

ASSESSMENT AND REVIEW OF GENDER ISSUES IN THREE UNICEF ASSISTED PROJECTS UNDER THE COUNTRY PROGRAMME



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EXECUTIVE SUMMARY

This study assesses and reviews persistence, extent and magnitude of gender mainstreaming focus in documented policies and practices of the three UNICEF assisted country programmes, namely Birth Registration, Integrated Management of Childhood Illness (IMCI), and Maternal Health. At the core of this study rests the 'gender-sensitiveness' of the projects' diverse operational dynamics.

The study captures the essence of UNICEF guided outlines and indicators which suggest that 'gender sensitiveness' need to be analyzed through two core perspectives: 1) To what extent the project implementation practices comply with gender mainstreaming and gender parity principles, and 2) What initiatives need to be taken to bridge already persistent gaps and drawbacks of the implementation process. In congruence, five broader sets of approaches were adopted for the assessment: 1) Human Rights-based Gender Issues (including CEDAW & CRC), 2) Needs-based Gender Issues (SGNs & PGNs), 3) Gender-sensitive Programme Strategies, 4) Country Programme's Policy Level Gender Compliance, and 5) Country Programme's Gender Mainstreaming Processes.

Under this framework, a broad-ranged content analysis of project documents (i.e. appraisal, project proposal, work plan, training manuals, progress reports, and in-house evaluation and monitoring reports) is made. While most secondary documents reflect a plethora of gender concerns; the project proposals and appraisals seemingly lag behind to specifically put "gender mainstreaming" as an expected outcome of the projects. As project documents are put into rigorous review, numerous instances of gender-insensitive wordings are revealed. Gender attention often remained as a secondary issue, or somewhat an obscure phenomenon throughout the documents Gender-trainings are not provided at an adequate level to field-level staffs involve in service provision.

Moreover, reporting and documentation process of the projects do not practice or maintain a specific section on gender concerns, relevant dialogues-discussions, and policy prescriptions. 'Women's participation' often appeared in documents with lesser-level capturing of adversities for women at the field level—both socially and culturally. Moreover, a concrete practicable and pragmatic gender mainstreaming policy is not dictated or indicated in any project documents. Records also show that the MIS, monitoring and evaluation system suggested for the projects remained institutional avoiding specific placement of gender-sensitive indicators for internal evaluation of the projects.

Comprehensively, it is revealed that the three projects— 1) seem to have considered 'gender mainstreaming' as their respective policy foci at a weaker level during design phases; 2) despite UNICEF officials receipt of several gender trainings, implementer-level dissemination or distinct gender training remained less attended; 3) field level realities such as possibility, feasibility, and adversities of maintenance of staff-level men-women ratio were not taken into projects' consideration; 4) Project implementers are not made aware of, or trained on delineation of gender issues in progress reports and review briefs; and 5) project documents themselves lack gender sensitivity in use of gender-neutral and gender-sensitive semantics.

This report assesses the programme performance in gender mainstreaming through seven parameters: 1) gender mainstreaming compliance analysis, 2) gender-sensitive *Programming Skills*, 3) state of gender-sensitive *Programme Strategies* and Results accumulation, 4) probing of gender-sensitiveness in *Monitoring & Evaluation*, 5) *External Relations* for gender mainstreaming, 6) gender balanced staff recruitment and human resource development, and 7) critical factors affecting gender mainstreaming.

In all three projects, most of the informants mentioned about—1) their inadequate knowledge about gender mainstreaming as a strategic option. The informants stated that they perceived gender issue as an implicit agenda of the programmes, 2) scanty operation of mainstreaming strategy; 3) involving boys and men in working for gender equality comes naturally, not in a designated manner; 4) project activities does not include specific and common mechanisms to identify gender issues and report upon results; 5) there exists little provision for effective advisory groups—specifically to look after gender equality issues. The presence of the task forces does not necessarily indicate presence of any specific gender attention of the project's expert committees; 6) UNICEF supervision and monitoring practices on gender are infrequent, and often rushed. Its staff level follow-up visit and sharing constitutes less prevalent than of required intensity; and 7) the linkages between Head Quarter, Regional Office and CO focal points are neither adequately strong, nor clear or mutually supportive to an expected level.

