Gender Programmatic Reviews in UNICEF Offices in South Asia

A Synthesis Report

AFGHANISTAN
BANGLADESH
BHUTAN
MALDIVES
NEPAL
SRI LANKA

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for every child

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ABBREVIATIONS & ACRONYMS

ADAP	Adolescent Development and Participation
ADHS	Afghanistan's Demographic Health Survey
ANC	Ante-natal care
ARR	Annual Results Report
C4D	Communication for Development
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CMT	Country Management Team
COs	Country Offices
COAR	Country Office Annual Report
CPD	Country Programme Documents
CRC	Convention on Rights of the Child
CRPD	Convention on the Rights of People with Disabilities
ECCD	Early Child Care and Development
ECM	End Child Marriage
DRR	Disaster Risk Reduction
IEC	Information, Education, Communication
IFA	Iron Folic Acid
FGM/C	Female Genital Mutilation/Cutting
GAP	UNICEF Gender Action Plan
GBV	Gender-based Violence
GE	Gender Equality
GFP	Gender Focal Points
GPR	Gender Programmatic Reviews
MCH	Maternal and Child Health
MHM	Menstrual Hygiene and Management
NGO	Non-governmental Organization
PNC	Pre-natal care
PSN	Programme Strategy Notes
ROSA	Regional Office for South Asia
RWP	Rolling Work Plans
SDGs	Sustainable Development Goals
SitAn	Situation Analysis
SMT	Senior Management Team
SP	UNICEF Strategic Plan
SRGBV	School Related Gender based Violence

SRHR	Sexual and Reproductive Health and Rights
SBCC	Social and Behaviour Change Communication
SMT	Senior Management Team
STEM	Science, Technology, Engineering and Mathematics
UN	United Nations
UNGEI	United Nations Girls Education Initiative
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
VAC	Violence against Children
VAW	Violence against Women
WASH	Water, Sanitation and Hygiene
WIFS	Weekly Iron and Folic Acid Supplementation
WHO	World Health Organization

I. INTRODUCTION

In line with UNICEF's corporate guidance, the Gender Unit at UNICEF's Regional Office for South Asia (ROSA) conducted Gender Programmatic Reviews (GPR) in select countries. The primary objective was to assess progress in the first two years of implementation of the second Gender Action Plan (GAP) 2018-2022 specifically:

- To review the extent of gender mainstreaming in the programming documents [Country Programme To documents (CPD); Programme Strategy Notes (PSNs); Rolling Work Plans (RWPs)]in line with GAP priorities and principles.
- To identify opportunities to strengthen gender mainstreaming in the PSNs, through gender-responsive programme strategies, intervention approaches and activities across Outcome Areas;
- To provide recommendations for more explicit articulation of gender priorities in the programming cycle and strengthen institutional accountability in line with the GAP principles.

The GPRs were conducted in six of the eight countries in the region namely, Afghanistan, Bangladesh, Bhutan, Maldives, Nepal and Sri Lanka.[1] This Synthesis Report summarizes the key issues and challenges identified through the GPR exercise. With regard to the process undertaken, few caveats apply:

(a) Methodology: While all GPRs were conducted in line with the global guidance, there were some variations in terms of the methodology. For instance, the desk review in countries such as Bangladesh, did not include the final revised PSNs, as these were not available during the GPR. Similarly, in Maldives, as the office had not developed any PSN's during its CPD process and therefore these were available for review. In terms of primary data collection too, there were variations as shown in figure 1 below. The interviews were managed by country offices, depending on the availability of staff and partners during the GPR mission. No interviews were conducted in Bangladesh, as staff members were pre-occupied with the mid-term evaluation.

<div style="background:#3bbfbf;color:white;padding:4px;">FIGURE 1</div>

Stakeholders interviewed during GPR

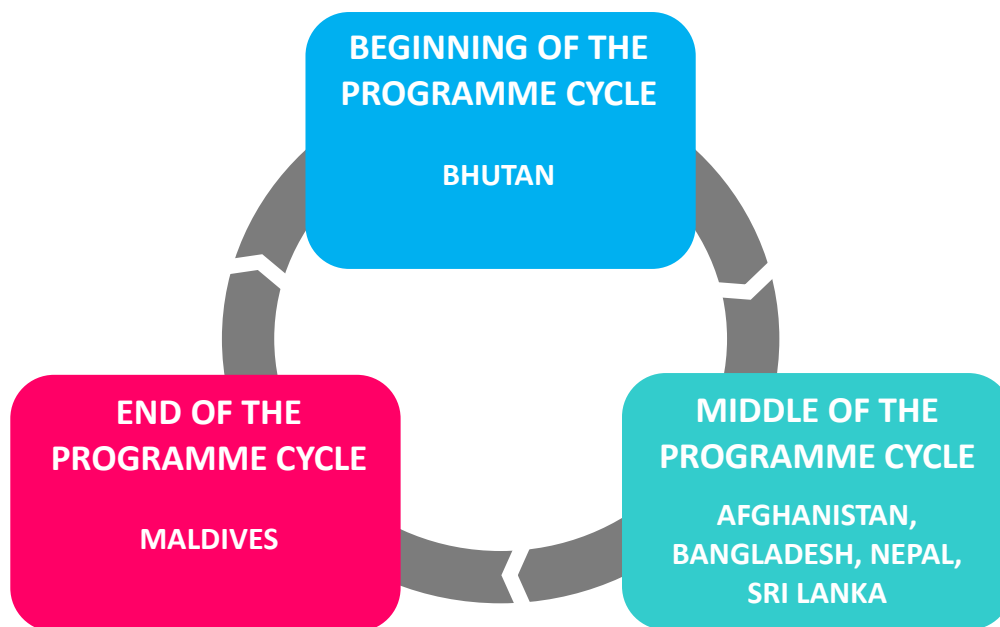| Country	Interview
Afghanistan	**Internal:** UNICEF Section Chiefs and Staff
Bhutan	**Internal:** UNICEF Section Chiefs and Staff
Bangladesh	No Interviews conducted with Sectors (GPR based on desk reviews, Gender specialist interviews and previous sector conversations)
Maldives	**Internal:** SMT, Section Chiefs, Staff, Field Offices
Maldives	**External:** Other UN Agencies, Government and Civil Society Partners
Nepal	**Internal:** SMT, Section Chiefs, Staff, Field Offices
Nepal	**External:** UN Agencies, Government partners
Sri Lanka	**Internal:** SMT, Section Chiefs, Staff, Field Offices
Sri Lanka	**External:** Other UN Agencies, Government and Civil Society Partners/ Research institutions

(b) Timing of the GPR: As shown in figure 2, the timing of GPR differed from country to country. This had a bearing on the level of analysis and the nature of recommendations provided. For instance, in Bhutan, the GPR was aimed at supporting the country office design/identify activities that could be added to the RWPs that were under development. In countries where the GPR coincided with the MTR, the focus was on identifying areas for mid-course correction, while in Maldives emphasis was laid on identifying priority issues for the new programming cycle. For these reasons, the Synthesis Report desists from making strong comparisons between countries. Where country examples are cited it is only to demonstrate interesting initiatives in the region and highlight areas for cross learning and exchange. The Report does include some comparative analysis on issues such as staffing and financial investment. In such cases the analysis is based on data collected at the corporate level on key institutional benchmarks and not information gathered specifically during the GPR.

(c) Limited analysis: It is important to mention at the onset that the GPR is a limited exercise, wherein the analysis is drawn from key programme documents and/or based on the informant interviews. It does not entail a review of project or partner specific material or assessment of community level investments. Unlike an evaluation, no objective set of parameters are used during the GPR to measure the effectiveness or quality of programmatic interventions. The findings from this exercise therefore should not be deemed entirely conclusive.

FIGURE 2

Phase in the programming cycle when the GPR was conducted

BEGINNING OF THE PROGRAMME CYCLE

BHUTAN

MIDDLE OF THE PROGRAMME CYCLE

AFGHANISTAN, BANGLADESH, NEPAL, SRI LANKA

END OF THE PROGRAMME CYCLE

MALDIVES

II. COUNTRY CONTEXT

There are significant differences in the political-social-economic fabric of the six countries where the GPR was conducted. While Afghanistan is low income, Bangladesh, Bhutan are lower middle-income countries and Maldives and Sri Lanka are upper middle-income countries. The trajectory of democracy has also been different in each of these countries. As compared to other countries in South Asia, Bhutan's transition to democracy is fairly recent. On the other hand, the history of democracy in Afghanistan, Nepal and Sri Lanka has been chequered due to protracted periods of conflict, while political instability and unrest in Bangladesh and Maldives have led to increasing tensions in democratic governance in these countries.

At the same time, there are several similarities amongst these six countries. The region is faced with increasing humanitarian crises due to man-made and natural disasters, emergencies, war and conflict, coupled with climate change. While the increasing numbers of youth and adolescents reflect a widening demographic dividend, most of these countries are marked by a limited fiscal space for social development, characterized by low public spending in critical sector such as health and education. Trends of in-country migration (from rural to urban areas), as well as out-migration from South Asia to other regions especially the Gulf are also visible.

Further in most of these countries the political context is becoming increasingly volatile. Barring Bhutan, countries in the region are facing the brunt of violent extremism, spaces for dissent are shrinking and civil society activism is being curbed. There are growing and very visible disparities both within and between countries in the region. These disparities mirror the global pattern of inequities created by class, minority status, caste, gender, and rural-urban populations,

and youth unemployment, act at triggers for radicalism and violence. This is leading to further marginalization of vulnerable groups with evidence of rising levels of violence against women, ethnic and religious minorities.

In terms of gender equality too, there are differences as well as similarities. As per the 2018 Global Gender Gap Report, Bangladesh is the most gender equal country in South Asia, followed by Sri Lanka, Nepal, Maldives, and then Bhutan.[2] Evidently some countries in the region have made substantial progress on gender equality. However, it will not be incorrect to state that critical gender gaps remain in all. The region is characterized by strong patriarchal traditions which thwart the realization of gender equality and social justice. Gendered social norms manifest across the life cycle, and severely limit women and girls' access to opportunities, services and control over resources and decision making.   The gendered nature of violence is also visible across countries in South Asia, as discriminatory practices such as dowry, early and forced marriage continue unabated in some. Even in countries like Maldives and Sri Lanka with relatively better education and health indicators, deeper analysis of systems and practices reveal gender biases and stereotypes. A summary of key gender issues is in Annex 1.

III. GENDER EQUALITY FOCUS IN UNICEF COUNTRY PROGRAMMES

In line with the Global GAP, CPDs in all six countries make explicit commitments to advancing gender equality. In addition to identifying gender as key cross-cutting issue, few CPDs draw attention to social and cultural norms, including those perpetuating gender inequalities. Specific priority areas identified by Country Offices (COs) is in Table 1 below[3]:

TABLE 1

GE Priorities at the Country Level

GOAL AREA 1: EVERY CHILD SURVIVES AND THRIVES					
Afghanistan	Bangladesh	Bhutan	Maldives	Nepal	Sri Lanka
Improving access to MNCH with a focus on adolescent girls	Gender-responsive adolescent health	Quality of Maternal Care addressing the needs of women to ensure safe pregnancy outcomes		Quality of Maternal Care; Improve access to gender- and adolescent-sensitive, including through the school health programme	

GOAL AREA 2: EVERY CHILD LEARNS					
Afghanistan	Bangladesh	Bhutan	Maldives	Nepal	Sri Lanka
Increasing girls' education	Advancing girls' secondary education		Strengthen implementation and monitoring of an inclusive, child- and gender-sensitive curriculum	Gender mainstreaming in education	

GOAL AREA 3: EVERY CHILD IS PROTECTED FROM EVIDENCE AND EXPLOITATION					
Afghanistan	Bangladesh	Bhutan	Maldives	Nepal	Sri Lanka
Ending child marriage	Ending child marriage	Gender-based violence		Ending child marriage; Gender-based violence	Gender-based violence in both regular and emergency settings

GOAL AREA 4: EVERY CHILD LIVES IN A SAFE AND CLEAN ENVIRONMENT					
Afghanistan	Bangladesh	Bhutan	Maldives	Nepal	Sri Lanka
				Provision of gender- and disability-friendly sanitation facilities in health facilities, ECD centres and schools; Policy advocacy to promote gender equality and social inclusion	Menstrual Hygiene Management[4]

GOAL AREA 5: EVERY CHILD HAS AN EQUITABLE CHANCE IN LIFE					
Afghanistan	Bangladesh	Bhutan	Maldives	Nepal	Sri Lanka
			Systems strengthening for generation and use of disaggregated data, which will be used to monitor results and to inform gender-sensitive policies and strategies	Address harmful social norms through gender responsive C4D strategies; Gaps in information, including disaggregated data that highlights equity and gender disparities	Strengthen monitoring systems to ensure the systematic collection and use of disaggregated data and analysis, with emphasis on the most vulnerable children

IV. GENDER MAINSTREAMING IN UNICEF PROGRAMMING

In addition to the priorities listed in the CPD, several interventions were noted at the sectoral level across the six countries. In this section we document some of the interesting gender mainstreaming initiatives at the country level and identify the common issues and challenges across the five SP Goal Areas. Additionally, Annex 2 provides a summary of interventions identified through the desk review and key informant interviews conducted as part of the GPR exercise. The mapping is illustrative and not exhaustive, which means that not all ongoing/planned interventions at the country level are included.

