Annual Report 2017
Gender Equality and Rights
UNICEF Regional Office for South Asia
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Inside cover illustrates the six Regional Headline Results for UNICEF ROSA and SDG 5 on Gender Equality
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Abbreviations and Acronyms

C4D Communication for development
CO Country Office
GVB Gender-based violence
GAP Gender Action Plan
HIV/AIDS Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
IFA Iron and folic acid
MHM Menstrual hygiene management
NGO Non-governmental organization
ROSA Regional Office for South Asia
SAM Severe acute malnutrition
UNICEF United Nations Children's Fund
UNESCO United Nations Educational, Scientific and Cultural Organization
UNHCR United Nations High Commissioner for Refugees
UNFPA United Nations Population Fund
WASH Water, sanitation and hygiene
WHO World Health Organization
Although South Asia, home to about 1.82 billion people\(^1\), has made remarkable progress in human development in the last five years, girls and women continue to suffer discrimination and violence in every part of the region. South Asia is the second-lowest scoring region on 2017 Global Gender Gap Index, ahead of the Middle East and North Africa and behind Sub-Saharan Africa.\(^2\) It is projected that it will take another 62 years for South Asia to close its gender gap.\(^3\)

In this region, quite often gender discrimination starts before birth. The preference for male children is highly significant in the region and low value of girl child which mainly stems from gender discriminatory norms, social norms and wider structural and contextual factors continues to neglect and violates the rights of girls and women throughout their lives.

This is largely manifested through sex-selective abortions, inadequate health services and nutrition, denial of education, inadequate access to safe sanitation, early and forced marriage and risks of violence. These gender discriminations have severely limited girls’ and women’s choices in practically all spheres of life, and explains the uniformly poor gender-related development indices in crucial sectors such as health, nutrition, education, political participation and employment.

Promoting gender equality is crucial to the fulfillment of UNICEF’s core mandate - to advocate for the protection and fulfillment of children’s rights - because girls and boys often face different obstacles and women’s equality and empowerment directly benefits children. Gender equality is not only a fundamental human right, but a necessary foundation for a peaceful, prosperous and sustainable world.
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### Excess female child mortality

Child deprivations, including gender discrimination, start before birth in South Asia. In more than half of the countries, son preference prevails: most notably in India which has a sex ratio of 111 males to 100 females followed by Pakistan (109 males to 100 females). Discrimination at each stage of the female lifecycle contributes to health disparities—from gender-biased sex selection to lower nutrition intake and the neglect of health care among girls. A girl between her first and fifth birthday in India or Pakistan has a 30-50 per cent greater chance of dying than a boy.

### High maternal mortality rate

South Asia significantly reduced its maternal mortality ratio (MMR) from 550 per 100,000 live births in 1990 to 182 in 2015, making a decline of 67 per cent. This is the largest MMR reduction achieved among the six world regions. However, South Asia is still home to the second-highest MMR in the world after Sub-Saharan Africa. Every year, 66,000 women die from preventable maternal deaths, accounting for 22 per cent of the global total.

This is partly because many births are not attended by skilled birth attendants (e.g., only 42 per cent in Bangladesh). Decisions about seeking health care are made largely by husbands or older male and female household members, and lack of or mistrust or misinformation about modern health facilities for child delivery restricts access by women. Health services that are provided are often not gender-sensitive or geared towards girls and women including lack of skilled female health care providers.

### Early pregnancy

South Asia has also had quite a steep decline in its adolescent fertility rate: from 109 per 1,000 women ages 15-19 in 1995-2000 to 77 in 2005-2010. Although pregnancy during adolescence is on the decline in all the countries of the region, one third (31 per cent) of adolescent girls in Bangladesh and one sixth (17 per cent) in Nepal have either given birth or are pregnant. This is largely driven by child marriage rates and young women and adolescent girls are more likely to suffer pregnancy-related complications that endanger their lives or lead to infertility than older women.
Undernutrition of girls and women

South Asia has the world’s highest prevalence of child malnutrition and micronutrient deficiencies, affecting both girls and boys. A child’s future nutrition status is influenced by a number of factors before conception and is greatly dependent on the mother’s nutrition status prior to and during pregnancy.

Gender disparities in nutrition are the most pronounced for girls and women in the reproductive age group in South Asia. In Bangladesh, India and Pakistan, over a third of all adult women are underweight.11 South Asia also has the world’s highest prevalence of anaemia, estimated in the range of 55 per cent to 81 per cent which increases the risk of maternal death.12

Undernutrition and anaemia affect over 50 per cent of adolescent girls, particularly girls from poor socioeconomic backgrounds, and there has been little improvement over the past 10 years.13 In South Asia, 11 per cent of adolescent girls aged 15-19 are too short and 38 per cent are underweight.14 Iron deficiency causes weakness and fatigue, and reduces physical ability to study and work.

A study in South Asia concluded that there is a clear correlation between a woman’s power and status and her child’s nutritional status.15 Stunting is concentrated among children born to women who are uneducated with low household decision-making power in the poorest rural households.

Gender norms and son preference may also result in preferential feeding and care for boys. The data show that the gap in nutritional status between male and female children begins to widen around age 4.16 Higher quality of food and care that boys receive compared to girls in the region may also result in differential nutritional outcomes.

Other factors

Evidence from Bangladesh and India shows that childbearing during adolescence reduces post-menarchal height and weight gain and is associated with higher undernutrition in their children than in children born to adult women.17 Low health services seeking behavior is another issue. In South Asia, percentage of antenatal care visit (at least once) is the lowest globally at 69 per cent and only 59 per cent of mothers receive post-natal health check for themselves.18 Girls and women who lack safe water, sanitation and hygiene (WASH) are prone to WASH-related illnesses, such as hookworm infestation which, during pregnancy results in low birth weight, slow child growth and hepatitis.
Primary education

South Asia has made substantial gains in achieving gender parity in primary education in most countries and narrowing the gaps in secondary education. Gender gaps in primary education have decreased region-wide, with all countries except Afghanistan and Pakistan, achieving gender parity in primary education enrollment rates. Gender parity index (GPI) for net enrollment stands at 0.69 in Afghanistan, meaning there are only 69 girls against 100 boys in primary school in the country and 0.79 for Pakistan. An assessment of Afghanistan and Pakistan showed that gender norms can be exacerbated in conflict-affected and fragile contexts, where heightened concerns for safety and security restrict girls’ access to education.

Secondary education

In secondary education, school enrollments for girls are on the rise. On average, 87.7 per cent of girls and 86 per cent of boys who complete primary school progress to secondary school. In some countries, namely Bangladesh, Bhutan, Indian, Nepal and Sri Lanka, girls’ enrollments even exceed that of boys, raising concerns of a reverse gender bias. The female-to-male ratio of enrollment at the secondary level is 93.4 per cent and 78.2 per cent at the tertiary level.

However, it is in attendance and completion of secondary and post-secondary education that gender disparities disadvantage girls most conspicuously. Poor attendance and completion of girls’ education may be due to greater household responsibilities and gendered expectations, violence in schools, lack of sanitation facilities for managing menstruation, safety issues, lack of female teachers (role models) and child marriage and early pregnancy. Girls are less likely to be enrolled in tertiary education than their male counterparts and thereby inhibiting access to high value jobs in the labour market.

Out-of-school children

South Asia is home to the largest numbers of out-of-school children and youths at 31.8 million with 8.2 million at primary level (6 to 9 years) and 23.6 million at the secondary level (10 to 14 years). Moreover, South Asia has the highest number of out-of-school girls in the world (14.71 million). The region is also witnessing a trend of higher number of out-of-school boys in countries like Bangladesh, Maldives and Nepal.
Child marriage

South Asia has witnessed the largest decline in child marriage worldwide in the last 10 years, as a girl’s risk of marrying before her 18th birthday has dropped by more than a third, from nearly 45 per cent in 2010 to 30 per cent in 2015, in large part due to progress in India.  

However, South Asia still accounts for 44 per cent of child marriage globally, more than any other region in the world. In 2015, 23 million women 20-24 years old were married as a child. Despite signs of progress, Bangladesh continues to have one of the highest child marriage rates worldwide with 59 per cent, followed by Nepal (40 per cent) and Afghanistan (35 per cent). High prevalence of child marriage is associated with high fertility rates among adolescents.

High fertility combined with malnutrition in adolescent girls and women heightens the risk of both maternal and infant mortality. Poor and uneducated girls living in rural areas are the most affected. Many adolescent girls become out-of-school and those that are in school are poorly educated and lack skills when they get married early.

Gender-based violence (GBV)

In South Asia, 10 girls are vulnerable to violence and exploitation every minute. Gender-based violence (GBV) is widespread and persists across the region in many forms, including physical and sexual abuse, domestic violence, acid attacks, dowry-related murders, honor killings, sex trafficking and enslavement, child marriage and custodial violence.

Once girls and women are engaged or married, they become highly vulnerable to dowry-related violence, intimate partner violence, and violence perpetrated by other family members in the marital household. South Asia has the highest regional rate of intimate partner violence in the world, at 43 per cent.

Married adolescents are significantly more vulnerable than older adult married women across South Asia, including in India where almost twice as many married adolescents (11 per cent) as married adults (6 per cent) reported recent sexual spousal violence.

Evidence also suggests that women married early are more likely than other women to consider wife-beating justifiable.

Girl children and adolescents also report sexual violence and abuse in schools. GBV in schools undermines the right to education and presents a major challenge to achieving gender equality in education.
South Asia is highly prone to disasters including flooding, drought, earthquake, refugee flows and climate change which have led to human suffering. The global INFORM classification 2017 ranked five of the eight South Asia countries as either very high risk (Afghanistan) or high risk (Pakistan, Bangladesh, India and Nepal).

The obligatory return migration of refugees to Afghanistan will affect 1.5 million people, of whom 60 per cent are children, in 2017 alone. Pakistan has seen internal clashes between government forces and armed groups, triggering internal displacements. Nepal and Sri Lanka have suffered heavily from natural disasters in addition to experiencing protracted civil conflicts.

Conflict, natural disasters and related crisis situations have profoundly different impacts on girls and boys, women and men. They face different risks and victimized in different ways. Girls and women tend to be less aware of how to protect themselves, they are often left out of the planning and consultation process when it comes to emergency preparedness and tend to have less knowledge about disaster occurrences.

These have heightened risks for girls and women, vulnerable to violence and rape, exploitation, trafficking, forced/child marriage and they face heightened health, protection and security risks due to unsafe living conditions, safe spaces, inadequate access to water, food, sanitation, medical and obstetric care and disrupted schooling.

Increasing gendered isolation and restricted mobility of women and girls also limit their access to life saving assistance, services and information and are among the first to experience barriers in overstretched humanitarian relief services.

These were noted as significant issues of concern in the 2017 Rohingya refugee crisis in Bangladesh where the Inter Sector Coordination Group noted approximately 52% of the refugee population were women and girls and the importance of integrating gender equality measures in the crisis response. Additionally, conservative cultural values prevent many survivors and victims of GBV from seeking help, due to the notion of bringing shame upon their family.
Access to safe water and sanitation facilities

In South Asia, the proportion of people practicing open defecation fell from 65 per cent in 1990 to 34 per cent in 2015 with India, Bangladesh, Nepal and Pakistan all achieving more than a 30 per cent reduction in open defecation. Access to improved water increased from 73 per cent to 93 per cent over the same period. The past decade also saw greater government commitments and increased investments for water, sanitation and hygiene (WASH) in schools and in health institutions.

