child Not Brides, 2017)</p>	<p>This brief summarizes findings from research undertaken by Save the Children and the World Bank on the lack of legal protection against child marriage for girls and marriages that take place below the national minimum age of marriage. The analysis suggests that many countries still do not effectively legally protect girls against child marriage, but also that legal reforms are not sufficient to end the practice as many girls marry illegally in countries where legal protections are in place.</p>
--	--

SOCIAL NORMS

<p>Understanding Changing Social Norms and Practices around Girls' Education and Marriage (Overseas Development Institute (ODI), 2011)</p>	<p>This paper focuses on the lessons learned from the second year of field research that aimed to provide a more in-depth understanding of if, how and why discriminatory gendered social norms are changing so as to better inform relevant policies and programmes.</p>
---	---

<p>A Social Norms Perspective on Child Marriage: The General Framework (UNICEF, 2014)</p>	<p>This paper offers a general theoretical framework that can first help integrate the different explanations of child marriage and second guide the development of measurement tools indispensable for child marriage M&E.</p>
--	---

GENDER-BASED VIOLENCE (GBV)

<p>Structural Violence Against Children in South Asia (UNICEF, 2018)</p>	<p>The main objective of this desk review is to look at structural violence against children and adolescents in South Asia including gender-based violence as well as institutional responses in the region. This review is a first step towards synthesizing material on structural violence and its relationship with interpersonal violence in South Asia.</p>
---	---

<p>Addressing Intimate Partner Violence in South Asia (International Center for Research on Women (ICRW), 2017)</p>	<p>The report is based on a systemic review of literature. It seeks to understand how best to design responsive Intimate Partner Violence interventions by examining relevant programmes that were or are being implemented in South Asia.</p>
--	--

<p>Violence against Women and Girls: Lessons from South Asia (World Bank, South Asia Development Forum, 2014)</p>	<p>This report documents the dynamics of violence against women in South Asia across the life cycle, from early childhood to old age. It explores the different types of violence that women may face throughout their lives, as well as the associated perpetrators (male and female), risk and protective factors for both victims and perpetrators, and interventions to address violence across all life cycle stages.</p>
--	--

WORKING WITH MEN AND BOYS

<p>Engaging Men and Boys to End the Practice of Child Marriage (GreeneWorks and Promundo, 2015)</p>	<p>It explores how unequal gender norms uphold child marriage and through programme examples identifies the ways men and boys are helping to prevent child marriage and mitigate its consequences.</p>
--	--

<p>Working with Men and Boys to End Violence Against Women and Girls: Approaches, Challenges, and Lessons (USAID, 2015)</p>	<p>This report identifies promising approaches and emerging lessons from work with men and boys on violence against women and girls within various sectors, including Education; Economic Growth, Trade, and Agriculture; Governance, Law Enforcement and Justice Systems; Conflict and Post-Conflict Humanitarian Assistance; and Social Development.</p>
--	--

CHILD MARRIAGE AND GENDER TOOLS

<p>Measuring Progress – Recommended Indicators for Girls Not Brides Members Working to Address Child Marriage (Child Not Brides, 2015)</p>	<p>This is a list of Recommended Indicators, the first comprehensive resource collating intermediate indicators to address child marriage and support married girls. A short User’s Guide accompanies this resource to help navigate the list and select indicators that are right for each work.</p>
---	---

<p>A Theory of Change on Child Marriage (Girls Not Brides, 2014)</p>	<p>This Theory of Change articulates what an effective response to child marriage entails. It outlines the range of approaches needed, demonstrates how they intersect, and aims to provide a basis to identify common indicators that could be used by diverse practitioners to monitor progress.</p>
---	--

<p>Handbook for National Action Plans on Violence Against Women (UN Women, 2012)</p>	<p>This Theory of Change on ending gender-based violence against women and girls consists of a diagram and accompanying narrative. Together they provide an overview of the interventions, outputs and outcomes that can reduce and ultimately eradicate violence against women and girls.</p>
<p>A Theory of Change for Tackling Violence against Women and Girls (UK, Department for International Development (DFID), 2012)</p>	<p>This report was commissioned to identify lessons learned from scaled-up GBV interventions. The information presented in this report may be used to assist in the identification of GBV interventions that are scalable, or in designing GBV interventions with sound plans to bring them to scale and to maximize impact.</p>
<p>Child, Early and Forced Marriage Resource Guide (USAID, 2015)</p>	<p>This resource guide provides information on how to integrate child, early, and forced marriage (CEFM) prevention and response into programming. It contains a list of useful resources on child marriage.</p>

REFERENCES

1. UNICEF (2018). Child Marriage: Latest trends and future prospects.
2. Ibid.
3. Center for Reproductive Rights (2013). Child Marriage in South Asia, Center for Reproductive Rights.
4. Ibid.
5. UNFPA and UNICEF (2016). Report on the Expert Group Meeting on the Evidence Base for Accelerated Action to End Child Marriage in South Asia.
6. Plan International (2017). Gender Inequality and Early Childhood Development.
7. UIS Data Source (2014). Age 6-14 years old.
8. Child Not Brides. Impact of Child Marriage. Accessible at <https://www.girlsnotbrides.org/themes/education/>.
9. Raj and Boehmer (2013). Girl Child Marriage and HIV, Maternal Health, and Infant Mortality.
10. UNFPA (2012). Marrying Too Young – End Child Marriage.
11. UNDP (2017). Pakistan-National Human Development Report: Unleashing the Potential of a Young Pakistan.
12. IPPF and the Forum on Marriage and the Rights of Women and Girls (2006). Ending Child Marriage, A Guide for Global Policy Action.
13. UNFPA and UNICEF (2016). Report on the Expert Group Meeting on the Evidence Base for Accelerated Action to End Child Marriage in South Asia.
14. UNICEF (2017). The State of the World's Children.
15. Filmer, D., J. Friedman and N. Shady (2008). Development, Modernization, and Son Preference in Fertility Decisions. Development Research Group. Washington, DC: The World Bank.
16. Child Not Brides. Impact of Child Marriage. Accessible at <https://www.girlsnotbrides.org/themes/education/>.
17. WHO Secretariat, Early marriages, adolescent and young pregnancies, WHO.
18. WHO (2012). Making health services adolescent friendly: Developing national quality standards for adolescent-friendly health services.
19. Raj and Boehmer (2013). Girl Child Marriage and HIV, Maternal Health, and Infant Mortality.
20. UNFPA (2012). Marrying Too Young – End Child Marriage.
21. UNFPA and UNICEF (2016). Report on the Expert Group Meeting on the Evidence Base for Accelerated Action to End Child Marriage in South Asia.
22. CEDAW Committee, General Recommendation No. 19: Violence against women, (11th Sess., 1992).
23. Raj and Boehmer (2013). Girl Child Marriage and HIV, Maternal Health, and Infant Mortality.
24. UNFPA and UNICEF (2016). Report on the Expert Group Meeting on the Evidence Base for Accelerated Action to End Child Marriage in South Asia.
25. Raj and Boehmer (2013). Girl Child Marriage and HIV, Maternal Health, and Infant Mortality.
26. UNFPA and UNICEF (2016). Report on the Expert Group Meeting on the Evidence Base for Accelerated Action to End Child Marriage in South Asia.
27. Girls Not Brides, South Asia, Available at <https://www.girlsnotbrides.org/region/south-asia/>.
28. UNFPA (2012). Marrying Too Young – End Child Marriage.
29. Plan Asia (2013). Asia Child Marriage Initiative: Summary of research in Bangladesh, India and Nepal.
30. UNFPA and UNICEF (2016). Report on the Expert Group Meeting on the Evidence Base for Accelerated Action to End Child Marriage in South Asia.
31. USAID (2015). Child, Early, and Forced Marriage Resource Guide.
32. Ibid.
33. Ibid.
34. Jhpiego (2016). Gender Analysis Toolkit for Health Systems.



for every child

UNICEF Regional Office for South Asia

Lekhnath Marg, Kathmandu 44600

 www.unicef.org/rosa

 rosa@unicef.org

 www.facebook.com/UNICEFSouthAsia

 www.twitter.com/UNICEFROSA

UNICEF REGIONAL OFFICE FOR SOUTH ASIA

unicef 
for every child

GENDER CHECKLIST 5 WATER, SANITATION AND HYGIENE (WASH)



SOUTH ASIA REGIONAL HEADLINE RESULTS

To close huge equity gaps and realize the rights of millions of children across South Asia, UNICEF plans to achieve the following six Regional Headline Results by 2021:

SAVE NEWBORNS

500,000 additional newborn lives saved



STOP STUNTING

10 million fewer children with stunted growth and development



EVERY CHILD LEARNS

10 million out-of-school girls and boys are enrolled and learning



END CHILD MARRIAGE

500,000 child marriages averted



ERADICATE POLIO

Zero polio case + 3.3 million children fully immunized



STOP OPEN DEFECACTION

148 million fewer individuals practice open defecation and use basic sanitation



This brief guide provides an overview to understand the key gender inequalities that affect children under the **Regional Headline Result 6: Stop Open Defecation**.

Understanding gender inequality and analyse how to address its effects on water, sanitation and hygiene (WASH) including menstrual hygiene management (MHM) ensures WASH programming is relevant and responsive to the unique needs of women, men, girls and boys. The module includes:

- **Key gender issues;**
- **Checklist on gender integration programming; and**
- **Useful resources on gender-responsive programming.**

It is important to note that this is not a comprehensive guide; it should be seen as a guideline that will help colleagues to consider and address the issues and barriers women, men, girls and boys face as a result of gender inequality under each Headline Result.

AT A GLANCE: GENDER INDICATORS FROM STRATEGIC PLAN (SP) 2018-2021

• INTEGRATED GENDER RESULTS

Goal 4: Gender-responsive WASH systems

Outcome Indicators:

4.2 Number of additional people with access to a safe drinking water services through UNICEF-supported programmes (disaggregated by sex)

4.4 Number of additional people with access to basic sanitation services through UNICEF-supported programmes

Output Indicators:

4.a.3 Percentage of UNICEF-targeted population in humanitarian situations provided with sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene (humanitarian)

4.b.1 Number of health centres that have basic water, sanitation and hygiene (WASH) facilities, through UNICEF-supported programmes (disaggregated by sex)

4.b.4 Percentage of UNICEF-related population in humanitarian situations:
(a) provided with access to appropriate sanitation facilities and living in environments free of open defecation;
(b) provided with menstrual hygiene management services; and
(c) provided with access to appropriate WASH facilities for male and female and hygiene education in schools, temporary learning spaces and other child-friendly spaces (humanitarian)

• TARGETED GENDER RESULTS

Goal 4: Facilitating accessible and dignified menstrual hygiene management

Output Indicators:

4.b.1 Number of institutions:

(a) schools with separate sanitation facilities for girls and boys;

(b) schools with menstrual hygiene management services through UNICEF-supported programmes

KEY GENDER ISSUES IN WATER, SANITATION AND HYGIENE (WASH)

Heavy burden of collecting water



Women and girls spend a disproportionate amount of time fetching water each day and often travel long distances. This subjects them to external risks such as physical assault and rape when collecting water from an isolated place. Years spent carrying water over long distances can inevitably result in physical damage to the back and neck, as the loads are often very heavy.

Water, sanitation and hygiene (WASH) interventions result in widespread health improvements for the whole community, by lowering the incidence of water-borne and communicable diseases. This is advantageous for women, not only with regards to their own health, but as they are the main carers for the sick. Other benefits include having a more comfortable and safe experience of pregnancy and childbirth. Better access to water also gives women and girls more time for income-generating activities, study and their own welfare.

Lack of gender-responsive WASH facilities



The majority of the world's open defecators live in South Asia with 610 million people (over 60% of the global burden).¹ Everyone deserves the privacy, health benefits and dignity of a safe toilet but this is especially true for women and girls. The biological realities around requirements of post-partum and menstrual hygiene heighten women's and girls' need for adequate sanitation facilities that are nearby.

When water and sanitation facilities are in short supply, women and girls have to walk to a secluded spot at night to relieve themselves. Many studies have found that women and girls who don't have adequate access to sanitation facilities and are forced to openly defecate risk shame, disease, harassment and even attack because they have nowhere safe to go to the toilet.² To promote dignity and safety, water points and sanitary facilities must be designed in a participatory or consultative manner to cater to the special needs of different vulnerable groups including women and girls. Properly located water and sanitation facilities will help to promote equal access while reducing the risk of violence.

Menstrual hygiene management



While menstrual hygiene management (MHM) is an important gender issue that affects millions of women and girls of reproductive age, menstruation is subject to myths, taboos, social stigma, gender norms, issues of purity and harmful practices in South Asia which often isolate women and girls and do not allow them to use sanitation facilities, public and religious spaces, and impose food restrictions while they are menstruating. Moreover, the taboos and stigmas attached to menstruation lead to an overall culture of silence around the topic, resulting in limited information on menstruation and menstrual hygiene.

National data shows that almost half (49%) of girls do not receive information about periods before menarche in six countries in South Asia.³

Lack of hygienic, convenient and affordable materials for absorbing menstrual flows that are appropriate in a localised socio-cultural context; lack of privacy, water, soap and available spaces for changing, washing and drying reusable materials and underwear; and lack of the dignified and environmentally safe disposal of used sanitary materials remain major challenges for women and girls to practice safe and dignified MHM.

Girls' school attendance



Out of 31.8 million out-of-school children in South Asia, 14.71 million are girls, which is the highest number in the world.⁴ This can be partly attributed to the lack of convenient clean water supply and safe sanitation facilities at household level. Girls, just like their mothers, have prime responsibility for providing the family with enough water to meet their daily needs of drinking, washing and cooking. This takes up time which girls could be spending at school. The equation is simple when girls have easy access to a clean water supply, less school time is lost fetching water.⁵

Female pupils can also be deterred from attending school if there are no private and separate sanitation facilities and a clean water supply in schools. Girls need clean water to wash themselves or their menstrual cloths and a place to dispose of their menstrual pads if they are using them. Availability of these facilities in schools will make a big difference to whether or not girls come to school during their monthly periods. A growing body of mostly qualitative research from across the region suggest that more than a third of girls miss school for 1-3 days per month during their period in South Asia.⁶ Irregular attendance can lead to lower grades and may, eventually, mean that the girl drops out of school altogether which in turn, has severe economic costs on their lives and on the country.

Girls are also not receiving enough education on MHM in schools. In Bangladesh, for example, only 6% of schools provide education on MHM, resulting in limited knowledge of menstruation.⁷

Finally, the recruitment and retention of female teachers is also affected by lack of WASH services, and a good school to be employed at is often defined by whether or not it has access to safe toilets.⁸ Female teachers are also burdened with the task of water collection which can inhibit their work and with caring for the sick as a result of inadequate WASH facilities.⁹ Evidence shows that female teachers are more likely to accept posts in areas which were formerly difficult to recruit for when clean water is provided to them.¹⁰

Women's and girls' low social status



A combination of discrimination, lack of political will or attention, and inadequate legal structures result in neglect of women's and girls' needs and lack of their involvement in sanitation development and planning. However, there is evidence to show that water and sanitation services are generally more effective if women take an active role in the various stages involved in setting them up, from design to planning, through to the ongoing operations and maintenance procedures required to make any initiative sustainable.¹¹ Targeting women for training

and capacity building is critical to the sustainability of water and sanitation initiatives, particularly in technical and managerial roles to ensure their presence in the decision-making process.

Lack of access to resources



Generally, women have less access to and control over financial resources and assets, so they may not be able to invest in the types of facilities at home or at the community level that fully meet their needs. Lack of access (ownership) to land may also be the underlying cause of women's limited access to water and a key reason for the greater poverty. Gender-responsive WASH interventions require a detailed understanding of women's and men's local knowledge systems, resource utilization and income generating opportunities.

GENDER AND WASH/MHM PROGRAMMING CHECKLIST

The following checklist and a set of gender analysis questions are meant to guide users through all stages of WASH/MHM programme cycle in identifying the main gender issues in the WASH/MHM sector and in designing strategies to respond to the identified gender issues.

STEP 1

PLANNING (ASSESSMENT AND ANALYSIS)



NO.	WHAT TO DO	DONE
I. ASSESSMENT: What is the context-specific situation of gender equality in WASH/MHM? Use Gender Analysis Questions (page 25-36) as guiding questions to conduct a gender analysis.		
1.1	Conduct a desk review and informational interviews to collect and analyse sex- and age-disaggregated data and to understand the barriers, bottlenecks and opportunities related to the objectives of a WASH/MHM programme in the target area by using: <ul style="list-style-type: none"> • National surveys such as Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS) • UNICEF, WHO and other United Nations database • The latest country situation analysis for information on: <ol style="list-style-type: none"> 1) the status of women and girls (e.g. sex-disaggregated school enrolment, workforce and political representation, health status and gender-based violence (GBV)); and 2) the roles and policies of ministries and other institutions in addressing gender-responsive WASH/MHM • UNICEF Gender Programmatic Review (if one has been conducted), especially if WASH/MHM programming was reviewed • Gender equality goals and targets in the Country Programme Document (CPD) • Latest country programme Mid Term and/or Annual work plan review report to understand any recent progress on gender equality • Documents and assessments related to any existing gender-responsive WASH/MHM programmes in the country or region • Any evaluation of WASH/MHM programmes that included an assessment of equity including gender dimensions 	○

NO.	WHAT TO DO	DONE
1.2	Analyse key national law, bylaws and policy documents on WASH (e.g. inheritance laws, water fee subsidy policy, etc.) and community-based protocols (e.g. access to water, sanitation programming and hygiene promotion) and their gender implications.	○
1.3	<p>Assess and document the socioeconomic profile and gender gaps and disparities of the target population. Collect the following critical information to identify the gender information gaps as well as to disaggregate data that exists:</p> <ul style="list-style-type: none"> • Household numbers disaggregated by sex, age and whether headed by a male, female or child; • Customary and cultural practices (including water gathering, hygiene and sanitation), preferences and needs (such as water sources and access to sanitation) disaggregated by women, men, girls and boys; and • Gender roles in infrastructure design, operation, maintenance and distribution. 	○
1.4	Use participatory methods (including both women and men, girls and boys) of data collection within the community, particularly when attempting to get data that is qualitative. Methods may include: community mapping; transect walks; focus group discussions; surveys; spatial mapping, etc. Define ways which women and men, girls and boys beneficiaries and other stakeholders, especially poor women and girls, can participate in the assessment.	○
1.5	Map out the target areas and identify which are the most disadvantaged areas in terms of access to services and poverty level.	○
1.6	<p>Assess cultural norms and harmful practices which dictate whether WASH services including for MHM actually meet the needs of different groups of women and girls, are accessed equitably and how cultural practices limit improved hygiene and sanitation at household level. For example,</p> <ul style="list-style-type: none"> • The design and type of facilities used (accessibility of water supply, robustness of water withdrawal system and taps, squat or sit, available water for hygiene use, etc.) to determine if they are appropriate for all, especially women and girls. • Cultural norms, including the exclusion of menstruating women and girls. • Perceived importance of privacy relates to sanitation in the home, school and community. • Community norms on existing defecation practices. • People's knowledge of the importance of improved hygiene. • Role of men and boys in hygiene behaviours. 	○

NO.	WHAT TO DO	DONE
1.7	Ensure WASH staff conducting assessment and situation analysis are gender sensitive, have the local knowledge and cultural understanding of gender-related issues.	○
1.8	Assess WASH/MHM services coverage levels for women, men, girls and boys in homes, communities and schools and disaggregate data by gender, sex, age, location, wealth quantile, religion, ethnicity, caste, etc. Additionally, identify women's/girls' and men's/boys' level of participation and roles in the existing WASH/MHM programme.	○
1.9	Work with women's and girls' rights organizations and inter-agency and/inter-sectoral gender working groups (if established) to understand what approaches and solutions other agencies are adopting to enhance gender equality in WASH/MHM programming.	○
II. ANALYSIS What barriers and opportunities prevent or enable access to quality WASH/MHM for women, men, girls and boys? Analyse the impacts of gender constraints and opportunities to achieve the programme's objectives. Where feasible, include a gender specialist/focal point in the analysis.		
ENABLING ENVIRONMENT		
1.10	Collect and analyse socioeconomic profile of the area and identify any trends and differences between women and men, girls and boys. Specific attention should be given to the status of women and girls (representation, perceptions, practices and gender responsive policies and laws), gender roles and responsibility (division of tasks and allocation of time to each task).	○
1.11	Identify the root causes and the most significant issue in the country context that affects gender inequity in access to WASH/MHM. Key factors to consider include: cultural norms/tradition; societal beliefs of value of women (girls) and men (boys); poverty; ethnicity; demography or location; conflict; disability; and WASH policy.	○
1.12	Address the practical and strategic needs of women, men, girls and boys on WASH and MHM, which differ according to culture, traditions, location and other relevant factors.	○
1.13	Make sure to include and identify the most marginalized women and girls with the greatest WASH/MHM support needs, including analysis by age, income, disability, geographic location, ethnicity, caste and/or fragile and crisis conditions.	○
1.14	Assess and analyse the role and engagement of the community health workers and facilitators in the situation analysis to ensure that they, too, promote WASH, MHM and hygiene-related messaging and are responsive to the needs of everyone.	○