As one of the UNICEF-GoB ideals, all staffs are supposed to perceive the application of a gender mainstreaming approach as their responsibility. However, the informants suggest that such ideal would appear to them as much more induced than as requirement. Although UNICEF's gender mainstreaming policy clearly suggests that each programme should have designated focal point for gender mainstreaming function with TOR and reporting accountability—no such specific function with the designated principles ever exist in any programme regions under study. The aggregate outcome of the self-assessment of the project executives proves that they are familiar and tending to remain committed to the mainstreaming principles. Most of them have received gender mainstreaming trainings too. However, absence of a proper debriefing and dissemination mechanism appears to halt trickling down of their learning for the field level project stakeholders. Having little orientation, gender-sensitive *Programming Skills* of field staffs did not take shape at an acceptable level. Although some are familiar with the Convention on the Rights of the Child (CRC), Convention on Elimination of All Forms of Discrimination against Women (CEDAW), and Beijing Platform for Action; their level of understanding of the contents of these universal policies are not up to an acceptable standard.

Indeed there are positive outcomes of the programmes besides these gender mainstreaming linkages. One of the important positive aspects of the programme is that ***its strategies do reflect an integrated approach, and that they are mutually reinforcing***. The programme's integration with Integrated Management of Childhood Illness, thereby with Extended Programme for Immunization (EPI) appears to be most effective one. The EPI programme is sensitive to recording of age-specific immunization information, and sex disaggregated data maintenance. The birth registration process becomes aided with most reliable and accurate age-determination through immunization cards. On the other hand, despite a few flaws, school-based birth registration also appears to have greater effectiveness for girl students. Since school-going girls can remember their birth-dates through school register, their preparation for adulthood can be better planned, and sense of resistance against early marriage can be developed. Universal birth registration process appears to gradually reducing child marriage, girls trafficking, child labouring, and school enrolment of girls. Despite the absence of direct gender mainstreaming focus; maternal health and integrated management of childhood illness are resulting in indirect promotion of choice and voice of women about gender-based and human rights-based entitlements.

Given these positive outcomes, it can be said that gender-mainstreaming process is being escalated despite absence of an institutionalized and concerted mainstreaming effort. This assessment and review reveals that these gaps are bridgeable if critical local level socio-economic and cultural realities are taken into consideration.

Over and above, in universal birth registration (UBR) project and also other two projects, gender sensitization and conscientization moves need to target 1) men's greater involvement. Men, still being the core decision-makers, often subdue women's decision-making avenues. Taking into consideration this reality, greater men-focused future advocacy campaigns appears to be one of many prospective remedies to women's decision-taking rights violation. Gradually comes the need to 2) form Gender Mainstreaming (GM) Taskforce, 3) introduction and escalation of Khutba-based GM messages and imam trainings, 4) boys and girls' brigade for GM, 5) formation of NGOs-partnered voluntary community watch-groups, 6) launching honorarium—even in a token form—against schoolteachers engagement in UBR process, and 7) introduction of grassroots level trainings on GM for allied stakeholders.

For IMCI, suggested recommendations are: 1) *inclusion of fathers in counseling*, 2) improving information systems, 3) deploying specific focal point of gender mainstreaming, 4) gender trainings to all service providers for IMCI, 5) inclusion of one more "M" (maternal) in IMCI, and 6) integrating a gender equity focus into training at all levels of health system.

Policy recommendations and suggestions for the maternal health project are: 1) husbands of reproductive health service-seekers to be included in BCC, 2) launching women's malnutrition prevention advocacy cell including husbands, 3) ensuring women-friendly utilities (separate toilet for females, breast-feeding space, rest-room, adequate sitting space with safe/clean drinking water supply etc.), 4) inclusion of gender issues in reporting system of hospitals (MIS), 5) increase number of EmOC providing doctor with residential facilities at hospital campus, 6) introduction of Ombudsmen to identify cases of false reporting for VAW, 7) free medicine charity provision for ultra-poor women on EmOC, 8) increase number of doctors, nurses and class-4 staff according to number of beds for providing EmOC services in district hospitals and UHCs, and 9) provide space for counselor with some privacy in district hospitals and UHCs.

It is envisaged in this review that with three projects' consideration for attending the above suggested options, the projects need to focus more on—1) 'gender mainstreaming' as their respective policy during design phases; 2) their implementer-level dissemination of gender trainings; 3) maintenance of required men: women ratio at field level by government; 4) inclusion of gender issues in progress reports and review briefs of project implementers; and, 5) inclusion of some gender mainstreaming indicators for continuous system of assessment and review of gender issues.