However, more needs to be done. There are still 558 million people practicing open defecation (over 60 per cent of the global burden) and over 892 million people do not have access to even a basic level of drinking water. Lack of water and sanitation infrastructures make girls’ and women’s house work more time-consuming, labor intensive, leaving less time to engage in educational or economic opportunities outside the house. The lack of sanitation facilities also burden girls and women to a greater extent by exposing them to an increased risk of gender-based violence and rape, as they often travel additional distances and utilize secluded areas often at night for privacy to relieve themselves. One study shows that hand washing by birth attendants and mothers can increase new born survival rates by up to 44 per cent.

Menstrual hygiene management

Menstrual hygiene management (MHM) is an important gender issue that affects at least 1.8 billion girls and women of reproductive age globally. Myths, taboos, social stigma, gender norms, issues of purity and harmful practices in South Asia around menstruation often isolate girls and do not allow girls and women to use sanitation facilities, public and religious spaces, food restrictions while they are menstruating.

Lack of separate toilets for girls and women and menstrual hygiene facilities in schools and communities, negatively impacts their rights to sanitation, good health, education and safety. A study from UNICEF revealed that nearly 1 out of 3 girls in South Asia knew nothing about MHM prior to getting their periods. Absence of separate toilets in schools prevent menstruating girls from attending school or only attending sporadically. More than a third of girls in South Asia miss school for 1-3 days per month during their period. Irregular attendance can lead to lower grades and may, eventually, mean that the girl drops out of school altogether.
Gender targeted areas

The UNICEF Gender Action Plan (GAP) 2014-2017 identified four targeted gender priorities, with a focus over the past four years on disadvantaged adolescent girls for whom investments in multiple, interlinked areas have the potential to bring about transformative change, with continuing multiplier effects for their families, communities and especially the next generation. UNICEF continued this work throughout 2017 to help South Asia countries invest in programmes and policies that improved the lives of all adolescents.
Promote gender-responsive adolescent health

Gender disparities in health status and outcomes become more evident in adolescence, as girls and boys undergo puberty and experience greater diversification in life transitions. UNICEF promoted gender-responsive adolescent health outcomes by focusing on the specific needs, transitions, relationships and vulnerabilities that adolescent girls especially, but also boys, experience during this important time in their life, while fostering a sense of self-awareness and autonomy.

Initiatives to promote gender-responsive adolescent health were conducted in all eight country offices (COs) (100 per cent) during 2017. Main activities included: addressing anaemia in adolescent girls and boys, the improvement of hygiene knowledge and behaviours within schools, promotion of sexual and reproductive health rights and supporting national strategies on adolescent health. Going forward, this priority area will be advanced through a stronger elaboration of the package of interventions that qualify as gender-responsive adolescent health.

In collaboration with the Ministry of Public Health and the Ministry of Education, the weekly iron and folic acid (IFA) supplementation programme reached about 1.5 million adolescent girls in 2017, constituting 95 per cent of all school girls in Afghanistan, covering 33 provinces (doubling the number reached during 2016 and up from coverage in 10 provinces). The programme also provided twice-yearly deworming tablets, information and education on good nutrition practices.

Sixty-seven Adolescent Friendly Health Services (AFHS) corners were established within existing government health facilities in the Bhola and Nilphamari districts. A total of 30 AFHS centres covering the five Upazila of Nilphamari district and 37 AFHS centres covering the 3 Upazila of Bhola District were operational, with approximately 68,000 adolescent girls and boys having received counselling as well as Gender Responsive Adolescent Friendly Health Services in existing health facilities of Bhola and Nilphamari. The services delivery coverage has increased by 20,000 from 2016 and on an average reached 60 per cent girls and 40 per cent boys. In addition, a total of 220 service providers from Health and Family planning were trained on adolescent health service provision.

With UNICEF support, immunization coverage for adolescent girls (human papillomavirus vaccines (HPV) and Tetanus Toxoid) was sustained at over 95 per cent.

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UNICEF partnered with the government in supporting its weekly IFA supplementation programme in 14 states in India, which jointly are home to 88 per cent of India’s adolescent girls. UNICEF assisted with planning and development of implementation protocols, training tools, capacity-building of field workers, developing external field monitoring and feedback loop review mechanisms and creating mass communication strategies and materials. The government-implemented weekly IFA supplementation programme reached 36 million adolescent girls and boys during 2017, up from 29 million in 2016.

The UNICEF supported multi-sectoral nutrition programme called ‘Swabhimaan’ that works through women’s self-help groups to improve food knowledge, cooking and eating behaviour (including reducing intra-household inequity in eating) increased coverage in 2017 to 683 pppvillages, reaching 41,000 mothers of children aged 0-2, 14,000 pregnant women and 32,500 adolescent girls, 2,000 newlyweds couples and 16,000 men. Based on early positive results, state governments in Bihar, Odisha and Jharkhand plan to scale up the programme to all districts of the three states.

UNICEF and partner’s policy advocacy on the rights of adolescent girls subjected to early marriage and pregnancy supported Pakistan’s Bioethics Committee decision to approve a lower minimum age for Integrated Behavioural and Biological Surveillance (IBBS) from 18 to 13 years. Collection of data on adolescents represents an important step forward in adolescent programming, particularly for girls, enabling visibility for the first time of health data on early-married, pregnant girls and adolescent mothers.

As part of UNICEF’s support to the government to implement the Multi-Sectoral Nutrition Programme (2013 to 2017), 26 per cent of the targeted 1,081,761 adolescent girls aged 10-19 are receiving weekly IFA supplementation and nutrition counselling through the mobilization of 666 health workers.
End child marriage

UNICEF is custodian of the Sustainable Development Goals (SDGs) indicator 5.3.1 on child marriage: “proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18.” To this end, the UNICEF Regional Office for South Asia (ROSA) continued to provide technical support to the South Asia Initiative to End Violence Against Children (SAIVEC 2015-2018) under the South Asia Association for Regional Cooperation (SAARC), which includes support to all eight COs for ending child marriage.

UNICEF likewise continued its lead role with UNFPA in the second year of the Global Programme to Accelerate Action to End Child Marriage. Operating in 12 countries around the world with high to medium prevalence and burden of child marriage, including in the South Asia region with Bangladesh, India and Nepal, the programme continued to reach million girls at risk of child marriage or already in union.

In September 2017, UNICEF South Asia launched the first South Asia Religious Leaders’ Platform for Children. The launch in Kathmandu brought together more than 30 influential leaders and representatives from various religious communities across the region to underline the critical role they can play in promoting the fulfilment of child rights and to harness regional solidarity towards a better future for all children. The regional meeting encouraged open dialogue about complex and sensitive issues, including child marriage and open defecation. In addition, the 2017 Regional Management Meeting (RMT) of all eight UNICEF offices in South Asia focused on the interlinkages between child marriage education and in addressing core gender issues to make progress in the region for girls.

Preventing and responding to child marriage and early unions was a gender priority focus area throughout the South Asia region during 2017. Six UNICEF country offices in the region (75 per cent) with child marriage prevalence contributed to this targeted priority. UNICEF offices in the region supported national-level policy making and, in their programming, made strong linkages to adolescent empowerment and life skills. Community outreach and advocacy enlisted influential leaders to highlight the underlying gender inequalities that make this harmful practice possible, with a goal of shifting gender norms and creating a societal demand to end child marriage. Birth registration was supported, which has been a proven strategy to monitor and regulate child marriage.
AFGHANISTAN

Preventing child marriage is a critical concern in Afghanistan where one third of girls are married, without their consent, before the age of 18. The UNICEF Afghanistan office launched four ‘end child marriage’ initiatives in 2017 that focused on preventing child marriage primarily through awareness raising and capacity development to create an environment in which parents, religious leaders and teachers understand the impact of child marriage on the lives of adolescent girls. These were:

- As part of the regional Improving Adolescents’ Lives in South Asia programme, Multi-purpose Action Groups were formed with 3,556 out-of-school adolescents (51 per cent girls and 49 per cent boys) who received life skills training that helped strengthen their capacity to speak up and make informed decisions about their own lives.

- Baseline data was gathered in key provinces to improve availability of gender- and age-disaggregated data on adolescent girls and boys to inform programming. To monitor programme results, UNICEF invested in a robust evaluation system to measure the impact of education, community mobilization and cash grants on the lives of adolescent girls at risk of child marriage.

- Religious leaders in seven provinces (7,380 leaders) were trained in ‘Child Rights in Islam,’ reiterating the detrimental impact of child marriage on the health and wellbeing of adolescent girls and the negative impacts of girls missing education.

- Awareness-raising sessions were launched for provincial governors in Western and Northern regions of the country. The sessions discussed the negative impacts of child marriage, including how child marriage deters girls’ education. Guidance on positive masculinity was also provided.

- UNICEF worked with the United Nations Country Team to facilitate a national-level inter-ministerial dialogue on child marriage.

UNICEF support to Accelerated Learning Centres (ALC), which address girls' barriers to education, also helped with child marriage goals, as the ALC greatly contributed to an increase in girls’ enrolment who would not normally have had the opportunity to attend school, including young mothers who are able to attend the ALC due to their proximity to home. These UNICEF initiatives complemented the launch of a National Action Plan to Eliminate Early and Child Marriage developed by the Ministry of Women’s Affairs and the Ministry of Information and Culture (with support from UNFPA, the Canadian government and other stakeholders).

BANGLADESH

Ending Child Marriage (ECM) is UNICEF Bangladesh’s principal targeted gender priority, with expenditures at approximately US$3M in 2017 reaching around 120,386 girls, including imparting life skills-based education, skills training and adolescent-friendly health services. In addition,

- UNICEF with support from partners facilitated the Ministry of Women and Children Affairs to review the Child Marriage (CM) Restraint Act 1929 and the new CM Restraint Act was approved by the
Government. Although the CM Act 2017 contained a clause which may allow marriage below 18 under special circumstances, through joint advocacy of United Nations, donors and civil society, this provision was revised to limit its application within strict conditions of the Rules of Law and with prior permission from the court.

- launched the first national, multi-media campaign on ECM, engaging 14 million youth through social media alone, and promoting a national helpline for violence prevention. A hundred adolescent Radio Listening Club has been formed in the in-school (secondary level) adolescents where 3,000 radio listeners are engaged and express their commitments;
- conducted the Ministry of Finance’s first baseline expenditure assessment study on child marriage, enabling other sectors to review budget allocations and choices for interventions for adolescent girls;
- established a birth registration system in the Registrar General’s Office for Birth and Death Registration (UNICEF supported capacity building of government officials to increase birth registration within 45 days);
- partnership with Islamic Foundation established with strong focus on ECM as a priority area; and
- UNICEF co-chairs the Local Consultative Group on Women Advancement and Gender Equality Forum with MoWCA to gather development partner’s support on the ECM and lobby with the government to accommodate recommendations of the Rule on CM Act and the National Plan of Action to ECM.

An assessment of marriage and cohabitation practices was conducted to inform a strategy to end child marriage. UNICEF supported the RENEW (NGO) to produce bilingual advocacy materials on the Child Care and Protection Act, including child marriage. Articles appeared regularly in two papers with a circulation of over 100,000 copies and 18 episodes of the animated video were aired on national television that reached nearly 60 per cent of households.