NO.	WHAT TO DO	DONE
1.15	Analyse cultural norms and harmful practices which dictate whether WASH services including for MHM meet the needs of different groups of women and girls, are accessed equitably and how cultural practices limit improved hygiene and sanitation at household and community level.	○
1.16	Assess what other project, programme or policy interventions related to the identified issue have been happened or will be planned.	○
1.17	Identify if there are systemic funding constraints for national entities that limit capacity to provide WASH/MHM services for vulnerable priority populations thereby hindering progress.	○
1.18	Assess what national level coordination barriers hinder the enforcement of quality WASH/MHM services. For example, coordination between policy enforcement, community/school and service providers.	○
1.19	Analyse if promising approaches exist that can be scaled-up or investigated further.	○
1.20	Identify opportunities to challenge structural inequalities between women and men, girls and boys, and to promote women's and girls' leadership within the WASH/MHM programme. Ensure the programme upholds "Do No Harm" principle.	○
SUPPLY		
1.21	Facilitate institutional, human resources and budget analysis; conduct an analysis of stakeholders, such as women-led community-based organizations, working in WASH/MHM-specific and gender-sensitive programmes and of existing coordination mechanisms across government, civil society and partner networks.	○
1.22	Analyse what critical commodities are lacking within the delivery process of WASH/MHM services to women, men, girls and boys.	○
1.23	Analyse what lacking resources prevent access to quality WASH/MHM including information that has a disproportionate impact on women and girls.	○
DEMAND		
1.24	Analyse what factors impede demand for access to WASH/MHM resources and opportunities that disproportionately impact to women and girls.	○
1.25	Identify social norms, practices, beliefs and behaviours that decrease demand of WASH/MHM services.	○
1.26	Assess what barriers prevent continuity of gender-responsive WASH/MHM services such as lack of gender-sensitive WASH/MHM facilities, security issues, fees, etc.	○
QUALITY		
1.27	Analyse quality standards that are not being adhered to that impact access and utilization of WASH/MHM facilities and services by women and girls.	○



NO.	WHAT TO DO	DONE
PRIORITISED ISSUES AND AREAS		
2.1	Make sure that the identified issues fall into the GAP 2018-2021 targets (either Integrated Gender Results or Targeted Priorities) and UNICEF's Strategic Plan 2018-2021 goals.	<input type="radio"/>
2.2	Identify the most critical challenge and inequities aligned with global and sector priorities, capacity and resources to act, and partners on the ground to identifying the issues that will be addressed by the UNICEF country programme on WASH/MHM prioritising gender-responsive action.	<input type="radio"/>
2.3	Consult with women and girls on their WASH/MHM knowledge and practices and engage women and girls in the design, construction and monitoring of WASH/MHM programming (without further adding to their burden) as both employees in the WASH sector and as community-based advisers.	<input type="radio"/>
2.4	Identify <u>what</u> gender responsive results the WASH/MHM programme aims to achieve and <u>how</u> to achieve them based on UNICEF's comparative advantage and mandate, resources and capacity to act effectively and ability to address issues that other organizations are not willing or able to do.	<input type="radio"/>
2.5	Ensure that the logical framework addresses the most critical inequities and opportunities of women and girls to improve access to WASH/MHM services in disadvantaged communities. See separate Section 2: Practical Steps for Gender Mainstreaming (page 60) of this toolkit for more information on how to develop a gender-responsive logical framework.	<input type="radio"/>
2.6	Assess how WASH/MHM programme will affect women, men, girls and boys differently (e.g. will their work burdens be increased or decreased; their health be affected; economic benefits reached; is there gender balance in the burdens and benefits, etc.).	<input type="radio"/>
2.7	Ensure that the WASH/MHM programme identifies, harmonizes and collaborates with existing national programmes.	<input type="radio"/>
2.8	Identify why gender issues that were previously identified are not yet addressed, why the immediate and underlying causes persist and the possible risk factors that may exacerbate existing gender issues.	<input type="radio"/>
2.9	Ensure to consider the main recommendations for the country made by CEDAW, CRC and UPR on gender equity WASH/MHM.	<input type="radio"/>

NO.	WHAT TO DO	DONE
GOALS		
2.10	Identify major objectives to be achieved over the planning cycle with particular focus on reducing gender gaps and empowering all community members especially women and girls. Think about the gender equality outcomes that the WASH/MHM programme cycle wants to achieve both in terms of results as well as improving the status of women and girls in society. Include women and girls in setting these objectives.	○
OUTCOMES		
2.11	Emphasize the human rights-based approach to an inclusive WASH/MHM services and develop the capacities of national governments and civil society organizations (CSOs) to employ such an approach. Consider benefits and specific needs of women, men, girls and boys to achieve set goals of WASH/MHM programme.	○
OUTPUTS		
2.12	Ensure outputs are planned with the relevance and benefits in mind for both women and men, girls and boys to achieve outcomes in the WASH/MHM programme.	○
ACTIVITIES		
2.13	In consultation with target beneficiaries (women and men, girls and boys), community members (including community leaders and religious leaders), health workers and teachers (both male and female), identify the specific sets of actions that need to be taken at the household, community and school level to improve gender-responsive WASH/MHM system by building on existing community structures. Ensure that meeting spaces are safe and accessible for all.	○
2.14	Consider issues such as design of sanitation facilities, location of water distribution sites, storage needs, distribution mechanisms, maintenance responsibility and procedures that are accessible to everyone irrespective of age, gender, ethnicity and ability.	○
2.15	Involve women, men, girls and boys in the design, implementation and maintenance of WASH infrastructure and services (including for MHM facilities).	○
2.16	Ensure activities are accessible to women, men, girls and boys in terms of quality, design, adequate access, appropriate technology and access and cultural acceptability.	○

NO.	WHAT TO DO	DONE
2.17	Consider who is responsible for maintaining the facilities to ensure the burden is shared amongst the entire community and does not fall exclusively to women. Likewise, if the role of women is simply the upkeep of water points, this is of little consequential value in determining gender equity.	○
2.18	Work with community leaders (women and men) to sensitize the community about the value of women's participation and promote women's leaderships in WASH management committees by introducing representation quotas for women.	○
2.19	Conduct hygiene promotion sessions with both mothers and fathers. Ask about the challenges they face in ensuring proper hygiene for them and their families.	○
2.20	Consider gender as a dimension of market opportunity, as a lens on production, distribution or financing. Utilize women's and girls' job skills and economic purchasing power in the programme interventions.	○
2.21	Lobby for better WASH/MHM services by taking into account women's and girls' limited autonomy and mobility and bringing services close to the community/schools; identify appropriate opening hours and make it gender-friendly and responsive to their specific needs.	○
2.22	Support women and girls to manage their menstrual hygiene confidently, in privacy and with dignity, including provision for discreet laundering or disposal of menstrual hygiene materials (including toilets) and private areas for women and girls to wash undergarments. Provide information and opportunities for women and girls to discuss good menstrual hygiene management and involve mothers and sisters for information sharing on MHM. Provide information also for men and boys to learn about menstruation and how to support women and girls.	○
2.23	In collaboration with Education sector, promote to include good health and hygiene practices including MHM as mandatory subjects in schools and teach them to girls and boys.	○
2.24	Mainstream awareness of gender issues in WASH and MHM through capacity building, training and the use of advocacy materials amongst all levels of sector professionals, senior managers, officials, decision makers, technical staff, health workers and teachers at national and international level. Provide training also for women and men in construction, operation and maintenance of WASH/MHM facilities.	○

NO.	WHAT TO DO	DONE
2.25	Take appropriate measures to tackle abuse and violence towards women and girls in community and school setting by addressing safe and clean water supply and sanitation facilities, and measures for curbing sexual and gender-based violence (GBV) in communities and schools.	○
2.26	Incorporate relevant gender-based violence (GBV) and violence against children (VAC) prevention and mitigation strategies into the policies, standards and guidelines on WASH/MHM programmes in collaboration with other sectors such as health and child protection.	○
2.27	Recognize women's important role in agriculture, livestock and fisheries, assist them in gaining access to water for productive uses and accord women equal rights to land tenure.	○
2.28	Assess if additional activities be necessary to more directly promote gender equality.	○
TARGET BENEFICIARIES		
2.29	Ensure women, men, girls and boys benefit from the programme, except where interventions specifically target women, men, girls and/or boys.	○
2.30	Use implementation processes to empower women and girls and develop local capacity to increase their participation and negotiating skills and to become role models within their communities by encouraging them to take on leadership roles.	○
2.31	Consider to develop targeted programmes/projects that support empowerment of women and girls links with livelihood, income generation, microfinance, education and employment to avoid discriminatory practices hindering women's and girls' ability to participate in decision making regarding access to WASH/MHM services.	○
IMPLEMENTATION		
2.32	Identify who will implement the intervention and if the implementing partners are gender competent and have a gender equality policy or strategy to implement the programme, and been trained on gender equality issues.	○
2.33	Consider to involve gender specialist/Focal Point, women's and girls' rights organizations and machineries in WASH/MHM programme implementation.	○
2.34	Assess the needs for additional gender-related capacity building or engagement of outside gender experts. Involve an equal number of women and men, girls and boys in all capacity training programmes.	○

NO.	WHAT TO DO	DONE
2.35	As far as possible, employ an equal number of women and men in WASH/MHM programmes. Ensure an equal distribution between women and men of significant and appropriate roles such as water monitors and hygiene promoters.	○
MONITORING AND EVALUATION (M&E)		
2.36	Devise a monitoring and evaluation (M&E) framework to track programme outcomes on WASH/MHM for separate effects on women, men, girls and boys with specific strategies to collect M&E data disaggregated by sex, age, ethnicity, wealth quantile, religion, location, caste, etc.	○
2.37	Ensure monitoring and evaluation (M&E) examine both the content and process from a gender sensitive point of view.	○
INDICATORS		
2.38	Establish clear benchmarks and gender-disaggregated indicators to adequately measure the gender-responsive results aim to achieve and ensure these are reflected in the M&E plans of WASH/MHM programme. Ensure indicators are SMART (specific, measurable, attainable, locally relevant and time-bound).	○
2.39	Ensure indicator data will be also disaggregated along other key dimensions (such as location or disability) to reach the most excluded. Assess the following: expected results; provision of quality assistance with respect to gendered needs; monitor rates of service access; satisfaction with the assistance provided; how the facilities were used; and what has changed due to the assistance, for whom and in what time frame.	○
2.40	Assess if targets are set to guarantee a sufficient level of gender balance in activities (e.g. quotas for female and male participation) and special efforts are made to recruit participants from the underrepresented sex or groups.	○
2.41	Ensure that indicators capture qualitative as well as quantitative changes in lives of women, men, girls and boys and their access to WASH/MHM facilities and services, and hygiene practices.	○
PARTNERSHIP		
2.42	Determine synergistic action necessary at different levels including household, community, health facilities, schools, national ministries and policy makers.	○

NO.	WHAT TO DO	DONE
2.43	Integrate a strategy for development of national capacity in implementation. Enable Ministry of Health and other relevant ministries to provide leadership and capacity to promote gender equality in WASH/MHM. Support the development and implementation of a gender-sensitive WASH/MHM policy framework both at national and international level.	○
2.44	Identify CSOs, NGOs, public sectors, local women's and girls' rights groups (in particular informal networks of women, youth, people with disabilities) and other national and international partner organizations that address women's and girls' constraints and needs of WASH/MHM and think how to collaborate with them. Assess their capacity for gender-responsive planning, implementation and monitoring to ensure that the programme can be properly implemented.	○
2.45	Identify if there is potential for supplementary intersectoral programmes involving health, nutrition, education, child protection, C4D, etc. especially in the field of gender-based violence (GBV) and ensure gender focal person/adviser are engaged to maximize the results.	○
RISKS AND ASSUMPTIONS		
2.46	Consistently refer back to results of the gender analysis conducted during the assessment and design phase; check assumptions, incorporate emerging issues and concerns, and adjust interventions accordingly.	○
2.47	Identify and address major risks and opportunities in implementing the WASH/MHM programme. Assess if there is any gender-related bottleneck (e.g. childcare, ease of movement, men's voices carry more weight, etc.) that may reduce the effectiveness of the programme.	○
2.48	Identify the possible backlash to women and girls, and any risk factors that may be associated with the WASH/MHM programme implementation (e.g. potentially increased burden on women and girls, aggressive reactions of men and boys, etc.). In some contexts, it may be necessary to negotiate with community leaders prior to talking with women and girls to avoid backlash.	○
RESOURCES		
2.49	Allocate resources to specifically address gender issues based on requirements for implementing gender-responsive interventions, and assess efficiencies in the allocation and use of resources by considering alternative implementation approaches.	○
2.50	Allocate funds and other resources, including micro-credit and creative alternative financing mechanisms, to gender-sensitive organizations for improving or building community-based WASH and MHM services.	○

NO.	WHAT TO DO	DONE
2.51	Encourage gender-sensitive budgets in WASH sector so that government can assess the economic value of policy commitments on gender equality.	○
2.52	Advocate to allocate funds for hygiene education in school curricula and separate sanitation facilities including disposal mechanisms for used sanitary pads and their maintenance and repair.	○
2.53	Ensure resources allocated for selected gender-responsive programming actions are linked to UNICEF programme and accounting code. Do not forget to select relevant gender Specific Intervention Codes (SIC) and Gender Equality Markers (GEM) in VISION to track progress.	○
2.54	Identify if there are potential public or private financing stakeholders who prioritise social impact and would be drawn to investing in WASH/MHM to support women's leadership, entrepreneurship and economic empowerment and in what ways, their involvement can be enhanced and how would that impact WASH/MHM outcomes for women and girls. Analyse what is the gender dimension of new products, services and business models for WASH/MHM.	○
COMMUNICATION AND KNOWLEDGE MANAGEMENT		
2.55	Ensure that women, men, girls and boys participate in WASH/MHM programmes are able to provide confidential feedback and access complaint mechanisms by managing safe and accessible two-way communication channels.	○
2.56	Develop communication strategy on how to promote hygiene education messages through community/religious leaders, women and youth groups with different levels of literacy, schools and health clinics. Ensure communication messages and activities are adapted with input from women and girls with different castes, income, ethnic groups, disabilities, etc.	○
2.57	Identify and assess the effectiveness of social media/social marketing as a medium and strategy to shift gender-biased perceptions and beliefs to incorporate such a component in the WASH/MHM programme design.	○
2.58	Ensure mechanisms are in place to record good practices, examples and lessons learned in gender mainstreaming in WASH/MHM programme.	○
INNOVATION		
2.59	Promote partnerships with private sector, academia and NGOs for innovative solutions to solve identified gender challenges and to reach the most hard-to-reach women and girls such as those with disability, without parental care and in emergency context.	○

STEP 3

IMPLEMENTATION



NO.	WHAT TO DO	DONE
3.1	Identify and implement required activities to achieve the proposed gender outputs and outcomes as outlined in the WASH/MHM programme.	<input type="radio"/>
3.2	Review the results of WASH/MHM programme implementation and make sure that findings correspond to the gender-related activities that have been planned. If not, adopt the activities to make sure they correspond to actual needs.	<input type="radio"/>
3.3	Identify and mitigate possible risks of any interventions related to WASH/MHM programme, especially factors that may limit women's and girls' ability to access WASH/MHM services and facilities.	<input type="radio"/>
3.4	Ensure that bathing and sanitation facilities have sufficient lightning; provide privacy; and have locks on the inside along with solid doors and walls and other measures to enhance protection from violence. Ensure they are located in safe sites previously agreed with women, men, girls and boys.	<input type="radio"/>
3.5	Ensure MHM information, products, dignity kits and disposal services have been introduced as needed. In particular, make sure toilet facilities are well adapted to women's and girls' needs (at the household, schools, public institutions and community level).	<input type="radio"/>
3.6	Update policies/strategies, guidelines and bylaws on WASH/MHM to incorporate the promotion of gender equality together with training and promotion programmes, operational guidelines, etc.	<input type="radio"/>
3.7	Conduct evidence-based advocacy to ensure national legislation and policy frameworks on WASH consider the direct and indirect impacts on gender norms, roles, responsibilities and relations.	<input type="radio"/>
3.8	Track implementation approaches, partners, input requirements and time required to best carry out gender-responsive activities for WASH programme. Ensure that commitments and actions are documented, followed and reported in a timely manner.	<input type="radio"/>
3.9	Ensure gender inequalities are regularly reviewed and addressed for WASH/MHM programme implementation through meetings with a team and partners. Conduct a gender analysis when necessary.	<input type="radio"/>

NO.	WHAT TO DO	DONE
3.10	Define and mobilize collaborative efforts and strategies with all partner organizations. Make sure that working partners have adequate skills to integrate a gender equality perspective into the WASH/MHM programme and with a minimum gender bias.	○
3.11	Assess whether there is equitable participation (in all activities including decision making) of women, men, girls and boys in the implementation, depending on the programme's intended beneficiaries. If imbalances are identified, take appropriate measures to ensure the full participation of all beneficiary groups.	○
3.12	Assess if there is adequate training for teachers and frontline WASH/health workers to be able to implement WASH/MHM activities and sensitization on sanitation, MHM and hygiene practices for mothers and adolescent girls.	○
3.13	Ensure the WASH programme is addressing girls' school dropout, absenteeism from schools, lack of information, issues of shame and taboos/traditional practices related to MHM.	○
3.15	Assess other needs of beneficiary women and girls (e.g. credit, literacy programme, skills training for income generation) as these emerge, and propose practical ways of addressing these needs in the programme.	○
3.16	Ensure information sharing (feedback) mechanisms with/between partner organizations and affected communities (especially women and girls) are in place and effectively used.	○

STEP 4

MONITORING



NO.	WHAT TO DO	DONE
4.1	Ensure a set of interventions (activities) are being implemented as planned and outlined in the WASH/MHM programme and if gender-related issues in WASH/MHM programmes are being addressed as planned. Monitor the effectiveness of WASH/MHM resources being invested.	<input type="radio"/>
4.2	Assess if the monitoring system (data collection, methods and approaches) is providing the necessary information to measure progress in advancing gender equality and/or women's and girls' empowerment.	<input type="radio"/>
4.3	Measure and monitor the separate effects on women, men, girls and boys and the changes in women's and men's, girls' and boys' involvement and their access to and control of resources in the provision of WASH/MHM services. Also, assess the impact if any, on reducing women's and girls' WASH-related work and the time used on WASH activities as well as gender-based violence (GBV).	<input type="radio"/>
4.4	Identify if female participation in management committees and positions of responsibility to support improved functioning of water committees, water systems and hygiene promotion been increased. Assess if these women are provided with the necessary training and sensitization to enable them to participate effectively in the committee meetings and decision making.	<input type="radio"/>
4.5	Ensure that voices of national and sub-national institutions, partner agencies and affected communities (especially women and girls) and their equitable participation are involved in the collection of information.	<input type="radio"/>
4.6	Consider a safe space when monitoring and/or collecting data and conduct data collection separately with women, men, girls and boys where female enumerators engage with female stakeholders and male enumerators with male stakeholders.	<input type="radio"/>
4.7	Collect and analyse data to identify any gender gaps in access, participation or benefit for beneficiary groups in WASH/MHM programme. Undertake observation/spot checks to identify early potential problems or negative effects.	<input type="radio"/>

NO.	WHAT TO DO	DONE
4.8	If gender gaps are identified, investigate why these gaps are happening including identifying any root causes at different levels, both downstream and upstream.	○
4.9	Undertake corrective actions as needed to adjust interventions to achieve intended WASH/MHM programming results based on monitoring through review meetings with partners.	○
4.10	Analyse if any adjustments are needed to be made to scale-up the WASH/MHM programme components that are responsive to change, or curtail those that appear to raise the risks for women and girls or have negative consequences for them.	○

STEP 5

EVALUATION



NO.	WHAT TO DO	DONE
5.1	Assess if all the proposed activities have been carried out in the manner outlined in the WASH/MHM programme and achieved gender equitable WASH/MHM results as planned.	<input type="radio"/>
5.2	Identify how the gender-responsive interventions change the condition and position of women and girls and that of men and boys with respect to: domestic chores, improving school attendance and learning for girls, raising awareness of hygiene practices (e.g. menstrual hygiene practices, generating income and employment for women and girls, increasing participation of women and girls and promoting their decision making) at the national and local levels.	<input type="radio"/>
5.3	Evaluate if gender-related considerations were included throughout in all WASH/MHM programming.	<input type="radio"/>
5.4	Assess if intervention was affordable and cost-effective.	<input type="radio"/>
5.5	Identify to what extent the intervention is responsible for the measured or observed changes and its sustainability.	<input type="radio"/>
5.6	Assess if WASH/MHM programme build capacity of women, men, girls and boys through knowledge transfer and continuous learning.	<input type="radio"/>
5.7	Evaluate community participation: all users (both female and male) involved in maintenance of WASH/MHM facilities, representatives from all sections of the community are consulted in all stages of the programme development and majority of the women and girls in the community satisfied with provision of facilities and services.	<input type="radio"/>
5.8	Evaluate behaviour change using proxy indicators, such as: <ul style="list-style-type: none"> • Relationships between transportation and gender in collecting water • Safe WASH (storage and access) practices • Hygiene practices: hand washing, children's faeces properly (environmentally sound) disposed • Women's and girls' privacy and dignity: appropriate MHM 	<input type="radio"/>
5.9	Evaluate the adequacy and availability of water at the household level for daily needs, distinguishing between reproductive and productive activities of women, men, girls and boys.	<input type="radio"/>
5.10	Evaluate the time spent, by gender, in collecting water, further distinguishing between that work done by adults and children (and collected by urban/rural).	<input type="radio"/>