Goal Area 1: Every child survives and thrives

Health and nutrition sector programmes across all six countries have a common focus on improving access to ante-natal care (ANC) and pre-natal care (PNC) services, immunization and distribution of Iron Folic Acid (IFA) tablets. The GPR shows that Country Offices (COs) engage in policy advocacy and provide technical advisory support to government counterparts to develop/strengthen Maternal and Child Health policies (Nepal), Multi-sectoral Nutrition Policies (Nepal); and Gender Responsive Adolescent Friendly Health Services (Afghanistan, Nepal, Bhutan and Sri Lanka). Capacity development of health sector service providers including frontline functionaries such as public health midwives/ female community health workers is another area of focus (Sri Lanka, Nepal and Afghanistan).

From the six countries reviewed, interesting examples of C4D approaches, including Social and Behaviour Change Communication (SBCC) to promote engagement of fathers (Bhutan, Nepal, Maldives and Afghanistan) were noted. Nepal's

Golden 1000 Days Campaign aimed at child survival and development – from conception to two years of age – is an interesting example. To break down gender stereotypes and misconceptions about childcare, the campaign explicitly focused on the role of husbands and other male members in the household to support women during pregnancy and childcare and promoted more equitable distribution of household tasks and childcare.

The Afghanistan CO's innovative approach of using sports to empower girls and link to the Weekly Iron and Folic Acid Supplementation (WIFS) programme, and the Bangladesh CO's focus on creating an enabling work environment for women through maternity rights[5] and other protections in the workspace (through the Mothers at Work programme. Three offices (Bangladesh, Nepal and Maldives) have also supported the creation of gender responsive infrastructure through the Women-Friendly Hospital Initiative and the provision of safe breastfeeding spaces.

Adolescent health and nutrition are priority areas for UNICEF in the region. The focus is on improving knowledge and access to **adolescent friendly services** and engaging youth to address risk-taking behaviours. In Bangladesh for instance UNICEF has delivered a multi-sectoral package of services through Adolescent Clubs. Maldives and Bhutan are currently exploring Youth Cafes and Integrated Youth Friendly Centres, respectively for similar interventions.

While several important initiatives on maternal, child and adolescent health and nutrition were noted, the GPR also highlighted some gaps in current programmes. In terms of alignment with the global GAP priority, only two countries (Nepal,

Bangladesh) focus on quality of maternal care. Given the significant gaps in maternal health and nutrition (MHN) in the region, there is an urgent need for UNICEF offices to focus on this issue. This would entail an expansion of the **continuum of care** approaches to focus in equal measure on the **woman's (mother's) right to be cared for**. In terms of programming this means moving beyond the limited focus on pre and ante-natal care, towards more holistic approach to addressing girls/women's care needs across the lifecycle. Even in countries like Maldives and Sri Lanka with relatively better MHN indicators, there are emerging issues such as the double burden of malnutrition amongst women -undernutrition on one hand and increasing obesity amongst others.

Similarly, in the context of maternal and child nutrition, there is very limited analysis of the **root causes**. In most countries in the region this is linked to the lower value of the girl child and women's limited access to and control over resources. **Gendered social norms around body image** also need to be unpacked in the context of adolescent nutrition.

While significant efforts have been made on capacity development of health and nutrition sector staff, it is difficult to ascertain the extent to which these trainings are informed by a gender lens. **In none of the six countries were assessments/evaluations of this component available during the GPR.** Further, **investments in evidence generation on gendered differentials in health seeking behaviour** have not been made thus far. Barring a few countries, initiatives to engage fathers in childcare appear to be standalone and not part of a coherent strategy to address gendered social norms around parenting.

UNICEF's engagement on issues like **sexual and reproductive health and rights (SRHR)** is also limited. In Bangladesh and Nepal, this has been included to some extent in the life-skills programmes (Adolescent Clubs, Rupantaran). As UNICEF expands its engagement with adolescents, it will be important for the agency to engage on SRHR issues. While noting that that this is UNFPA's primary mandate, UNICEF Offices

should play a more substantive role on this. There is tremendous scope for cross-learning especially from a gender lens, and therefore it is important that COs develop greater synergies with other UN agencies. At the same it is critical to bring in a sharper focus on **sexual rights and gender identity**, going beyond the gender binary in programme design.

There also appears to be an over-reliance on **women's community-based platforms** such as the mothers' groups for dissemination of MCHN messages. While these are established platforms for outreach, it is important to note that such strategies may inadvertently reinforce gender stereotypes around women's care functions at the household and community levels. Linked to this is UNICEF's ongoing interventions with female community health workers in countries like Afghanistan, Nepal and Sri Lanka. This cadre of women are at the frontline of service delivery but in most countries work in poor conditions, without **minimum wages or entitlements**. While this issue was raised by staff in some countries; thus far this has not been prioritized for policy advocacy at the organizational level.

Goal Area 2: Every child learns

UNICEF COs are heavily invested in system strengthening including training, curriculum development, and improving data systems in education. There are several examples of gender mainstreaming in education from across the six countries. For Nepal CO, gender mainstreaming in education is a key office wide priority. The office has ensured a strong gender focus in the School Sector Development Plans aimed at ensuring equitable access to quality education for all. Similarly, Bangladesh[6] and Sri Lanka COs provide technical support to the government to develop and roll out the Gender Action Plan for Education.[7] The Maldives CO too supports its nodal ministry to strengthen implementation and monitoring of an inclusive, child- and gender-sensitive curriculum. In both Nepal and Maldives, UNICEF

invests in the Education Management Information System (EMIS) which entails collection of sex disaggregated data on key education related indicators. Furthermore, three countries - Afghanistan, Bangladesh and Nepal[8] - are part of the UN Girls' Education Initiative (UNGEI) which seeks to promote "girls' education and gender equality through policy advocacy and support to governments and other development actors to deliver on the gender and education-related Sustainable Development Goals."[9]

Another area of focus for UNICEF is non-formal education aimed at bringing out-of-school children into the formal education system. In the South Asia region, this has a clear gendered dimension with more girls likely to be out-of-school than boys. However, in some countries like Nepal, Sri Lanka and Maldives, there is an emerging trend of increasing numbers of boys dropping out at the higher secondary level. Nepal's Girls Access to Education (GATE) and After School Programmes (ASP) are particularly noteworthy given their explicit focus on reaching girls from the most marginalised communities. In addition to increasing girls' enrolment in formal schools, these initiatives have had significant positive impacts on "girls' self-perceptions, increased agency and social capital" and improved awareness of harmful social practices.[10]

In most countries, gender has been integrated in the life-skills programmes (including programmes on social cohesion) to some extent. In Bangladesh, life-skills is one of the key components of the ECM programme; whereas in Maldives UNICEF supports the government's extra-curricular LSE programme for secondary schools. A 2017 Evaluation of the Maldives LSE programme noted that "gender issues are incorporated in the LSE programme content. The Sri Lanka office's Parivartan and PATHs programme provide interesting models of gender responsive life-skills interventions that have a significant gender transformative potential. Similarly, Nepal's life-skills intervention – Rupantaran (Transformation) is regarded as a best practice in the region.

Early Childhood Education (ECE) is another important component of UNICEF's Education programme. At the country level, the primary strategies include policy advisory and technical support to the governments in Sri Lanka, Nepal and Bangladesh to develop and operationalize the national ECE policies and plans. In Bhutan, UNICEF is trying to move beyond a centre focused approach by identifying alternate models of delivering ECCD. There have been some efforts, albeit limited to strengthen capacities of ECCD service providers/pre-school teachers, from a gender lens. Parenting Education (PE) programmes have also been rolled out. There is an increasing focus within UNICEF to promote the engagement of fathers in early childcare and development. Two country offices in the region, namely Nepal and Sri Lanka have received dedicated funding from the Global Gender Thematic Fund to deepen this area of work. Most COs have also localized the global campaign on EarlyMomentsMatter to promote engagement of fathers in childcare and development.

While there are several interesting examples of UNICEF's work under this Goal Area; **in the absence of evaluations it is difficult to ascertain the extent to which gender has been mainstreamed in education**. The only recent evaluation available is from Maldives which shows limited impact of UNICEF's intervention in this regard. The GPR also identified some areas, where UNICEF's engagement has been limited. For instance, regarding **School Related Gender-based Violence (SRGBV)** the only concrete example of programmatic intervention is from Nepal. The NCO has adopted a multiple pronged approach to address SRGBV. This includes the establishment of suggestion boxes in schools, capacity development of school and CP related actors and strengthening mechanisms such as the Gender Focal Point system and Gender Network to prevent and respond to GBV. However, the GPR shows that despite these achievements, the monitoring of SRGBV (including redressal mechanisms) remains weak. In Sri Lanka the office has invested in evidence building on SRGBV in higher education. Given the emerging evidence on high rates of GBV including peer-

based violence, bullying, harassment in school settings, it is imperative that UNICEF intensify its focus on SRGBV. The Regional Office for South Asia has commissioned an SRGBV study in 2019. Once completed, it should provide important insights for UNICEF's future programming on this.

Very few examples of interventions on the GAP targeted priority on Advancing Girls Secondary Education, Learning, Skills including STEM were noted during the GPR. UNICEF offices in the region have not invested much in promoting non-gender stereotypical subjects such as more girls in STEM and vice versa. From a gender lens, programming on Early Child Care and Development (ECCD) appears limited as well. As noted in the country specific GPRs' the gender transformative potential of ECCD services in terms of its impact on reducing girls/women's drudgery; improving well-being (from a continuum of care approach) and expanding girls/women's economic opportunities has not been explored in most countries.

Goal Area 3: Every child is protected from violence and exploitation

To ensure that children are protected from violence and exploitation, UNICEF works with national level stakeholders to strengthen all components of child protection systems. This includes support to governments and other key stakeholders formulate and implement laws, policies, regulations, standards and services from a child rights perspective. From a GE lens, noteworthy initiatives include:
- Child marriage restraint Act in Bangladesh;
- Costed national policy framework for child protection services, including alternative care mechanisms Alternate Care Policy National Day Care Policy in Sri Lanka; and
- Act Relating to Children 2018, National Strategy to end child marriage, National Strategy to engage men and boys to address GBV in Nepal.

UNICEF offices also invest in promoting child friendly and gender sensitive judicial procedures. For instance, COs assist with the establishment of GBV and violence against children (VAC) case reporting mechanisms within schools and referral pathways, in collaboration with the education sector in Nepal. In Afghanistan, Sri Lanka and Maldives, UNICEF supports trainings of justice and CP sector actors from a gender lens. In Afghanistan, special emphasis is placed on recruitment and capacity development of female social workforce. UNICEF's capacity development and system strengthening efforts have contributed to improved reporting of GBV cases for instance in Nepal, Sri Lanka and Maldives.

Furthermore, in Nepal and Maldives, UNICEF supports the government to strengthen the CP MIS including on GBV. An innovative community-based coordination mechanism piloted by UNICEF Maldives is the Community Social Groups (CSGs). CSGs form the key component of the national child protection system at community level; and provides support to vulnerable families for preventing and responding to violence against children (VAC) and gender-based violence (GBV). UNICEF COs have also invested in evidence generation on harmful practices such as child marriage (Afghanistan, Bhutan, Bangladesh, Nepal, Maldives) and FGM/C (Sri Lanka).