INDIA

In 2017, UNICEF and its partners in 13 states reached 1,065,606 adolescent girls and boys (up from 600,000 in 2016) with at least one intervention and 1,466,077 parents and community members (up from 150,000 in 2016) via social and behaviour change communication programmes. The most significant development was the gradual shift from small, sector-based interventions on adolescent empowerment and reduction of child marriage to larger-scale district models, which work through existing large government programmes. Major initiatives included:

- Bihar State launched the first ever large-scale multi-agency initiative to end child marriage, reaching over 600,000 government officials. The initial phase reached 24 million people and another 2 million through sustained media and community mobilization. The Bihar State government developed a costed and resourced action plan addressing adolescent girls' multiple deprivations.

- In Uttar Pradesh, the most populous state with over 200 million residents, UNICEF helped launch a large-scale community platform Mahila Evam Bal Adhikar Manch (“Woman and Child Rights Platform”) linked to local governance to end child marriage.
A UNICEF-BBC Media Action transmedia initiative continued in 2017, focusing on challenging harmful gender stereotypes. As part of this, a television drama called 'AdhaFULL,' starring three adolescents in a 'whodunit' series, covered a variety of themes, including child marriage, nutrition and girls’ education, reaching a cumulative 121 million viewers by the end of 2017 (up from 3 million in 2016). A radio show called ‘Full on Nikki’, reached more than five million listeners in 2017.

Indonesia

In partnership with the National Inter-Faith Religious Network Nepal, religious leaders were mobilized to raise awareness about the consequences of harmful social norms affecting adolescent girls and boys, such as child marriage, dowry and menstruation restrictions.

During the year, 204,855 parents and community stakeholders (estimated 36 per cent females, 64 per cent males) were reached through local events. 120 adolescents and youth (50 per cent female, 50 per cent male) were trained in community theatre, resulting in 390 performances that reached approximately 32,862 adults and children with messages on harmful social norms. 184 media professionals (8 per cent female, 92 per cent male) from UNICEF implementation districts received media orientation on holistic adolescent development, their issues, consequences of harmful social norms and the role of media in bringing positive change.

A joint UNFPA-UNICEF programme reached 7,566 adolescent girls with social and financial skills.

UNICEF worked with UNFPA under the joint Global Programme to Accelerate Action to End Child Marriage, including within its strategic partnership with Girls Not Brides, to strengthen institutions and systems to deliver quality services and opportunities for girls. Support to the Ministry of Women, Children and Social Welfare resulted in the development of a costed implementation plan and monitoring and evaluation framework for the National Strategy on Ending Child Marriage. Such legislative and policy efforts toward ending child marriage, including provisions for ending harmful practices incorporated into the Local Governance Act, is expected to influence all 753 newly-formed local governments, thereby setting a legal precedent against child marriage.

Pakistan

UNICEF supported to reduce child marriage in Punjab and Sindh States, focusing on strengthening adolescents’ rights to participation, promoting wellbeing, life-skills and dialogue. In the two states, more than 74,500 people were reached through these initiatives, including: 2,447 adolescents (50 per cent were girls) trained in four life-skills modules; 13,301 adolescents (32 per cent were girls) engaged as community role models; 8,559 key community influencers sensitized on adolescents’ rights; 41,899 informed through peer-to-peer engagement; and 8,303 took part in inter-generational dialogues and awareness-raising sessions.

UNICEF interventions to improve birth registration supported a total of 157,715 birth registration application forms submitted to the authorities and 22,160 births registered in 2017.
Advance girls’ secondary education

To dismantle barriers to advancing girls’ secondary education, UNICEF adopted and supported a variety of evidence-based, multi-sectoral strategies at system and community levels and to create gender-responsive schools that meet the needs of adolescent girls and all children. These initiatives engaged communities to challenge stereotypes and to generate a demand for girls’ education.

Community-based and accelerated learning opportunities were created as a strategy to improve access to formal education for out-of-school girls and boys, particularly in remote areas and contexts with weak education systems, including humanitarian settings. Where lack of security and social and geographic barriers can keep girls from school, UNICEF supported government efforts to create alternate learning pathways for adolescents who had never enrolled in or had dropped out of primary school.

UNICEF continued its work with governments to formalize policies on girls’ education and to tackle the problem of out-of-school children. Leadership and life skills training and gender stereotyping were tackled in media campaigns and through school curricula.

AFGHANISTAN

In Afghanistan, gender is one of the main disparities impacting the lives of children. This is particularly marked in the education sector. The majority (75 per cent) of the 3.5 million out-of-school children in Afghanistan are girls. Gender disparities are often reinforced by geographical inequities and limited access to services in rural areas, with parents reluctant to allow girls to walk long distances to reach school, in addition to cultural and religious barriers.

UNICEF supported Accelerated Learning Centres (ALCs) to address barriers to girls’ and boys’ education, especially adolescent girls and young mothers. The ALCs are found to be effective in addressing education barriers faced by girls by bringing school to their villages, greatly contributing to an increase in enrolment for girls who would not normally have had the opportunity to attend school. In 2017, 117,606 children took part in 4,389 ALC classes (73 per cent girls).

Female teachers and role models have a positive impact on girls’ enrolment and retention in schooling. To increase the number of female teachers in rural areas, a UNICEF female teacher’s education project enrolled 953 female students in a two-year scholarship programme, which allows them to reach Grade 14, the minimum grade to be qualified as a teacher. Improving the recruitment of female teachers, as well as their working conditions, is a key recommendation of the country’s new National Education Strategic Plan III (2017-2021) and will be a priority issue during the Education Summit for 2018 in Afghanistan.
**BANGLADESH**

Around 40 per cent of secondary school age adolescents are out of school and highly vulnerable to violence and abuse including child marriage and child labour. To support the most disadvantaged and vulnerable out-of-school adolescents, UNICEF partnered with BRAC and providing 6-months long on-the-job training to enhance their access to decent job. Traditional apprenticeships were adapted to include supervised training combined with on the job trade training and soft skills learning, and are provided with job placement spaces.

The initiative provides a strong focus on gender equality and disability inclusion by ensuring that more than 50% of the participants are most disadvantaged adolescent girls and that at least 10% learners are young people with disabilities. This has contributed to challenge some of the social barriers and stigma related to gender biased work distribution and female mobility. To date, more than 95% of learners have graduated and became wage-earners. An evaluation found that adolescents’ confidence increased, employment and monthly incomes increased by six times that of non-participants and reduced instances of child marriage. The programme is now set for nationwide scale-up under the technical education stream in Bangladesh.

**INDIA**

UNICEF supported the Bihar State government to help 1,400 out-of-school girls from the vulnerable Musahar community return to school by advocating for girls’ education with 10,000 mothers.

The Meena radio programme, an educational radio programme that inspires young girls to stay in school, was implemented in Madhya Pradesh and Gujarat States and scaled up to all 34,000 schools in Gujarat state, reaching 5.7 million children. Capacities of supervisory staff were built to monitor implementation.

**PAKISTAN**

A pilot programme was initiated, as part of a larger, regional effort called *Improving Adolescent Lives in South Asia*, to identify the most suitable interventions for future scale-up and government ownership. The intervention, working with Accelerated Learning Programmes, compresses the five-year primary school curriculum into three years, providing a second chance at education for over-age girls and boys in Sindh and Balochistan Provinces, with the goal of reducing child marriage and teenage pregnancies, along with upholding girls’ and boys’ rights to health, education, protection, freedom of expression and participation.
Address gender-based violence in emergencies

Humanitarian crises often intensify the gender-based violence that girls and women already face in public and private spheres even in times of peace and stability, including intimate partner violence and other forms of violence. Emergencies can also introduce new manifestations of gender-based violence (GBV) that are directly or indirectly linked to conflict or disaster. Insufficient security and a collapse of social order in camps and other emergency settings places girls and women at higher risk of sexual assault, and, in some cases, human trafficking and vulnerable to forced/child marriage. The poverty, displacement and increased dependency that can come about from conflict or disaster may compel girls and women to engage in sex in return for food, shelter, safe passage or other resources. UNICEF in South Asia continued to play a lead role in coordinating and collaborating with actors in emergency response to put GBV at the forefront of emergency work.

While in countries affected by emergencies or struggling with the aftermath, UNICEF explicitly addressed GBV in emergencies, all eight of the region’s COs addressed GBV more generally across their portfolio of programming activities. This is important, as systems strengthening aids in the prevention of and ability to respond to GBV during emergencies.

An evaluation of the Child Protection Action Network (CPAN), a network of government and non-government organizations, initially established in 2003 with UNICEF support to facilitate access to services for children in urgent need of protection, measured the extent to which a difference was seen in the population’s awareness and behaviour in protecting girls and boys from all forms of violence and the promotion of their right to education. Also, case management capacities of the networks were assessed. An assessment found great needs for the government to develop gender policies to effectively protect children from harms including training on gender issues and gender sensitivity practices and recruitment of female front line workers.

The total number of Rohingyas who have fled into Bangladesh, coupled with the affected population in host communities, has reached 1.2 million, most of whom are children and women. Children, adolescents and women of both the Rohingya and the host communities are exposed to violence, abuse and exploitation including sexual harassment, child labour and child marriage and are at greater risk of being trafficked. UNICEF is providing support to local partners to establish Safe Spaces for Girls in the Camp areas and have distributed dignity kits to women and adolescent girls. The office has already supported local partner NGOs to distribute 667 units of multi-purpose solar lamps with phone chargers among women-headed households.
Moreover, adolescent girls and boys have received lessons on life skills including information on GBV. In 2017, 43,920 community people (12,000 community-based child protection committee members and 31,920 parents) have received child development training which also includes lessons on GBV prevention and response.

NEPAL

In flood-affected areas, UNICEF reached about 4,700 children and women with sexual violence support services (of these 3,518 received multi-sectoral support) and 1,760 girls benefited from child-friendly spaces.

The UNICEF’s child protection team supported the Department of Women and Children and its local offices to develop a strategy for engaging boys and men to tackle GBV. The strategy was rolled out in 35 districts (about half of the country), with 908 community events held to raise awareness, in collaboration with local GBV watch groups. A GBV information management system is now operational and has documented 2,509 cases across these 35 districts.

PAKISTAN

UNICEF continued to play a principal role in the Gender-Based Violence Information Management System (GBVIMS). Pakistan is the only country in South Asia, and one of 25+ worldwide, in which the system is operational.

The GBVIMS harmonizes data on gender-based violence in humanitarian settings by bringing together collection, storage and analysis of this data, and enabling the safe and ethical sharing of reported incident data. UNICEF is a member of the global GBVIMS Steering Committee, along with UNFPA, UNHCR, the International Rescue Committee and the International Medical Corps.

A gender-based violence in emergencies (GBVIE) Resource Pack was rolled out in 2017 for use in Pakistan to build the technical capacity of UNICEF staff and partners to deliver GBVIE prevention and response.