NO.	WHAT TO DO	DONE
5.11	Evaluate what kind of sanitation facilities (if any) are actually used by women and men, girls and boys and who is not using facilities and why; these data should be further disaggregated by income and by urban/rural setting.	○
5.12	Evaluate if access to affordable and appropriate materials for MHM has been expanded in communities, schools, health facilities and emergency context considering special needs of girls with disability and out-of-school girls with appropriate disposal mechanisms for used sanitary pads.	○
5.13	Assess the changes of access to safe water, clean and separate sanitation facilities with lockable doors for students and teachers in primary and secondary schools.	○
5.14	Make sure that WASH/MHM programme is contributing to the prevention of violence against women and girls as a result of good and safe WASH/MHM programming practices.	○
5.15	Involve community members (especially women and girls) in identifying criteria for the evaluation, collecting and recording data, organizing workshops to analyse the findings, and reviewing evaluation findings to ensure their buy in, responsibility and accountability to ensuring results on WASH/MHM programme beyond the programme duration.	○
5.16	Use a combination of female and male evaluators where possible.	○
5.17	Assess how gender-responsive interventions contributed to achieving the desired impact in terms of changing knowledge, awareness, participation, utilization and decision making in terms of access and quality of WASH/MHM services.	○
5.18	Analyse what challenges have been encountered along the way (e.g. integrated programmes, multisectoral work and partnerships, technical guidance from Headquarter and Regional Office, scale up, knowledge generation and use, community resistance to social norm change).	○
5.19	Identify if there are any unintentional results of the gender-responsive WASH/MHM interventions and outcomes and how the programme is addressing them.	○
5.20	Consider what potential workarounds or solutions are planned or being planned to address the identified challenges.	○
5.21	Assess what unique opportunities exist in the country to see a further improvement of gender equality in WASH/MHM. Among those, identify which are most important for UNICEF to act on.	○
5.22	Ensure the evaluation include concrete recommendations for follow-up initiatives to further promote equal access to WASH and safe practices of MHM.	○

STEP 6

REPORTING



NO.	WHAT TO DO	DONE
6.1	Document lessons learned and best and innovative practices related to gender mainstreaming and WASH/MHM for learning (South to South), communications, advocacy and funding. Include gender gaps, barriers or opportunities to which UNICEF was unable to respond as well as those that were successfully addressed in the WASH/MHM programme.	○
6.2	Ensure all data reported on is disaggregated by gender, age, wealth quantile, location, religion, caste, etc.	○
6.3	Consider how and to whom communicate the results of the initiatives.	○
6.4	Disseminate the gender-related results of the WASH/MHM programme to government authorities, donors, partners, beneficiaries and the general public. Very often, many great accomplishments on gender equality are being realized, but are not communicated beyond the implementing organization and/or partners.	○
6.5	Refer back to gender analysis and capture and report on how WASH/MHM programme has addressed gender inequalities in the UNICEF's knowledge management process and system. It is important to house the gendered learnings so they can be shared and used to inform development of new programming.	○
6.6	Support to strengthen national WASH/MHM data information systems to be gender-responsive as an important basis for building evidence generation on gender equity and knowledge sharing.	○
6.7	Use key gender gaps or opportunities that have been identified but were not able to address during the WASH/MHM programme implementation as the basis to inform the design of future programmes.	○
6.8	Use innovative technology platforms to communicate messaging or implement accountability and feedback mechanisms for reporting.	○
6.9	Sensitize and encourage journalists and media organizations to provide more coverage on gender and WASH/MHM issues.	○

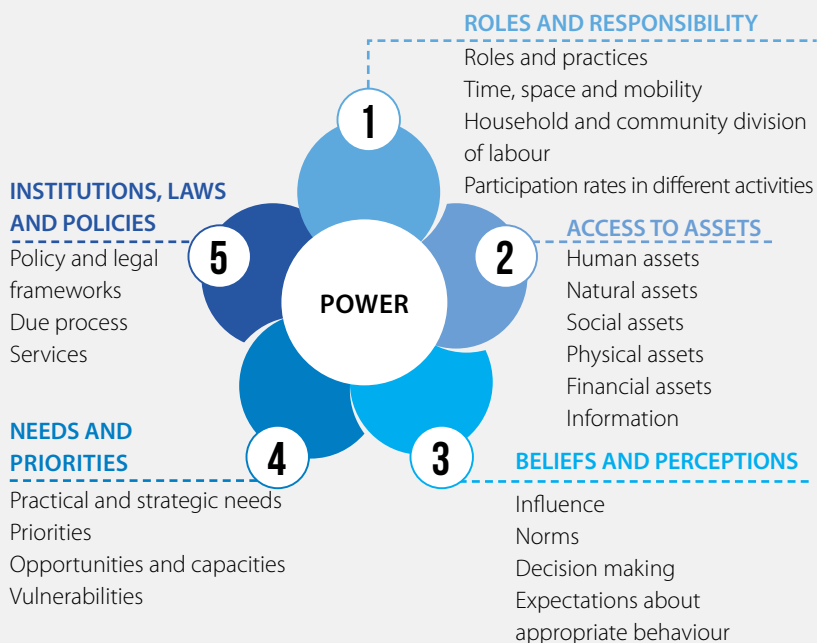


GENDER ANALYSIS QUESTIONS



A set of gender analysis questions from next page follows a gender analysis framework¹² (see separate **Section 2: Practical Steps for Gender Mainstreaming, page 28**) and should be used in the initial assessment to assist in the design of gender-responsive WASH/MMH programme that will maximize the participation of both female and male beneficiaries and benefits to them. The checklist is to be applied to specific country contexts and is not comprehensive, and should be used in addition to general data and other UNICEF documents.

GENDER ANALYSIS FRAMEWORK



1. ROLES AND RESPONSIBILITY (PRACTICES)



HOUSEHOLD ACTIVITIES

- What are the demographic profiles of target populations? (gender, ethnicity, caste, age, migration trend, percentage of female- and child-headed households, households size, marriage age, number of pregnant and lactating women, etc.)
- What is the gendered division of labor: roles, activities, work and responsibility of women, men, girls and boys in the house? Tasks can include the care of children, care of the aged, food production (including the cultivation of domestic food crops and livestock, shopping, food preparation and cooking), fuel and water collection, education, health care, laundry and cleaning, house maintenance (structural), artisan and craft production, and performance of social obligations. How do women, men, girls and boys spend their time?
- Respectively, for what activities or tasks are girls and boys responsible? Are these by choice or prescribed by the community? What happens when individual girls or boys don't follow these norms of behavior?
- Do women/girls or men/boys have restrictions on their mobility? What restrictions? How do they influence women's and girls' access to services and supportive social networks?

- How often do women and (adolescent) girls spend their time on leisure activities? What kind of activities? Do they have time to rest in a day?



COMMUNITY ACTIVITIES

- What kinds of social groups do women/girls and men/boys participate in, respectively? What kind of leadership positions do women and men occupy? How do women's and men's, girls' and boys' participation in social groups affect their access to WASH information, WASH services, and support from other community members?
- Spatially, within the community and beyond, where are women's/girls' and men's/boys' activities located?
- How many and what percentage of women and men serve on the community WASH management committee?
- Are women as well as men actively engaged in WASH management committees or other community activities relating to WASH? Do women hold positions of leadership or decision making within committees? Are women able to exercise authority or leadership in these activities? Do women participate in good numbers at meetings organized by the committees?

- Who is responsible for community hygiene? Who could be key informants? Are there significant differences in responsibilities based on gender, income level or ethnicity/caste?



WATER, SANITATION AND HYGIENE

- What are the gender- and age-related responsibilities related to WASH?
- What are the roles of women, men, girls and boys in collecting, handling, managing, storing and treating water?
- Who collects and stores water? How? How much time is spent in water collection and storage? If water is pumped at given times, are these convenient and safe for those who are collecting water?
- Who carries water and how? How much time is spent transporting water? Are there any health and security hazards resulting from the transport of water?
- How is the collected water used differently by women and men (e.g. for cooking, sanitation, home gardens, livestock)? Who decides the allocation?
- Is water collection affecting school attendance of children? If so, is there gender difference?
- What are the sanitary/latrine arrangements for women, men, girls and boys? What is the pattern of usage of toilets by women, girls, men and boys? How is privacy ensured? Is there any security issues? Is there any gender-based violence (GBV) reported and what kind?
- What types of hygiene materials are appropriate to distribute to women, girls, men and boys? What are culturally appropriate materials?
- Who is responsible for children's hygiene? If women are responsible for their own and their families' hygiene status, what knowledge and skills do they have? Is there any differences among women with different education levels?
- Treatment of human waste: How is it collected and disposed of? By whom? Is human waste used as fertilizer? If so, who are the collectors?
- Where do women, men, girls and boys bathe? - what are the privacy and safety issues for women and girls?
- What is the level of participation and leadership of women and adolescent girls in the design, purchase, construction and monitoring of gender-friendly toilet and sanitation facilities? Does the participation of women and girls represents dimensions of equity, including ethnicity and income?
- What are the prevalence of water-related diseases in the target areas? Do they affect which groups (wealth quantile, geographical location, age, women, men, girls or boys)?



MENSTRUAL HYGIENE MANAGEMENT (MHM)

- What are the current menstrual hygiene management (MHM) practices among women and girls?
- Do girls miss school during menstrual periods? If so, how many days they miss in average? What are the reasons to miss school?
- What are the MHM practices that need to be encouraged and those that need to be changed?



WASH IN SCHOOLS

- Are public and school toilets segregated by gender? Are there separate toilets for girls and boys within the school premises? Are they located suitably to provide privacy and security to the girls and boys? To female and male teachers?
- What are the top three health issues reported by girls in schools? (Can these be attributed to poor water and sanitation, and inadequate MHM?)
- Are teachers and education systems providing the necessary support for girls in terms of WASH- and MHM-related issues? Are schools equipped with menstrual hygiene materials and safe disposal mechanisms?

2. ACCESS TO AND CONTROL OVER ASSETS



HOUSEHOLD RESOURCES

- What kind of resources do women/girls and men/boys have access to, respectively? How does access to and control over assets and resources differ between women/girls and men/boys?
 - »» Financial »» Information
 - »» Natural »» Social capital
 - »» Services »» Knowledge
- What are the constraints and implications arising out of lack of control over or access to productive resources, for those who lack such control and access?
- What do women and men own? What do they do with what they own to improve their own and their children's access to WASH services/facilities? What do they own together?
- Respectively, are women's and men's assets equally liquid and transferrable?
- What are the broad income levels and sources of the target population? Are there differences in income between females and males? Who make decision on expenditures?
- How do women and men differ in their access to and control of land, agricultural input extension, markets, employment opportunities and credit? Is external assistance provided to improve access/control? By whom?

- Do women and men working at the same level and in the same cadres receive equal support and opportunities in terms of benefits, training, promotions and leadership opportunities?
- What kinds of social services (e.g. health and hygiene, literacy programme) are available and how is accessibility? Is external assistance available?
- What kinds of services exist in the community tailored for youth (e.g. health, education, employment, digital)?



WATER, SANITATION AND HYGIENE

- Are water and sanitation points accessible and safe for women and girls? Is there a queue at the main water and sanitation points and who is in the queue?
- Is there a fee for water or sanitation services? Who pays to whom (e.g. user committee, local government, private company)? What is the cost?
- Are there any barriers to WASH services and facilities for specific groups of people, for example, women, girls, and people with disability? What particular gender-related cultural practices should be considered in relation to determining the types of toilets or bathing facilities to be installed?

- Who is responsible for the upkeep of the community water infrastructure? Are there and what are the significant differences in responsibilities based on gender, income level or ethnicity/caste?
- What is the availability of health services, such as health posts or community health workers? Do they facilitate positive knowledge and practices for WASH/ MHM?
- Who provides the WASH services (e.g. local government, NGO, private company)? Are service agents friendly and gender aware? Are the services available 24 hours a day?
- Are there seasonal differences in availability, quantity or quality of WASH services?
- What water sources (e.g. public streams, rivers, tanks, lakes, communal wells or tanks, ponds, privately owned wells or tanks, water pipes) are used?
- Is water available in the dry season? How is water use managed during the water-scarce season? By whom?
- Who collects, transports and manages water for agricultural use and how?
- Is there any conflict between agricultural and domestic water allocation? How can these needs be prioritised?
- Are there conflicts in water distribution in general, based on gender, income level, ethnicity/castes, etc.? How can these be solved?
- Are there any disadvantaged or vulnerable groups in the target areas? Who are they? Where do they live? What are their socioeconomic characteristics? How will the programme affect these groups?



MENSTRUAL HYGIENE MANAGEMENT (MHM)

- What facilities, products and information exist to allow women and girls to address their menstrual hygiene and management needs with dignity?
- Are the products recommended for adequate MHM easily accessible and affordable for women and girls in the community?
- Are men (fathers/partners) and boys engaged in the MHM programme and do they have adequate information?
- Is there practical and emotional support for girls from peers (e.g. forums where girls can talk and exchange experiences), men, boys, teachers and parents?

3. BELIEFS AND PERCEPTIONS (NORMS)



HOUSEHOLD AND COMMUNITY

- What is appropriate behavior for a woman/girl or a man/boy? What is an ideal woman/girl and man/boy? How do these beliefs influence water collection and hygiene practices?
- What are the social beliefs and perceptions that condition women's/ girls' and men's/boys' expectations and aspirations? For education, employment, marriage and family?
- What structures does the community use to make WASH decisions? Who participates in decision-making spaces? Do women and men have equal voice? How do adolescent girls and boys participate?
- How does the community enforce gender norms and punish people when they do not conform to appropriate gender norms? How does this kind of social control affect women/girls and men/boys? What are the ways in which communities discriminate against women and girls (as well as men and boys)?
- Which community norms and beliefs could influence women's and girls' participation in the programme activities? These norms and beliefs may include the following:

- cultural exclusion from productive activities;
- heavy participation in reproductive activities;
- exclusion from (active) participation in public proceedings;
- seclusion from contacts with male service staff; or
- lack of mobility because of cultural norms.



WATER, SANITATION AND HYGIENE

- Are there any taboos in latrine sharing between women, men, girls and boys and family members?
- Do women, men, girls and boys feel safe to use WASH facilities at all times of day and night? If no, what are the factors that make women, men, girls and/or boys feel safe or unsafe while using them?
- Family hygiene education: Is hygiene taught in the family? By whom?



MENSTRUAL HYGIENE MANAGEMENT (MHM)

- What are the current levels of knowledge about MHM among both women and men, girls and boys?
- What are the levels of awareness/ knowledge on safe management of menstrual hygiene by women and girls?

- What cultural practices, constraints, taboos, myths or stigma do women and girls face during menstruation? Are the taboos or cultural practices an impediment to their confidence or do they restrict women and girls from accessing education and other opportunities? Has there been any progress in addressing this?
- How do current MHM awareness and practices impact the status of women and girls in society, their access to resources and opportunities, and their ability to achieve better health and well-being?



WASH IN SCHOOLS

- Do girls and female teachers feel safe using toilet facilities in schools and health facilities? If no, what are the factors that make girls and female teachers feel safe or unsafe while using them?
- What are the current levels of knowledge about MHM among female and male teachers and students?



COMMUNICATION

- Are information, education and communication (IEC) materials on WASH/MHM equally accessible to female and male beneficiaries? Why or why not (i.e. low literacy levels of women/girls, illustrations do not include women/girls and men/boys equitably, or sex-specific pronouns are used in exclusionary ways)?
- Do existing WASH/MHM community outreach materials and activities exacerbate negative gender stereotypes? What are the kind of gender stereotypes perpetuated by current outreach materials? How do these gender stereotypes impact women's and girls' access to WASH/MHM services?
- Do WASH/MHM communication materials include basic information about gender-based violence (GBV) risk reduction, where to report GBV risk and how to access care?
- How might women/girls or men/boys interpret new experiences or information differently based on their gender identities, level of education and different types of knowledge that women/girls and men/boys may have? Is there equal concern for disseminating WASH/MHM information to women/girls and men/boys?
- Is there a behaviour change communication strategy for WASH/MHM and how and at what scale is it implemented?
- Are women and men, girl and boys involved in the design, planning and implementation of the communication strategy?
- Does the communication strategy address the identified gender-related barriers to optimal WASH/MHM practices and utilization of services?
- Will the programme need a communication strategy and innovative teaching methods for illiterate women/girls and men/boys, out-of-school girls, etc.?
- Is a separate communication strategy needed to ensure that programme messages to reach women and girls (e.g. a woman-to-woman information service or the use of local women's and girls' groups)?

4. NEEDS AND PRIORITIES



HOUSEHOLD AND COMMUNITY

- What are the WASH/MHM-related needs (both practical and strategic needs), capacities and aspirations of women, men, girls and boys in the target communities/areas?
- What perspectives do they have on the appropriate and sustainable ways of addressing their needs?
- What are women's/girls' and men's/boys' different skills and capabilities?



WATER, SANITATION AND HYGIENE

- Given current practices and constraints, what are the needs of women, men, girls and boys and the elderly in the design and location of water supply facilities, latrines and other WASH facilities and services? (it is also essential to consider vulnerable and disabled groups for inclusive service provision.)
 - Are women/girls and men/boys equitably involved in WASH/MHM programme planning?
 - Are women's/girls' and men's/boys' different WASH/MHM needs taken into consideration in community, district and national planning, programme design and budget development related to WASH/MHM?
- Are measures taken to address women's/girls' and men's/boys' different socioeconomic and cultural constraints in accessing WASH services/facilities for example:
 - Hours WASH services/facilities are open
 - Educational materials, messages and outreach activities
 - Balance of women and men in the WASH work force
 - Level of privacy and security
 - Are women's/girls' or men's/boys' WASH/MHM needs prioritised or disregarded?
 - How well do WASH staff respond to women's/girls' and men's/boys' different WASH/MHM needs?
 - What are the constraints preventing more women from being trained or being appointed as WASH services providers or WASH management committees?
 - How would WASH-task time savings offer opportunities for study time, paid employment, etc.? Do they perpetuate a gendered norm in society that impacts WASH services for women and girls and in the long run reinforce their subordinate status in society?
 - Does domestic water have priority over other infrastructure services (e.g. irrigation water, roads, schools) for women and men, girls and boys?
 - Are women/girls or men/boys interested in the WASH/MHM programme? Why? Or why not?

- What factors affect the level of women's/ girls' and men's/boys' participation in WASH/MMH programme? What are the incentives and constraints?
- Are women and men in the community willing to pay for improved WASH services, and up to how much? Are they willing to contribute labor instead, and to what extent? During which season is the demand for labor highest? Is there any need for credit for WASH services?
- Which modes of participation do women and men favor (e.g. decision making in planning, cash contribution, labor contribution for construction, training, financial management, organizational management)? Why?
- What are the preferences of women and men, girls and boys on issues such as:
 - number and location of WASH facilities (e.g. wells, pumps, latrines)?
 - sharing vs. individual arrangement of facilities?
 - type of wells, water pumps, taps, etc.?
 - type of latrines and other sanitary facilities?
 - type of acceptable intermediary means of water?
 - transport (e.g. bullock cart, bicycles, mules, etc.)?
- What are the preferences of women and men in the community on:
 - financing arrangement (e.g. level of fixed cost and operation and maintenance fees, cash vs. in-kind/ labor contribution)?
 - possible preferential treatment for very poor, female-headed and other disadvantaged families?
 - credit or community-based revolving funds for WASH?
- What are women's and girls' menstruation needs in the target area? Are women's and girls' menstruation needs impacting their access to other services?



MENSTRUAL HYGIENE MANAGEMENT (MHM)

5. INSTITUTIONS, LAWS AND POLICIES



LEGAL SYSTEM

- How do inheritance laws treat women, men, girls and boys respectively?
- How does the legal system treat women, men, girls and boys (i.e. due process and recognition of rights)?
- Do women and men, girls and boys have equal status under all national, regional and local laws? Does national legislation ensure equal rights to land for women and men?
- Do women and girls have rights to self-determination (e.g. divorce, property rights, custody of children, decisions about reproductive matters)?
- At what age do girls and boys attain adult legal status? What does this mean for girls and boys in terms of political participation, ownership of property, decisions about marriage?



POLICY FRAMEWORKS

- Is there a national policy on gender equality and are any of them specific to WASH/MHM?
- Is there a human resource policy in WASH sector at the district and facility levels on gender equality and/or non-discrimination based on gender?
- Are there family-friendly policies in place? Does the organization of WASH work take into consideration women's disproportionate responsibilities for childcare, food preparation and other family care?
- How is the WASH system leadership accountable for implementing existing gender equality policies? Do they conduct periodic assessments, issue reports or measure performance on a regular basis?
- Are government authorities knowledgeable of national gender equality policies? To what extent do they implement and enforce the policies?
- Are national budgets for WASH/MHM assessed for whether they are gender equitable?
- How can better MHM policy and practice contribute to better (health, well-being, livelihood) outcomes for women and girls?



WASH AND OTHER SERVICES

- What services (health, education, water and infrastructure, agricultural extension, law and justice) are provided in the programme area and to whom? Consider differences in socioeconomic status as well as gender.
- Is WASH/MHM information at the facility level disaggregated by sex and age and comparatively analyzed for decision making?
- Are statistics on the WASH workforce disaggregated both by sex and type of professional?
- How are female and male WASH staff involved in planning and policy formulation in the WASH facility? Do women and men with equal training and seniority have equal decision making and influence?
- Are WASH staff trained on gender equality and human rights, and how is the training often offered?
- Is there management and accountability mechanisms to ensure WASH including MHM services are provided in a sustainable manner?