Of the six countries, two countries Nepal and Bangladesh are part of the Joint Global Programme to Accelerate Action to End Child Marriage (GPECM).[11] Evidently in both countries, ECM is an office wide priority. Infact BCO has included dedicated output on this: "By 2020, adolescent boys and girls from selected communities are engaged to develop desired behaviour and facilitate action to eliminate harmful social norms and practices, with a focus on ending child marriage".[12]

Informed by the global framework, the ECM programmes in Nepal and Bangladesh use five evidence-based strategies[13] to bring about large-scale change in the "empowerment of adolescent

girls and in gender transformation, with the aim to prevent and reduce child marriage". The GPR shows significant results in both countries – from effective legal and policy advocacy (National Strategy to End Child Marriage and the 2018 Act Relating to Children which defines and criminalizes acts of violence against children including child marriage; the CM law in Bangladesh) to the implementation of social mobilization and community engagement interventions to address harmful social norms around child marriage including the Meena Communication Initiative in Bangladesh. Another innovative strategy used in both countries has been engaging faith-based leaders to advocate against child marriage and other harmful practices. Further in Afghanistan, the CO has previously implemented the Golden Village initiative which included ECM as one of the five aspirational goals.

Despite a strong GE focus in most CP programmes, the GPR highlighted some critical gaps in current programming. With regard to GBV, COs **rarely use a continuum of violence framework to unpack and identify the different forms of GBV across the lifecycle**. For instance, **there is hardly any focus on GBV in the first decade of life**, even in countries that have a strong culture of son preference. Cross-sectoral coordination with sectors such as health and nutrition (Nepal and Maldives) and education (Maldives) were also found to be weak. In the absence of evaluations/reviews, it is difficult to ascertain the quality of gender inputs in the capacity development initiatives. Despite investments in strengthening data systems, availability of GBV related data remains limited in most countries.

An important finding of the Global Evaluation of the first phase of the ECM programme was the **lack of gender transformative approaches**, despite an evident focus on social norm change. A previous evaluation of the Rupantaran – which has been one of the anchors of the ECM programme in Nepal – had similar findings. While noting positive shifts in knowledge and skills of

adolescent boys and girls on one hand, the evaluation showed very limited impact on changing power relations that serve to reinforce gendered inequalities at the household/community level. Limited emphasis is placed on challenging toxic masculinities while engaging men and boys in capacity development or awareness generation efforts.

Very limited programming was found on **GBV in Emergency (GBViE)** - the second GAP targeted priority under SP Goal 3. In countries like Nepal, Sri Lanka and Maldives which have strong DRR-CCA programmes, the focus has primarily been on integration of gender in DRR planning. The notable exception was Bangladesh wherein GBViE has been prioritized in the aftermath of the Rohingya crisis. However, it is important to mention that the 2018 Evaluation of UNICEF's Response to the Rohingya refugee crisis in Bangladesh noted that "gender was lacking in the initial overall strategy", despite the extremely gendered dimensions of the crisis.

Goal Area 4: Every child lives in a safe and clean environment

Effective gender-responsive programming in the Water, Sanitation and Hygiene (WASH) sector can contribute to progress towards gender equality and important WASH results. In South Asia, most countries have taken initiatives to promote this GAP integrated priority through their programmes. The primary vehicle is the WASH in Schools (WinS) programme aimed at improving the provision and quality of WASH facilities. This includes provision of gender responsive infrastructure such as gender segregated toilets and proper facilities for sanitary waste disposal. For instance, in Afghanistan UNICEF highlights issues of girls' safety and security in WASH and guidelines to ensure safe location of toilets. In Sri Lanka, UNICEF provides technical support to the Ministry of Education to develop gender sensitive plans for school sanitation systems and the provision of safe disposal system for used sanitary napkins. Efforts have also been made to

provide gender responsive WASH facilities in health institutions including labour rooms. In Bangladesh, UNICEF is engaged in the provision/rehabilitation of climate resilient, gender sensitive, disability friendly improved WASH facilities; while in Nepal the CO focuses on providing toilets/ bathing space in temporary shelters and distribution of dignity kits to women and girls during emergencies.

Another key element of UNICEF's gender responsive WASH programmes globally is **promoting women's participation and leadership** in the WASH sector. In South Asia however, limited efforts have been made towards this. From the six countries where the GPR was conducted, the only concrete example was found in Nepal where UNICEF's sustained advocacy resulted in a government guideline mandating 33% representation of women and other excluded groups in the Water User Committees (WUC) at the local level. The Office has also invested in capacity development of women in **non-traditional skills such plumbing, masonry and construction.** This is an important example of how gender norms and stereotypes can be challenged through UNICEF programming. However, during the GPR discussions, staff underscored the need for sustained capacity development and accompaniment support to women in WASH to ensure that they are able to fulfil their mandates for instance in WUC or in local planning processes. Without this women's representation is likely to remain symbolic, as anecdotal evidence from the field shows.

The positive impact of gender responsive infrastructure on women/girls' **time poverty and drudgery** is well documented. However, analysis of **women's time-use** rarely informs the design of WASH programmes in the region. The notable exception being Nepal where one of the critical parameters of the ASWA-II project is time use. It is imperative for UNICEF to focus on this, especially in the South Asian context where social norms shift/transfer the burden of care on girl children at a very early age. There is evidence that girls spend more time than boys on household chores including collection of fuel and water.[14]

Barring Maldives, menstrual health and hygiene (the targeted Global GAP priority) is a core area of programming in the other five countries. This includes policy advisory support to governments to develop and implement MHM strategies including improved data on MHM facilities (for instance in Bangladesh and Sri Lanka). Investments have also been made on capacity development and sensitization of range of stakeholders including schoolteachers, students and community members. Examples of both "gender specific trainings"[15] and mixed trainings (to both boys and girls) on menstrual health are available in the region. Furthermore, C4D tools such as social mobilization and BCC have been used in some countries to bring about positive changes in children and the communities they live in and address negative social norms and harmful practices such as restricting toilet use for women during menstruation. This includes **sensitization of adolescent boys** through their participation in Adolescent Clubs in Bangladesh and community awareness programmes. However, such examples are few and far between. One plausible explanation for this could be the **lack of dedicated C4D expertise in three of the six countries reviewed.** As a GAP targeted priority, **MHM requires stronger investments especially on social norm change.** Given the stigma and discrimination attached to menstruation that accrue from deep seated religious mores around **pollution and purity** in South Asia, it is imperative for UNICEF to have an explicit focus on **gendered social norms in its MHM interventions.**

Goal Area 5: Every child has an equitable chance in life

Unlike the other SP Goal Areas, Goal Area 5 does not have a clear sectoral focus. Cross sectoral issues such as Social Inclusion and Policy, Climate Change Action and Disaster Risk Reduction, C4D, Adolescent Development and Participation, Gender Equality, Disability Rights as well as office wide strategies such as policy advocacy, data,

research and evidence generation are usually placed within this Goal Area. However, given the significant country level variations, it is difficult to provide a cogent analysis covering the entire range of issues that fall under this Goal Area. For the purpose of this Synthesis Report, we limit our analysis to specific areas reviewed during the GPR. It is also important to mention that the most complex GAP target i.e. 'Non-gender discriminatory roles, expectations and practices' falls under this pillar.

Social Inclusion and Policy[16]

In South Asia UNICEF works with national and international institutions to provide sustainable and on-demand technical advice to ensure an inclusive environment for all children in the region. The focus areas include supporting national stakeholders with estimations of multi-dimensional child poverty; supporting implementation of social protection policies especially child grants and advocating for increased public financing for children.

While conducting the multi-dimensional child poverty analysis is a top priority for country offices, **the GPR found no evidence of COs using this data for deeper gender analysis.** A note submitted by UNICEF earlier in 2019 to the United Nations Economic Commission for Europe underscores the importance of measuring gender differences in multi-dimensional child poverty to track progress towards SDG1.[17] Given the prevailing gender disparities in the region, **it is critical for UNICEF offices in South Asia to use an existing diagnostic tool like the CPI for deeper analysis from a gender lens.** Despite investments in data systems, the GE focus appears to be limited to collection of sex-disaggregated data. Recognizing this as a critical gap, staff members in some countries underscored the need for an **intersectional approach** aimed at analyzing the interplay of gender with other markers of exclusion such as caste, class, location, age, ability, religion etc.

By and large, the social protection work in these countries appears to be gender blind. The only

exception is Bangladesh where the PSN notes that addressing child marriage will "require focusing on empowerment of adolescent girls, providing them access to secondary education, life and livelihood skills, strengthening law enforcement against child marriage and **supporting social protection.** However, given the limitations of the GPR in Bangladesh, it was difficult to ascertain the nature of ongoing programmatic interventions. In the absence of a coherent framework in other countries, it was difficult to understand the extent to which gender is mainstreamed in social protection or the gender differentiated impact of ongoing measures (targeted child grants/conditional transfers), if any. In fact, during the GPR discussions, staff in one country office underscored the need to attach conditionalities to social transfers to produce desirable behaviour, for instance increased utilization of health services.

It is important for COs to strengthen the evidence base on this, especially in light of the existing evidence, which point not just to the positive impact of conditional transfers, but also its negative impact especially on women's time poverty as well as on reinforcing gender stereotypes of women being the primary care givers. There is an urgent need for more context specific evidence on the gendered impact of these interventions. Similarly, the gender dimension in public financing for children remains under-developed. Evidence of the application of **Gender Responsive Budgeting** tools was found only in two countries.

Climate Change, Disaster Risk Reduction (DRR) and Humanitarian Action

With regard to the emerging corporate priority on climate change and DRR, countries in the region have made some investments on gender equality. The primary strategies appear to be advocacy and capacity development on gender responsive DRR planning at the local level, for instance in Nepal and Maldives. Recognizing the differential impact of climate change and disasters on specific vulnerable groups, special emphasis is placed on engagement of adolescents and young people -

especially girls and women - in planning processes and response mechanisms. While in Maldives the CO has included a dedicated output on this, in Nepal the focus on GE has not been as intentional in the design of DRR interventions.

In the context of the Rohingya crisis, the Bangladesh CO has a much stronger portfolio on Emergency Response and Humanitarian Action. As mentioned in the previous section, while gender equality focus was not strong in the first phase of the Rohingya Response as documented in the 2018 Evaluation; since then the CO has made investments to strengthen the gender focus. This includes recruitment of dedicated gender experts in sectors such as WASH, CP and at the field level.

Communication for Development

UNICEF offices across the region place a strong emphasis on "promotion of positive behaviours, demand for services and the strengthening of social norms that contribute to the realization of child rights by means of innovations, behavioural-change communication and the improvement of relevant programmes, policies and systems". To support this, Communication for Development (C4D) has been identified as the primary strategy.

The GPR noted some C4D initiatives that have a strong gender focus. However, these examples were mostly found in countries where dedicated in-house C4D expertise was available.[18] These include the Golden Village initiative in Afghanistan, Rupantaran, Sang-sangai and 1000 Golden Days in Nepal and the Meena Communication initiative in Bangladesh. Other initiatives such as parenting education, promoting the role of fathers in childcare and engaging faith-based leaders to address discriminatory practices, have also been anchored the C4D units/staff. However, a Regional Assessment commissioned by ROSA in 2018 noted several gaps in the current C4D approaches - especially the limited/negligible focus on gender across the C4D planning cycle - from formative research, to programme design, monitoring and documentation. One of the key recommendations

made in the Regional C4D Assessment, was that program documents should explicitly capture how women/girls will be prioritized or what some of their information needs and barriers to access are. In this context, it becomes essential to design communication approaches that consider and overcome women/girls' barriers to information.

Innovations

Despite the increasing focus on innovations at the corporate level, none of the COs referred to innovations to promote GE during the GPR discussions. The only office where this was referred to was Bangladesh, as the Innovations portfolio is under the Gender Specialist. However, no concrete examples of how innovations were used to advance GE were noted. The examples listed under Innovations in Annex 2 below have been identified by the ROSA team to demonstrate some alternative/newer strategies.

V. GENDER MAINSTREAMING AT THE INSTITUTIONAL LEVEL

In addition to strengthening the gender equality focus in programming, the GAP underscores the need to integrate gender at the institutional level – across organizational polices, practices and accountability mechanisms. Therefore, as part of the GPR a review of existing GE practices within UNICEF COs was undertaken.