SRI LANKA

Given the vulnerabilities of girls, boys and women in post-conflict settings of the Eastern Province and Northern Province, UNICEF prioritized child protection efforts in these areas. UNICEF supported strengthening of reporting mechanisms through the construction of 10 Women and Children’s Desks at police stations and training of Women and Children’s Desk police officers. These secure and private spaces allowed more vulnerable people, particularly girls and women, to report incidents of abuse and access protection services. The desks have helped build trust between communities and police and one desk recorded a 40 per cent increase in the number of cases reported, as compared to the previous year (2016).
Gender equality and the empowerment of girls and women was integrated in results across all seven outcomes of the UNICEF Strategic Plan (2014-2017): “Realizing the rights of every child, especially the most disadvantaged.” The associated Gender Action Plan (GAP) 2014-2017 provided guidance and strategic entry points for UNICEF to focus its programmatic work on gender equality and the empowerment of girls and women within the parameters of the Strategic Plan. South Asia regional and country highlights of integrating gender results in 2017 are below.
Strategic outcome areas 1 and 2: HEALTH AND HIV/AIDS

As a regional headline result, **Save Newborns** was emphasized in all eight ROSA countries. UNICEF supported the development of a Newborn Action Plan in collaboration with host governments, including Bangladesh, Bhutan, India, Maldives, Nepal and Pakistan (with Sri Lanka in the beginning stages). Progress is evident in systems strengthening, capacity development and raising demand for services. For a gender-transformative approach to emerge, however, more sex-disaggregated data will be needed, as well as support to women's empowerment, especially to young mothers.

**AFGHANISTAN**

In UNICEF’s polio interventions, to reach every child under five years of age everywhere and reduce the number of missed children during multiple immunization campaigns, one of the strategies employed was to increase the number of female workers in the polio programme, as women have easier and freer access to households and children. While recruitment of female workers in any sector is challenging in Afghanistan, even in urban areas, due to cultural and religious limitations and security concerns, some level of success was achieved: the overall proportion of females in the Immunization Communication Network (ICN) that works on polio rose to 33 per cent nationwide (65 per cent in urban areas and 8 per cent in rural areas). This was the result of:

(i) advocacy with key stakeholders about the importance of including females in the ICN;

(ii) ensuring that frontline worker teams (vaccinators and mobilizers) have more than two females so that they can work together house-to-house;

(iii) engaging local elders and community influencers to accept women to work for polio and immunization; and

(iv) providing male companions (mahram) incentives to accompany female frontline workers on duty during campaigns.

**BANGLADESH**

UNICEF supported the Ministry of Health and Family Welfare to model and scale-up the ‘Women Friendly Hospital Initiative’ (WFHI) that provides quality maternal and new-born care for women, along with legal support for victims of gender-based violence. This includes 24/7 Emergency Obstetric Care (EmOC) and gender-responsive health care. The initiative has been implemented in 26 hospitals since 2007, out of which 19 hospitals are now accredited (UNICEF supporting the ministry to develop accreditation guidelines). The initiative has helped violence against women to be recognized, diagnosed, treated and linked with legal aid. In 2017, approximately 495,000 mothers received services in these hospitals. The WFHI model is now included in the ministry’s operational plan in its Health Population and Nutrition Sector Programme. The SRHR module was well
integrated within the adolescent clubs to build awareness on Menstrual Health Management. Also, the Adolescent Friendly Health Corners established in the Heath Complex compound has been popularised and widely accessed by the adolescent girls and boys from the clubs.

UNICEF interventions helped 30,500 pregnant women in antenatal care (ANC) and delivery service to access HIV testing. HIV testing and counselling among the pregnant women at ANC rose to 94 per cent in 2017 from 88 per cent in 2016 and all HIV positive pregnant women were provided with antiretroviral therapy (ART). As a result of the strengthened Early Infant diagnosis (EID), none of the HIV exposed babies out of the 24 babies monitored in 2017 were tested positive at the second polymerase chain reaction (PCR) tests.

Through partnership with civil society organizations (CSOs), 1,562 most vulnerable adolescent girls and boys from the transgender and men who have sex with men (MSM) community, commercial sex workers living on the streets, and drug users were provided with HIV services. During the period of July - December 2017, 288 of them received HIV counselling and testing, 284 received sexually transmitted infection (STI) treatments; 782 received psychosocial counselling and 628 received life skill trainings.

UNICEF, UNFPA and WHO supported and participated in a year-long advocacy tour by Her Majesty the Queen Mother Ashi Sangay Choden Wangchuck, Goodwill Ambassador of UNFPA, in which she discussed HIV/AIDS, teenage pregnancy, maternal and new born care, child and adolescent nutrition and mental health issues, including substance abuse and suicide. Covering all 20 of the country’s districts, the tour raised significant visibility and awareness of these topics.

UNICEF supported the government to monitor performance at the district-level Special New Born Care Units (SNCUs) through a real time online monitoring system, now operational in 85 per cent of the SNCUs across 27 states. The monitoring information is helping SNCU staff, programme managers and policy makers in taking targeted and timely action. The evidence helped in highlighting the issue of gender gap in care seeking for female newborns. In 2017, 150,000 less female newborns were admitted in SNCUs, compared to male newborns (constituting only 41 per cent of total admissions). These findings have helped to initiate policy discussions around addressing access barriers by reducing out of pocket expenses, provisioning of wage loss compensation for families and intensifying efforts for demand generation and promoting behaviour change towards care seeking for female newborns.

A social and financial skills training programme called ‘Rupantaran’ (“transformation” in English) supported by UNICEF has helped to target the most disadvantaged youth, including commercially- and sexually-exploited children,
young drug users, young lesbian, gay, bisexual, transgender and intersex populations and adolescents infected or affected by HIV. The programme equips adolescents with social, civic and financial knowledge and skills so they can influence decisions that affect them and become change agents in their communities.

Since the start of the ‘Rupantaran’ training in 2014, it has reached a total of 34,254 adolescents. Between October 2016 and September 2017, 12,993 adolescents (67 per cent girls, 33 per cent boys and 0.22 per cent third gender) took part in the programme. A web-based monitoring and reporting system was launched to analyse changes in knowledge, attitudes and behaviour of trained adolescents. For government and civil society organizations to integrate ‘Rupantaran’ concepts into their work, 576 facilitators and peer educators (60 per cent females, 40 per cent males) received Training-of-Trainers and 533 facilitators and peer educators (55 per cent female, 44 per cent male, 1 per cent third gender) attended refresher trainings.

A training programme for adolescents called ‘SangSangai’ (meaning “together”) incorporated participatory methods to build knowledge and skills on topics related to adolescent sexual and reproductive health and financial literacy. From October 2016 to September 2017, 21,466 adolescents (54 per cent females, 46 per cent males) were trained. The intervention reached 89,554 adolescents cumulatively since 2014.

**PAKISTAN**

UNICEF Pakistan, in collaboration with the Ministry of National Health Services, Regulation and Coordination, established an infant feeding room in the collaboration with national parliament building, allowing women working at parliament house to bring their children under two years of age. This initiative served as a role model for provincial governments, ministries and other businesses and organizations to designate rooms for nursing mothers.

UNICEF Pakistan made a significant contribution to the strengthening of the Punjab Gender Equality Policy. The vision of the policy, which references CEDAW, is: “A gender-sensitive Punjab, where women and men enjoy equity and equality in all walks of life.” Of its nine sections, five are particularly relevant to UNICEF: gender and legal rights; education and training; health; gender-based violence; and gender and advocacy.

A strategy to engage and increase demand for vaccinations in communities through a strong communication campaign and using a local network, mostly female vaccinators showed positive results, with 95 per cent of caregivers saying their child received drops during the previous vaccination round (KAP survey in 2017). The community-based vaccination approach – in addition to achieving 99.6 per cent coverage and 4 per cent missed – was conducted through 15,616 workers, of whom 72 per cent were female, providing excellent role models for girls and younger women. The KAP survey found that by 2017 the perception of vaccinators had improved (73 per cent vs 68 per cent) and local acceptance of the programme had increased (85 per cent vs 67 per cent).

Seven million women were reached with antenatal care and positive health messages. A maternal perinatal death surveillance response was introduced in Sindh, and a KAP survey of stunting included fathers to increase their role in child care.
Strategic outcome area 3: WATER, SANITATION AND HYGIENE (WASH)

A lack of safe and segregated toilets in schools and communities, as well as in emergency situations, impedes girls' education, places girls and women at higher risk of GBV and affects girls' and women’s safety and dignity. UNICEF supported work helped to increase access to water, sanitation and hygiene (WASH) supplies and facilities and supported hundreds of communities in South Asia to declare themselves Open Defecation Free during the year, with positive outcomes for people, especially girls and women who are disproportionately affected by the lack of such facilities.

One tool used to help adolescent girls’ stay and thrive in school is promotion of menstrual hygiene management (MHM). In 2017, UNICEF worked with national governments, schools and communities to promote accessible and dignified MHM. This included innovative communication strategies and awareness-raising campaigns to spread positive messaging, not only to adolescent girls but also to men and communities, to help remove negative social constructs and destigmatize this natural female bodily function. Activities included installing appropriate toilet facilities at schools, developing MHM guidelines for use in schools, promoting MHM indicators in national programmes and ensuring this basic hygiene concept is a standard part of school based WASH planning and facilities. Moving forward, MHM programming should expand beyond WASH in schools to improve awareness of MHM among adolescent girls, addressing MHM related harmful practices and social isolation, ensuring effective nutrition during menstruation, linkages with private sector for affordable MHM products and build community/women entrepreneurship, ensure adequate MHM facilities and provision in health centres and public institutions and in emergency contexts.

UNICEF conducted various activities to promote hygiene behaviour change at schools and in communities. An MHM guideline for teachers was produced with a storybook for adolescents, the first of its kind in Afghanistan, and a speaking book for girls and women with low literacy. The guidelines also incorporated the speech of a high-level Islamic scholar and a note for men to enable male champions to contribute to de-stigmatizing menstruation. Inputs into a new Family Life Education curriculum were successful in introducing MHM at a much earlier age (from grades five to eight) which is essential to prepare girls for menstruation. Five consultative meetings on MHM were conducted for 1,057 teachers across the country. A total of 177,500 students benefitted from school water supplies and gender-separated sanitation facilities.

UNICEF’s direct support to the Rural Water Supply Programme of the Ministry of Rural Rehabilitation and Development resulted in 298,800 people (slightly over 50 per cent women) from 172 communities, across 21 provinces, gaining access to an improved drinking water source in 2017. In 2017, through the Community-Led Total Sanitation programme, 272,000 people gained access to improved sanitation facilities, almost three times as many as in 2016. By September 2017, 657 communities were certified Open
Defecation Free and the first entire district to be declared Open Defecation Free was celebrated in October 2017, with four more districts ready for certification.

UNICEF responses to emergencies in 2017 reached 140,569 affected people with access to safe water, 56,880 benefitted from gender-separated sanitation facilities and 156,500 benefitted from provision of handwashing place with soap and water.

**BANGLADESH**

In August, following flooding across 32 districts of Northern Bangladesh, through UNICEF support 23,810 people (11,667 women) regained access to sanitation facilities and 72,143 people (35,350 women) drinking water sources. More than 10,000 children received psychosocial counselling and recreation support through 100 child-friendly spaces. More than 10,000 parents and community members, including members of School Management Committees, enhanced their knowledge on emergency preparedness and response, positive parenting during emergency and hygiene practices. UNICEF also provided Education in Emergency kits to more than 10,400 children and is building transitional learning centres in 21 government primary schools. Collaboration with Department of Public Health Engineering has been enhanced to strengthen district-level WASH Cluster Coordination for future responses.