[Source: Excerpted from Gender Analysis Toolkit for Health Systems, Jhpiego (2016), Gender Checklist: Water Supply and Sanitation, Asian Development Bank (2006) and The Gender Handbook for Humanitarian Action, IASC (2017).]

USEFUL RESOURCES

GENDER AND WASH	
<p>Gender-Responsive Water, Sanitation and Hygiene: Key Elements for Effective WASH Programming (UNICEF, 2017)</p>	<p>This document outlines essential elements that WASH practitioners should take into account at all points in the programme cycle in order to enhance a gender-responsive approach to their work.</p>
<p>Mainstreaming Gender in Water and Sanitation. Gender in Water and Sanitation (World Bank and WSP, 2010)</p>	<p>From the World Bank Water and Sanitation Programme (WSP), this working paper highlights approaches to redressing gender inequality in the water and sanitation sector.</p>
<p>Achieving Gender Equality through WASH: GADN Briefing (Kate Bishop, London: Gender & Development Network (GADN), 2016)</p>	<p>The aim of the briefing is to set out the multiple links between gender equality and WASH to encourage dialogue, mutual understanding, and consensus between gender equality and WASH policymakers and practitioners.</p>
<p>Report of the Special Rapporteur on the Human Right to Safe Drinking Water and Sanitation (The United Nations General Assembly, 2016)</p>	<p>The 21-page report includes discussion on gender equality in law and policies; intersectionality and multiple forms of discrimination; harmful social norms, stigma, and stereotypes; gender-based violence and psychosocial stress; availability and affordability; participation; empowerment; and accountability.</p>
<p>Infrastructure for All: Meeting the Needs of Both Men and Women in Development Projects – A Practical Guide for Engineers, Technicians and Project Managers (Water, Engineering and Development Centre, University of Loughborough, 2007)</p>	<p>This is an excellent guide for those working on physical WASH infrastructure development, designed to help engineers and other technical staff understand the need for gender analysis in WASH projects.</p>
<p>Harnessing a Rising Tide – A New Look at Water and Gender (World Bank, 2017)</p>	<p>This report shows how water often reflects, and even reinforces, gender inequality. This report will help those who want to advance social inclusion in water, close gender gaps, and lift those who all too often are left behind or left out from water management.</p>

MENSTRUAL HYGIENE MANAGEMENT (MHM)	
UNICEF Menstrual Hygiene Management Resources	This UNICEF's website provides staff a list of documents with practical information, booklets and case studies on menstrual hygiene management.
Menstrual Hygiene in South Asia: A Neglected Issue for WASH (Water, Sanitation and Hygiene) Programmes (Water Aid, 2010)	This article explores the reasons why menstrual hygiene management is not generally included in WASH initiatives, the social and health impacts of this neglect on women and girls, and provides examples of successful approaches to tackling menstrual hygiene in WASH in the South Asia region.
Menstrual Hygiene Management – Operational Guidelines (Save the Children, 2015)	These guidelines provide a framework for how to plan, implement, and monitor and evaluate MHM programmes. It includes access to various templates to assist organizations with MHM programming.
We Can't Wait: A Report on Sanitation and Hygiene for Women and Girls (Domestos, WaterAid, and Water Supply and Sanitation Collaborative Council (WSSCC), 2013)	This report highlights the stark consequences for women and girls of the lack of access to toilets or use of good hygiene practices.
Leave No One Behind: Voices of Women, Adolescent Girls, Elderly and Disabled People, and Sanitation Workers (Water Supply and Sanitation Collaborative Council (WSSCC) and Freshwater Action Network South Asia (FANSA), 2015)	This advocacy report was produced for the South Asian Conference on Sanitation (SACOSAN) VI in 2016. The paper sets out a list of key demands (which include consultation with regard to the building of WASH facilities, and community ownership) plus a number of recommendations for planning, designing, and delivering sanitation and hygiene projects and services.
Menstrual Hygiene Matters: A Resource for Improving Menstrual Hygiene Around the World (WaterAid, 2012)	It is a major resource not only for WASH practitioners, but for anyone wishing to gain a comprehensive understanding of the issue. Hugely informative and accessibly written and presented, it comprises nine modules, which cover key aspects of menstrual hygiene in different settings including communities, schools, and emergencies.

<p>Puberty Education & Menstrual Hygiene Management (UNESCO, 2014)</p>	<p>This volume is designed to articulate a rationale for the education sector to improve school health by addressing puberty education and menstrual hygiene management; to describe good policies and practices from different global contexts; and to provide clear action steps for administrators, practitioners and advocates to take on these issues in their education sector.</p>
---	---

GENDER AND WASH IN EMERGENCY

<p>Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (Inter-Agency Standing Committee (ISAC), 2015)</p>	<p>The purpose of the Guidelines is to assist humanitarian actors and communities affected by armed conflict, natural disasters and other humanitarian emergencies to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of GBV across all sectors of humanitarian response including WASH.</p>
<p>Menstrual Hygiene Management (MHM) in Emergencies Toolkit (Columbia University and International Rescue Committee, 2017)</p>	<p>The toolkit looks at MHM from a multi-sectoral perspective and aims to give practical, streamlined guidance to humanitarian workers. The toolkit is co-published by 27 leading organizations that work in the humanitarian sphere.</p>

WASH/MHM IN SCHOOLS

<p>WASH in Schools</p>	<p>The website serves as a repository for Wash in Schools (WinS) activities worldwide and includes WinS experiences from UNICEF as well as its partners.</p>
<p>Menstrual Hygiene Management in Schools in South Asia (UNICEF, 2018)</p>	<p>These reports detail the status of MHM in schools in South Asia. They identify progress and gaps in achieving sustainable and inclusive MHM services at scale, and draw together opportunities for further promoting and mainstreaming MHM in schools across South Asia.</p>
<p>WASH in Schools: Empower Girls' Education Proceedings of the Menstrual Hygiene Management in Schools Virtual Conference 2014 (UNICEF, 2015)</p>	<p>This publication brings together the key elements of the 16 presentations in a case study format. Each case study outlines the context in which the programme or research is being undertaken, the methods or approaches used, the accomplishments realized and challenges faced.</p>

<p>WASH for School Children: State-of-the-Art in Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka (UNICEF, 2012)</p>	<p>This document gives an overview of achievements to ensure that school children and their teachers can use safe drinking water, practice good hygiene, especially handwashing with soap, and use clean toilets in South Asia. The document also presents evidence that governments intend to increase WASH in Schools investments, both in hardware and software, and to ensure that WASH indicators are included in the national education management information systems.</p>
--	---

GENDER AND WASH TOOLS

<p>Violence, Gender and Wash: A Practitioners Toolkit: Making Water, Sanitation and Hygiene Safer through Improved Programming and Services (WaterAid, 2014)</p>	<p>This comprehensive toolkit contains a wealth of information and practical materials designed to address the increased vulnerabilities that can arise from lack of access to adequate WASH services. Intended for use by WASH practitioners in development, humanitarian, and transitional contexts, it is also of value for those working on gender-based violence, gender, protection, health, and education.</p>
<p>Water Sanitation Hygiene (WASH): IASC Gender Marker Tip Sheet (Inter-Agency Standing Committee (ISAC), 2012)</p>	<p>The IASC Gender Marker is a tool used to assess how well gender is integrated into a project. 'Tip sheets' on gender equality in various aspects of humanitarian response, e.g. food security, health, and so on, form part of the tool, and this two-pager deals with gender equality in emergency WASH interventions.</p>
<p>Gender and WASH Monitoring Tool (Plan International, 2014)</p>	<p>The tool aims to raise community awareness and promote aspirations for gender equality within communities, as well as develop the understanding of gender analysis and practical skills of practitioners.</p>
<p>Gender Checklist: Water Supply and Sanitation (Asian Development Bank, 2006)</p>	<p>The checklist guides users through all stages of the project/programme cycle in determining access to resources, roles and responsibilities, constraints, and priorities according to gender in the water supply and sanitation sector and in designing appropriate gender-sensitive strategies, components and indicators to respond to gender issues.</p>

WASH DATA

<p>WHO/UNICEF Joint Monitoring Programme</p>	<p>The WHO/UNICEF Joint Monitoring Programme (JMP) has been monitoring global progress since 1990 and is responsible for reporting on Sustainable Development Goal (SDG) targets and indicators related to WASH.</p>
---	--

REFERENCES

1. WHO/UNICEF Joint Monitoring Programme Data. Available at <https://washdata.org/data>.
2. WSSCC, WaterAid, Unilever (2013). We Can't Wait A report on sanitation and hygiene for women and girls.
3. WaterAid/UNICEF (2018). Menstrual hygiene management in schools in South Asia: Synthesis report.
4. UNESCO (2014). UIS Data sources (age 6-14 years old).
5. WSSCC/Gender and Water Alliance (GWA)/Water, Engineering and Development Centre (WEDC)/United Nations Children's Fund (UNICEF) (2006). For Her It's the Big Issue – Putting Women at the Centre of Water Supply, Sanitation and Hygiene – Evidence Report.
6. WaterAid/UNICEF (2018). Menstrual hygiene management in schools in South Asia: Synthesis report.
7. Ibid.
8. WSSCC/Gender and Water Alliance (GWA)/Water, Engineering and Development Centre (WEDC)/United Nations Children's Fund (UNICEF) (2006). For Her It's the Big Issue – Putting Women at the Centre of Water Supply, Sanitation and Hygiene – Evidence Report.
9. Ibid.
10. Blagborough, V., (Ed.) (2001). Looking Back: The long-term impacts of water and sanitation projects, WaterAid, London.
11. WSSCC/Gender and Water Alliance (GWA)/Water, Engineering and Development Centre (WEDC)/United Nations Children's Fund (UNICEF) (2006). For Her It's the Big Issue – Putting Women at the Centre of Water Supply, Sanitation and Hygiene – Evidence Report.
12. Jhpiego (2016). Gender Analysis Toolkit for Health Systems.



for every child

UNICEF Regional Office for South Asia

Lekhnath Marg, Kathmandu 44600

 www.unicef.org/rosa

 rosa@unicef.org

 www.facebook.com/UNICEFSouthAsia

 www.twitter.com/UNICEFROSA

UNICEF REGIONAL OFFICE FOR SOUTH ASIA

unicef 
for every child

GENDER CHECKLIST 6 EARLY CHILDHOOD DEVELOPMENT (ECD)



SOUTH ASIA REGIONAL HEADLINE RESULTS

To close huge equity gaps and realize the rights of millions of children across South Asia, UNICEF plans to achieve the following six Regional Headline Results by 2021:



This brief guide provides an overview to understand the key gender inequalities in **Early Childhood Development (ECD)**. Understanding gender inequality and analysing how to address its effects on ECD allows to ensure ECD programming is relevant and responsive to the unique needs of women, men, girls and boys. The module includes:

- **Key gender issues;**
- **Checklist on gender integration programming; and**
- **Useful resources on gender-responsive programming.**

It is important to note that this is not a comprehensive guide; it should be seen as a guideline that will help colleagues to consider and address the issues and barriers women, men, girls and boys face as a result of gender inequality under each Headline Result.

Cover page photo:©UNICEF/UN016397/Singh

AT A GLANCE: GENDER INDICATORS FROM STRATEGIC PLAN (SP) 2018-2021

• INTEGRATED GENDER RESULTS

Goal 1: Gender-equitable health care and nutrition for girls and boys; Quality maternal care; Gender equality in community health systems

Outcome Indicators:

1.20 Percentage of children receiving early stimulation and responsive care from their parents or caregivers

Output Indicators:

1.h.1 Number of countries that have adopted ECD packages for children at scale

1.h.2 Number of countries with national ECD policy or implementation plans for scale-up

1.h.3 Percentage of UNICEF-targeted girls and boys in humanitarian situations who participate in organized programmes with ECD kits through UNICEF-supported programmes (humanitarian)

Goal 2: Gender equality in access, retention and learning in education for girls and boys; Gender equality in teaching and education systems

Outcome Indicators:

2.2 Adjusted attendance rate in early childhood education of children from the poorest quantile

2.3 Gross enrolment rate in pre-primary education (disaggregated by sex)

Output Indicators:

2.a.1 Number of out-of-school girls and boys who participated in early learning, primary or secondary education through UNICEF-supported programmes (humanitarian)

2.a.4 Girls and boys targeted by UNICEF as a share of girls and boys targeted by all partners for early learning or education support in humanitarian situations (humanitarian)

2.a.5 Percentage of UNICEF-targeted girls and boys in humanitarian situations who have participated in early learning, primary or secondary education through UNICEF supported programmes (humanitarian) (disaggregated by educational level and sex)

2.b.1 Number of girls and boys provided with individual education/early learning materials through UNICEF-supported programmes (humanitarian)

2.b.3 Percentage (and number) of countries with effective education systems for learning outcomes, including early learning

Goal 5: Non-gender-discriminatory roles, expectations and practices for girls and boys

Outcome Indicators:

5.6 Percentage of countries where legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex

Output Indicators:

5.d.1 Percentage of countries with at-scale programmes addressing gender discriminatory roles and practices among children

5.d.2 Percentage of countries with at-scale capacity development programmes for front-line workers that focus on gender equality

KEY GENDER ISSUES IN EARLY CHILDHOOD DEVELOPMENT (ECD)

Early gender socialization



Early childhood, defined as the period from birth to eight years old, is a time of remarkable growth with brain development at its peak. During this stage, children are highly influenced by the environment and the people that surround them. By the time children are about three years old, they have already begun to form their gender identity, which lays the foundation for their values and social behaviours as adults.¹ Girls and boys receive powerful messages within the social contexts of family, school, peer groups and the media regarding how they are expected to behave, how they are valued based on their sex and what roles they are expected to fulfill throughout their lives.² Girls and boys who experience gender discrimination in early childhood come to understand this treatment as the norm, which can prevent them from perceiving it.

The early childhood education or preschool provides a valuable starting point for promoting gender equality, when gender norms and identities are formed. In South Asia, however, only 69% of its children have access to early childhood education and few countries in the region have national policies on early learning and early childhood development (ECD).³

Children's survival and development



When women's rights to health and nutrition are not realized, and when they have low status and decision-making power within the household and the society, this will have a negative impact on their children's survival and early years' development.⁴ For example, inadequate maternal healthcare before birth and during delivery increase the possibility of child deaths especially during the neonatal period.⁵ Maternal under-nutrition is a risk factor for low birth weight, premature birth and increased child mortality.⁶ Moreover, the children of mothers with no education are far more likely to be stunted than children born to mothers who have been to school.⁷ Research has also found that women's education is the single most significant factor in reducing son preference.⁸

Men's engagement



When women are largely expected to shoulder the responsibility for care work and childrearing, and when men do not engage and share these responsibilities, this can impact negatively on their children's development and well-being.⁹ South Asia shows the most disproportionate contributions from women to unpaid work in the world: women do 6.5 times more unpaid (care) work than men do.¹⁰ The ECD years are a critical period for building fathers' capacity to form secure attachments, promote social and emotional development, and influence school readiness and success of a child.¹¹

While there are men who are happy to maintain the status quo in terms of the gender distribution of decision-making power and care work within the household, in others a more complex set of motivations may explain their limited engagement in the care and development of their children.¹² Across regions, barriers exist that prevent men from being more engaged in their children's care and development such as: 1) commonly held perception – shared by women and men – that men lack the skills or disposition to be good caregivers; 2) gendered social norms and expectations around manhood and fatherhood; 3) men's migration for employment; 4) lack of parenting leave for working fathers; and 5) the fact that key services (health, early education) are rarely father-friendly and often exclude men from participating.¹³

Son preference



Son preference is a reality in many country in South Asia, which sometimes lead to gender-biased sex selection or maltreatment of girls. The causes for son preference differ between countries: 1) sons are seen as having higher wage-earning capacity with more potential to add to family wealth and property; 2) Sons continue the family line and often take care of parents in illness and old age, while daughters are married away to another household; 3) sons perform important religious roles; and 4) sons are expected to defend or exercise family's power while daughters are viewed as requiring protection.¹⁴

In most contexts, the fact that son preference is prevalent does not mean that families do not love and want to care for their daughters.¹⁵ What it more usually means, particularly among families with a limited income, is that they choose to invest more of the scarce resources they have in the care and education of their sons.¹⁶ This has implications for girls' right to survival, healthy development, early education and learning opportunities. Several studies in the region shows that boys are significantly more likely to be immunized than girls.¹⁷ When sick, daughters are less likely to be taken to a health facility than are sons.¹⁸ Another study shows that larger proportions of boys than girls are attending private institutions for preschool, confirming that gender discrimination begins very early in a child's life.¹⁹ The study also shows that at every age up to 8 years old, a higher proportion of girls than boys are not participating anywhere (neither government nor private school).²⁰

Violence against women and children



Gender-based violence (GBV) and violence against children (VAC) is widespread and pervasive and remains a harsh reality for millions of children in South Asia. Over half of the world's children experienced severe violence in 2017 of whom 64% are in South Asia²¹ and more than 8 out of 10 children faced corporal punishment at home.²² A range of other studies in many different countries suggests that reported sexual abuse is typically higher among girls than boys across regions, including South Asia, while reported physical violence, corporal punishment in schools, and homicide of children is more prevalent among boys.²³

High prevalence of intimate partner violence in South Asia (23%)²⁴ signifies that more children are exposed to incident of violent or threatening behaviour or abuse between adults. It is proved that exposing to intimate partner violence is associated with increased risk of psychological, social, emotional and behavioural problems and hinder healthy development of girls and boys.²⁵

GENDER AND EARLY CHILDHOOD DEVELOPMENT PROGRAMMING CHECKLIST

The following checklist and a set of gender analysis questions are meant to guide users through all stages of the programme cycle of Early Childhood Development (ECD) in identifying the main gender issues and in designing strategies to respond to the identified gender issues.

STEP 1

PLANNING (ASSESSMENT AND ANALYSIS)



NO.	WHAT TO DO	DONE
I. ASSESSMENT		
What is the context-specific situation to promote gender equality in early childhood care and education? Use Gender Analysis Questions (page 24-33) as guiding questions to conduct a gender analysis.		
1.1	<p>Conduct a desk review and informational interviews to collect and analyse sex- and age-disaggregated data and information regarding early childhood care, rearing practices and early childhood education by using:</p> <ul style="list-style-type: none"> • National surveys such as Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other national census • Administrative data of the Ministry of Health, Ministry of Education, hospitals, schools, etc. • UNICEF, WHO, UNESCO and other United Nations database • The latest country situation analysis for information on: <ul style="list-style-type: none"> ▪ the status of women and girls; and ▪ the roles and policies of ministries and other institutions in addressing gender equality in ECD • UNICEF Gender Programmatic Review (if one has been conducted), especially if ECD programming was reviewed • Gender equality goals and targets in the Country Programme Document (CPD) • Latest country programme Mid Term and/or Annual work plan review report to understand any recent progress on gender equality in ECD • Documents and assessments related to any existing gender-responsive ECD programmes in the country or region • Any evaluation of ECD programmes that included an assessment of equity including gender dimensions 	○

NO.	WHAT TO DO	DONE
1.2	Use participatory methods (including both women and men, girls and boys) of data collection within the community, particularly when attempting to get data that is qualitative. Methods may include: community mapping; transect walks; focus group discussions; surveys; spatial mapping, etc. Define ways in which women, men, girls and boys beneficiaries and other stakeholders, especially poor women and girls, can participate in the assessment.	○
1.3	Conduct comprehensive and qualitative studies on early gender socialization and develop a strategy to promote positive gender socialization and child-rearing practices starting with household elders, pregnant mothers and expectant fathers. Include information on how baby girls and boys are perceived during pregnancy.	○
1.4	Gather information on how newborn and young girls and boys are cared for and loved.	○
1.5	Collect/review basic demographic data on infant and under-five mortality and stunting rates disaggregated by sex, which afford information about the differential treatment of girls and boys.	○
1.6	Review data on gender gaps in other aspects of nutrition, health, WASH, child-rearing practices, early stimulation and learning for children under age five and link it to other data on child care and education practices of children older than 5 years old, to analyse the continuum of care and education along the life cycle.	○
1.7	Cross-analyse gender-related data with other data, including data on women's empowerment (such as mother's level of education), community interventions, governance and availability of social and public policies for quality childcare facilities for poor working parents.	○
1.8	Gather information about the capacity of local partners to understand and address gender inequality in early childhood development. Work with women's and girls' rights organizations to understand what approaches and solutions other agencies are adopting to enhance gender equality in ECD programming.	○
1.9	Analyse key policy documents and legislative frameworks on ECD and assess risks, vulnerabilities and capacity gaps that will further impact on girls and boys.	○
1.10	Map out the target areas and identify which are the most disadvantaged areas in terms of access to services and poverty level. Identify the most marginalized women and girls with the greatest ECD support needs.	○