Accountability for Gender Results

An important parameter to assess organizational priority on GE is the way it is reflected across the programming cycle. As noted in Section II, CPDs of all six countries highlight the organization's commitment to advancing gender equality. This was also underscored by members of the Senior Management Team in countries where they were interviewed. However, the GPR exercise shows that this high-level commitment is rarely translated into action. Arguably the **biggest gap is the absence of gender in the results framework at the country level**. Barring two countries[19], gender is largely invisible at the outcome and output level in the results framework. The CPD results matrix is the primary accountability framework for Country Offices to report their performance to the Executive Board. In the absence of gender sensitive or gender responsive output/indicators, the accountability of COs to advance GE is severely compromised.

There are no proper mechanisms to either integrate gender in the planning stage or review progress during implementation. Only one country noted that cross-cutting issues such as gender were discussed regularly at the SMT meetings.

While most countries have developed Gender Work Plans, only one has a Gender Strategy (Bangladesh)[20]. This is an important distinction to note in terms of the COs approach to gender

plan is primarily a compilation of activities. A Strategy on the other hand presents the overall approach of the office/sector towards gender mainstreaming. In the absence of a clear strategy, the activities appear one-off without a clear link to the key results the Office aims to achieve in that programming cycle.

Further a review of the COARs from these six countries shows a gap in reporting gender results. While the inconsistency in providing sex-disaggregated data remains a major concern, COs rarely articulate their results in terms of the 'change'. Emphasis continues to be on showcasing 'big numbers' in terms of the children (in some cases boys and girls) reached, but rarely to document the impact of UNICEF's programmes on addressing gender inequalities.

Organizational Policies and Practices

In line with the corporate guidance, most COs have taken noteworthy steps to promote gender responsive policies and workplace practices. These include completion of the online trainings of Prevention of Sexual Exploitation and Abuse (PSEA) by staff, as well as efforts to promote work-life balance by encouraging staff to use flexible work arrangements. During the GPR discussion, staff members acknowledged these recent efforts. However, the implementation of these policies remains disparate. In some countries, staff themselves are reluctant to use these provisions due to stringent cultural norms around work, while in other supervisors are not perceived to be appreciative of such requests.

The GPR noted the lack of gender responsive infrastructure including breastfeeding spaces/child-care facilities in most UNICEF offices. Another critical gap is the absence of grievance redressal mechanisms including for sexual

harassment and abuse at the country level. It is important to note that in some offices, sexual harassment at the workplace was not considered to be a significant or relevant issue by staff. This is reflective of a lack of organizational commitment on one hand, and limited capacities/ understanding of staff on the other.

In terms of gender parity, South Asia does not present an encouraging picture. Only one country in the region has closed the gap. The gender balance remains extremely skewed in Afghanistan with only 22 per cent female staff. Data was not gathered on gender parity across staff categories (International/National or D/P/NO level) or on basis of location (National or field office). However, during the GPR staff members noted challenges in recruiting female personnel for placement in field offices for instance in Nepal

Technical Capacity

There have been some investments in building staff capacity, including through the gender trainings organized by ROSA in-country. However, significant capacity gaps remain amongst sectoral staff to mainstream gender. This was inferred from two sets of responses during the GPR. One was the lack of recognition of gender issues by UNICEF staff. For instance, in some countries staff members averred that gender issues were not reflected in their PSNs and/or RWPs, as there were no significant gender issues in their sectors/countries. The other was more direct, wherein staff members identified the lack of practical tools and guidance on gender mainstreaming that could be applied to their respective sectors, whilst these resources are already available, which indicates the gaps in utilization of the gender toolkit and resources. They also underscored the need for more capacity building especially on sectoral gender analysis. The GPR therefore points to gaps in both understanding and knowledge of country/sector specific gender issues, as well as gaps in skills to apply gender analysis tools.

FIGURE 3

Gender parity in country offices (%)
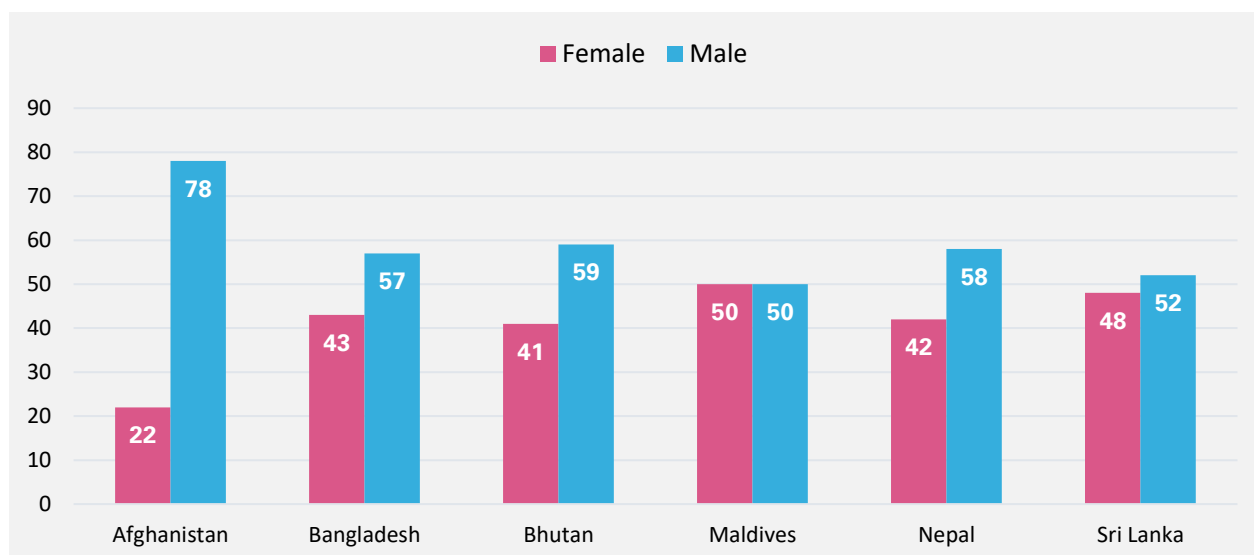
Gender Architecture

Given the differing nature and size of UNICEF operations in the six countries, the gender architecture in each is different. Only one had a dedicated Gender Specialist at the time of the GPR[21] while others had Gender Focal Points (GFPs). A snapshot of the gender architecture is provided below:

Gender Architecture at the Country Level

	Afghanistan	Bangladesh	Bhutan	Maldives	Nepal	Sri Lanka
Dedicated/partial Staffing	Gender Specialist	Gender Specialist	Gender Focal Points (2)	Gender Focal Point (1)	Gender Focal Point (1)	Gender Focal Point (1)
Level	P4	P4	P3 and NOB	NOC	NOB	NOB
Sectoral Gender Staff/FP	Yes	No	No	No	Yes	Yes
Field level Gender Staff/FP	Yes	Yes	No	No	Yes	Yes
Member of CMT		Yes	Partial	Yes	No	No
Reporting	Deputy Rep[22]	Deputy Rep	Deputy Rep	Deputy Rep	Deputy Rep	Deputy Rep

Gender Equality Expenditure

From the six countries, only three (Bangladesh, Bhutan, and Maldives) have met the target of allocating 15 per cent of total programming budget to gender results. While Sri Lanka and Nepal recorded an increase in expenditure on GE, both fell short of the floor minimum. On the other hand, Afghanistan is the only country where expenditure has gone down in the last year as shown below.[23]

FIGURE 4

Expenditure on gender results by country from 2017 to 2018 (%)
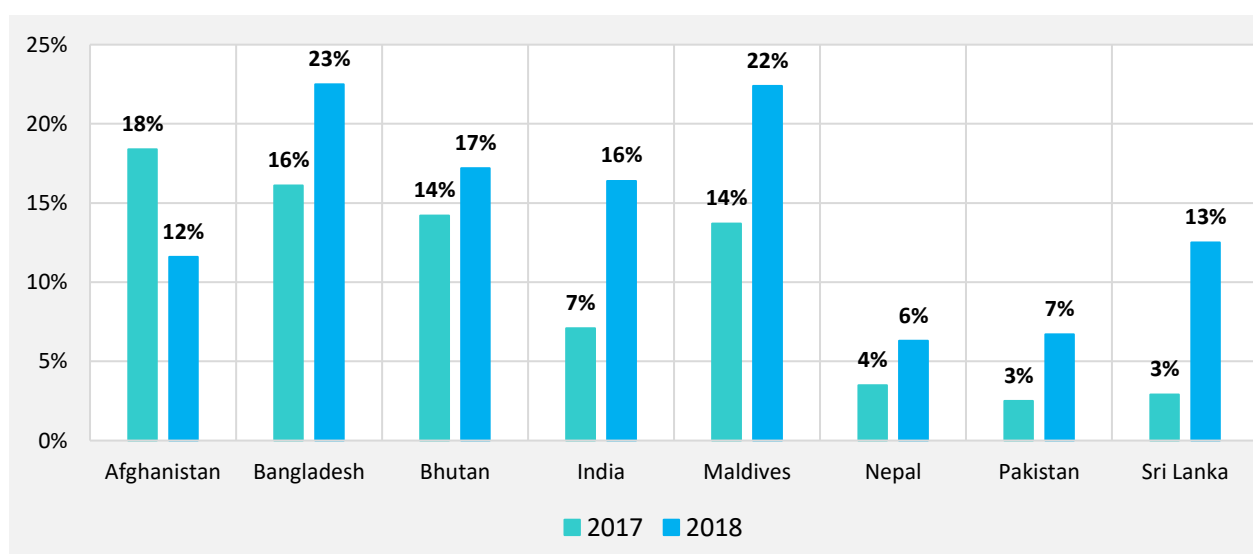
VI. KEY FINDINGS

While in section IV we presented a goal wise analysis of the existing gaps and challenges, in this section we capture some of the overarching issues that emerged across programming areas.

(a) Low priority accorded to GE at the programmatic level

Despite interesting examples of gender mainstreaming work, the overall priority accorded to gender remains low in all six countries. As part of the GPR four key sets of documents were reviewed to ascertain the focus on GE:

- The situation analysis conducted at the beginning of the programming cycle;
- The country programme document which establishes the vision for the country office;
- The PSNs which delineate the programmatic strategies and;
- The Rolling Work Plans which include the activities and budgets.

Across the board, CPDs reinforce the corporate commitment to mainstream gender across programmatic areas as well as at the institutional level, in line with the Global GAP. The country SitAns and PSNs are also fairly comprehensive, with some providing detailed analysis of critical gender barriers and bottlenecks. However, the gap is most evident at two levels.

Firstly, as discussed in Section V the lack of gender sensitive output level indicators is glaring. Even in the two instances where 'gender' was mentioned in the output statement, there were no corresponding indicators to measure the 'gender responsiveness'. Staff in some COs attributed this to ''limitations enforced on the Office to minimize outcome/output areas and corresponding indicators''.

Secondly, at level of the RWPs attached to the PSN's. During the GPR desk review, few activities with an explicit gender focus were identified. Several 'activities' noted by staff during the GPR interviews were not reflected in their Rolling Work Plans. It therefore becomes challenging to ascertain how and to what extent GE interventions are being prioritized. This is also contrary to the basic principle of Results based Management which highlights the linearity of results. In the absence of focused interventions (activities/inputs) and without output or outcome level indicators, it is difficult to understand how COs are articulating their gender results.

The GPR thus shows a clear gap in translating policy commitments into programmatic interventions with dedicated resources, across countries.

(b) Limited gender responsive or transformative programming

A quick assessment of ongoing UNICEF programming using the 'continuum of approaches for gender equality'[24] shows that the bulk of interventions fall under the gender sensitive category.[25] This is evidenced mostly in sectors such as health, education and nutrition wherein the focus is on increasing access of boys and girls (and in some cases their mothers/families) to services. A review of the Annual Results Reports shows that in these sectors 'results' showcased are mainly in terms of the numbers of boys and girls reached. While it is extremely important to maximize coverage and scale, this is only possible when CO's design interventions to address specific gender-based barriers and bottlenecks that limit the access of girls and boys, especially those from the most marginalized communities.