UNICEF Bangladesh continued to lead the WASH sector cluster in the country. Regarding improved and equitable service coverage, the use of vulnerability risk assessments, pro-poor water point selection criteria and Geographical Information System (GIS) mapping for safe water supply provision in three arsenic prone Upazilas has increased the ability of the WASH sector to target the most vulnerable households which resulted in improved access to WASH services by women and girls. The WASH interventions have contributed to achieving right to water and sanitation and have enhanced conducive learning environments for girls through provision of gender-segregated toilets and MHM facilities in schools. The interventions are responsive to the needs of the schools; and School Management Committees have been actively involved in planning and provision of the WASH facilities to ensure gender and cultural sensitivities and community acceptance.

As a part of UNICEF’s emergency response for the Rohingya refugee crisis, a total of 42 adolescent girls living in Kutupalong, Balukhali, Leda and Shamalpur makeshift camps have benefitted from skills-building initiatives on MHM and were provided with supplies for the local level production of disposable sanitary pads in four Sanitary Marts with necessary machineries which are now operated by the trained adolescent girls. They are now capable to produce and undertake marketing of their sanitary products.

UNICEF support to Rohingya refugees from Myanmar helped approximately 229,000 people (60 per cent women) gain access to safe drinking water and over 343,000 people (52 per cent women) to adequate sanitation facilities.

**BHUTAN**

In 2017, UNICEF supported improved water supply and child-friendly, gender-sensitive sanitation in 10 schools, reaching approximately 5,400 children, half of whom were girls. UNICEF assisted a total of 22 schools with improved
sanitation since 2014, reaching 12,600 children. As of 2017, 89 per cent of primary schools in the country have sanitation facilities for girls that meet national standards.

UNICEF supported the Ministries of Education and Health to construct a universal toilet and water supplies in three schools that allowed 150 children with disabilities (one-third of them are girls) to gain access to child-friendly, gender-sensitive sanitation.

To guide future interventions on MHM, a need assessment of adolescent schoolgirls and nuns on MHM was jointly undertaken by the ministries of education and health, the Bhutan Nuns Foundation, Religion and Health Project and UNICEF.

UNICEF supported the inclusion of two MHM indicators in the National Clean School Awards that recognize and award schools for achieving excellence in WASH practices in schools, such as safe drinking water, clean toilets and good handwashing practices. The competition – a collaborative effort of UNICEF and the Ministry of Human Resources Development – saw over 268,400 government schools voluntarily participating in the first year (2017).

A UNICEF MHM pilot project in Rajasthan State motivated the state to install 3,871 group hand washing units in schools and incinerators for girls’ toilets in 4,215 schools.

UNICEF supported training on MHM benefited almost 750 Education, Health and Integrated Child Development Service workers and 40 master trainers in Maharashtra State.

In Bihar and Odisha states, UNICEF supported over 1,600 women to become part of a politically prominent, male-dominated frontline worker cadre called WASH mobilisers, breaking gender barriers and supported them to lead open defecation free villages.

UNICEF supported the development of gender guidelines for Swachh Bharat Mission, a US$ 4 billion government programme aimed at achieving universal sanitation coverage in the nation by 2019. The guidelines focus on gender-sensitive WASH communication and promote sharing of WASH-related household work between women and men and the provision of separate toilets for girls and boys in schools, with MHM facilities. Eight states are implementing the guidelines.

In 12 UNICEF-supported districts, with a population of about 3.22 million people, 48,742 toilets were constructed, directly benefitting about 293,000 people, leading seven municipalities and 77 village development committees to be declared Open Defecation Free.

WASH projects took place in 327 schools, resulting in 80 per cent of these schools having separate toilets for girls and boys, water supply and hand washing facilities, serving more than 76,000 students.

UNICEF facilitated the inclusion of MHM in WASH in school programmes, with 132 schools out of 327 schools adopting the ‘three-star’ approach of: 1) hand washing facilities; 2) child, gender and disability friendly toilets; and 3) incinerators for MHM.
A 2017 study on MHM in schools found that only 22 per cent of girls had knowledge about menstruation before onset of menarche and that girls missed about a week of school during their first menstruation. The findings are being used to refine adolescent interventions going forward.

During 2017, about 264,000 people gained WASH knowledge and skills, including promoting hand washing with mothers and caregivers, of whom 45 per cent were women.

**PAKISTAN**

Advocacy for improved sanitation led to a 28 per cent increase in public sector budgets, representing a significant contribution towards meeting girls’ and women’s practical water and sanitation needs. A scale-up of strategies in 2017 resulted in 847,000 women and 589,000 men obtaining access to safe sanitation facilities, reducing the risks of GBV.

In partnership with CSOs, over 4,000 villages were certified Open Defecation Free, thus protecting over two million people, including 440,426 girls and 423,154 boys.

The participation of both female and male was encouraged to enhance communal management of WASH facilities. In 2017, community and institutional structures including Village Sanitation Committees and school WASH clubs were constituted, ensuring equal representation of female and male members. Equity-focused WASH in Schools strategies that provide guidelines to improve access to facilities considering the needs of girls and children with disabilities, were approved by federal and provincial governments leading to 83,000 girls accessing gender-segregated toilets.

UNICEF supported numerous actions in 2017 to improve girl-friendly facilities at schools and in communities, to empower girls and to debunk myths about MHM. These included:

- social media initiatives, such as: the ‘Be Bold Be Free’ campaign (#PeriodPakistan) which enlisted three leading female athletes as role models for empowering adolescent girls through spreading powerful positive messages to their peers (around 600 adolescent girls attended the event); a U-Report forum on MHM targeting the 25,000 registered members of the online platform;
- launching an MHM innovation challenge on Menstrual Hygiene Day, 24 May 2017, to gather ideas and tools for improving MHM in communities. Among the winning ideas, all of which received seed grants to implement their concepts, were a sanitary napkin vending machine and E-health online clinics to respond to menstrual health questions;
- supporting the government to develop a national WASH in Schools Strategic Plan (2017-2022) with detailed actions on how to improve MHM facilities and raise awareness in schools.

In humanitarian situations, UNICEF reached 16,020 adolescent girl students and 27,495 women in communities with MHM activities, including awareness raising sessions and providing separate MHM spaces.

**SRI LANKA**

Building on positive experiences from the field testing of an MHM toolkit in 40 schools in the Northern Province in 2016, UNICEF expanded the project into the Eastern Province during 2017. In total, 26,500 students (55 per cent are girls and women) and 1,100 teachers (60 per cent are women) in 70 schools in Batticaloa, Ampara and Monaragala districts, gained access to improved WASH facilities, focusing on improving the behaviours and practices related to hand washing and MHM.
Strategic outcome area 4: NUTRITION

As a regional headline result, Stop Stunting is emphasized in all eight ROSA countries. UNICEF efforts to stop stunting in the region involved a range of approaches, such as support for systems strengthening, delivery and scale-up of services, as well as raising the demand for those services and the provision of capacity building for medical staff. Going forward, a gender-transformative approach demands more attention to the role of male family members and greater availability of sex-disaggregated data to support gender analysis, particularly with respect to intra-household dynamics.

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**BANGLADESH**

The national advocacy meeting on #UniteforNutrition was the culmination of a yearlong effort to strengthen the implementation of the National Plan of Action on Nutrition which has been approved by the Prime Minister. This included creation of 64 DNSO positions and allocation of budget, and the agreement to develop a framework for information management and data-use for decision making across key ministries. Continued advocacy has resulted in incorporation of Special Care Newborn Units (SCANUs) in the Health Population and Nutrition Sector Programme (HPNSP) for gradual scale-up.

A Real-Time Monitoring (RTM) platform on nutrition service delivery was institutionalized throughout Bangladesh with support from UNICEF. Using a mobile application on tablets or smart phones, DNSOs and frontline supervisors input observations on quality of nutrition services at health facilities, which are linked to an online dashboard. This is helping to monitor the nutritional intake of the pregnant women and girls of reproductive age and regulate the nutritional and health interventions accordingly. The real-time data visualization and performance analysis helps strengthen routine monitoring and enable timely responses. This system has been implemented in 500 facilities in 43 districts in 2017 and will be expanded to all 64 districts in 2018.

UNICEF introduced the ‘Mothers@Work’ programme to strengthen maternity rights and protect breastfeeding among young working mothers. In one year, ‘Mothers@Work’ reached more than 7,000 young working women in the garments sector and provided a model for scale-up across other factories in Bangladesh.

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**BHUTAN**

To improve infant and young child feeding (IYCF) practices, a ‘Mother and Baby Friendly Hospital Initiative’ was piloted in one hospital with a high delivery load, with the objective of strengthening the 10 steps of effective breastfeeding. Regular monitoring and documentation will guide expansion of the project.

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**INDIA**

In 63 tea gardens of upper Assam State (20 per cent of the tea gardens in the area), UNICEF reached 8,951 adolescent girls aged 10-19
As a regional headline result, Strategic outcome area 4: NUTRITION strengthening, delivery and scale-up of services, as well as raising the demand for those services and efforts to stop stunting in the region involved a range of approaches, such as support for systems, the provision of capacity building for medical staff. Going forward, a gender-transformative approach and performance analysis accordingly. The real regulate the nutritional and health interventions women and girls of reproductive age and monitor the nutritional intake of the pregnant 

As nutrition issues are rooted in social and cultural practices at household and community levels, including gender biases, UNICEF-supported Infant and Young Child Feeding (IYCF) strategies and costed communications plans, resulting in a media package that included gender-responsive television commercials, which aired in November 2017.

MALDIVES

To increase male turnout rates at feeding practices information sessions, UNICEF supported the design and dissemination of behavioural change messages promoting the role of fathers in creating an enabling environment for exclusive breastfeeding and positive practices in Infant and Young Child Feeding (IYCF).

SRI LANKA

To address a lack of sex-disaggregated data on the nutritional status of children under five, UNICEF provided technical assistance to partners to enhance real-time nutrition surveillance. This resulted in better identification of the most vulnerable groups for targeted nutrition interventions.

NEPAL

UNICEF support to the government for its Golden 1000 Days public awareness campaign (referring to the importance of good nutrition during the first 1,000 days of a child's life for long-term physical and cognitive development), launched in 2016, focused on breaking down gender stereotypes and misconceptions. The campaign was boosted in 2017 by celebrity 'promoters' and aired across six public radio stations, achieving national coverage and reaching an estimated 65,134 community members (52,775 female and 12,359 male). In addition, 2,496 (1,451 female and 1,045 male) community-level advocates were trained.

PAKISTAN

UNICEF supported the Ministry of National Health Services Regulation and Coordination to develop a gender-responsive National Nutrition Survey 2017 (to be completed in 2018), including creating regulatory mechanisms for effective management and coordination to ensure credible and fully gender-disaggregated evidence generation. Integrated management of severe acute malnutrition (SAM) was scaled up to 39 districts. As of September 2017, 12,244 children under five (of whom 7,054 were girls) with SAM were treated in 26 target districts. Out of the total discharged, 85 per cent recovered and 0.1 per cent died, which is above the global Sphere minimum standards.*

* The Sphere minimum standards (revised in 2010) provide guidance on a set of minimum standards in humanitarian response in water supply, sanitation and hygiene promotion; food security and nutrition; shelter, settlement and non-food items; and health action.
Strategic outcome area 5: EDUCATION

Educate All Girls and Boys is a South Asia regional headline result. A range of interventions were undertaken by UNICEF to address the problem of out-of-school children throughout the region, including targeting early childhood care and development, parenting education, incentives to keep children in school, improving quality of the learning environment, alternative learning programmes and the provision of gender-responsive WASH facilities and services. Other strategies focused on strengthening school leadership and addressing socio-cultural norms through social mobilization and community outreach. Going forward, the scale up of good models is needed to capture the large unmet needs of out-of-school children in the region and those at risk of dropping out.