NO.	WHAT TO DO	DONE
1.11	Ensure ECD staff conducting assessment and situation analysis are gender sensitive, have the local knowledge and cultural understanding of gender-related issues.	<input type="radio"/>
1.12	Assess ECD services coverage levels in homes, communities and schools and disaggregate data by gender, sex, age, location, wealth quantile, religion, ethnicity, caste, etc. Additionally, identify women's and men's level of participation and roles in the ECD programme.	<input type="radio"/>
<p>II. ANALYSIS What barriers and opportunities prevent or enable gender equality in early childhood care and education? Analyse the impacts of gender constraints and opportunities to achieve the programme's objectives. Where feasible, include a gender specialist/focal point in the analysis.</p>		
ENABLING ENVIRONMENT		
1.13	Identify the most significant issue and root causes in the country context that affects gender inequity in access to and attainment of ECD. Key factors to consider include: cultural norms/tradition; poverty; ethnicity; religion; caste; demography or location; conflict; and health/education policy.	<input type="radio"/>
1.14	Identify what are the gender norms and practices that affect the gender gaps in ECD.	<input type="radio"/>
1.15	Analyse if enforcement or national statutes has provoked a ripple effect to create and replicate existing barriers to access to ECD for both girls and boys.	<input type="radio"/>
1.16	Analyse what kind of cultural norms and beliefs exist regarding to ECD. Identify what are the key societal beliefs of people's value in society.	<input type="radio"/>
1.17	Identify if there are any gender specific needs and interests that must be addressed to support the realization of the right to a quality ECD by all girls and boys (equality of opportunity and outcomes) and to track progress over time.	<input type="radio"/>
1.18	Analyse if tuition fees and other financial and non-financial barriers have been addressed to access to ECD services as part of a comprehensive national plan.	<input type="radio"/>
1.19	Analyse if there are systemic funding constraints for national entities that limit capacity to provide ECD services for vulnerable priority populations thereby hindering progress.	<input type="radio"/>
1.20	Identify what national level coordination barriers hinder the enforcement of ECD services. For example, a coordination between policy enforcement, social services/communities and service providers.	<input type="radio"/>

NO.	WHAT TO DO	DONE
1.21	Analyse if there are any other gender-related bottlenecks that might reduce the effectiveness of the programme design of ECD.	<input type="radio"/>
1.22	Analyse the data to track equitable ECD attainment trends over time at national, regional and local levels to guide and adapt programmes on ECD for all girls and boys for improved outcomes.	<input type="radio"/>
1.23	Identify if there is an evidence based for what kind of programming responses are effective in addressing gender-responsive ECD.	<input type="radio"/>
SUPPLY		
1.24	Facilitate institutional, human resources and budget analysis; conduct an analysis of stakeholders working in ECD-specific and gender-sensitive programmes and of existing coordination mechanisms across government, civil society and partner networks.	<input type="radio"/>
1.25	Analyse what critical commodities are lacking within the delivery process of key ECD services to women, men, girls and boys.	<input type="radio"/>
1.26	Analyse what lacking resources prevent access to quality ECD services including information that has a disproportionate impact on women and girls.	<input type="radio"/>
DEMAND		
1.27	Analyse what factors impede demand for access to ECD services, resources or opportunities that disproportionately impact women and girls.	<input type="radio"/>
1.28	Identify social norms, practices, beliefs and behaviours that hinder outcomes for women and girls.	<input type="radio"/>
1.29	Identify what barriers prevent continuity of ECD services such as lack of gender-sensitive services, ignorance of gender sensitivity among staff, location, fees, etc.	<input type="radio"/>
QUALITY		
1.30	Analyse quality standards that are not being adhered to that impact access and utilization of ECD services.	<input type="radio"/>

STEP 2

PROGRAMME DESIGN



NO.	WHAT TO DO	DONE
PRIORITISED ISSUES AND AREAS		
2.1	Make sure that the identified issues fall into the GAP 2018-2021 targets (either integrated gender results or targeted priorities) and UNICEF's Strategic Plan 2018-2021 goals.	<input type="radio"/>
2.2	Assess if UNICEF country programming currently address these issues. If so, identify how and at what scale.	<input type="radio"/>
2.3	<p>Identify entry points in UNICEF programming to address gender-based practical needs and strategic needs relevant to ECD identified in the analysis phase. Ask the following questions:</p> <ul style="list-style-type: none"> • What is UNICEF mandate within the ECD focus area? • Are the gender challenges identified in line with the GAP programmatic framework? • What needs can be met by other UNICEF focus areas? <p>Include a gender specialist/Focal Point/adviser as well as beneficiaries (especially women and girls) in the programme design and setting objectives.</p>	<input type="radio"/>
2.4	Identify the most critical challenge and inequities, aligned with global and sector priorities, capacity and resources to act, and partners on the ground to identifying the issues that will be addressed by the UNICEF country programme on ECD prioritising gender-responsive action.	<input type="radio"/>
2.5	Identify <u>what</u> gender responsive results the ECD programme aims to achieve and <u>how</u> to achieve them based on UNICEF's comparative advantage and mandate, resources and capacity to act effectively and ability to address issues that other organizations are not willing or able to do. Ensure UNICEF will be able to address this issue at scale.	<input type="radio"/>
2.6	Ensure that the logical framework addresses the needs and priorities of women and men, girls and boys to improve ECD especially in disadvantaged communities, and is aligned with the findings from a gender analysis. See separate Section 2: Practical Steps for Gender Mainstreaming (page 60) of this toolkit for more information on how to develop a gender-responsive logical framework.	<input type="radio"/>
2.7	Analyse why gender issues that were previously identified are not yet addressed, why the immediate and underlying causes persist and the possible risk factors that may exacerbate existing gender issues.	<input type="radio"/>

NO.	WHAT TO DO	DONE
2.8	Ensure the ECD programme identifies, harmonizes and collaborates with existing national programmes to address gender equality in ECD.	○
2.9	Ensure national legislation and policy frameworks on ECD consider the direct and indirect impacts on gender norms, roles, responsibilities and relations.	○
GOALS		
2.10	Identify the major objectives to be achieved in terms of gender-responsive strategies to realize girls' and boys' right to quality ECD over the planning cycle, including awareness raising among community members and empowering women and girls.	○
OUTCOMES		
2.11	Emphasize the human rights-based approach to an inclusive ECD for all girls and boys and develop the capacities of national governments and civil society organizations (CSOs) to employ such an approach. Consider benefits and specific needs of women, men, girls and boys to achieve set goals of ECD programme.	○
OUTPUTS		
2.12	Ensure outputs are planned with the relevance and benefits in mind for both women and men, girls and boys to achieve outcomes in the ECD programme.	○
ACTIVITIES		
2.13	In consultation with community members (especially women and girls from the most marginalized communities), community and religious leaders, and service providers (such as health workers and preschool teachers), identify the specific sets of actions that need to be taken at the household, community and school level to improve gender equity in ECD. Ensure that meeting spaces are safe and accessible for all.	○
2.14	Consider to include parenting programmes to increase the self-confidence of caregivers by promoting positive male involvement. Promote the redistribution of care work from women to men in a fair and supportive manner and ensure families have access to childcare and other services which are accessible also for men. Try to engage women and men in non-traditional gender roles in the programme.	○
2.15	Identify types of interventions that can be designed to address the specific gender issues or remove barriers that prevent girls and boys from realizing their right to quality ECD, ensuring that adequate resources and the necessary expertise and leadership are in place. This could include recruiting specific staff with experience in both ECD and gender-responsive programming.	○

NO.	WHAT TO DO	DONE
2.16	Provide comprehensive and free ECD programmes and services with incentives for women and girls to participate – encompassing the health, nutrition, education and protection sectors and including supports to parents in their critical role as children’s first and most important caregivers and educators. Critical to also ensure roles of grandparents.	○
2.17	Expand access to effective and essential ECD services in homes, schools, communities and health clinics. Provide pre-primary services close to where the child lives, also considering outreach services.	○
2.18	Review the ECD curriculum; review and replacement of printed reading/ learning materials; review of teacher training curriculum (including gender socialization) and ongoing training and support of educators (both female and male) for gender-transformative pedagogy and classroom management.	○
2.19	Integrate a strategy for development of national capacity in implementation. Enable relevant ministries to provide leadership and capacity to especially promote girls' ECD. Support to develop, enact and implement policies to increase access to high quality ECD services for all children particularly disadvantaged girls and boys. Ensure that ECD policies do not reinforce gendered norms around care work.	○
2.20	Creating the demands for ECD services to achieve scale. Build organizational and staff capacities to ensure that ECD programmes are at a minimum gender-aware and progressively gender-transformative.	○
2.21	Use implementation processes to empower mothers (and fathers) to develop local capacity. Mothers should be considered as agents of change who can be empowered to bring about the changes necessary to ensure ECD equity for all children. Educate mothers to make manageable decisions for ECD of their child (for both girls and boys) and needs by increasing their knowledge, autonomy, decision making and control over assets on ECD care.	○
2.22	Engage fathers as the role of caregivers to support maternal and child health and ECD; as male champions against all forms of gender-based violence; and as role models in confronting adverse social norms. Promote and support paternity leave as a mechanism to engage men early in pregnancy, childcare and development.	○
2.23	Address unequal gender norms early in life through life skills programmes to influence boys' perceptions of masculinity and gender norms to prevent gender-based violence (GBV).	○
2.24	Ensure activities are accessible to women, men, girls and boys. Engage men and boys throughout the process of the ECD programme cycle.	○

NO.	WHAT TO DO	DONE
2.25	Assess if additional activities be necessary to more directly promote gender equality.	○
TARGET BENEFICIARIES		
2.26	Ensure women, men, girls and boys benefit from the ECD programme, except where interventions specifically target women, men, girls and/or boys.	○
2.27	Consider to develop programmes that support empowerment of women link with livelihood, income generation, microfinance, education and employment to avoid discriminatory practices hindering women's ability to participate in decision making regarding access to ECD services for children.	○
2.28	Support women to enable them to build their negotiating skills and strategies and to become role models within their communities and encourage them to undertake leadership roles. Help establish women's and girls' groups within the community.	○
IMPLEMENTATION		
2.29	Identify who will implement the intervention and if the implementing partners are gender competent and have a gender equality policy or strategy, and been trained on gender equality issues.	○
2.30	Consider to involve gender specialist/Focal Point, women's and girls' rights organizations and machineries in ECD programme implementation.	○
2.31	As far as possible, employ an equal number of women and men in ECD programmes.	○
2.32	Confirm if the required gender and sectoral capacity exists within UNICEF and if there are resources available to fill expertise gaps.	○
2.33	Consider the needs for additional gender-related capacity building or engagement of outside gender experts.	○
2.34	Assess if the data of executing agency's monitoring system or Management Information System (MIS) is disaggregated by sex, age and other demographic variables (location, religion, etc.).	○
MONITORING AND EVALUATION (M&E)		
2.35	Devise a monitoring and evaluation (M&E) framework to track gender-related outcomes on ECD programme, with specific strategies to collect M&E data disaggregated by sex, age, ethnicity, wealth quantile, religion, location, caste, etc.	○
2.36	Ensure monitoring and evaluation (M&E) examine both the content and process from a gender sensitive point of view.	○

NO.	WHAT TO DO	DONE
INDICATORS		
2.37	Establish composite ECD indicators (use MICS and DHS, early childhood development module) and collect data by age and sex, and establish baseline data on child's overall developmental status by age and sex. Examples of benchmarks and sex- and age-disaggregated indicators include the extent to which growth and development differs between girls and boys in their first year of life, as well as the extent to which these differences are being reduced with programme interventions, gender-sensitive child-rearing practices for young girls and boys, and culturally relative, positive gender-socialization practices identified during the situation analysis. Ensure indicators are SMART (specific, measurable, attainable, locally relevant and time-bound).	○
2.38	Develop benchmarks and monitoring tools for gender-sensitive social protection and governance systems for improved family and community care for child survival and development.	○
2.39	Include indicators and benchmarks to track gender differences or equality in the detection and treatment of developmental problems and learning disabilities in early childhood.	○
2.40	Assess if targets are set to guarantee a sufficient level of gender balance in activities (e.g. quotas for female and male participation) and special efforts are made to recruit participants from the underrepresented sex or groups.	○
2.41	Ensure that indicators capture qualitative as well as quantitative changes in lives of women, men, girls and boys as well as ECD of girls and boys.	○
PARTNERSHIP		
2.42	Determine synergistic action necessary at different levels including household, community, hospitals, schools, national ministries and policy makers.	○
2.43	Identify key partners in implementing the ECD programme, including national ministries, NGOs, INGOs, public sectors, local/community-based (as well as women-led) organizations, advocacy groups and change agents. Partner with civil society organizations (CSOs) that have experience in providing ECD support for women and girls. Assess their capacity for gender-responsive planning, implementation and monitoring.	○
2.44	When planning for support to training professionals, for example health workers and preschool teachers, ensure that training on gender equality and gender-based violence (GBV) is included. Invite gender specialist/ Focal Point to the training. Involve an equal number of women and men in all capacity training programmes.	○

NO.	WHAT TO DO	DONE
2.45	Identify if there is potential for supplementary intersectoral programmes involving health, nutrition, education, WASH, child protection, C4D, etc. and ensure gender focal persons/advisers are engaged to maximize the results.	○
RISKS AND ASSUMPTIONS		
2.46	Consistently refer back to results of the gender analysis conducted during the assessment and design phase; check assumptions, incorporate emerging issues and concerns and adjust interventions accordingly.	○
2.47	Identify and address major risks and opportunities in implementing the ECD programme. Assess if there is any gender-related bottleneck (e.g. childcare, ease of movement, men's voices carry more weight, etc.) that may reduce the effectiveness of the programme.	○
2.48	Analyse if stereotypes or structural barriers are preventing the full participation of women and girls (or men and boys) and think how the programme deals with stereotypes and barriers.	○
2.49	Identify the possible backlash to women and girls, and any risk factors and bottlenecks that may be associated with the programme implementation (e.g. potentially increased burden on women and girls, aggressive reactions of men and boys, etc.). In some contexts, it may be necessary to negotiate with community leaders prior to talking with women and girls to avoid backlash.	○
RESOURCES		
2.50	Identify if the priority fall into a ECD programme (health/education) that is or will be substantially funded.	○
2.51	Allocate sufficient human, financial and material resources for gender-responsive activities related to ECD programme.	○
2.52	Identify if there are resource mobilization opportunities (internal and external) that will enable sustainable funding.	○
2.53	Ensure resources allocated for selected gender-responsive programming actions are linked to UNICEF programme and accounting code. Select relevant gender Specific Intervention Codes (SIC) and Gender Equality Markers (GEM) in VISION to track progress.	○
COMMUNICATION AND KNOWLEDGE MANAGEMENT		
2.54	Ensure that women, men, girls and boys participate in ECD programmes are able to provide confidential feedback and access complaint mechanisms by managing safe and accessible two-way communication channels.	○

NO.	WHAT TO DO	DONE
2.55	Strengthen community dialogues and awareness raising among parents (both mothers and fathers) and other family caregivers to identify the social and gender norms that underpin the different - and unfair - expectations that adults have about the behaviours, value, potential and future roles of girls and boys; and to support changes in the norms and expectations that underpin behaviours and practices that are not in the best interests of girls and boys.	○
2.56	Design separate gender-appropriate communication strategies for women/girls and men/boys.	○
2.57	Develop a strategy on awareness raising to promote gender-sensitive childrearing, and to advocate models of gender-sensitive caregiving for adults that encourage equitable and developmentally appropriate family care practices.	○
2.58	Identify and assess the effectiveness of social media/social marketing as a medium and strategy to shift gender-biased perceptions and beliefs to incorporate such a component in the ECD programme design.	○
2.59	Ensure mechanisms are in place to document good practices, examples and lessons learned in gender mainstreaming in ECD programme.	○
INNOVATION		
2.60	Promote partnerships with private sector, academia and NGOs for innovative solutions to solve identified gender challenges and to reach the most hard-to-reach women and girls such as those with disability, without parental care and in emergency context.	○

STEP 3

IMPLEMENTATION



NO.	WHAT TO DO	DONE
3.1	Identify and implement required activities to achieve the proposed gender outputs and outcomes as outlined in the ECD programme.	○
3.2	Review the results of ECD programme implementation and make sure that findings correspond to the gender-related activities that have been planned. If not, adopt the activities to make sure they correspond to actual needs.	○
3.3	Identify and mitigate possible risks of any interventions related to gender-sensitive ECD programmes, especially factors that may limit women's and girls' ability to access ECD services including prevalent harmful practices.	○
3.4	Ensure ECD programmes are participatory and inclusive in a way that includes parents (both mother and father) and community members in assuming responsibility for ensuring quality ECD for all girls and boys, in reflecting their concerns priorities in ECD policy, planning and budgeting processes.	○
3.5	Create opportunities for women and men to speak freely without judgement, develop programmes that support empowerment to avoid discriminatory practices hindering women's participation in decision-making processes.	○
3.6	Update ECD policies/strategies, guidelines and bylaws to incorporate the promotion of gender equality together with training and promotion programmes, operational guidelines, etc.	○
3.7	Conduct evidence-based advocacy to ensure national legislation and policy frameworks on ECD consider the direct and indirect impacts on gender norms, roles, responsibilities and relations.	○
3.8	Track implementation approaches, partners, input requirements and time required to best carry out gender-responsive activities for ECD programme. Ensure that commitments and actions are documented, followed and reported in a timely manner.	○
3.9	Ensure gender inequalities are regularly reviewed and addressed for ECD programme implementation through meetings with a team and partners. Conduct a gender analysis when necessary.	○

NO.	WHAT TO DO	DONE
3.10	Make sure that working partners have adequate skills to integrate a gender equality perspective into the ECD programme and with a minimum gender bias.	<input type="radio"/>
3.11	Assess whether there is equitable participation (in all activities including decision making) of women, men, girls and boys in the implementation, depending on the ECD programme's intended beneficiaries. If imbalances are identified, take appropriate measures to ensure the full participation of all beneficiary groups.	<input type="radio"/>
3.12	Ensure that data and data analysis portrays the situation of the most marginalized.	<input type="radio"/>
3.13	Assess if there are any changes observed to empower women and men, girls and boys through awareness raising and improved knowledge.	<input type="radio"/>
3.14	Assess if any gender issues have been arisen that were not identified at the programme design stage. Consider how they can be addressed.	<input type="radio"/>
3.15	Conduct a regular programme review to assess whether the ECD programme is making full use of both women's and men's, girls' and boys' capacities.	<input type="radio"/>
3.16	If mitigation measures for gender-based risks were included in the programme design, ensure that they are being implemented.	<input type="radio"/>
3.17	Assess if services for women and girls (and men and boys) are properly delivered as planned and ensure their accessibility.	<input type="radio"/>
3.18	Define and mobilize collaborative efforts and strategies with all partner organizations.	<input type="radio"/>
3.19	Establish information sharing (feedback) mechanisms with/between partner organizations and affected communities (especially women and girls) focusing on gender inequalities in ECD. Ensure actors in ECD liaise with actors in other areas (i.e. health, nutrition, WASH, education, child protection, social protection, gender, etc.) to share best practices.	<input type="radio"/>

STEP 4

MONITORING



NO.	WHAT TO DO	DONE
4.1	Ensure a set of interventions (activities) are implemented as planned and outlined in the ECD programme (M&E plan). Assess the effectiveness of resources being invested.	<input type="radio"/>
4.2	Measure and monitor the separate effects on women, men, girls and boys and the changes in women's and men's involvement in gender equal ECD and girls' and boys' access to ECD services.	<input type="radio"/>
4.3	Ensure that all data collected is gender- and age-disaggregated to assess the indicators. Track gender differences or equality in the detection and treatment of developmental problems and learning disabilities in early childhood.	<input type="radio"/>
4.4	Ensure that voices of national and sub-national institutions, partner agencies and affected communities (especially women and girls) and their equitable participation are involved in the collection of information.	<input type="radio"/>
4.5	Choose the data collection method carefully for assessing how the ECD programme is progressing to achieve planned results.	<input type="radio"/>
4.6	Consider a safe space when monitoring and/or collecting data and conduct data collection separately with women, men, girls and boys where female enumerators engage with female stakeholders and male enumerators with male stakeholders.	<input type="radio"/>
4.7	Make sure there is transparency in monitoring findings to ensure accountability.	<input type="radio"/>
4.8	Collect and analyse data to identify any gender gaps in access, participation or benefit of beneficiary groups in ECD programme.	<input type="radio"/>
4.9	If gender gaps are identified, investigate why these gaps are happening including identifying any root causes at different levels, both downstream and upstream.	<input type="radio"/>
4.10	Undertake corrective actions as needed to adjust interventions based on monitoring results for gender inequalities.	<input type="radio"/>
4.11	Make any adjustments need to scale-up the ECD programme components that are responsive to change or curtail those that appear to raise the risks for women and girls or have negative consequences for them.	<input type="radio"/>