Thus far, examples of gender responsive[26] programming are mostly found in the Child Protection and ADAP sectors. These include programmes on gender-based violence and harmful practices such as child marriage and Chhaupadi; adolescent empowerment initiatives on non-formal education and life skills (such as

Adolescent Clubs Rupantaran, GATE, ASP, PATH and Parivartan). Programmes like the Mother@Work programme which have strong focus on increasing women's economic security and rights are an exception.

Despite the strong emphasis on addressing social norms in CPDs/PSNs, there are hardly any examples of gender transformative[27] programming where there is an explicit/intentional focus on addressing the root causes of gender-based inequalities. Efforts to engage men and boys on gender equality interventions have been limited, with some interventions noted in the Health, Nutrition or WASH sectors (MHM). In countries where such programmes exist, these are rarely at scale. Further there is no analysis or evaluation to capture how these address unequal gendered norms or power inequalities between men/boys and women/girls. The use of C4D tools to challenge gendered norms as an integral component of programming is also rare, especially in countries with limited in-house C4D expertise. Most examples cited relate to awareness raising or social media campaigns such as EarlyMomentsMatter. A sector wise summary gap analysis in presented in Figure 5 below.

(c) Limited focus on intersectionality

While CPDs/PSN reference the SDG's, how the principle of leaving no one behind informs country level programming is not clear. Two key axes of exclusion – gender and disability are often mentioned in these documents. However, a deeper dive into country programming documents does not highlight how multiple marginalities and intersecting exclusions are being addressed. There is hardly any evidence of how UNICEF programming supports girls from the most excluded communities, including girls with disability or vice-versa. Where sex disaggregated data is presented, it is rarely disaggregated further to show which girls and boys are being reached based on their ethnicity, class, caste, ability etc.

(d) Reinforcing Stereotypes

Knowledge/IEC/communication materials in some countries appear to be reinforcing gender stereotypes, with educational material using pink for girls and blue for boys. Staff in some countries noted the absence of a proper mechanism to review messaging/content from a gender lens. Further in some countries, strategies such as using mother's support groups to deliver nutrition messages are employed. While traditional community-based platforms can support outreach, from a gender lens it is important to assess if such strategies are reinforcing gendered norms around women's role at the household and community level.

TABLE 3

Gaps in current Programming Approaches

SP GOAL 1 HEALTH AND NUTRITION	Over-reliance on platforms that inadvertently target mothers
	Limited number of interventions on SRHR: especially those focusing on sexuality and reproductive rights
SP GOAL 2 EDUCATION	Limited focus on addressing gendered social norms in curriculum/pedagogy/teacher training
	Limited coordination between ECD (on parenting education) and Child Protection (on positive discipline)

SP GOAL 3 CHILD PROTECTION	Limited unpacking of the continuum of gender-based violence across the life cycle
	Limited attention to the underlying linkages between VAW and VAC
SP GOAL 4 WASH	Limited attention to recognition, reduction and redistribution of unpaid and care work
	Limited efforts to advance women's substantive participation and leadership
SP GOAL 5 SOCIAL POLICY	Limited recognition and advocacy on maternity rights and entitlements agenda
	No substantive work on Gender Responsive Social Protection
SP GOAL 5 COMMUNICATION FOR DEVELOPMENT (C4D)	No coherent strategy for engaging with men and boys or/ faith-based leaders

(e) Challenges in Implementation

Staff across the six countries referred to some common issues and challenges, pertaining both to the external and internal environment. With regard to internal challenges, three issues were highlighted. The first was the limited funding available in UNICEF for GE. As one staff member elucidated "in the absence of secure funding, GE is adapted to sectoral priorities. At times these do not necessarily align. It is even more challenging when we have to match it to donor priorities."[28]

Both inter and intra sectoral coordination were noted as critical barriers especially by Gender Specialists (GS) and Gender Focal Points (GFPs). Most referred to a common misconception within UNICEF that gender mainstreaming was the sole responsibility of the GS or the GFPs. This made it extremely difficult for focal points to gather relevant information from sector colleagues for reporting. Similarly, there were no proper mechanisms that enabled GFPs to review or monitor the GE interventions within their sectors. Inter-sectoral coordination was also challenging without an office wide strategy on gender mainstreaming. In the absence of an organizational mechanism, it was largely dependent on motivated individuals to push the gender agenda.

Limited engagement with women's rights organizations/networks was also noted. The main fall-out of this was UNICEF's inability to leverage the historical knowledge/expertise of the women's movement at the country level. Further UNICEF was not seen as the 'go-to' agency on gender, which implied a limited presence in national/regional advocacy initiatives on GE.

With regard to the external environment, several common threads emerged from the country specific GPR discussions. Reference was made to the increasingly volatile political environment in some countries which made country level operations challenging. These ranged from high bureaucratic attrition/turn-over and slow policy making in some countries, to reduced space for civic engagement and dissent in others. Staff also pointed to increased risks associated with working on sensitive issues such as FGM/C, sexual health and reproductive rights; sexuality education in some countries due to existing social norms. In the context of GE programming, staff also referred to the overlapping mandates of UN Agencies especially those working on GBV and SRHR.

VII. RECOMMENDATIONS

In this section key recommendations have been provided to strengthen the gender equality focus in UNICEF programming categorized for UNICEF HQ and RO, followed by the country specific recommendations.

I. Headquarter/Regional Office

- Ensure compliance with corporate priorities including a minimum 15 per cent financing on gender equality at the country level and recruitment of dedicated gender specialists for countries over the 20 million threshold.
- Ensure compliance with GAP guidelines at all stages of the programming cycle.
- Ensure the management accountability for gender results and its progress is a standing item for discussion at RMT, DROPS and HQ network meetings.
- RO should ensure that gender is consistently a part of the CPD planning workshops throughout all stages of the planning process by making sure that the RGA is consulted to provide strategic inputs.
- RO should ensure participation Gender specialists/focal persons at all the CPD planning workshops at country offices. The Gender Unit in HQ should also provide swift and resourceful guidance for this endeavor.
- RO should reinforce the capacity of CO gender specialists / GFPs on a continuous basis and the CO Deputy Representatives should be held accountable by the Regional Director for ensuring an adequate gender architecture, planning and competency levels are in place
- RO and HQ should design planning and reporting templates that allow country offices to capture key gender results with a focus on documenting qualitative shifts in the COAR.
- RO and HQ should invest in capacity development of staff on RAM reporting and sectoral application of gender analysis tools

through structured F2F trainings/webinar sessions.
- Develop protocols/guidelines for conducting evaluations/research from a gender lens, including the ethical considerations pertaining to research on GBV.

II. Country Level

At the Programmatic Level

(1) Areas for substantive strengthening
As discussed in Section VI, there are critical gaps in UNICEF's programming. Going forward it will be important for UNICEF Country Offices to address these for accelerated gender results. Some areas for substantive engagement by COs are noted below in Figure 5.

(2) Invest in data, evidence generation and knowledge management
All CPDs underscore the need for more evidence on critical areas of programming. To the extent possible, COs should earmark resources for conducting assessments and impact evaluations specifically from a gender lens. It is recommended that learnings from pilot initiatives and demonstration models, be comprehensively documented and strategies identified for replication and scale up.

The need for robust statistical systems and disaggregated data was noted by staff across all programme areas. It is recommended that COs advocate and identify the data gaps from a gender lens (both in terms of improving the quality of sex disaggregated data collection; as well as investing in areas where new data is required). It will be important to bear in mind that government and other partners need to have adequate capacities to collect, as well as analyze and use disaggregated data to design gender responsive interventions. Therefore, adequate investments in such capacity building should be made.

FIGURE 5   **Substantive GE Areas for UNICEF Programming**

SP GOAL 1 HEALTH AND NUTRITION	Prioritize quality maternal health from a continuum of care approach - focusing in equal measure on the woman's (mother's) right to be cared for. Newborn Action Plans, Multi-sectoral Nutrition Plans or other important policy documents should undergo a gender review
	Address root causes of gender differentials in nutrition including norms around body image
	Address differential health seeking behaviour amongst men/women and boys/girls
SP GOAL 2 EDUCATION	Strengthen focus on gendered social norm change across education sector interventions. To accelerate progress on advancing girls' education, the scale up of successful models for alternative learning pathways should be prioritized and resourced
	Frame ECCD within the continuum of care approach and link to the demand for maternity entitlements including for women in the informal. The recent four agency Joint Statement calling for family leave and childcare provides a useful template for this
	Strengthen linkages between skills development and women/girls' employability. This will entail unpacking structural causes of gender inequalities in the labour market such as the sexual division of labour, real or perceived threat of violence in public spaces and workspaces, as well as the implicit gender biases in institutions and policies
SP GOAL 3 CHILD PROTECTION	Develop and implement a more comprehensive programme on GBV – unpacking the continuum of violence across the lifecycle – from conception to adulthood. Adopt a comprehensive multi-sectoral approach to GBV with clear linkages across key sectors
	The targeted gender priority, Ending Child Marriage requires much stronger cross-sectoral collaboration to accelerate the reduction in child marriage rates and address gender norms/harmful practices.
SP GOAL 4 WASH	Focus on women's time use, management and balance of WASH burden
	Invest in women's leadership, skills and substantive participation
	Address gendered social norms and harmful practices around menstruation and its interventions beyond Wash in Schools
SP GOAL 5 SOCIAL POLICY	Unpack gender-based vulnerabilities in child multi-dimensional poverty index and Equity Analysis; greater focus on gender responsive social protection
	Strengthen gender focus in both prevention/mitigation and resilience building
	Strengthen advocacy efforts on economic rights and security of frontline functionaries across sectors, a majority of whom are women such as CHWs; pre-school teachers

While most CPDs reviewed as part of the GPR exercises underscored the need to address gendered social norms; this priority was not adequately reflected in terms of programming approaches and strategies. Barring advocacy initiatives to engage fathers in childcare and development (as part of Health and Nutrition sector interventions) and to engage boys in MHM/puberty education, focus on the gendered dimensions of social norm work is not evident in other programming areas. Given the deep-rooted gender-based inequalities in the region, it is critical for UNICEF COs to design a comprehensive office strategy to address gendered social norms, including but not limited to C4D. The Strategy should include a robust monitoring framework to track behaviour change. Further engagement with faith-based leaders on gendered social norms and discriminatory practices, should be explored/strengthened.

Another key feature of this work should be 'engaging men and boys' and promoting positive masculinities. It is now widely recognized that men and boys can be powerful allies in the achievement of gender equality, and initiatives such as role of fathers in child care, positive gender socialization, empowerment of adolescent girls, reduction of risk-taking behaviours, transformation of male attitudes to promote gender equality are extremely critical to achieve desired results. One recommendation from staff at the country level was for UNICEF to identify and work with male gender equality champions.

Education sector/school-based platforms also provide an important entry point to address gender norms specifically through revisions in curriculum and pedagogy. Furthermore, non-gender stereotypical subjects such as more girls in STEM should be promoted including through social media campaigns with role models/national icons. Ongoing anti-bullying campaigns should include stronger messaging on positive socialization to address toxic masculinities. Simultaneously, awareness campaigns on empowerment of the girl child to promote non-traditional roles should be scaled up. Furthermore, existing community-based platforms (including Adolescent and Youth Clubs/Cafes) should be leveraged to sensitize communities on gender-based inequalities and discriminatory practices.

(4) Strengthen policy advocacy
UNICEF in all countries is heavily invested in policy advocacy across sectors and is regarded as a credible partner by governments in all countries for technical support. UNICEF COs should leverage this for increased advocacy on gender equality commitments. For this, it is important that UNICEF COs draw on international normative frameworks on gender equality and women's rights. Primary among these are the Convention of Elimination of All Forms of Discrimination Against Women (CEDAW) and the Beijing Platform for Action (BPfA). Further COs should support the application of child and gender budgeting tools, in relevant areas of programming.

(5) Strengthen coordination mechanisms to advance GE
One key recommendation put forth by representatives of other UN Agencies was the need for UNICEF to play a stronger role in pushing the GE agencies across coordination mechanisms (both within the UN System, as well as with wider Development Partners and Government Agencies).

(6) Invest in innovations to promote gender equality
Given the increasing focus on innovations within UNICEF, it is recommended that COs identify clear strategies for advancing Gender Equality through Innovations. A first step could be to gather knowledge and experience from partners/external institutions on existing models and tools, such as mobile banking ventures that facilitate women's entrepreneurship to e-learning platforms that take classrooms to individuals. Within UNICEF offices in South Asia there is an emerging body of knowledge on social innovations that has the potential to serve as a powerful tool to break trends and increase awareness, access and availability of

opportunities for marginalized groups. It will be critical however to review these from a gender lens and identify pathways to promote gender equality through innovations. Some areas for priority action are listed below.