AFGHANISTAN

UNICEF supported Community Based Education (CBE) approaches that expand access to education for girls and boys in remote and rural communities not served by formal education. CBE schools and classes are established in community buildings or houses in remote, rural and sparsely-populated villages, where no gender-appropriate school exists, public schools are more than three kilometers away and a significant number of children are overage. To ensure consistency with the education delivered through public schools, CBE schools follow the required annual hours per grade level as described in Ministry of Education guidelines and CBE policy. In 2017, 275,847 children were enrolled in 10,339 community-based schools (of which 59 percent were girls).

A 2017 mid-term review of UNICEF Afghanistan’s country programme included a recommendation to concentrate and converge resources to bring results for children on a large scale that included adopting a headline result for the country of decreasing the number and percentage of girls out-of-school at every age.

UNICEF supported the Ministry of Education to launch the National Educational Strategic Plan III (2017-2021), which generated a renewed focus on out-of-school girls and boys, particularly focusing on girls’ education and increasing the number of qualified female teachers.

UNICEF and the Ministry of Education conducted a comprehensive out-of-school-children country study, which will help to produce updated data, analyse existing interventions related to enhanced school participation, identify bottlenecks and develop context-appropriate realistic strategies for increasing enrolment and sustaining attendance rates.

In addition to providing technical and financial assistance to a curriculum reform
process, led by UNESCO and the Ministry of Education, UNICEF advocated for the inclusion of gender responsiveness and peace-building.

**BANGLADESH**

UNICEF advocated for the inclusion of key strategies for in- and out-of-school adolescents in Bangladesh’s first ever Secondary Education Sector Wide Approach to reduce dropout and increase cycle completion, which when finalized in 2018, will impact six million adolescent girls.

UNICEF facilitated the Second Chance Education implementation strategy and its operationalization by government which is reaching to 100,000 out-of-school children. The well-known Ability-based Accelerated Learning model is adopted by the government with support from UNICEF and reached 30,000 out-of-school children in urban and rural areas. UNICEF is supporting the ‘Education for out-of-school children intervention’ to incorporate it in the Fourth Primary Education Development Programme as a sub-component.

UNICEF supported development and endorsement of the Education for Adolescent programme framework by the Directorate of Secondary and Higher Education (DSHE). UNICEF is also supporting the National Curriculum and Textbook Board to develop a gender-sensitive and comprehensive adolescent skills framework that will compile wide range of age specific skills and competencies for adolescents to prepare them for 21st century. A partnership has been developed with Population Council to generate evidences on the interventions to keep adolescent (girls) in school which will help ending child marriage in the intervention schools.

**BHUTAN**

Non-formal education and English literacy programmes benefitted 3,100 participants of which 63 per cent were female.

**INDIA**

UNICEF supported a review of textbooks in Uttar Pradesh and Odisha states to remove gender stereotypes and introduced positive gender norms, which will benefit 25 million children. Through the State Councils of Educational Research and Training, this initiative is being considered for national scale up.

In Assam State, UNICEF supported gender-responsive curricula and pedagogy, reaching 6,000 teacher trainees.

A strategy for the enrolment and retention in school of girls from marginalized communities was formulated with UNICEF support and rolled out by the Uttar Pradesh government in 20 districts.

UNICEF support to flagship secondary level programmes in seven states included establishment of girls’ and boys’ empowerment groups in schools.

Based on a collaborative research study in three states from 2011-2016, UNICEF released ‘The India Early Childhood Education Impact Study’ in July 2017, which looked at children’s participation in pre-school, including analysis of the characteristic of gender. The study found
gender differences in participation trajectories, that varied by region and confirmed that gender discrimination begins very early in a child’s life.

A formative study to ‘Enhance the Understanding about Reasons for Smooth Transition among Boys and Girls to Secondary Schools’ was released to understand the barriers and motivations for transition to upper primary and secondary school among girls and boys in India. Among the study findings was the importance of parental support and mothers as “champions,” the value of role models for girls, and the need to have safe passage to school.

The Rajasthan State government adopted and rolled out a previously UNICEF-led project, ‘Adhyapika Manch’ (“Women Teachers Forum”) to address gender issues in school attendance, learning and completion. UNICEF supported a Life Skills Education training module and trained resource persons, demonstrating the approach with adolescents (12,000 girls and 3,000 boys) in secondary schools.

MALDIVES

UNICEF supported the Ministry of Education to develop its Education Sector Plan for 2018-2023, including using a gender analysis to strengthen outcomes for all girls and boys.

NEPAL

Projects to improve access and retention of girls from marginalized communities in UNICEF’s priority districts resulted in a 15 per cent increase from 2013 to 2017 in the net enrolment rate for girls in grades 6-8 and 11 per cent for boys. The rate increased by 12 per cent for girls in grades 9-10 and 10 per cent for boys.

The Girls Access to Education programme, implemented with district education offices to build the literacy and numeracy skills of out-of-school adolescent girls reached 3,343 girls in 2017. The programme noted a 99.4 per cent completion rate and 31.4 per cent of enrolled girls returned to formal education.

In its role as focal point (July 2017-June 2018) of the coordinating agency for the Global Partnership for Education, UNICEF and partners supported the government to reduce by 22 per cent the number of out-of-school children (14,830 girls and 9,260 boys) through targeted interventions in five districts with the highest disparities in education outcomes.

PAKISTAN

A 16 per cent increase in the national education budget had a positive impact on enrolment, with 328,480 more girls enrolled in government schools and non-formal education centres.

During 2017, UNICEF Pakistan focused humanitarian assistance on supporting temporarily displaced populations and returnees in Federally-Administered Tribal Areas. As a result, over 52,000 children (20,800 girls) enrolled in primary schools due to social mobilization efforts, the establishment of school management committees and the provision of school tents and education supplies. Moreover, 64 girls’ primary schools were upgraded to increase access to post-primary education and the pool of potential local female teachers.
STRATEGIC OUTCOME AREAS 6 AND 7: CHILD PROTECTION AND SOCIAL INCLUSION

UNICEF worked throughout the region to strengthen capacities of communities and governments to prevent and respond to violence against girls, boys and women, including child labour.

UNICEF supported the establishment of 800 community-based child protection committees with a total of 12,000 members in 2017 to build protective environments for Rohingya children. Referral linkages were established to address gender-based violence cases and 12 cases used the referral services by the end of 2017.

The private sector has a crucial role to play in enabling the full realization of the rights of children and their mothers in Bangladesh. Since 2015, UNICEF has been supporting access to and improved provision of social services in the communities where garment workers and their families live and the establishment of a policy environment that enables long-term, sustainable change at scale.

In 2017, UNICEF supported this approach in 10 factories with a total of 32,287 workers (19,456 women and 12,931 men) and has agreements in place with six city corporations to enhance service delivery in urban areas, where most ready-made garment factories are located.

UNICEF supported the Royal Bhutan Police to launch a cross-sectoral coordination initiative to prevent gender-based violence. The initiative improved information sharing and collaboration, identification of barriers and constraints to prevention and provision of services for women and children survivors of violence. A review of services of the Women and Child Protection Units and Desks identified the best reporting and referral mechanisms and services to survivors of gender-based violence.

A Plan of Action for protection of children in monastic institutions includes protection of young female nuns.

UNICEF supported the increases in net enrolment for girls from marginalized communities in 2013 to 2017, including using a gender analysis to develop its Education Sector Plan for 2018-2023.
UNICEF and the Abdul Latif Jameel Poverty Action Lab (J-PAL) developed a global social protection programme analysis to identify interventions contributing to reducing early marriage and enabling transition to post-primary education and work, and to refine cash transfer programmes at the state level for adolescents to have a sharpened equity focus. A national workshop was held with government officials. In Jharkhand State, a review of the girl child cash transfer programme resulted in the government improving programme coverage and linkages to education for empowerment of girls.

UNICEF worked with the National Commission for Protection of Child Rights and Ministry of Panchayati Raj Institutions (local administration) to launch ‘Child-Friendly Panchayats’ as part of the Safe Childhood Programme across 14 states. This included preparing 240 master trainers from the State Commission for Protection of Child Rights and State Institute for Rural Development to scale-up sustainable, low-cost child protection interventions to prevent child marriage, violence and exploitation of children.

UNICEF refined and consolidated the monitoring and learning framework on ‘end child marriage’ across eight states; the data is being used to inform programming, identify gaps and develop suitable strategies.

UNICEF supported the institutional capacity of the government (Ministry of Gender and Family and the Maldives Police Service) with refresher training for 47 social workers to improve their work with victims of gender-based violence and child victims of violence. Training on case management and skills included risk assessment, report writing, development of intervention plans and techniques for interviewing children and adults.

UNICEF helped establish Community Support Groups that aim to prevent and respond to gender-based violence.

The Maldives Child Protection Database was expanded during 2017, making linkages with other national databases (Ministry of Education and Prosecutor General’s Office) and to the Call Centre of the Ministry of Gender and Family so that cases reported can be collated, analysed and responded in a timely manner. This also paves the way to an improved understanding of trends and the extent of violence against children in the country. A mobile application called ‘Ahan’ was launched in 2017, and, along with a 24-hour hotline, the greater access to and options for reporting cases of violence against children may have contributed towards higher numbers of reported cases of sexual violence, up from 262 in 2016 to 443 cases in 2017.
UNICEF supported the long-running weekly FM radio programme for adolescents called ‘Saathi Sanga Mann Ka Kura’ (“chatting with my best friend” in English). During the reporting period, the radio episodes covered violence against girls and women, along with a wide range of issues related to adolescence such as vocational training, sexual and reproductive health, child labour, local elections, youth’s role in anti-corruption, substance abuse, etc.

To prevent child labour, especially in urban areas, 945 working children (622 girls and 323 boys) were enrolled into the Urban Out-Of-School Children (UOSP) classes, of which 89 per cent (i.e., 840 (605 girls and 235 boys)) completed the UOSP classes. Of these children, 369 (44 per cent) UOSP graduates (195 girls and 174 boys) were mainstreamed into formal schooling, while 117 children (54 girls and 63 boys) who were school dropouts, were directly mainstreamed into formal schools. In total, 486 children (249 girls and 237 boys) from UOSP are now in formal education.

In addition to the UOSP, vocational trainings were provided to 94 children (67 girls and 27 boys) over 14 years, of which 75 per cent (i.e., 71 (50 girls and 21 boys)) completed the training courses. Out of these children, 25 per cent (i.e., 18 children (8 girls and 10 boys)) were placed in job while 15 per cent (i.e., 11 children (8 girls and 3 boys) were self-employed using the skills training they received. Altogether, 40 per cent of the children with vocational training were either placed on job or self-employed. A total of 132 families were supported with income generation activities for their livelihood and to enrol their children back to school.