STEP 5

EVALUATION



NO.	WHAT TO DO	DONE
5.1	Evaluate the extent to which girls and boys from all communities/ demographic groups have gained equal access to ECD services and their rates of equitable ECD attainment.	<input type="radio"/>
5.2	Assess if all the proposed activities have been carried out in the manner outlined in gender-sensitive ECD programmes.	<input type="radio"/>
5.3	Evaluate if activities are leading to expected results. Identify what were the key contributing factors resulting in gender-equitable accomplishments.	<input type="radio"/>
5.4	Analyse if the ECD programme interventions changed the condition and position of women and girls and that of men and boys with respect to decision-making power related to ECD.	<input type="radio"/>
5.5	Assess how gender-responsive interventions contributed to achieving the desired impact in terms of changing knowledge, awareness, participation, utilization, access and quality of ECD services.	<input type="radio"/>
5.6	Evaluate gender-responsive behaviour change through proxy indicators that can be correlated to the improvements of ECD for all girls and boys. These data should be disaggregated not only by gender, but also by age, location and for other key demographic variables (caste, race/ ethnicity).	<input type="radio"/>
5.7	Assess if results delivered to all key stakeholders (including women and men, girls and boys) who were affected by lack of ECD services.	<input type="radio"/>
5.8	Assess what difference the ECD programme made for the indirect beneficiaries.	<input type="radio"/>
5.9	Involve community members in identifying criteria for the evaluation, collecting and recording data, organizing workshops to analyse the findings, and reviewing evaluation findings to ensure their buy in, responsibility and accountability to ensuring results on ECD programme beyond the programme duration.	<input type="radio"/>
5.10	Use a combination of male and female evaluators where possible.	<input type="radio"/>
5.11	Identify what interventions and strategies are most effective and cost-effective and assess if they can be scaled up.	<input type="radio"/>
5.12	Assess sustainability of the gender-responsive actions.	<input type="radio"/>

NO.	WHAT TO DO	DONE
5.13	Analyse what challenges have been encountered along the way (e.g. integrated programmes, multisectoral work and partnerships, technical guidance from Headquarter and Regional Office, scale up, knowledge generation and use, community resistance to social norm change).	○
5.14	Identify if there are any examples of unintended gender-related outcomes.	○
5.15	Consider what potential workarounds or solutions are being planned to address the further challenges.	○
5.16	Assess what unique opportunities exist in the country to see a further improvement of ECD both for girls and boys. Among those, identify which are most important for UNICEF to act on.	○
5.17	Ensure the evaluation include concrete recommendations for follow-up initiatives. Identify what evidence of progress is available on country reduction of gender gaps in ECD.	○

STEP 6

REPORTING



NO.	WHAT TO DO	DONE
6.1	Document lessons learned and best and innovative practices related to gender mainstreaming and ECD for learning (South to South), communications, advocacy and funding. Include gender gaps, barriers or opportunities to which UNICEF was unable to respond as well as those that were successfully addressed in the ECD programme.	<input type="radio"/>
6.2	Ensure all data reported on is gender- and age-disaggregated.	<input type="radio"/>
6.3	Consider how and to whom to communicate the results of the initiatives.	<input type="radio"/>
6.4	Disseminate the gender-related results of the ECD programme to government authorities, donors, partners, beneficiaries and the general public. Very often, many great accomplishments on gender equality are being realized, but are not communicated beyond the implementing organization and/or partners.	<input type="radio"/>
6.5	Refer back to gender analysis and capture and report on how ECD programme has addressed gender inequalities in the knowledge management process and system. It is important to house the gendered learnings so they can be shared and used to inform development of new programming.	<input type="radio"/>
6.6	Lead to generate, analyse and promote the use of evidence by strengthening national data information systems or national statistical offices to be gender-responsive and track progress in addressing gender-based barriers to ECD.	<input type="radio"/>
6.7	Use key gender gaps or opportunities that have been identified but were not able to address during the ECD programme implementation as the basis to inform the design of future ECD programmes.	<input type="radio"/>
6.8	Use innovative technology platforms to communicate messaging or implement accountability and feedback mechanisms for reporting.	<input type="radio"/>

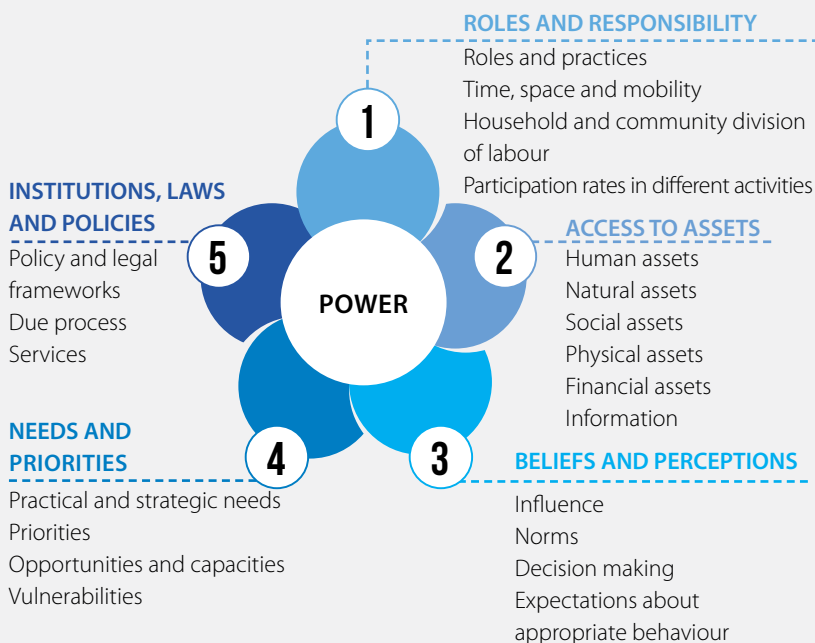


GENDER ANALYSIS QUESTIONS



A set of gender analysis questions from next page follows a gender analysis framework²⁶ (see separate **Section 2: Practical Steps for Gender Mainstreaming, page 28**) and should be used in the initial assessment to assist in the design of gender-responsive Early Childhood Development (ECD) programme that will maximize the participation of both female and male beneficiaries and benefits to them. The checklist is to be applied to specific country contexts and is not comprehensive, and should be used in addition to general data and other UNICEF documents.

GENDER ANALYSIS FRAMEWORK



1. ROLES AND RESPONSIBILITY (PRACTICES)



HOUSEHOLD ACTIVITIES

- What are the demographic profiles of target populations? (gender, ethnicity, caste, age, migration trend, percentage of female- and child-headed households, households size, marriage age, number of pregnant and lactating women, etc.)
- What is the gendered division of labor: roles, activities, work and responsibility of women/girls and men/boys in the house? Tasks can include the care of children, care of the aged, food production (including the cultivation of domestic food crops and livestock, shopping, food preparation and cooking), fuel and water collection, education, health care, laundry and cleaning, house maintenance (structural), artisan and craft production, and performance of social obligations. How do women, men, girls and boys spend their time?
- Respectively, for what activities or tasks are girls and boys responsible? Are these by choice or prescribed by the community? What happens when individual girls or boys don't follow these norms of behavior?
- Do women/girls or men/boys have restrictions on their mobility? What restrictions? How do they influence women's and girls' access to services and supportive social networks?

- What is the average age of marriage and first pregnancy? Who decides at what age a girl or boy marries? What are the reasons for getting married at younger/older ages?
- Are there gender-based differences in knowledge and attitudes regarding fertility decisions? What is the fertility rate and its frequency?



COMMUNITY ACTIVITIES

- What kinds of social groups do women/girls and men/boys participate in, respectively? What kind of leadership positions do women and men occupy? How do women's and men's participation in social groups affect their access to information, services, and care and support for ECD from other community members?
- Spatially, within the community and beyond, where are women's (girls') and men's (boys') activities located?



EARLY CHILDHOOD DEVELOPMENT

- Do baby girls and boys evolve in the same protective and developmental environment?
- Are girls and boys afforded the same environment for psychosocial learning and attachment?

- Are girls and boys given the same level and type of nurture and physical attention?
- Is their cognitive development and learning materials stimulated in the same or different ways between girls and boys?
- Are sex-selective abortions taking place? Is there data on gender-biased sex selection and infanticide and if these practices exist in the community/ country? What is the causal reason (often economic) for why prenatal sex selection and infanticide is practiced (if it is)?



CHILDCARE PRACTICES

- What are the common childcare and rearing practices that instill limiting or harmful gender roles for girls and boys?
- Are there gender differences in the ways in which girls and boys are cared for, nurtured and encouraged to express their emotions and in the types of responses offered by caregivers?
- What practices need to be changed? How can they be changed without creating cultural conflict and resilience? How can they be linked to overall social transformation and normative changes in a given social and cultural context?
- How can families and communities encourage girls and boys to develop proper life skills without discriminatory practices?



SERVICES FOR EARLY CHILDHOOD DEVELOPMENT

- Where do parents seek health care and education services for their children and why: traditional healer, community health worker, formal health clinic, preschool or a combination of the above? Who makes decisions in families about taking children to necessary care and services?
- Are female and male care workers trained on gender equality?
- Are girls and boys treated differently by:
 - » Providers who are women?
 - » Providers who are men?
- What is the ratio of female to male care providers? What are the consequences of this ratio? What are their roles and capacity?
- What is the proportion of women and men in management in ECD sector? Supervisors of each category of care workers, staff and volunteers?
- Do care workers ask mothers who decides:
 - » If she can go to the ECD facility?
 - » To bring her child to an ECD facility for a well-being of a child or sick care?
- Are there incidents of disrespectful care by female or male care providers in the facility towards girls or boys?
- Are women and girls discriminated against for being poor, of a particular ethnic group, for being young or old at the ECD facilities?

2. ACCESS TO AND CONTROL OVER ASSETS



HOUSEHOLD RESOURCES

- What kind of resources do women/ girls and men/boys have access to, respectively? How does access to and control over assets and resources differ between women/girls and men/boys?
 - »» Financial »» Information
 - »» Natural »» Social capital
 - »» Services »» Knowledge
- What are the constraints and implications arising out of lack of control over or access to productive resources, for those who lack such control and access?
- What do women and men own? What do they do with what they own to improve their own and their children's well-being? What do they own together?
- Respectively, are women's and men's assets equally liquid and transferrable?
- What are the broad income levels of the target population? Are there differences in income between females and males?
- What employment opportunities are open to women and men? How do women's wages compare to men's?
- Do men have access to paternity leave and at times they are available? What are the constraints preventing more men from taking paternity leave?

- Do women and men working at the same level and in the same cadres receive equal support and opportunities in terms of benefits, training, promotions and leadership opportunities?
- Who in the household controls the resources and does this have a different impact on the access to ECD services?
- What decisions do women and men make that affect children's ECD? Are there any social norms which prevent access for certain genders or ages?
- If women are heading households and/ or family groups, are they accessing sufficient ECD services?



COMMUNITY RESOURCES

- How do women's and men's access to and control over community resources affect their ability to:
 - »» Decide to seek ECD care?
 - »» Reach the right level of ECD care?
 - »» Access transport to ECD care?
 - »» Access ECD information?
 - »» Get appropriate ECD care?
- Who decides about the deployment of community resources (such as transport and infrastructure) for ECD services?
- What kinds of community-based mechanisms should be in place to promote positive gender-socialization processes throughout the life cycle?



SERVICES FOR EARLY CHILDHOOD DEVELOPMENT

- Do girls and boys have equitable opportunities to access optimum nutrition, health and opportunities for learning? Are there differences? If so, what factors affect these differences?
- What is the best gender and ECD capacity development required for service providers?
- How can gender-sensitive care practices for child's survival, growth and development be well-packaged together with health/nutrition and WASH interventions for young children and families and delivered as one integrated intervention?
- Are commodities available for both female and male needs, according to demand?
- Do men (fathers) have access to ECD services (health/nutrition/education) and at times they are available?
- Do female or male ECD care providers have the same opportunities for training?
- Are female or male ECD care providers denied promotions or other benefits because of assumptions about competing household obligations or lack of autonomy?
- Do female or male ECD care providers receive equal pay for equal work, equitable fringe benefits, preferred postings and equal opportunity to work the same number of hours and shifts?
- Are there equal opportunities for female and male ECD care workers to be employed and promoted?
- Proportionately, how do ECD budgets for programmes, supplies, infrastructure and human resources benefit women/girls vs. men/boys? Who decides how these resources are allocated?

3. BELIEFS AND PERCEPTIONS (NORMS)



HOUSEHOLD AND COMMUNITY

- What is appropriate behavior for a woman/girl or a man/boy? What is an ideal woman/girl and man/boy? How do these beliefs influence girls' and boys' behaviours?
- What are the social beliefs and perceptions that condition women's/ girls' and men's/boys' expectations and aspirations? For education, employment, marriage and family?
- Who should make decisions on ECD? What decisions do women and men make in the household for healthy early childhood development of girls and boys? Which kinds of decisions are made jointly?
 - »» Children's health and nutrition
 - »» Management of the household
 - »» Early learning for girls and boys
- How do the cultural norms regarding appropriate emotional expression for girls and boys affect responsive and appropriate caregiving?
- How does the community enforce gender norms and punish people when they do not conform to appropriate gender norms? How does this kind of social control affect women/girls and men/ boys? What are the ways in which communities discriminate against women and girls (as well as men and boys)?

- Which community norms and beliefs could influence women's (and girls') participation in the programme activities? These norms and beliefs may include the following:
 - cultural exclusion from productive activities;
 - heavy participation in reproductive activities;
 - exclusion from (active) participation in public proceedings;
 - seclusion from contacts with male service staff; or
 - lack of mobility because of cultural norms.



SERVICES FOR EARLY CHILDHOOD DEVELOPMENT

- How do ideas about women's/girls' and men's/boys' proper behavior affect their access to ECD services and treatment by care providers?
- What are care providers' beliefs about gender differences and equality? How does this affect their treatment of women/girls and men/boys?
- What are supervisors' and administrators' attitudes about sending female and male care providers for training?
- Do factors related to gender influence promotion decisions of care staff?
- Do women/girls and men/boys have a preference for a ECD care practitioner of the same sex?

- What is considered respectful treatment, respectively, by female and male care providers of girls and boys?



COMMUNICATION

- Are information, education and communication (IEC) materials on ECD equally accessible to female and male? Why or why not (i.e. low literacy levels of women/girls, illustrations do not include women/girls and men/boys equitably, or sex-specific pronouns are used in exclusionary ways)?
- Are ECD messages, illustrations and other media presentations free of gender stereotypes and biases? Do the illustrations stereotype women's and men's roles (i.e. women are portrayed as responsible for care of other family members; men are only portrayed as those in need of care or a breadwinner)?
- How might women/girls or men/boys interpret new experiences or information differently based on their gender identities, level of education and different types of knowledge that women/girls and men/boys may have? Is there equal concern for disseminating ECD information to women/girls and men/boys?
- How can a given community be empowered and informed through better communication for development for knowledge, attitude and behaviour change towards positive gender-socialization processes? What is to be measured? With what tools?
- Does the communication strategy on ECD only target mothers, or does it attempt to reach out to men (fathers, community and religious leaders) as well?
- Are women and men involved in the design, planning and implementation of the communication strategy?
- Does the communication strategy address the identified gender-related barriers to optimal ECD practices and utilization of services?
- Will the programme need a communication strategy and innovative teaching methods for illiterate women/girls and men/boys?
- Is a separate communication strategy needed to ensure that programme messages to reach women and girls (e.g. a woman-to-woman information service or the use of local women's and girls' groups)?

4. NEEDS AND PRIORITIES



HOUSEHOLD AND COMMUNITY

- What are the needs (both practical and strategic needs) of women, men, girls and boys and their priorities in early childhood development?
- What perspectives do they have on the appropriate and sustainable ways of addressing their needs?
- What are women's/girls' and men's/boys' different skills and capabilities?



SERVICES FOR EARLY CHILDHOOD DEVELOPMENT

- Are measures taken to address women's/girls' and men's/boys' different socioeconomic and cultural constraints in accessing ECD services, for example:
 - » Hours ECD services/facilities are open
 - » Educational materials, messages and outreach activities
 - » Balance of women and men in the ECD work force
- How well do ECD care workers respond to women's/girls' and men's/boys' different needs? Are there female and male ECD care providers to fulfill the beneficiary's preferred sex of provider?
- Are there women-to-women services in maternal and child health and nutrition as well as preschool programmes? Does lack of women-to-women services constrain women and girls from using ECD services?
- What are the constraints preventing more women or men from being trained or being appointed as ECD care providers?
- Are the differential effects on women/girls and men/boys taken into consideration regarding different forms of cost recovery such as fees and insurance?

5. INSTITUTIONS, LAWS AND POLICIES



LEGAL SYSTEM

- How do inheritance laws treat women, men, girls and boys respectively?
 - How does the legal system treat women, men, girls and boys (i.e. due process and recognition of rights)?
 - Do women and men, girls and boys have equal status under all national, regional and local laws?
 - Do women and girls have rights to self-determination (e.g. divorce, property rights, custody of children, decisions about reproductive matters)?
 - At what age do girls and boys attain adult legal status? What does this mean for girls and boys in terms of political participation, ownership of property, decisions about marriage? What is the legal age of marriage for girls and boys?
- Is there a human resource policy in ECD sector at the district and facility levels on gender equality and/or non-discrimination based on gender?
 - Are any of the ECD workplace policies discriminatory against women or men?
 - Are there family-friendly policies in place? Does the organization of ECD work take into consideration women's disproportionate responsibilities for childcare, food preparation and other family care?
 - How is the ECD (health and education) system leadership accountable for implementing existing gender equality policies? Do they conduct periodic assessments, issue reports or measure performance on a regular basis?
 - Are government authorities in ECD knowledgeable of national gender equality policies? To what extent do they implement and enforce the policies?
 - Are national budgets for ECD assessed for whether they are gender equitable? Are district and national ECD budgets analysed and appropriated according to gender equity principles?



POLICY FRAMEWORKS

- Is there a national policy on gender equality and are any of them specific to ECD? Does the Ministry of Health (MOH) and/or the Ministry of Education (MOE) have policies on gender equality in ECD?



SERVICES FOR EARLY CHILDHOOD DEVELOPMENT AND OTHERS

- What services (ECD, health, nutrition, education, water and infrastructure, child protection, law and justice) are provided in the programme area and to whom? Consider differences in socioeconomic status as well as gender.
- Is ECD information at the facility level disaggregated by sex and age and comparatively analysed for decision making?
- Are statistics on the ECD workforce disaggregated both by sex and type of professional (e.g. nurse, doctor, preschool teachers, etc.)?
- How are female and male ECD care workers involved in planning and policy formulation in the ECD facility? Do women and men with equal training and seniority have equal decision making and influence?
- Are ECD staff trained on gender equality and human rights, and how is the training often offered?
- Do referral systems treat girls and boys equitably? What is the likelihood of girls and boys being appropriately referred and reaching the facility in a timely fashion?

[Source: Excerpted from Gender Analysis Toolkit for Health Systems, Jhpiego (2016) and Promoting Gender Equality through UNICEF-Supported Programming in Young Child Survival and Development, UNICEF (2011).]

USEFUL RESOURCES

GENDER AND EARLY CHILDHOOD DEVELOPMENT	
UNICEF's Guidance for Early Childhood Development (UNICEF, 2017)	It provides a timely framework for articulating a vision, corresponding goals and indicators linked to the commitments made for ECD within the Sustainable Development Goals (SDGs) and the Strategic Plan (SP) (2018-2021).
Early Moments Matter for Every Child (UNICEF, 2017)	This report presents data and outlines best practices and policies that can put governments on the path to providing every child with the best start in life.
Promoting Gender Equality through UNICEF-Supported Programming in Young Child Survival and Development: Operational Guidance (UNICEF, 2011)	This guide provides information on how to develop and manage effective young child survival and development programmes including ECD.
Gender Inequality and Early Childhood Development (Plan International, 2017)	This report examines the impact of gender inequality and discrimination on the survival, healthy growth and early years' development of girls and boys and the rationale for investing in gender-transformative early childhood programming in order to break the cycle of gender discrimination, promote the rights of girls and boys, and advance gender equality.
Research into Gender Equality and Early Childhood Development in Eleven Countries in Asia (Plan International, 2017)	The report synthesizes the findings from the different countries, highlighting common issues around the gendered distribution of care work and men's limited engagement; as well as the fact that in many of the communities studied, girls and boys are being prepared – from an early age – to be mothers/caregivers and fathers/providers of the future.
Gender: Early Socialization (Martin, Carol L. et al., 2014)	This document looks at socialization process and the factors that influence gender development in children.