- Design innovative models that address gender-based barriers and bottlenecks, such as women and girls' time poverty, limited access to services.
- Increase women/girls' access to information and knowledge about rights and entitlements, including digital literacy.
- Promote market awareness and investment in innovations that meet the needs of women/girls.
- Promote participation and representation of women and girls as innovators and entrepreneurs especially from the most marginalized groups.

(7) Leverage UNICEF's comparative and collaborative advantage

Partners across the GPR countries highlighted UNICEF's comparative advance GE work, i.e. the agency's credibility with national partners, its core constituency (children and adolescents) and its capacity both financial and operational to mainstream gender across sectors. At the same time COs should explore its collaborative advantage, to partner with other UN Agencies with similar mandates/areas of programming such as UNFPA, UN Women and WHO.

At the Institutional Level

Overall recommendations to strengthen the gender equality focus in organizational practices/mechanisms are noted below:

(1) Institutional Accountability

- All country offices need to strengthen accountability mechanisms for the gender equality mandate.
- COs will need to select measures best suited to their contexts, as accountability can also provoke lip-service. These include but not be limited to inclusion of gender equality in

performance appraisal reviews of senior managers, rewarding innovations or good performance in gender equality by different teams or field offices, including gender mainstreaming milestones in unit workplans.
- Ensure that gender priorities are clearly reflected in the CPD results matrix, as well as the attendant PSNs and RWPs.
- Recognize contributions of GFPs in the formal reporting mechanism (such as in the PER) to capture their contributions/efforts.
- Ensure gender parity amongst staff (both across levels, as well as amongst national and international staff).
- Develop gender and diversity strategy to guide recruitment and career development practices.
- Develop and implement comprehensive Gender Action Plan clearly outlining strategies/priorities for GM, in line with the Outcome area PSNs and RWPs. This should include a monitoring framework with process indicators/milestones to capture GM initiatives across Outcome Areas. Progress on the GAP should be reported quarterly to the Country Management Team.
- All country offices should establish a routine practice of including a time slot at the CMT and PMT meetings for reporting on the GAP and on gender equality issues.
- Develop checklist/guidance to facilitate review of partnership agreements and documents, from a gender lens (both programmatically and organizationally).
- Encourage UNICEF staff and partners to document/develop case studies, detailing strategies/interventions/models that have advanced GE commitments, across sectors.
- The workplace environment for female staff merits further action to incentivize and retain qualified female staff.
- Each country office should review the adequacy of its policies and propose accountability measures commensurate with the level of gender (in)equality which female staff are experiencing. This may require canvassing female staff first to assess their situation, especially for national staff, and harvesting ideas that may work for them

(2) Capacity Development

- Ensure all GFPs undergo gender credentialing (on a rotational basis) to strengthen capacities on gender mainstreaming.
- Encourage sectoral staff to complete (online) courses on specific aspects of GM most relevant to their sectors.

(3) Gender Responsive Evaluations

- UNICEF COs should consider a policy to include quality standards for gender-responsiveness in MOUs and PCAs.
  As reported widely by COs, partners are not consistent in their competence and performance in integrating gender issues and also manifest in partners' own internal work environments
- Gender equality should be included in evaluation terms of reference with the requirement that expertise in gender exists in the team. It is also important that UNICEF staff stipulate the gender inquiry they wish to make in each instance, as it will not be the same across all evaluations.

(4) Gender Responsive Infrastructure

- UNICEF COs should take concrete steps to provide creche/breastfeeding facilities for all staff (either within the Office premises or through tie ups with existing day care centres). The first step should be to assess needs (in terms of infrastructure) and prioritize accordingly. The needs assessment should involve all personnel including support staff.

(5) Communications and Media

- Review all IEC packages/material developed by UNICEF and its partners, to ensure that they do not reinforce gender stereotypes.
- Emphasize UNICEF's GE commitments in speeches/public engagements of Senior

Management, including at Government led platforms.
- Design communication strategies to reach women and girls from the most vulnerable and excluded groups, by addressing access barriers to information and knowledge, including digital platforms.

ANNEXES

ANNEX 1: Summary of gender issues in South Asia

ANNEX 2: Summary of mapping of GE interventions across sectors

ANNEX 1:

Summary of gender issues in South Asia

Sectors/SP Goal Areas	Afghanistan	Bangladesh	Bhutan	Maldives	Nepal	Sri Lanka
SP GOAL 1 Health and Nutrition ♥	Very high maternal mortality ratio Access to life-saving interventions is poor: skilled birth attendance is approximatively 50 % and postnatal care is as low as 40 % for mothers and 9 %for newborns whilst only 46 per cent of children, among children aged 12-23 months are fully immunized. Disparities exist between boys and girls, urban and rural areas and by region Woman's autonomy affects her ability to access health services for herself and her children. About 10 % of women aged 15–19 had already given birth and 4 percent were pregnant with their	Slow progress on neonatal mortality and childhood stunting; high rates of maternal mortality ratio primarily due to delivery by unskilled birth attendants at home and a lack of comprehensive emergency obstetric care from a skilled provider at a medical facility Undernutrition rates among young children remain high Poor coverage and practice of breastfeeding and timely introduction of complementary feeding Significant knowledge gaps amongst caregivers (mothers) in recognizing danger signs of pneumonia	High levels of undernutrition among children and pregnant and lactating mothers Poor newborn health practices including IYCF such as exclusive breastfeeding High rates of anaemia amongst children under five, adolescent girls, pregnant women and lactating mother; with slightly higher rates in urban areas, potentially reflecting increasingly poor dietary choices High fertility and pregnancy amongst teenage girls High substance and alcohol abuse Low knowledge of HIV amongst women and adolescents	Boys between 6-59 months age (53%) more likely to be anemic than girls (46%) Adolescent girls have low BMI; and more women (of 15 to 45 years of age) are anaemic Rates of obesity higher amongst women Adolescent boys more likely to display high risk behaviour including drug use. However specific cohorts of girls/women, such as those engaged in sex work were also in the high drug use category Adolescent pregnancy is an emerging issue	Maternal mortality declined from 538 in 2000 to 239 in 2016 (per 100,000 live births). Around 1,500 women die during pregnancy and childbirth each year. 41% of pregnant women still deliver at home High rate of anaemia with 39% of girls' anaemic More than 50% of women were married by the age of 18.17% of adolescents have begun childbearing; and 7.5% of adolescents who are pregnant die due to childbirth complications Only 38% of women aged 15–49 years are aware that abortion is legal	31.8% of pregnant women anaemic with high inter-district; prevalence of underweight in women (BMI < 18.5) is higher in younger women aged 15- 20 years (22.9%) Overnutrition on the other hand increases with age starting with 20.9% in women aged 15-20 years and doubled to 52.0% in women aged 40-49 years Teenage pregnancies on the rise 8.3% of girls and 5.5% of boys of the same age reported having seriously considered taking their own life over the preceding 12 months, with no significant variation across urban and rural strata

first child.15 Estimated that nearly 1 million adolescent girls (about 30 per cent) are anaemic, while 2.4 million are iron deficient.	Poor maternal nutritional status during pregnancy, is associated with poor outcomes for the infant, such as low birth weight little reduction in the levels of adolescent pregnancy; Adolescent birth rate stands at 113 per 1,000 live births, one of the highest worldwide Access to age-appropriate health services is a challenge for adolescents, partially because of the unavailability of adolescent-friendly health services at fixed sites or outreach, as well as because of gendered bottlenecks 29% of girls being malnourished and presenting high levels of micronutrient deficiencies	Low awareness and knowledge of Sexual and Reproductive Health including amongst adolescents		Unmet need for Family Planning among adolescents aged 15-19 is very high (35%) In some regions there is son preference	HIV prevalence infections among young people have increased markedly over recent years Public health midwives lack skills to provide sexual and reproductive health knowledge to adolescent boys and girls

Sectors/SP Goal Areas	Afghanistan	Bangladesh	Bhutan	Maldives	Nepal	Sri Lanka
SP GOAL 2 Education	Only 45% of girls enrolled complete primary; and only 5% complete secondary Estimated 3.5 million children remain out-of-school of which 60% are girls. Among girls aged below 15 years, about 19 percent are literate, whereas 17 percent are married. One third of all teachers are female Deeply rooted cultural norms, socio-cultural factors, traditional beliefs and poverty all contribute to undermine girls' education.	Young children deprived of proper care while their parents are at work Only 43.5% children enjoy early learning Parents' awareness and knowledge on childcare and rearing are limited Significant gaps for girls in the areas of learning achievement, transition and continuation up to secondary education Low transition of girls to secondary education Lack of safety and the high prevalence of sexual harassment and abuse in public places contribute to girls' dropout from schools Access of girls is further limited, due to issues of distance, security in movement to schools	Only 2 % of girls who complete Class X appear to move to Class XI; in addition, in 2016 girls represented only about 37 % of those in tertiary education Boys outperform girls in mathematics and science, indicating that girls may be discouraged even at an early age from pursuing these subjects Poor access, coverage and quality of ECCD services (only 22 % covered) High rates of repetition across levels Poor transition rates for girls from primary to secondary and tertiary levels Low numbers of female teachers particularly in rural and remote areas, as well as the higher levels particularly for Science and Math	In pre-primary to lower secondary, less females are enrolled than male and this trend continues until the lower secondary education There is a significant disparity between male and female enrolments of students above age 16 in the upper secondary education Mobility constraint limit girls' access to higher education; as parents in the atolls are reluctant to send their daughters to other islands/Male due to safety concerns Although many girl students join the TVET programmes, it does not translate into employment opportunities Growing number of out-of-school children. Gender disparities are close to negligible compared to other countries in the region	Estimated female literacy rate (52.5%) is below the national average (63.1%) While there is gender parity in primary education, girls' enrolment is consistently lower among poorer and rural households, disadvantaged ethnic, caste, religious and linguistic groups, and children with disabilities Approximately 3.1% (94,646) of 5-9 years' age group children (54% girls) are out of formal primary schooling Dropout rate for girls increases gradually from Grade 5 to 8, but there is a big increase of boys dropping out between Grade 5 & 6 Proportion of female teachers in community schools is less than optimal (40.3% at primary, 22.2% at lower secondary and 14.8% at secondary level)	100% preschool teachers are females Many are own-account workers and do not subscribe to or benefit from social insurance schemes; there is also high staff turnover; limited quality pre-service preparation and quality oversight from the Government Low levels of learning and early drop-out: dissatisfaction with the relevance of schooling is common amongst both girls and boys, and especially among teenage girls and boys from rural, poor and / or ethnic communities Although girls outperform boys in education, Sri Lanka has the 14th-largest gender gap in labor force participation globally (36% for women versus 75% for men in 2016) and is consistently below middle-income country averages

| | | | | | Only 69% of schools have separate toilets for girls | Young women have the highest unemployment rate (29% for the 15-24 age group in 2016), and the gender gap in youth unemployment has widened since the end of the civil war |

Sectors/SP Goal Areas	Afghanistan	Bangladesh	Bhutan	Maldives	Nepal	Sri Lanka
SP GOAL 3 Child Protection	Violence against women and children, including sexual violence, domestic violence and abuse widespread About nine in every ten women have suffered from spousal abuse (ADHS 2015) 87.2 % of Afghan women reported experiencing at least one form of physical, sexual or psychological violence or forced marriage in their lifetime. (Global Right Survey 2018) 16% of women aged 15 - 49 years reported that they have experienced violence during pregnancy.	High rates of violence against girls and women (two out of every three women are subjected to physical violence from their husband during their lifetime) Bangladesh has one of the highest prevalence rates with 52% of girls aged 20 to 24 married before age 18 Many married adolescents experience and accept physical and sexual violence (33% of adolescent girls believe a husband is justified in hitting his wife)	14.5% of currently or formally married women reported that they had experienced at least one kind of physical violence from their intimate partner High incidence of violence and abuse amongst children; about 1 in 8 children (12.8%) have experienced sexual violence (boys 11.9%, girls 13.5 %) Male to male sexual violence is also much more widespread than earlier believed Digital pornography and verbal sexual harassment amongst children emerging	One in three women aged between 15 and 49 experienced physical and/or sexual violence at some point in their lives Changing family structure, with men migrating out; while boys increasingly display high risk-taking behaviour including joining gangs	One third of married women (aged 15- 49 years) have experienced emotional, physical or sexual violence by their husbands; and married girls (15-19 years) are more prone to violence. Only 7% of those who experienced sexual violence reported the assault More than a third of the 15–19-year-olds adolescent females believed that wife beating was justified in certain circumstances More than a third of young women aged 20-24 report that they were married by the age of 18	Violence against children is on the rise. 54.2% of boys and 41.5% of girls aged 13-15 years were physically attacked in the past year; 31.3% of males and 25.4% (of a total of 328) of females subjected to emotional abuse High rates of violence faced by boys including bullying and ragging in school settings; which is linked to higher rates of suicide amongst boys