UNICEF supported Labour and Human Resources departments and Bureaus of Statistics in four states to conduct child labour surveys. The findings will inform the prevalence of child labour (girls and boys) as well as causes, circumstances and consequences and will advise the development of robust policy to support the eradication of child labour.

UNICEF assisted the government to launch the National Partnership to End Violence against Children and to develop a Country Discussion Paper presenting the current situation of child abuse, neglect, exploitation and gender-based violence – including discussing gender norms and values – and solutions to these challenges.

UNICEF established and strengthened 217 Village Child Development Committees in the Eastern, Northern and Uva Provinces, reaching over 25,000 children and their families with child protection services and knowledge. In addition, UNICEF directly supported over 3,000 vulnerable children through in-kind support, such as school materials and other items.
Since the inception of the Gender Action Plan in 2014, progress has been made in the region on institutional effectiveness for implementing the programmatic work on gender equality through the commitment of resources and strengthening of staff, capacity and systems. However, the monitoring and tracking of gender equitable results, ensuring parity and resources, diversity and inclusion strategies for improved gender at workplace, adequate technical capacity and expertise on gender across sectors, and the country ownership of gender as a critical component in results based management are areas that require further improvements.

This section provides an overview of the institutional gender results including: regional expenditures on gender results; programme expenditure allocated to gender results by country; gender staffing and capacity; gender performance of country programme management plans (CPMPs); gender performance on evaluation of UNICEF programmes; and a summary of knowledge sharing and communications to promote gender equality in the region.
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The total regional expenditure on gender results has increasing over the past four years, ranging from 8.7 percent in 2014, 9.5 percent in 2015 and 2016, 11.4 per cent in 2017. The current efforts should be continued to ensure an upward trend going forward.

Expenditures on gender results has varied throughout the region. Two Country offices, Afghanistan (18.4 per cent) and Bangladesh (16.1 per cent) met 2017 target of allocating 15 percent of their total programming budget to gender results within their country programmes, while the other six COs had not met this target (ranging from allocating 14.2 per cent to 2.5 per cent on gender results within their country programming).
The number of gender staff throughout the region has increased since 2014 when there were only four gender staff. By 2016-2017, a Regional Gender Advisor and Junior Professional Officer (JPO) was in place at Gender unit of Regional Office, whereas the country offices (Afghanistan, Bangladesh, India and Pakistan) had four dedicated gender specialists, four gender focal points (Nepal, Maldives, Bhutan and Sri Lanka) and at least four country offices (Afghanistan, Bangladesh, Nepal and Pakistan) reported having sectoral gender focal points with gender task force in place that constitute almost 37 sectoral staff across the region. This reflects a growing effort on the part of ROSA and the COs to integrate gender equality considerations within the institutional and programmatic landscape.

Meanwhile, the gender balance of UNICEF staff throughout the region is improving, but has yet to achieve gender parity, with 38 per cent of all staff across the region being female, ranging from 46 per cent of international staff to 35 per cent of general staff. The ratio of female staff remains low in Afghanistan (22 per cent) and Pakistan (35 per cent).
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**Figure 9: Gender balance across ROSA region (%), 2017**

- **Overall:** 38% Female, 62% Male
- **International Professional (IP):** 46% Female, 54% Male
- **National Officer (NO):** 38% Female, 62% Male
- **General Service (GS):** 35% Female, 65% Male

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**Figure 10: Gender balance by country office in ROSA region (%), 2017**

- **Afghanistan:** 22% Female, 78% Male
- **Bangladesh:** 49% Female, 51% Male
- **Bhutan:** 43% Female, 57% Male
- **India:** 48% Female, 52% Male
- **Maldives:** 46% Female, 54% Male
- **Nepal:** 38% Female, 62% Male
- **Pakistan:** 35% Female, 65% Male
- **Sri Lanka:** 41% Female, 59% Male
Regarding staff capacity in gender, half the countries in the region (50 per cent) have had some form of gender training over the GAP period and three countries conducted a staff needs assessment. Afghanistan, Bangladesh, Nepal and Pakistan provided one-time training on gender for key staff. The percentage of programme staff who have taken the online gender course, which is mandatory in UNICEF, does not exceed 86 per cent except Bangladesh Country Office. In December 2017, Regional Office announced a gender capacity building training series for all country offices in 2018 targeted to reach programme sectors and in also addressing gender sensitization for all staff.

![Figure 11: Completion of online gender course by programme staff by country in 2017, (%)](image)
Gender performance within Country Programme Management Plans (CPMPs) throughout the region has improved significantly since 2014. The Gender Action Plan (GAP) 2014-2017 is included in the CPMPs of all eight countries in the region. In 2017, all eight countries showed at least one result in targeted gender priorities, with three countries (Afghanistan, Bangladesh and Nepal) having results in all four targeted areas. All countries had targeted priorities of promoting gender-responsive adolescent health. Six countries (75 per cent) had targeted priorities of advancing girls’ secondary education and ending child marriage.

Figure 12 and 13 are based on the latest Key Performance Indicators (KPI) 2017 for Gender submitted in the 2017 Country Office Annual Report (COAR).

As per the reported Gender KPIs for 2017 (ref to Figure 13) majority of the countries (six out of eight countries) integrated three or more gender mainstreaming results in sector programmes. Afghanistan and Sri Lanka did not report in their KPIs to have any gender mainstreaming results in their country programmes for 2017, however their COAR narrative has reflected gender related actions in the sectoral results and these are noted in Part 2 of this Results Report on Gender Mainstreaming. Six countries (75 per cent) had gender mainstreaming results in nutrition and child protection. Five countries (62.5 per cent) reported gender mainstreaming results in health, WASH, HIV/AIDS and education.
The followings show a trend of gender programming results in the region from 2014 to 2017. In 2017, 89 per cent of country programmes included at least one targeted gender priority result, whereas 78 per cent of country programmes included at least one gender mainstreaming result.
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Figure 13: Gender mainstreaming results in country programmes by country in 2017

Figure 14: Country programmes with at least one targeted gender priority result by year 2014-2017, (%)

Addressing gender-based violence in emergencies
Advancing girls’ secondary education
Ending child marriage
Promoting gender-responsive adolescent health

Figure 15: Gender targeted priorities results in country programmes by year 2014-2017, (%)

Figure 16: Country programmes with at least one gender mainstreaming result by year 2014-2017, (%)
Did the country produce an analysis of gender gaps in the estimated versus expected infant and child mortality rates? 38%

Did the country undertake a gender audit or review of the national HIV plan/policy/strategy based on the UNAIDS and UNWomen gender audit tool or other appropriate methods during the current national development cycle with UNICEF support? 38%

Was a UNICEF-supported gender review of the nutrition policy/strategy conducted in the current national plan cycle? 25%

Did the country revise or improve child protection related policy on the basis of the gender analysis supported by UNICEF? 25%

Has the country revised domestic legislation and administrative guidance following the latest Concluding Observations and Recommendations of CEDAW? 50%

Is the country implementing a national strategy to eliminate open defecation? 100%

**Figure 17: Gender performance of gender mainstreaming results by specific questions in 2017, (% of countries)**
Did the country produce an analysis of gender gaps in the estimated versus expected infant and child mortality rates?

Did the country undertake a gender audit or review of the national HIV plan/policy/strategy based on the UNAIDS and UNWomen gender audit tool or other appropriate methods during the current national development cycle with UNICEF support?

Was a UNICEF-supported gender review of the nutrition policy/strategy conducted in the current national plan cycle?

Did the country revise or improve child protection related policy on the basis of the gender analysis supported by UNICEF?

Has the country revised domestic legislation and administrative guidance following the latest Concluding Observations and Recommendations of CEDAW?

Is the country implementing a national strategy to eliminate open defecation?

Figure 17: Gender performance of gender mainstreaming results by specific questions in 2017, (% of countries)

Figure 18: Gender mainstreaming results in country programmes by year and Strategic Plan outcome areas 2014-2017, (%)

Figure 19: Gender performance of Country Programme Management Plan (CPMP) by year 2014-2017, (%)
The UNICEF COs throughout the region have undergone a Global Evaluation Reports Oversight System (GEROS) rating of the evaluations produced within their respective countries from 2014-2016. Of those, 46 per cent of the evaluations were rated highly satisfactory, 43 per cent were rated satisfactory and 11 per cent were found to be fair or unsatisfactory.

**GENDER PERFORMANCE ON EVALUATION OF UNICEF PROGRAMMES**

**Target**

70% of evaluations rated outstanding and highly satisfactory on incorporating gender by UNICEF’s Global Evaluations Reports Oversight System (GEROS) by 2017

**Figure 20: ROSA country offices GEROS evaluations on gender by levels of satisfactions 2014-2016, (%)**

- **Outstanding**: 0%
- **Highly Satisfactory**: 46%
- **Satisfactory**: 43%
- **Other/Not Reported**: 11%

**Progress**

46% of evaluations throughout the region were rated as highly satisfactory while 43% were rated satisfactory. ROSA did not report on outstanding ratings.
The UNICEF COs throughout the region have undergone a Global Evaluation Reports Oversight System (GEROS) rating of the evaluations produced within their respective countries from 2014-2016. Of those, 46 percent of the evaluations were rated highly satisfactory, 43 percent were rated satisfactory and 11 percent were found to be fair or unsatisfactory.

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Prior to the development of the GAP, many country office staff had limited awareness of key international gender conventions and instruments. Results of a staff skills survey indicated that 72 percent of respondents were aware of the GAP by 2017, although many do not have a detailed understanding of its specific goals and objectives or its targeted priorities.

By 2016, a large majority (87.5 per cent) of the COs reported regularly sharing gender updates and pertinent information toward achievement of GAP objectives during Country Management Team (CMT) meetings. This demonstrates a concerted effort to promote gender equality programming in the country offices.

The first Regional Gender Network Meeting took place in March 2017 in Kathmandu, Nepal, at which numerous knowledge sharing proposals were made. These led to a regional shared team site on gender with access provided to all country office gender specialists and focal persons, a regular regional quarterly newsletter that features news and articles and insights from country offices, and a quarterly webinar series that also reached participants outside the region. Efforts were also undertaken at Regional office to develop gender guidelines across all regional headline results, gender toolkit, and gender brochure. A gender equality video produced at ROSA was also shared across social media.
PART 4

RESULTS GAPS AND IMPROVEMENTS

While the diversity of the South Asia region makes aggregation of challenges difficult, a common denominator across all eight countries is the low value and low empowerment of girls and women and prevalence of adverse social norms. Given this diversity and the scale and complexity of gender issues, a clear gender theory of change must underlie each country office programme and their implementation plans for 2018-2021.

The effectiveness of country programmes and plans needs to be gauged on a regular basis to determine whether they indeed are gender-sensitive, at minimum, through to gender-transformative. Regular reviews and evaluations will help identify continued gender-based barriers and constraints to allow tailoring and fine tuning of strategies.

Greater availability of age- and sex-disaggregated data, particularly in nutrition, education, WASH and protection interventions, are essential. Specifically, age- and sex-disaggregated data is needed for:

- children exposed to/experiencing violence, exploitation and abuse;
- children involved in child labour;
- availability of and access to sanitation and hygiene facilities in humanitarian situations; and
- numeracy and literacy learning outcomes.