<p>Closing the Gender Gap, Act Now (Organisation for Economic CO-operation and Development (OECD), 2012)</p>	<p>This report focuses on how best to close gender gaps under four broad headings: 1) Gender equality, social norms and public policies; and gender equality in 2) education; 3) employment and 4) entrepreneurship.</p>
<p>Achieving Women’s Economic Empowerment and Early Childhood Care and Development as Mutually Reinforcing Objectives: Toward an Integrated Vision of Early Childcare Programming (UNICEF, 2015)</p>	<p>The Technical Note proposes an integrated framework of policies and programmatic interventions, and achieving two-generational outcomes that advance women’s economic empowerment while promoting successful outcomes for children. The Technical Note will be useful for UNICEF’s country offices and partners. It provides them with a tool for cross-sectoral programming and advocacy efforts aimed at realizing positive outcomes for women and their children.</p>
<p>World Bank Support to Early Childhood Development (World Bank, 2015)</p>	<p>This evaluation examines the World Bank’s design and implementation of projects across sectors supporting ECD interventions to inform future operations and provides inputs to the new Global Practices and Cross-Cutting Solution Areas.</p>
<p>Gender Stereotypes and the Socialization Process (Jivka Marinova, 2003)</p>	<p>It explains when and where starts the gender socialization process and propose interventions to combat the status quo.</p>

REFERENCES

1. UNICEF (2017). UNICEF's Programme Guidance for Early Childhood Development.
2. Plan International (2017). Synthesis Report: Research into Gender Equality and Early Childhood Development in Eleven Countries in Asia.
3. UIS Data Sources, UNESCO (accessed on September 19, 2018).
4. Plan International (2017). Gender Equality and Early Childhood Development.
5. Save the Children (2011). An equal start: why gender inequality matters for child survival and maternal health. London: Save the Children Fund.
6. Ibid.
7. International Center for Research on Women (ICRW) (2006). Son preference and daughter neglect in India, What happens to living girls? Washington, D.C.: ICRW.
8. Save the Children (2015). The lottery of birth, Giving all children an equal chance to survive. London: Save the Children Fund.
9. Plan International (2017). Gender Equality and Early Childhood Development.
10. Heilman B, Levtoev R, van der Gaag N, Hassink A, and Barker G (2017). State of the World's Fathers: Time for Action. Washington, DC: Promundo, Sonke Gender Justice, Save the Children, and MenEngage Alliance.
11. Fagan J, Palm G. (2004). Fathers and early childhood programs. Clifton Heights, NY: Delmar Publishing.
12. Plan International (2017). Gender Equality and Early Childhood Development.
13. Plan (2016). Recommendations emerging from a Practice Review: Promoting fathers' positive involvement in their children's lives, care and development. Pending.
14. Plan International (2017). Gender Equality and Early Childhood Development.
15. Ibid.
16. Ibid.
17. World Bank (2014). Violence against Women and Girls: Lessons from South Asia.
18. Ibid.
19. CECEd, Ambedkar University and ASER Centre, UNICEF (2017). The India Early Childhood Education Impact Study.
20. Ibid.
21. Hillis S., J Mercy, A Amobi, H Kress (2016). Global Prevalence of Pastyear Violence Against Children: A systematic review and minimum estimates in Pediatrics 137 (3).
22. Know Violence in Childhood (2017). Ending Violence in Childhood, Global Report 2017.
23. World Bank (2014). Violence against Women and Girls: Lessons from South Asia.
24. Know Violence in Childhood (2017). Ending Violence in Childhood, Global Report 2017.
25. Wathen, C. N., & MacMillan, H.L. (2013). Children's exposure to intimate partner violence: Impacts and interventions. Paediatrics & Child Health, 18(8), 419–422.
26. Jhpiego (2016). Gender Analysis Toolkit for Health Systems.



for every child

UNICEF Regional Office for South Asia

Lekhnath Marg, Kathmandu 44600

 www.unicef.org/rosa

 rosa@unicef.org

 www.facebook.com/UNICEFSouthAsia

 www.twitter.com/UNICEFROSA

UNICEF REGIONAL OFFICE FOR SOUTH ASIA

unicef 
for every child

ANNEX

GLOSSARY OF TERMS AND CONCEPTS



DEFINITIONS OF KEY GENDER TERMS

▶ a

AA-HA! Accelerated Action for the Health of Adolescents

A global partnership, led by WHO and of which UNICEF is a partner, that offers guidance in the country context on adolescent health and development and puts a spotlight on adolescent health in regional and global health agendas.

Adolescence

The second decade of life, from the ages of 10-19. Young adolescence is the age of 10-14 and late adolescence age 15-19. This period between childhood and adulthood is a pivotal opportunity to consolidate any loss/gain made in early childhood. All too often adolescents - especially girls - are endangered by violence, limited by a lack of quality education and unable to access critical health services.¹ UNICEF focuses on helping adolescents navigate risks and vulnerabilities and take advantage of opportunities.

Adolescent Health in All Policies (AHiAP)

An approach to public policies across sectors that systematically takes into account the implications of decisions for adolescent health, avoids harmful effects and seeks synergies – to improve adolescent health and health equity. A strategy that facilitates the formulation of adolescent-responsive public policies in all sectors, and not just within the health sector.²

▶ d

Discrimination (gender discrimination)

“Any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on the basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field” [United Nations, 1979. ‘Convention on the Elimination of all forms of Discrimination Against Women,’ Article 1].

Discrimination can stem from both law (de jure) or from practice (de facto). The CEDAW Convention recognizes and addresses both forms of discrimination, whether contained in laws, policies, procedures or practice.

- **de jure discrimination**
e.g., in some countries, a woman is not allowed to leave the country or hold a job without the consent of her husband.
- **de facto discrimination**
e.g., a man and woman may hold the same job position and perform the same duties, but their benefits may differ.



Empowerment

Refers to increasing the personal, political, social or economic strength of individuals and communities. Empowerment of women and girls concerns women and girls gaining power and control over their own lives. It involves awareness-raising, building self-confidence, expansion of choices, increased access to and control over resources and actions to transform the structures and institutions which reinforce and perpetuate gender discrimination and inequality.

The core of empowerment lies in the ability of a person to control their own destiny. This implies that to be empowered women and girls must not only have equal capabilities (such as education and health) and equal access to resources and opportunities (such as land and employment), but they must also have the agency to use these rights, capabilities, resources and opportunities to make strategic choices and decisions (such as is provided through leadership opportunities and participation in political institutions).³



Gender Action Plan (GAP)

The UNICEF Gender Action Plan serves to reinforce the commitments to gender found in the organization's periodic strategic plans. The first GAP covered the five-year period 2014-2017 and the second GAP will cover 2018-2021. The

document specifies how UNICEF intends to promote gender equality across all of the organization's work at global, regional and country levels, in alignment with the UNICEF Strategic Plan. The 2018-2021 GAP also serves as UNICEF's roadmap for supporting the achievement of gender equality goals as outlined in Agenda 2030 and the Sustainable Development Goals (SDGs) during the period.

Gender

A social and cultural construct, which distinguishes differences in the attributes of women and men, girls and boys, and accordingly refers to the roles and responsibilities of women and men. Gender-based roles and other attributes, therefore, change over time and vary with different cultural contexts. The concept of gender includes the expectations held about the characteristics, aptitudes and likely behaviours of both women and men (femininity and masculinity). This concept is useful in analysing how commonly shared practices legitimize discrepancies between sexes.⁴

Gender accommodating

Similar to the concept of gender sensitivity, gender accommodating means not only being aware of gender differences but also adjusting and adapting to those differences. However, gender accommodating does not address the inequalities generated by unequal norms, roles and relations (i.e., no remedial or transformative action is developed).

Gender analysis

A critical examination of how differences in gender roles, activities, needs, opportunities and rights/entitlements affect women, men, girls and boys in certain situations or contexts. Gender analysis examines the relationships between females and males and their access to and control of resources and the constraints they face relative to each other. A gender analysis should be integrated into the humanitarian needs assessment and in all sector assessments or situational analysis to ensure that gender-based injustices and inequalities are not exacerbated by humanitarian interventions, and that when possible, greater equality and justice in gender relations are promoted.⁵

Gender balance

This is a human resource issue calling for equal participation of women and men in all areas of work (international and national staff at all levels, including at senior positions) and in programmes that agencies initiate or support (e.g. food distribution programmes). Achieving a balance in staffing patterns and creating a working environment that is conducive to a diverse workforce improves the overall effectiveness of policies and programmes and enhance agencies' capacity to better serve the entire population.⁶

Gender-based constraints

Constraints that women or men face that are a result of their gender. An example of constraints women farmers face might be not having title to their land, male

dominated cooperative membership, being more tied to their homes preventing access to extension services. Constraints that are not based on gender are referred to as general constraints.⁷

Gender-based violence (GBV)

An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between females and males. The nature and extent of specific types of GBV vary across cultures, countries and regions. Examples include sexual violence, including sexual exploitation/abuse and forced prostitution, domestic violence, trafficking, forced/early marriage, harmful traditional practices such as female genital mutilation, honour killings and widow inheritance.⁸

Gender-based violence in emergencies (GBViE)

In emergencies, such as conflict or natural disasters, the risk of violence, exploitation and abuse is heightened, particularly for women and girls.⁹At the same time, national systems and community and social support networks may weaken. An environment of impunity may mean that perpetrators are not held to account. Pre-existing gender inequalities may be exacerbated. Women and adolescent girls are often at particular risk of sexual violence, exploitation and abuse, forced or early marriage, denial of resources and harmful traditional practices. Men and boys may also be survivors. GBV has significant and long-lasting impacts on the health and psychological, social and economic well-being of survivors and their families.¹⁰

Gender bias

Making decisions based on gender that result in favoring one gender over the other which often results in contexts that are favoring men and/or boys over women and/or girls.

Gender-biased sex selection

“Sex selection can take place before a pregnancy is established, during pregnancy through prenatal sex detection and selective abortion, or following birth through infanticide or child neglect. Sex selection is sometimes used for family balancing purposes but far more typically occurs because of a systematic preference for boys. The biologically normal sex ratio at birth ranges from 102 to 106 males per 100 females. However, ratios higher than normal – sometimes as high as 130 – have been observed. This is now causing increasing concern in some South Asian, East Asian and Central Asian countries.”¹¹
(See: son preference.)

Gender blindness

The failure to recognize that the roles and responsibilities of men/boys and women/girls are given to them in specific social, cultural, economic and political contexts and backgrounds. Projects, programmes, policies and attitudes which are gender blind do not take into account these different roles and diverse needs, maintain status quo, and will not help transform the unequal structure of gender relations.¹²

Gender disparities

Statistical differences (often referred to as “gaps”) between women and men, girls and boys that reflect an inequality in some quantity.

Gender equality

The concept that women and men, girls and boys have equal conditions, treatment and opportunities for realizing their full potential, human rights and dignity, and for contributing to (and benefitting from) economic, social, cultural and political development. Gender equality is, therefore, the equal valuing by society of the similarities and the differences of women and men, and the roles they play. It is based on women and men being full partners in the home, community and society. Equality does not mean that women and men will become the same but that women’s and men’s rights, responsibilities and opportunities will not depend on whether they are born male or female.

Gender equality implies that the interests, needs and priorities of both women and men and girls and boys are taken into consideration, recognizing the diversity of different groups and that all human beings are free to develop their personal abilities and make choices without the limitations set by stereotypes and prejudices about gender roles. Gender equality is a matter of human rights and is considered a precondition for, and indicator of, sustainable people-centred development.

Gender equity

The process of being fair to women and men, girls and boys and importantly the equality of outcomes and results. Gender equity may involve the use of temporary special measures to compensate for historical or systemic bias or discrimination. It refers to differential treatment that is fair and positively addresses a bias or disadvantage that is due to gender roles or norms or differences between the sexes. Equity ensures that women and men and girls and boys have an equal chance, not only at the starting point, but also when reaching the finishing line. It is about the fair and just treatment of both sexes that takes into account the different needs of the women and men, cultural barriers and (past) discrimination of the specific group.¹³

Gender equality programming

An umbrella term encompassing all strategies to achieve gender equality. Important examples include gender mainstreaming, gender analysis, prevention and response to gender-based violence and sexual exploitation and abuse, promotion and protection of human rights, empowerment of women and girls and gender balance in the workplace.

Gender gap

Disproportionate difference between women and men and girls and boys, particularly as reflected in attainment of development goals, access to resources and levels of participation. A gender gap indicates gender inequality.

Gender indicators

Criteria used to assess gender-related change in a condition and to measure progress over time toward gender equality. Indicators used can be quantitative (data, facts, numbers) and qualitative (opinions, feelings, perceptions, experiences).

Gender integrating/mainstreaming

A strategy to accelerate progress on women's and girls' rights and equality in relation to men and boys. This is the chosen approach of the United Nations system and international community toward implementation of women's and girls' rights, as a sub-set of human rights to which the United Nations dedicates itself. Gender equality is the goal. Gender mainstreaming is the process of assessing the implications for women and men and girls and boys of any planned action, including legislation, policies and programmes. It is a strategy for making women's and girls', as well as men's and boy's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes so that women and men and girls and boys benefit equality, and inequality is not perpetuated.¹⁴

Gender neutral

Anything – a concept, an entity, a style of language – that is unassociated with either the female or male gender. The nature of systemic and embedded or internalized bias is such that, unfortunately often, what is perceived to be gender neutral is in fact gender blind.¹⁵

Gender norms

Accepted attributes and characteristics of female and male gendered identity at a particular point in time for a specific society or community. They are the standards and expectations to which gender identity generally conforms, within a range that defines a particular society, culture and community at that point in time. Gender norms are ideas about how women and men should be and act. Internalized early in life, gender norms can establish a life cycle of gender socialization and stereotyping.¹⁶

Gender parity

A numerical concept concerning relative equality in terms of numbers and proportions of women and men, girls and boys. Gender parity addresses the ratio of female-to-male values (or males-to-females, in certain cases) of a given indicator.¹⁷

Gender planning

A planning approach that recognizes the different roles that women and men play in society and the fact that they often have different needs.¹⁸

Gender relations

A specific sub-set of social relations uniting women and men as social groups in a particular community. Gender relations intersect with all other influences on social relations – age, ethnicity, race, religion – to determine the position and identity of people in a social group. Since gender relations are a social construct, they can be changed.¹⁹

Gender-responsive budgeting (GRB)

Government planning, programming and budgeting that contributes to the advancement of gender equality and the fulfillment of women's rights. It entails identifying and reflecting needed interventions to address gender gaps in sector and local government policies, plans and budgets. GRB also aims to analyse the gender-differentiated impact of revenue-raising policies and the allocation of domestic resources and Official Development Assistance.²⁰

Gender roles

Social and behavioral norms that, within a specific culture, are widely considered to be socially appropriate for individuals of a specific sex. These often determine the traditional responsibilities and tasks assigned to women, men, girls and boys. Gender-specific roles are often conditioned by household structure, access to resources, specific impacts of the global economy, occurrence of conflict or disaster, and other locally relevant factors such as ecological conditions.²¹

Gender-neutral programming and policies

Programming and policies that do not centre gender concerns or distinguish between genders in their design, interventions and monitoring.

Gender-responsive programming and policies

Intentionally employing gender considerations to affect the design, implementation and results of

programmes and policies. Gender-responsive programmes and policies reflect women's and girls' realities and needs, in components such as site selection, project staff, content, monitoring, etc. Gender-responsiveness means paying attention to the unique needs of females, valuing their perspectives, respecting their experiences, understanding developmental differences between women and men, girls and boys and ultimately empowering women and girls.²²

Gender-sensitive programming and policies

Programmes and policies that are aware of and address gender differences.

Gender socialization

The process of girls and boys, women and men learning social roles based on their sex, which leads to different behaviours and creates differing expectations and attitudes by gender. An example is that concept that women and girls do more household chores, such as cooking and cleaning, while men and boys do more work out of the home. Gender roles often lead to inequality.

Gender stereotyping

Ascribing certain attributes, characteristics and roles to people based on their gender. Gender stereotypes can be negative (i.e., women are bad drivers, men can't change diapers) and benign (i.e., women are better caregivers, men are stronger). Gender stereotyping

becomes harmful when it limits a person's life choices, such as training and professional path, and life plans. Compounded gender stereotypes occur when layered with stereotypes about other characteristics of the person, such as disability, ethnicity or social status.²³

Gender-transformative programming and policies

Programming and policies that transform gender relations to achieve gender equity.

Gender effect

A term referring to the understanding that when a society invests in girls, the effects are deep for the girls, multiple for society and a driver of sustainable development. According to an essay by the president of the Nike Foundation in UNICEF's State of the World's Children 2011, "When a girl in the developing world receives seven or more years of education, she marries four years later. An extra year of primary school boosts girls' eventual wages by 10 to 20 per cent. Studies in 2003 showed that when women and girls earn income, they reinvest 90 per cent of it into their families, as compared to the 30 to 40 per cent that men and boys contribute. Research has also shown that higher levels of schooling among mothers correlate with better infant and child health."



Human papillomavirus (HPV)

Human papillomavirus (HPV) is the most common sexually transmitted infection (STI). HPV is so common that nearly all sexually active people get it at some point in their lives. HPV is spread by vaginal, anal or oral sex with someone who has the virus and can be transmitted even when an infected person has no signs or symptoms. Symptoms can also develop years after having sex with someone who is infected. In most cases, HPV goes away on its own and does not cause any health problems. However, there are many different types of HPV; some types can cause health problems including genital warts and 18 cervical and other cancers.²⁴ HPV types - 16 are responsible for about 70% of all cervical cancer cases worldwide.²⁵

The U.S. Centers for Disease Control recommend that all girls and boys ages 11 or 12 years get vaccinated.²⁶ By March 2017, 71 countries (37%) had introduced HPV vaccine in their national immunization programme for girls, and in 11 countries (6%) also for boys.²⁷



Intermediate barriers/causes

Intermediate barriers and causes of gender inequality, also commonly referred to as 'gender bottlenecks', determine options and opportunities available to persons according to their gender. These might include women's

and girls' greater concerns for safety and mobility when using washrooms or collecting water, or heavier burdens and responsibilities in the household.

International Day of the Girl Child

On 19 December 2011, United Nations General Assembly adopted resolution 66/170 declaring 11 October the International Day of the Girl Child to recognize girls' rights and the unique challenges girls face around the world and to promote girls' empowerment and the fulfilment of their human rights.²⁸

Intersectionality

A feminist sociological theory first coined by American civil rights advocate Kimberlé Crenshaw in 1989. Intersectionality refers to overlapping social identities and the related systems of oppression, domination and/or discrimination. The idea is that multiple identities intersect to create a whole that is different from the component identities.²⁹



LGBTQ+

Umbrella term for all persons who have a non-normative gender or sexuality. LGBTQ stands for lesbian, gay, bisexual, transgender, and queer and/or questioning. Sometimes a + at the end is added to be more inclusive.³⁰ A UNICEF position paper, "Eliminating Discrimination Against Children and Parents Based on Sexual Orientation and/or Sexual Identity (November 2014),"

states all children, irrespective of their actual or perceived sexual orientation or gender identity, have the right to a safe and healthy childhood that is free from discrimination.³¹



Masculinities/femininities

These are dynamic socio-cultural categories used in everyday language that refer to certain behaviours and practices recognized within a culture as being “feminine” or “masculine,” regardless of which biological sex expresses them. These concepts are learned and do not describe sexual orientation or biological essence. They change with culture, religion, class, over time and with individuals and other factors. The values placed on femininities and masculinities vary with culture also. Any person may engage in forms of femininity and masculinity. As an example, a man can engage in what are often stereotyped as “feminine” activities, such as caring for a sick parent or staying home to raise children.³²

Menstrual hygiene management (MHM)

Programming that helps women and girls manage their monthly periods safely and with dignity, focusing on the fact that menstruation is a normal biological process and an important facet of reproductive health. Improving women’s and girls’ access to knowledge about menstruation and to appropriate and hygienic sanitary facilities and materials in schools and homes. Programmes

may include addressing cultural taboos, increasing access to affordable and hygienic sanitary materials, facilitating disposal options, access to safe and private toilets and provision of clean water and soap for personal hygiene. Some practitioners are calling for MHM to be a separate SDG and considered a human right.³³



Parity in education

Refers to equivalent percentages of females and males in an education system (relative to the population per age group). Parity is essential but not sufficient for achieving gender equality.³⁴

Patriarchy

Social system in which men hold the greatest power, leadership roles, privilege, moral authority and access to resources and land, including in the family. Most modern societies are patriarchies.

Positive parenting

Educating parents on children’s rights and development to improve parenting practices, with the goal of ending violence, abuse and exploitation of children. Helping parents improve their skills to manage their children’s behaviour. Positive parenting is the foundation for curbing violence at home and in the community. It encourages the engagement of fathers and men and considers the various stages of a child’s life cycle.³⁵



Reproductive rights and sexual and reproductive health

Reproductive rights include the rights of all individuals and couples to decide freely and responsibly the number, spacing and timing of their children, and to have the information and means to do so. Further, decisions concerning reproduction should be made free from discrimination, coercion and violence. These services are essential for all people, married and unmarried, including adolescents and youth.

For people to realize their reproductive rights, they need access to reproductive and sexual health care in the context of primary health care. This should include a range of family planning; obstetrical and gynecological care; prevention, care and treatment of STIs and HIV/AIDs; education and counselling on human sexuality and reproductive health; prevention and surveillance of violence against women and elimination of traditional harmful practices.³⁶



Sex

Refers to the biological and physiological reality of being females or males.³⁷

Sex disaggregated data

Data that is cross-classified by sex, presenting information separately for women and men, girls and boys. When data is not disaggregated by sex, it is

more difficult to identify real and potential inequalities. Sex-disaggregated data is necessary for effective gender analysis.³⁸

Sexual and reproductive health and rights (SRHR)

This can be understood as the right for all, whether young or old, women, men or transgender, straight, gay, lesbian or bisexual, HIV positive or negative, to make choices regarding their own sexuality and reproduction, providing they respect the rights of others to bodily integrity. This definition also includes the right to access information and services needed to support these choices and optimize health.³⁹

Son preference

The practice of preferring male offspring over female offspring, most often in poor communities, that view girl children as liabilities and boy children as assets to the family. This can result in families instilling superiority in male children and inferiority in female children, manifesting in such actions as sending boys to school, especially to higher levels, and not girls or household practices where boys are fed better than girls. The extreme manifestation of son preference is female feticide and sex-selected abortions; in some countries, this has resulted in skewed population sex ratios, with attendant problems such as increased trafficking of females and greater prevalence of sex workers. (*See: gender-biased sex selection.*)

Stand-alone gender programming and policies

Programming and policies that explicitly address gender inequality to achieve gender equality.

Strategic gender needs

Requirements of women and men to improve their position or status. Addressing these needs allow people to have control over their lives beyond socially-defined restrictive roles. Strategic gender needs for women might include land rights, more decision-making power, equal pay and greater access to credit.