Prevalence of harmful practices such as forced and early marriage, 'honor killings' The Afghanistan Multiple Indicator Cluster Survey (MICS) (2011–2012) reported that 15 % of women aged 15–49 years were married before the age of 15, while 46 % were married before the age of 18.6 By 19 years, a third of the women had started childbearing. In such settings, both boys and girls are vulnerable to child marriage in different ways. Boys are also impacted negatively by child marriage through the pressures to raise money for bride price. However, they are less likely to be married under age than girls are.	Lack of knowledge as well as high out of pocket costs to avail registration (despite it being free) such as on transport etc.	Prevalence of child marriage particularly in rural areas. Per 2015 data, a total of 3.31% of adolescents aged 15-19 years, particularly in the eastern region of the country, reported themselves as currently married Prevalence of child labour - although common in rural areas, children in urban areas often work in the informal sector (young girls employed as nannies/domestic help for middle-class or wealthy families, et al.). Different forms of child labour also are found, from children working in automobile workshops to meat shops (boys) and entertainment centres (girls) Increasing mental health issues, including the increasing rates of child and adolescent suicide in the country Prevalence of Internal and external trafficking		Expansion of the local sex industry has resulted in the rapid growth in trafficking of women and children for commercial sexual exploitation Cases of trafficking and sexual exploitation often go under-reported in Nepal Access to justice is difficult due to limited awareness on judicial remedies	

Sectors/SP Goal Areas	Afghanistan	Bangladesh	Bhutan	Maldives	Nepal	Sri Lanka
SP GOAL 4 WASH	More than half of Afghan girls start their menstruation without having any idea about what is happening to them or why20. About 30% of girls miss school during their menstruations. Girls' menstruation is considered as a private issue, making it difficult for them to speak about it	Knowledge and practice of menstrual hygiene is poor with only 36% of adolescent schoolgirls having heard of menstruation at menarche and about 10% of adolescent schools using menstrual hygiene management (MHM) services Around 6% of schools are estimated to have MHM facilities, resulting in many girls missing up to five days of school per month. Routine absenteeism leads to poor academic performance and low self-esteem that negatively impact learning and eventually contribute to drop out from school	Increased coverage of WASH services, but with significant regional variations Sub optimum sanitation facilities and hygiene related practices such as handwashing Poor knowledge among family members, teachers and monks/nuns to provide adequate counselling and support to adolescent girls/women on MHM	Some gaps in provision of gender responsive WASH infrastructure in schools	Although only 7% of households, nationally, spent 30 minutes or longer fetching water, there is significant disparity by region Coverage of separate toilets in schools for girls with menstruation hygiene facilities is low, and unsafe hygiene practices and lack of awareness of MHM remain widespread 15% of schools lack separate toilets and MHM facilities for girls	Some gaps in provision of gender responsive WASH infrastructure in schools especially sanitation facilities in schools, which lack proper sanitary waste disposal facilities Social norms around menstruation lead to absenteeism of girls from schools during menarche

Sectors/SP Goal Areas	Afghanistan	Bangladesh	Bhutan	Maldives	Nepal	Sri Lanka
SP GOAL 5 Social Policy	Social norms limit women's ability to work; placing a heavy burden on boys to start earning early given the high poverty rates	Women concentrated in low-wage side of formal employment and informal sector Significant gender gap in earnings High out-migration of women; in 2017, 100,000 women migrated overseas	Unemployment rates are higher for women than men at all levels of education Despite national economic progress, pockets of poverty persist, with multidimensional poverty highest among children between 0-9 years, at 7.2%, in 2017, and a Child MPI of 1 in 3 children that were multidimensionally poor in 2016 Vulnerabilities between population sub-groups, by wealth quintile, location, gender, age, disability and other factors, remain acute. These include children with disabilities, those living in single parent households (mostly under the mother's care); children who have been abandoned (largely girls) or orphaned; children of parents with HIV; those living in remote areas or belonging to nomadic communities	Women are heavily represented in the lower income deciles, as they are more likely to be 'pushed' to work in the informal sector, in part time jobs, and outside the public sector. The incidence of employment in the informal sector is higher among women (40%)	Decline in women's labour force participation. As per latest NLFS, female labour force participation rate is less than half that of the male rate (26.3% and 53.8% respectively) Spending on social protection is disproportionally allocated towards public sector pensions and other benefits, which reach just 7% of the population Nepal is highly prone to a range of natural hazards, particularly floods, landslides and earthquakes. It ranks 11th and 16th globally in terms of vulnerability to earthquakes and multi hazards respectively. As documented during the 2015 Earthquake and 2017 floods, natural disasters have a highly gendered impact	Sri Lanka has the 14th largest gender gap in labor force participation globally (36% for women versus 75% for men in 2016) Young women have the highest unemployment rate (29% for the 15-24 age group in 2016) Poverty is also driving high levels of female migration

ANNEX 2:

Summary mapping of GE interventions across sectors

GOAL AREA 1: EVERY CHILD SURVIVES AND THRIVES						
Strategy	**Afghanistan**	**Bangladesh**	**Bhutan**	**Maldives**	**Nepal**	**Sri Lanka**
Policy Advocacy & Technical Support	Policies/strategies to stimulate mothers in the first 1000 days		Joint advocacy with UNFPA to scale up existing integrated gender-responsive, adolescent-friendly health services, across the country		Advocacy and technical support for certification of maternity hospitals, creation of breastfeeding spaces Technical support on Multi-sector, Nutrition Plan (2017), Safer Motherhood Bill, Maternal Nutrition Strategy (2014), National IYCF Strategy (2016) and the 2016 action plan on Maternal Infant and Young Child Feeding (MIYCF), National Micronutrient Control Strategy, Anaemia Control Programme Advocacy with the Parliamentary Committee for Women, Children and Senior Citizens for the endorsement of women and child related acts, policies	Policy advocacy for increased public financing for quality care to pregnant mothers and children during the first 1000 days Technical support on Nutrition and Maternal and Child Health policies

					and implementation Advocacy on maternity entitlements	
Evidence Generation including Data	Evidence generation (KAP) to gain deeper understanding of immunization and IMNCI			Baseline data on nutrition indicators of maternal and children		Formative research on IYCF which includes role of fathers in responsive feeding
Capacity Development	Capacity building and workforce development of Community Health Workers		Strengthening capacities of the health sector to provide quality services (ANC and PNC)	Trained health workers and NGO service providers on targeted outreach including those at risk	Capacity development of health sector staff and service providers, to provide "gender sensitive services", including Female Community Health Volunteers (FCHVs)	Working with Public Health Midwives
Service Delivery	Supports weekly iron folate (WIF) programmes targeting school going adolescent girls	Support implementation of integrated ECCD and nutrition interventions in workplace Implementing Women Friendly Hospital Initiative (WFHI) Mothers@Work (M@W) programme Modelling of a gender-responsive adolescent nutrition programme at 40 adolescent clubs in secondary schools in UNICEF focus districts	Promoting adolescent girl's nutrition, pregnancy care, preventing HIV/AIDS & other Sexually Transmitted Infections Distribution of Iron Supplementation and Folic Acid (IFA) at the school level	Creation of safe spaces in hospitals where mothers can breastfeed and equip hospital staff with the knowledge and materials, they need to help mothers begin breastfeeding immediately Strengthen Youth Health Café with a focus on nutrition issues Developed a package of interventions targeting those at risk - (1) Drug users, (2) MSM, (3) Female sex workers	Improved quality services including effective referral mechanisms, round the clock availability of staff, and provision of high-quality equipment for MCH Improved access to adolescent responsive health services Monitoring of PMTCT services and ensuring that all children born to HIV positive women can benefit from HIV testing (early infant diagnosis)	Improved service delivery through high coverage for testing and treatment of pregnant women; and antenatal care Implementing gender responsive adolescent health programmes, including on reproductive health

C4D	Awareness raising activities amongst four groups: parents, teachers, girls and religious leaders		Promoting engagement of men (fathers) in kangaroo care	Social and Behaviour Change Communication (SBCC) to address the double burden among pregnant women, children under two years and school age children Promoting engagement of fathers in childcare and development Interactive sessions to discuss HIV with young people aimed at boosting overall awareness, sparking health-seeking behaviors and addressing social stigma on this issue	Engagement with households and communities to promote positive care seeking behaviour to address practices that harms the care of mothers and newborns Convening fathers' groups to promote MCHN Promotion of optimal breastfeeding and complementary feeding practices and increased capacity on maternal, infant and young child feeding at the community level Support community awareness initiatives on the prevention of child marriage, teenage pregnancies and HIV/STIs, as well as promotion of positive gender practices, sharing information about the availability of adolescent responsive services	
Innovation	Innovative approach of using sports to empower girls and link to WIFs are currently underway	Advocacy and programmatic support on maternity rights and protections in the workspace			Creating fathers' groups on MCH C4D initiatives such Golden 1000 days to	

Strategy	Afghanistan	Bangladesh	Bhutan	Maldives	Nepal	Sri Lanka
	being piloted in 5 provinces				address gendered social norms	

Strategy	Afghanistan	Bangladesh	Bhutan	Maldives	Nepal	Sri Lanka
Policy Advocacy & Technical Support	Technical support to Ministry of Education in the development and roll-out of new policies, strategies, and programmes with a special focus on out-of-school children, girls' education				Technical support to MoE on system strengthening especially the School Sector Development Plan and draft ECD Strategy Includes prioritization of areas for accelerated action based on their rank in the Equity Index. Districts having high prevalence of child marriage have been prioritized for intervention by the government Technical support to government partners on mainstream gender in education, through Gender Focal Point, Gender Networks and provision of Suggestion Boxes in schools Supporting the national efforts to expand and strengthen ECD services in school and non-school settings	Policy support to develop ECCD strategies, policies and costed action plans making them more child friendly, gender sensitive, supportive, inclusive and nurturing Technical support to the Government to develop and roll out the Gender Action Plan for Education As part of UN Coordination, developed Strategy to support government shift towards life skills, rights-based and gender-sensitive learning at all levels, targeting adolescents and youth aged 15-24

Evidence Generation						Conducted the first-ever university system-wide study on the issue of ragging and Sexual and Gender-Based Violence (SGBV) in the 15 national universities
Capacity Development	Supporting female teachers				Capacity development of school actors on child rights and GBV Training of adolescents on life skills through Rupantaran, ASP Parenting Education programmes for parents	Strengthen pre-school teacher development including through materials and training modules that are gender sensitive and inclusive Technical and capacity development support on curriculum design, training of teachers and communities, under the KOICA funded Education Environment Improvement Project Integrated social cohesion skills into the primary curricula, including components explicitly promoting gender equality
Service Delivery	Support the formal school system and the government's Community-Based Education	Support implementation of integrated ECCD and nutrition interventions in workplace, aimed at	Exploring alternate models of delivering ECCD - beyond a centre focused approach. From a	Implementation of Life Skills programme which has integrated gender issues	Implementation of non-formal education programmes (GATE and After School Programmes) aimed	Implementing two innovative programmes – PATHS and PARIVARTAN –

	programme, establishing Community-Based Schools and Accelerated Learning Centres	creating an enabling environment and promoting equal opportunities for women	gender lens, this would be significant in terms of reaching 'unreached' populations, as well as in promoting engagement of both parents in ECCD[28]		at supporting girls from the most marginalized communities Implementation of Rupantaran (transformation) programme aimed at empowering adolescents with social, civic and financial knowledge and skills	aimed at reducing harmful attitudes towards women and girls
C4D	Promoting the participation of young girls in formal and informal schooling	Strategies/interventions to address gender stereotyping in schools			Engagement of fathers in ECE (Gender Thematic Fund)	Support work with families and caregivers including fathers to address issues around gender socialization and negative stereotypes at household level
Innovation					Suggestion Boxes in Schools to address a range of issues including GBV Innovative interventions on non-formal education and life skills development such as GATE, ASP and Rupantaran Engagement of fathers in ECE (Gender Thematic Fund)	