Practical gender needs, by comparison, are those needs required to overcome development shortcomings, that are gender-specific but do not challenge gender roles, such as access to healthcare, water availability and employment opportunities.

Structural barriers/causes

Gender inequalities in social structures, based on institutionalized conceptions of gender differences. Conceptions of masculinity and femininity, expectations of women and men, judgements of women's and men's actions, prescribed rules about behaviour of women and men – all of these, and more, create and maintain gender inequality in social structures. Social and cultural environments, as well as the institutions that structure them and the individuals that operate within and outside these institutions, are engaged in the production and reproduction of gender norms, attitudes and stereotypes.⁴⁰

Structural discrimination

A form of discrimination resulting from policies, despite apparently being neutral, that have disproportionately negative effects on certain societal groups.⁴¹

Substantive equality

This focuses on the outcomes and impacts of laws and policies. Substantive equality goes far beyond creating formal legal equality for women (where all are equal under the law) and means that governments are responsible for the impact of laws. This requires governments to tailor legislation to respond to the realities of women's lives. Striving for substantive equality also places a responsibility on governments to implement laws, through gender-responsive governance and functioning justice systems that meet women's needs. Substantive equality is a concept expressed in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). It recognizes that because of historic discrimination, women do not start on an equal footing to men.⁴²



Wikigender

A global online collaborative platform linking policymakers and experts from both developed and developing countries to find solutions to advance gender equality. It provides a centralized space for knowledge exchange on key emerging issues, with a strong focus on the Sustainable Development Goals (SDGs), and in particular on SDG 5 (Achieving gender equality and empowering all women and girls). Both English and French speakers worldwide can discuss current issues, relevant research and emerging trends on gender equality.⁴³

DEVELOPMENT THEORIES AND APPROACHES RELATED TO GENDER

Gender and development (GAD)

Gender and Development (GAD) came into being as a response to the perceived shortcomings of women in development (WID) programmes. GAD-centred approaches are essentially based on three premises: 1) Gender relations are fundamentally power relations; 2) Gender is a socio-cultural construction rather than a biological given; and 3) Structural changes in gender roles and relations are possible. Central to GAD is the belief that transforming unequal power relations between women and men is a prerequisite for achieving sustainable improvements in women's lives. The onus is on women and men to address and re-shape the problematic aspects of gender relations. The conceptual shift from "women" to "gender" created an opportunity to include a focus on men and boys.⁴⁴

Gender Strategy for Women's, Children's and Adolescents' Health (2016-2030)

This global strategy identifies adolescents as being central to achieving the Sustainable Development Goals (SDGs).

Human rights-based approach (HRBA)

This entails consciously and systematically paying attention to human rights in all aspects of programme development. This approach is a conceptual framework for the process of human development that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights. The objective of the HRBA is to empower people (rights-holders) to realize their rights and strengthen the State (duty-bearers) to comply with their human rights obligations and duties. States' obligations to human rights require them to respect, protect and fulfill women's and girls' rights, along with the rights of men and boys. When they fail to do so, the United Nations has a responsibility to work with partners to strengthen capacity to more effectively realize that duty.⁴⁵

Smart economics

Advocated chiefly by the World Bank, smart economics is an approach to define gender equality as an integral part of economic development and aims to spur development through investing more efficiently in women and girls. It stresses that the gap between women and men in human capital, economic opportunities and voice/agency is a chief obstacle in achieving more efficient development. The Bank proclaimed that investing in women “speeds economic development by raising productivity and promoting the more efficient use of resources; it produces significant social returns, improving child survival and reducing fertility, and it has considerable intergenerational pay-offs.”

Under smart economics, falls the **‘business case’** for gender equality and the empowerment of women, by businesses and enterprises which are interested in contributing to social good. A good example is the **“Girl Effect initiative”** of the Nike Foundation.⁴⁶

Women in Development (WID)

A Women in Development (WID) approach is based on the concept that women are marginalized in development-oriented interventions, with the result that women are often excluded from the benefits of development. Hence, the overall objective is to ensure that resources and interventions for development are used to improve the condition and position of women. The WID approach, however, does not necessarily result in changing male-female hierarchical gender relations. Rather, it intends to support women-specific practical needs, such as women’s skills development for income generation. The fact that WID approaches do not analyse and address power differentials in the relationship between women and men is seen as a major shortcoming of this approach. WID-oriented programmes are often contrasted to Gender and Development (GAD)-oriented programmes.⁴⁷

UNITED NATIONS/UNICEF GENDER MONITORING TOOLS AND STRUCTURES

Game Plan (UNICEF)

UNICEF Game Plans address specific topics of concern, such as child marriage, GBVIE and girls' secondary education. The Game Plan construct allows for convergent critical programming across countries and regions with a common understanding on programming to deliver results, which is central to UNICEF's comparative advantage. For instance, fourteen UNICEF country programmes⁴⁸ prioritize advancing girls' secondary education in conjunction with efforts to reduce child marriage and adolescent pregnancies.

Gender-Based Violence Information Management System (GBVIMS)

"The GBVIMS was created to harmonize data collection on GBV in humanitarian settings, to provide a simple system for GBV project managers to collect, store and analyse their data, and to enable the safe and ethical sharing of reported GBV incident data. The intention of the GBVIMS is both to assist service providers to better understand the GBV cases being reported as well as to enable actors to share data internally across project sites and externally with agencies for broader trends analysis and improved GBV coordination."⁴⁹

Gender Development Index (GDI)

The Gender Development Index (GDI) measures gender gaps in human development achievements in three basic dimensions of human development: 1) health (measured by female and male life expectancy at birth); 2) education (measured by female and male expected years of schooling for children and female and male mean years of schooling for adults ages 25 and older); and 3) command over economic resources (measured by female and male estimated earned income).

The index uses the same methodology as in the Human Development Index (HDI). The goalposts are also the same, except for life expectancy at birth in which the minimum and maximum goalposts are varied (minimum of 22.5 years and a maximum of 87.5 years for females; and the corresponding values for males are 17.5 years and 82.5 years) taking into account the biological advantage averaging five years of life that females have over males.

Countries are ranked based on the absolute deviation from gender parity in HDI. This means that ranking takes equally into consideration gender gaps hurting females, as well as those hurting males. The GDI reveals that gender gaps in human development are pervasive.⁵⁰

Gender Empowerment Measure (GEM)

Developed by the United Nations system in 1995, Gender Empowerment Measure (GEM) measures inequalities between women's and men's opportunities in a country. An annually updated tool, it is used in formulating and applying gender equality indicators in programmes. It provides a trends-tracking mechanism for comparison between countries, as well as for one country over time. GEM uses a three-step calculation process:

1. Percentages for females and males are calculated in each of three areas: Area 1 – number of parliamentary seats; Area 2A – legislators, senior officials and managers; Area 2B – professional and technical positions; Area 3 – estimated earned income (at purchasing power parity US\$).
2. For each area, the pair of percentages is combined into an “Equally Distributed Equivalent Percentage (EDEP),” the mean of the two components, as a means to “reward gender equality and penalize inequality.”
3. The GEM is the unweighted average of the three EDEPs.⁵¹

Gender thematic groups (GTG)

Each United Nations Country Team (UNCT) is charged with establishing a gender theme group. The Gender Thematic Group (GTG) is the main mechanism for increasing collaboration, partnership and coherence within a unified United Nations approach to supporting progress and capacity of

national partners. The work of most thematic groups on gender is to: facilitate dialogue on gender issues and encourage gender mainstreaming among partners; undertake activities supporting women's human rights and empowerment in general and providing support for national policies and action plans; focus on training, production of gender briefing kits, and inputting into the Common Country Assessment (CCA)/United Nations Development Assistance Framework (UNDAF) processes, as well as work involving the Millennium Development Goals (MDGs) and Poverty Reduction Strategy Papers (PRSPs).⁵²

U-Report

A social messaging tool created by UNICEF that allows anyone from anywhere in the world to respond to polls, voice social concerns and work as positive agents of change. U-Report's real-time information reaches tens of thousands of people, a large portion of whom are adolescent girls.

United Nations Country Team (UNCT) Gender Scorecard

The United Nations Country Team (UNCT) Performance Indicators for Gender Equality (Scorecard) establishes an accountability framework for assessing the effectiveness of gender mainstreaming by the UNCT. The Scorecard is focused on the performance of the UNCT, rather than the performance of any one United Nations organization. It intends to provide an assessment of what the United Nations

as a whole contributes to gender mainstreaming and consequently to the promotion of gender equality. It is intended to complement existing accountability frameworks. The focus of the Scorecard is on strategies and processes – that is gender mainstreaming – rather than development results. Achievement of development results on gender equality and women’s empowerment must be led by national partners, with support from the UNCT.⁵³

UNFPA-UNICEF Joint Global Programme to Accelerate Action to End Child Marriage

The programme targets adolescent girls (ages 10-19) at risk of child marriage or already in union, in 12 selected countries: Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Mozambique, Nepal, Niger, Sierra Leone, Uganda, Yemen and Zambia.⁵⁴

UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (FGM/C)

The largest global joint programme to accelerate the abandonment of FGM/C. Initiated in 2007, the programme focuses on 17 African countries and supports regional and global initiatives.

UNICEF ROSA Regional Headline Results

UNICEF regional offices have identified specific goals and targets to work towards specific ‘headline results’. These results are internal measurements for critical development areas in the region. UNICEF Regional Office for South Asia (ROSA) headline results are: 1) Save Newborns, 2) Stop Stunting, 3) Educate All Girls and Boys, 4) End Child Marriage, 5) Stop Open Defecation and 6) End Polio.

United Nations Girls’ Education Initiative (UNGEI)

A multi-stakeholder partnership committed to improving the quality and availability of girls’ education and contributing to the empowerment of girls and women through education. The UNGEI Secretariat is hosted by UNICEF in New York City.⁵⁵

LAWS, CONVENTIONS AND RELATED TERMS IMPORTANT TO GENDER EQUALITY

Beijing Declaration and Platform for Action (1995)

Adopted at the Fourth World Conference on Women in September 1995, comprehensive commitments to women are called for under 12 critical areas of concern: poverty, education and training, health, violence against women, armed conflict, the economy, power and decision-making, institutional mechanisms, human rights, media, environment and the girl child.⁵⁶

Convention on the Rights of Persons with Disabilities (CRPD) (2006)

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol (A/RES/61/106) was adopted on 13 December 2006. There are currently 174 ratifications to the CRPD and 92 ratifications to its Optional Protocol. The CRPD is a landmark international treaty.

It is a comprehensive human rights convention and international development tool and is at the heart of the disability rights movement.⁵⁷ The CRPD includes explicit mention of gender by emphasizing “the need to incorporate a gender perspective in all efforts to promote the full enjoyment of human rights and fundamental freedoms by persons with disabilities.”⁵⁸

Convention on the Rights of the Child (CRC/UNCRC) (1989)

This United Nations convention and its optional protocols outline rights to be enjoyed without discrimination, including on the grounds of gender. The legal framework includes all fundamental human rights treaties with provisions confirming the principle of non-discrimination and equality between women and men, and girls and boys. Among those treaties, Convention on the Elimination of all forms of Discrimination against Women (CEDAW) relates directly to the situation and well-being of girls.

Article 12 of the Convention on the Rights of the Child (CRC) protects children’s right to express their views and have them respected in accordance with their evolving capacities. General comment No. 3 (2016) of the Committee on the Rights of Persons with Disabilities notes multiple and intersecting forms of discrimination against women and girls with disabilities and provides guidance on national obligations and implementation.

In 2016, the Committee on the Rights of the Child adopted two general comments: No. 19 on public budgeting for the realization of children’s rights, and No. 20 on the implementation of the rights of children during adolescence, which guides States on measures to

ensure fulfilment of the rights of the child during adolescence.⁵⁹

The CRC is the most rapidly and widely ratified international human rights treaty in history. The Convention changed the way children are viewed and treated – that is, as human beings with a distinct set of rights instead of as passive objects of care and charity.⁶⁰

Commission on the Status of Women (CSW) (1946)

The main global intergovernmental body exclusively dedicated to the promotion of gender equality and the empowerment of women.⁶¹ At its sixtieth session, in 2016, the Commission passed resolution 60/2, on women, the girl child and HIV and AIDS. At its sixty-first session, in 2017, the Commission urged governments to mainstream gender perspectives in education and training, including science, technology, engineering and math (STEM), develop gender-sensitive curricula, eradicate female illiteracy and facilitate girls' and women's effective transition to work. Girls with disabilities and their right to education were highlighted in conclusions adopted at both sessions.⁶²

Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) (1979)

Adopted in 1979 by the United Nations General Assembly, "CEDAW is often described as an international bill of rights for women. Consisting of a preamble and 30 articles, it defines what constitutes discrimination against women and sets

up an agenda for national action to end such discrimination. The Convention defines discrimination against women as "...any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field."

By accepting the Convention, States commit themselves to undertake a series of measures to end discrimination against women in all forms. As of 1 January 2008, responsibility for servicing the Committee on the Elimination of Discrimination against Women has been transferred to the Office of the High Commissioner for Human Rights in Geneva.⁶³

Duty bearer

Those actors who have a particular obligation or responsibility to respect, promote and realize human rights and to abstain from human rights violations. The term is most commonly used to refer to State actors, but non-State actors can also be considered duty bearers. An obvious example is private armed forces or rebel groups, which under international law have a negative obligation to refrain from human rights violations. Depending on the context, individuals (i.e., parents), local organizations, private companies, aid donors and international institutions can also be duty-bearers.⁶⁴

Education

The equal right to quality education for every girl is articulated and enshrined in numerous significant declarations, among them article 26 of the 1948 Universal Declaration of Human Rights, CEDAW and the CRC.⁶⁵ **The Education 2030: Incheon Declaration and Framework for Action** reaffirmed education as the most powerful means of empowering girls socially, economically and politically. Office of the United Nations High Commissioner for Human Rights submitted a report to the 35th session of the United Nations Human Rights Council (A/HRC/35/11) specifically calling for the realization of every girl's right to equal enjoyment of education.⁶⁶

Female genital mutilation/cutting

General Assembly resolution 67/146 (2012), 'Intensifying Global Efforts for the Elimination of Female Genital Mutilations,' urges States to condemn all harmful practices affecting women and girls, especially female genital mutilation/cutting (FGM/C), and take all necessary measures, including enforcing legislation, raising awareness and allocating sufficient resources, to protect women and girls from this form of violence.⁶⁷ The resolution underscored the fact that the practice of FGM/C is a violation of the human rights of women and girls.

Labour

Binding labour law instruments include the 1973 Minimum Age Convention (No. 138), the 1999 Worst Forms of Child Labour Convention (No. 182), the 2011 Domestic Workers Convention (No. 189)

of the International Labour Organization and the Protocol of 2014 to the Forced Labour Convention, 1930.⁶⁸

Rights holders

Individuals or social groups that have particular entitlements in relation to specific duty-bearers. In general terms, all human beings are rights-holders under the Universal Declaration of Human Rights. In particular contexts, there are often specific social groups whose human rights are not fully realized, respected or protected. More often than not, these groups tend to include women/girls, ethnic minorities, indigenous peoples, migrants and youth, for example. A human rights-based approach does not only recognize that the entitlements of rights-holders needs to be respected, protected and fulfilled, it also considers rights-holders as active agents in the realization of human rights and development – both directly and through organizations representing their interests.⁶⁹

Universal Declaration of Human Rights

The United Nations set a common standard on human rights with the adoption of the Universal Declaration of Human Rights in 1948. Although this Declaration is not part of binding international law, its acceptance by all countries around the world gives great moral weight to the fundamental principle that all human beings, rich and poor, strong and weak, female and male, of all races and religions, are to be treated equally and with respect.

REFERENCES

1. UNICEF, Issue Brief: A Post-2015 World Fit for Children. https://www.unicef.org/agenda2030/files/P2015_issue_brief_set.pdf.
2. Verbatim from: Global Accelerated Action for the Health of Adolescents (AA-HA!) Guidance to Support Country Implementation – Summary, WHO, 2017. <http://apps.who.int/iris/bitstream/10665/255418/1/WHO-FWC-MCA-17.05-eng.pdf?ua=1>.
3. <https://www.unicef.org/gender/training/content/resources/Glossary.pdf>.
4. Ibid.
5. Ibid.
6. Ibid.
7. <https://www.threemountains.academy/wp-content/uploads/2016/04/Handout-Module-3.pdf>.
8. <https://www.unicef.org/gender/training/content/resources/Glossary.pdf>.
9. UNFPA, Minimum Standards for Prevention and Response to GBViE. <http://www.unfpa.org/featured-publication/gbvi-standards#>.
10. IASC. 2015. Guidelines for GBV in Humanitarian Action, p. 9.
11. Preventing Gender-Biased Sex Selection, An inter-agency statement by OHCHR, UNFPA http://apps.who.int/iris/bitstream/10665/44577/1/9789241501460_eng.pdf
12. <https://www.unicef.org/gender/training/content/resources/Glossary.pdf>
13. Ibid.
14. Ibid.
15. Ibid.
16. Ibid.
17. Ibid.
18. USAID, Gender Terminology. http://pdf.usaid.gov/pdf_docs/PNADL089.pdf.
19. <https://www.unicef.org/gender/training/content/resources/Glossary.pdf>.
20. Ibid.
21. Ibid.
22. https://www.nttac.org/views/docs/jabg/grpcurriculum/track2/mod2/Handout_2-1.pdf.Ibid.
23. <http://www.ohchr.org/EN/Issues/Women/WRGS/Pages/GenderStereotypes.aspx>.
24. <https://www.cdc.gov/std/hpv/stdfact-hpv.htm>.
25. Human Papillomavirus and Related Diseases Report, Zimbabwe, 30 June 2017. <http://hpcentre.net/statistics/reports/ZWE.pdf>.
26. According to the CDC: “Catch-up vaccines are recommended for males through age 21 and for females through age 26, if they did not get vaccinated when they were younger.”
27. WHO, HPV Vaccines WHO Position Paper, 12 May 2017. <http://apps.who.int/iris/bitstream/10665/255353/1/WER9219.pdf?ua=1>.
28. <http://www.un.org/en/events/girlchild/background.shtml>.
29. <https://en.wikipedia.org/wiki/Intersectionality>.

30. <http://itspronouncedmetrosexual.com/2013/01/a-comprehensive-list-of-lgbtq-term-definitions/#sthash.kd0QUBZP.dpbs>.
31. https://www.unicef.org/videoaudio/PDFs/Current_Issues_Paper_-_Sexual_Identification_Gender_Identity.pdf.
32. Gendered innovations in science, health and medicine, engineering and environment. <https://genderedinnovations.stanford.edu/terms/femininities.html>.
33. <https://www.innovationsinhealthcare.org/menstrual-health-management-is-a-human-right-period/>
34. USAID, Glossary of Gender Terms and Concepts. http://www.ungei.org/resources/files/Glossary_of_Gender_Terms_and_Concepts.pdf.
35. https://www.unicef.org/philippines/media_25553.htm#_WXTlgDHXtPY.
36. <https://www.unicef.org/gender/training/content/resources/Glossary.pdf>.
37. Ibid.
38. Ibid.
39. Ibid.
40. <http://eige.europa.eu/rdc/thesaurus/terms/1399>
41. https://en.wikipedia.org/wiki/Structural_discrimination.
42. <https://www.unicef.org/gender/training/content/resources/Glossary.pdf>.
43. Wikigender. <http://www.wikigender.org/about/>.
44. <https://www.unicef.org/gender/training/content/resources/Glossary.pdf>.
45. Ibid.
46. Wikipedia. https://en.wikipedia.org/wiki/Gender_and_development.
47. <https://www.unicef.org/gender/training/content/resources/Glossary.pdf>.
48. Liberia, Côte d'Ivoire, Ethiopia, Ghana, Guatemala, India, Malawi, the Niger, Nigeria, Pakistan, Papua New Guinea, Peru, Tajikistan and Uganda.
49. <http://www.gbvim.com/what-is-gbvims/purpose/>.
50. UNDP, Human Development Index. <http://hdr.undp.org/es/content/gender-development-index-gdi>
51. <https://www.unicef.org/gender/training/content/resources/Glossary.pdf>.
52. Ibid.
53. Ibid.
54. https://www.unicef.org/protection/57929_92681.html.
55. http://www.ungei.org/whatisungei/index_2925.html.
56. UNWomen, 12 Critical Areas. <http://www.unwomen.org/en/news/in-focus/csw59/feature-stories>.
57. <http://www.internationaldisabilityalliance.org/CRPD>.
58. <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>.
59. SG Report on the Girl Child 2017.
60. <https://www.unicef.org/crc/>.
61. UNWomen, 12 Critical Areas. <http://www.unwomen.org/en/news/in-focus/csw59/feature-stories>.
62. SG Report on the Girl Child 2017.N.W

63. UNICEF, Gender Equality, UN Coherence & You. www.unicef.org/gender/training/content/resources/Glossary.pdf.
64. SG Report on the Girl Child 2017.
65. SG Report on the Girl Child 2017.
66. Ibid.
67. Ibid.
68. Ibid.
69. <https://www.unicef.org/gender/training/content/resources/Glossary.pdf>.



for every child

UNICEF Regional Office for South Asia

Lekhnath Marg, Kathmandu 44600

 www.unicef.org/rosa

 rosa@unicef.org

 www.facebook.com/UNICEFSouthAsia

 www.twitter.com/UNICEFROSA