GOAL AREA 3: EVERY CHILD IS PROTECTED FROM VIOLENCE AND EXPLOITATION

Strategy	Afghanistan	Bangladesh	Bhutan	Maldives	Nepal	Sri Lanka
Policy Advocacy & Technical Support	Support MoLSMD to strengthen interventions to address GBV	High-level advocacy with legislators on enactment of Child Marriage Restraint Act Provision of technical support for development of the Adolescent Strategy with an emphasis on empowering girls, and advocacy and support for expansion of Adolescent Clubs		Support to the Ministry of Gender to collate and publish data on GBV	Technical support on Act Relating to Children 2018; National Strategy to end child marriage, National Strategy to engage men and boys to address GBV Advocacy to amend discriminatory provisions in the Citizenship Act, Technical support to strengthen collection of CP data including GBV-MIS	Technical and policy advisory support development of a costed national policy framework for child protection services, including alternative care mechanisms Alternate Care Policy National Day Care Policy
Evidence Generation	Documentation and dissemination of success stories in ending child marriage	Generated new evidence on the equity of coverage of social services for children and women, through a close-to-real-time platform, which includes a first-time module on attitudes and knowledge toward child marriage	Evidence generation on child marriage and early unions; including a study on marriage and co-habitation practices	Rapid assessment by the NGO Society for Health Education to understand the drivers of child marriage in the country		Research on the root causes, drivers and prevalence of violence against children, the gendered nature of the violence Joint Research with UNFPA and UN Women on FGM/C

Capacity Development	Recruitment and training of female social workers Conducting police training to better handle child-related cases, and establishing a TOT to be rolled out across all provinces in partnership with UN Women			Capacity development of justice sector actors – such as prosecutors, police and social workers to prevent and respond to VAC and skills to investigate VAC issues such as child sexual abuse and GBV	Capacity development of child protection and justice sector actors to respond to and provide age and gender-appropriate services to survivors of violence in selected areas, including training of social workers on GBV	Capacity development of social service providers, with strong emphasis on reaching out to all children, girls and boys at risk of deprivation, family separation or poverty Trainings of justice sector actors to fast-track disposal of child abuse cases (a majority relate to abuse of girl children)
Service Delivery	Establishing girl specific shelters			Modeling Community Social Groups (CSGs) in five atolls of the country, to provide support to vulnerable families for preventing and responding to violence against children (VAC) and gender-based violence (GBV)	Promote child friendly and gender sensitive judicial procedures, UNICEF assists with the establishment of GBV and violence against children (VAC) case reporting mechanisms within schools and referral pathways, in collaboration with the education sector. Support is also provided to government agencies for effective coordination and referral mechanisms for GBV and VAC cases in selected LGUs	Supported the construction of ten women and children's desks at police stations in formerly conflict-affected districts

Strategy	Afghanistan	Bangladesh	Bhutan	Maldives	Nepal	Sri Lanka
C4D	Community outreach in child protection UNICEF is conducting trainings for religious leaders, as well as working on strategies to generate demand for social services, and quality improvement for case management Working to address the sexual exploitation (bachabaazi) of young boys, which although widespread, is criminalized under penal law	Nationwide mass media campaigns to support enactment of Child Marriage Restraint Act			Support community-based mechanisms to promote positive social norms in an inclusive manner, bringing in men and boys, religious and community leaders (by identifying positive role models in addressing GBV and child marriage) Engagement with religious leaders to address harmful social norms rooted in religious texts and cultural traditions of many Nepali communities- in particular child marriage and gender-based violence	
Innovation				CSG – unique coordination mechanism		

GOAL AREA 4: EVERY CHILD LIVES IN A SAFE AND CLEAN ENVIRONMENT

Strategy	Afghanistan	Bangladesh	Bhutan	Maldives	Nepal	Sri Lanka
Policy Advocacy & Technical Support	Advocacy efforts with the government, including addressing the location of toilets as a major issue in terms ensuring safe spaces for women and girls	Support to the Ministry of Local Government and Rural Development (MOLGRDC) on the development of a national strategy on MHM			Advocacy on increased representation of women in Water and Sanitation Coordination and User Committees Technical support on the inclusion MHM	Technical support provided to the Ministry of Education to develop gender sensitive plans for school sanitation system; and introduction of safe disposal system for used sanitary

	UNICEF has utilized various platforms including the "Girls Hygiene Forum" as a strategy to increase gender related challenges in WASH; and increase visibility in a high-level forum including sharing tools for instance the WASH in emergency toolkit and leveraged key relationships for instance relying upon the support from the First Lady				into the WASH in Schools Programme	napkins Advocacy with the Ministry of City Planning and Water Supply and Department of Census and Statistics to include data on availability of MHM facilities
Evidence Generation					Study on menstrual hygiene, GRB analysis and an Equity Analysis of the WASH sector	
Capacity Development	Delivery of trainings for WASH teams that include women and men, as well as gender specific trainings on MHM Equipped MHM "master trainers" to increase access to MHM information and products, and have been deployed to identify key challenges faced, as well as to lead the "Girls Hygiene Day"	Trainings to provide information on hygiene practices, including menstrual health, to 19,000 adolescent girls and boys	Improved WASH services in institutions including providing functional toilets in ANC facilities/labour rooms Included MHM in the HNW counselling package developed for monastic institutions and nunneries; added emphasis on targeting vulnerable populations/ resource deprived households, for WASH interventions, such as		Training of women in non-traditional skills such as plumbing, masonry	Developed and piloted MHM toolkit for capacity development

			single women, female headed households, elderly household			
Service Delivery	Ensuring separate toilets for girls and boys in schools in collaboration with Education section, as well as separate toilets for teachers	At the community level, installed separate toilets for girls and boys in 35 schools			Construction and promotion of gender/child/disability friendly WASH facilities in the schools. The three-star approach adopted in school WASH ensures the provision of menstrual hygiene management Provision of separate toilet and bathing space for temporary shelters during emergencies, and distribution of dignity kits to women and girls	Supported girl student- sanitation infrastructure and menstrual hygiene management programmes in a selected number of schools in the norther, eastern and Uva provinces
C4D				Conducted review of Hygiene Education curriculum and strengthened messages from a gender lens Developed and disseminated IEC material on puberty as part of the Life Skills interventions	Social mobilization and BCC to bring about positive changes in children and the communities they live in and address negative social norms and harmful practices such as restricting toilet use for women during menstruation	
Innovation					Promotion of women in non-traditional jobs such as masonry and plumbing	

GOAL AREA 5: EVERY CHILD HAS AN EQUITABLE CHANCE IN LIFE

Strategy	Afghanistan	Bangladesh	Bhutan	Maldives	Nepal	Sri Lanka
Policy Advocacy & Technical Support					Technical support to the Government to implement the National Framework for Social Protection – including the child grant Technical support to provincial government to develop M&E system for Beti Bachao Beti Padhao scheme Technical support to LGUs to develop gender responsive DRR plans	
Evidence Generation					Baseline Assessment of Child Grants programme as part of the Social Assistance programmes focusing on women widow/senior citizens/people with disability Research on climate change (Planned) Evaluation of ECD and MSNP programmes (ongoing)	Research study on the impact of climate change on women and children Equity analysis to include analysis of outcomes for children and their mothers across several variables, across geography, gender, income quintiles

Capacity Development				Training of DRR partners on GBV using available minimum standards such as the UNICEF Core Commitments for Children (CCCs) and UNFPA's gender-based violence guiding principles Priority response activities also include measures to combat gender-based violence during emergencies Promoting engagement of adolescents and young people – especially girls and women –in planning processes and response mechanisms. This includes training of young people as part of the Community Emergency Response Team (CERT) and seeks to ensure at least 50% representation of women/girls, including in trainings on search and rescue	Trainings at the local level to design gender responsive DRR plans	

ENDNOTES

1. The GPR for India and Pakistan is planned to take place in 2020.

2. Global Gender Gap Report. 2018. Available here: https://www.thedailystar.net/online/gender-gap-closing-ranking-bangladesh-top-among-south-asia-1675858. Data for Afghanistan is not available.

3. The list is based on the priorities noted in the CPD but also includes areas identified by COs during the GPR.

4. This was not noted in the CPD, but identified as a clear area of focus during the GPR

5. Nepal CO has also been involved in advocacy on maternity entitlements.

6. In Bangladesh, UNICEF supports the "implementation of the Gender and Inclusive Education Action Plan (GIEAP) with capacity building, coordination and monitoring mechanism through time bound and costed action plan."

7. The Action Plan has been developed at an Inter-Ministerial Level, and includes topics such as SRGBV, gender stereotypes, unequal gender norms, and strategies to engage adolescent boys and girls on these issues.

8. From South Asia, five countries (Afghanistan, Bangladesh, India, Nepal and Pakistan) are part of UNGEI.

9. UNGEI website. Available here: http://www.ungei.org/whatisungei/index.html

10. UNICEF 2017. Evaluation of the GATE and ASP programmes, Nepal Country Office.

11. The first phase of the ECM ends in 2019, and the second phase is currently under development.

12. UNICEF 2016. Bangladesh Country Programme 2017-2020.

13. These include (1) Build the skills and knowledge of girls at risk of child marriage, and married girls; (2) Support households in demonstrating positive attitudes towards adolescent girls; (3) strengthen the systems that deliver services to adolescent girls; (4) Ensure that laws and policies protect and promote adolescent girls' rights; (5) Generate and use robust data to inform programmes and policies relating to adolescent girls.

14. 'Girls in South Asia spend 50 per cent more time than boys on household chores', Financial Times, October 12, 2016. Available here: https://www.financialexpress.com/india-news/girls-in-south-asia-spend-50-per-entc-more-time-on-household-chores-than-boys-unicef/415471/.

15. As shared during GPR Interview by UNICEF staff.

16. In some countries this includes Policy Advocacy, Evidence Generation, Evaluation and Partnerships.

17. UNICEF. 2019. Measuring gender differences in multidimensional child poverty to track progress toward SDG 1. Note submitted to United Nations Economic Commission for Europe on 08 April 2019. Available here http://www.unece.org/fileadmin/DAM/stats/documents/ece/ces/ge.30/2019/mtg1/WP17_Pandolfelli_ENG.pdf.

18. This was noted at the time of the GPR. Since the GPR exercise, in both Afghanistan and Nepal C4D Specialist posts have been vacant.

19. In these CPD, 'gender' is included in one Output each.

20. At the time of the GPR only one country had a Gender Strategy namely Bangladesh. Since the in-country GPR, Afghanistan office has also developed a Strategy

21. The recruitment of the Afghanistan Gender Specialist was underway. Since the GPR in 2018 a Gender Specialist has been recruited at the P4 level.

22. Previously the Gender Specialist's reporting was to the Social Policy Specialist. The position was upgraded from a P3 to a P4 after the GPR and now reports to the Deputy Representative

23. The data for this has been updated to reflect the COAR 2018 figures.

24. Remarks by Geeta Rao Gupta, Ph.D, Director, International Center for Research on Women on the Continuum of approaches to action on gender and health, plenary address at the XIIIth International Aids Conference, Durban, South Africa, 12 July 2000 Available here: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4327339/figure/DAU083F1/.

25. Acknowledges but does not address gender inequalities.

26. Acknowledges and considers women's and men's specific needs.

27. Addresses the root causes of gender-based inequalities and works to transform unequal gender roles, norms and power relations.

28. Interview with the UNICEF Programme Staff in October 2019.

29. This was a proposed activity, but had not been implemented at the time of the GPR.

UNICEF is committed to promoting gender equality in South Asia by seeking to address discriminatory policies and services, socialization processes and norms that negatively define gendered roles and practices. UNICEF supports girls and boys from early childhood through adolescence to adopt and shape more equitable gender relations, opportunities, and social progress for every child.