For all gender-related awareness-raising and behaviour-change initiatives, it is essential to assess perceptions, views and reported behaviour at the beginning of the initiative and compare this at various stages of the project.
and after completion. Such information and lessons learned help assess whether progress is being made toward the objectives and inform whether it is justified to continue using resources, to adjust programmes and whether to scale up or not.

**Programmatic recommendations: Sector based**

**CHILD MARRIAGE**

Evidence of impact on girls and women when child marriage is avoided remains largely anecdotal and needs to be strengthened. Clear strategies for the engagement of boys and men in high-burden countries are needed. Given the strong relationship of child marriage reduction to the entire range of other outcome areas of UNICEF programming (health, education and more), cross-sectoral synergies must be tapped to their full potential.

UNICEF should continue to support countries to establish and implement a costed national plan or strategy on prevention of child marriage (Afghanistan is currently the only country with an operational national action plan and India for the state level (Rajasthan and Bihar); Nepal’s action plan was adopted by the council of ministers and Bangladesh has drafted a plan but not released it), as well as strategies to tackle related consequences, such as intimate partner violence and economizer costs of loss of girls education. New laws and policies need to be followed up with rigorous implementation and enforcement strategies and monitoring mechanisms, with corresponding efforts to influence customs and traditions and incentive and disincentive programmes.

The root causes of child marriage must be addressed, and girls, women and families need to be presented with real alternatives and options to help them avoid child marriage. When conducting training and awareness raising of community leaders and officials, training must include concrete strategies that can be undertaken to prevent and monitor violations of child marriage laws, and other children’s rights. It should be clarified what recourse a family or child has when their rights are violated.

Evaluations are needed of related initiatives, for example life skills and actions groups, to examine their effectiveness in reducing child marriage, as are specific analyses and understanding of gender norms, value of the girl child and required behaviour/cultural practice shifts. Questions to be answered also include: are adolescent boys shifting their gender roles and standing against child marriage? are adolescent girls willing to take personal risks to challenge gender norms? and are activities reaching parents, other family members and community leaders?

**EDUCATION**

Emphasis should continue on the creation of a strong demand for girls' secondary education and support for the secondary learning environment for all girls and boys. Capacity development plans in areas with high magnitude interventions should be gender responsive and followed up. Cross-sectoral approaches that involve health, WASH (especially Menstrual Hygiene Management), child protection, social protection and adolescent empowerment will need to be amplified to break down the gender-based barriers affecting girls’ enrollment. Taking a life-cycle approach within secondary education will help provide a longer-term perspective and support the transition from secondary school to employment opportunities.

It is important to also counter skewed early gender-role socialization and value of girl child within households and communities; thus,
investment in gender-responsive programmes in early childhood development and gender norms are required.

Sex-disaggregated data have been forthcoming in this sector but deserve to be more systematic, particularly in disaggregation by locality and within other social variables. Efforts to systematically gather school-related gender-based violence data should be supported, and girls and boys and their families empowered to report school based gender-based violence and sexual offenses. More initiatives to respond to and deter offenses are also needed and to enhance the gender-sensitive aspect of safety and protection of children in schools.

Scaling up of alternative learning programmes and community-based centres for children unable to attend school – due to their location, socio-cultural and gender barriers, or disabilities – and the continued provision of resources targeting the unmet needs of vulnerable children and their families will greatly assist with gender equity in education. Demand-side barriers, such as child labour and child marriage, underline the importance of cross-sectoral synergies with child protection.

HEALTH, NUTRITION AND WASH

While the targeted priority of gender-responsive adolescent health has seen numerous good initiatives, insufficient progress has been made in bringing interventions to scale. The region would benefit from a holistic package of needed interventions for gender-responsive adolescent health for girls and boys. As, gender-responsive adolescent health is greatly affected by other key issues, including child marriage and teenage pregnancy, and has a direct correlation to adolescent and infant mortality and under-nutrition, stronger linkages can be made between child marriage and health with an increased focus on adolescent mothers and their children.

UNICEF should support gender reviews of health and nutrition policies and strategies. Strategies and costed interventions need to ensure access to reproductive health services and facilities by adolescent girls, with specifically-targeted interventions, and strengthen advocacy on sex selection/female foeticide. Programming should include gender-sensitive strategies to guide parents and caregivers on the value of the girl child, and to explore the girl child’s critical role in inter-generational health and wellbeing, as well as strategies to monitor caregiving practices.

The effectiveness of strategies to address anaemia in women of reproductive age, including IFA supplements for adolescents, in terms of access, coverage (equity-wise) and the identification of barriers and constraints to access, needs to be better understood. Anaemia programmes should also target out-of-school girls and boys.

The Save Newborn headline result could demonstrate a better and stronger explicit gender lens, with the exception of the focus on maternal health. In countries where son preference still occurs, gender discrimination begins before birth leading to higher numbers of infant girl deaths. However, sex-disaggregated data for infants is largely unavailable and is needed to enhance reporting on the rising demand and utilization of services throughout the region.

There is good evidence that systems strengthening and capacity building of medical and health staff is occurring, and more recently, the promotion of increased positive engagement of fathers and male relatives in caregiving in support of newborn health is gaining emphasis. Further strengthening female health workers and their capacity, targeting of the role of male family members will benefit children’s health and nutrition status.
Across the region. More focus is needed on the central importance of women’s empowerment and on intra-household power dynamics, given women’s low status in the household and limited decision-making power.

Given that the mother’s age at birth and her health condition are strongly correlated with children’s stunting, convergence with other sectors to target this headline result (with WASH, C4D and Early Childhood Development) would further strengthen the outreach needed to create high levels of impact.

A lack of sex-disaggregated data can further conceal gender disparities in nutrition. In countries such as India, stunting rates are slightly higher for boys than girls, but a gender analysis shows that the rate of decline in moderate and severe stunting has been slower for girls, and owing to sex selection, there are fewer girls to compare with boys in the population. Food discrimination by gender is also an issue at the household level that deserves greater consideration.

In HIV/AIDS, it is recommended to support programming that addresses the substantial and persistent gaps in adolescent boys’ and girls’ knowledge, through sexuality education and other efforts to increase awareness and use of available services, including HIV testing. Assisting national HIV/AIDS strategies to include both gender-sensitive results that specifically target adolescents and gender-responsive programming for the general population is also important. Programmes should also be supported that diminish the persistent inequities faced by pregnant women by improving their access to and retention in both HIV and maternal, newborn and child health services.

To continue to strengthen WASH outcomes for large numbers of adolescent girls, MHM targets should not only be included in all WASH in Schools strategies and but also incorporated in WASH in health centers, other public/educational institutions, and at household/community level. It is also essential to improve MHM awareness amongst adolescent girls and households, and address the stigma, social taboos and harmful practices through MHM related social behaviour change initiatives.

**GENDER-BASED VIOLENCE IN EMERGENCIES**

Working with partners on gender-based violence (GBV) and GBV in emergencies more specifically (especially UNFPA) will continue to be very beneficial for UNICEF as a multi-stakeholder approach is often required. This allows UNICEF to take advantage of additional resources, especially in high security areas. Challenges continue to persist in addressing and preventing GBV in complex emergencies due to insufficient data, skilled personnel, lack of GBV informed and integrated programming across sectors, and the inability to reach the populations in most need of services.

**Institutional recommendations: Challenges and opportunities**

**Gender staffing, knowledge and capacities**

While the region’s gender equality architecture has seen a substantial increase in gender specialists and focal points over the four years of the GAP, their roles and capacity could be strengthened, and the minimum 30 per cent time on gender for focal points should be maintained.

Gender focal points, with a Terms of Reference outlining responsibilities, should be in place in every country office. Nepal is the only country in the region with a total annual budget over US$20 million that lacks a full-time, dedicated gender specialist. It is not clear in all countries if sectoral gender specialists/focal persons are officially designated with a TOR and present in
each sector or not, and the level of seniority, gender training and expertise of sector specialists/focal persons. An assessment of staff capacities on gender (e.g., Where are the sector gender specialists? What is their level of focus, engagement on gender, expertise and skills?) should be undertaken in each country office to inform sectoral gender capacity-development initiatives.

Capacity building on gender equality for all staff and for partner agencies calls for a strategic and sustained focus and to be reflected within the country office HRDT plans. Subsequently, continued learning and capacity development initiatives should be put in place across country and field offices to ensure that gender specialists and focal points have sufficient skills and expertise, as well as seniority, to ensure and influence strong gender results and outcomes. All staff and partners should be continuously oriented and updated on key gender conventions and instruments and sectoral programming in gender equity. A commitment from leadership is required to hold themselves and all staff accountable to the gender equality mandate.

**Gender ratio of country office staff**

Adopt a pro-active and gender-sensitive approach to maintain and attract qualified female staff, including capacity development and opportunities for professional advancement, particularly in those country offices with a skewed male to female staff ratio. While human resource policies are creating an enabling workplace for gender equality, incentives and accountability mechanisms for promoting gender equality within UNICEF staff should be strengthened. This includes ensuring gender issues at work place is addressed with effective measures and systems in place for reporting harassment and abuse at work place for both male and female staff and country offices ensure a diversity and inclusion strategy at the workplace.

**Performance**

Gender results reporting, based on the GAP guidelines require even more visibility in the Country Office Annual Reports. On the whole, gender integration in the Country Programme Documents demonstrates a gender-sensitive understanding, though not necessarily a gender-transformative approach. Importantly, good prospects are envisioned with the development of the new Country Programme Documents, with planning for the next Country Programme development cycle already proving pivotal to gender strategizing in countries and within results based management (RBM) approaches. A number of research and data gaps have been articulated for the GAP targeted priorities and cross-sectoral synergies show good signs of progress – but will need to move beyond good will to commitment to engage.

In terms of leveraging partners for their comparative advantage in supporting UNICEF’s gender equality mandate, good inter-agency collaboration is to be leveraged. Collaborative engagement and partnerships with private sector, women’s organizations and civil society groups experienced in reaching for scale and engaging boys and men deserves to be explored further.

**Knowledge sharing and communications**

Knowledge sharing and communications within UNICEF and with external audiences has advanced as a result of the gender staffing in place and is now in need of a guiding framework. Knowledge management strategies for the GAP should be put in place to ensure effective knowledge sharing and
communications internally within UNICEF, across the ROSA region and externally with partners. The gender update at Country Management Team meetings should be carried out consistently and given high prioritization, with the participation of gender specialists/focal persons.

External communications – in print and speech – should convey gender-responsive language and content. Following the lead of other United Nations entities, it is suggested to regularly assess the percentage of speeches by senior staff that include at least one reference to gender. Attention should be paid to how references to gender equality are framed, whether they link to inequalities, power, differential needs and whether content perpetuates the notion of women’s role as mothers or caretakers of children without any reference to their own health and well-being.
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36. INFORM is an IASC-led inter-agency risk assessment tool that ranks countries using a composite index of hazard and exposure, vulnerability and coping capacity (or lack thereof).


38. Ibid.


41. Ibid.

42. Ibid.

43. We Can’t Wait: A report on sanitation and hygiene for women and girls, WaterAid, 2013.


46. Analysis of regional situation and synthesis of experience of Menstrual Hygiene Management (MHM) services through WASH in Schools Programmes in South Asia Region (Draft), UNICEF, 2017.


48. Ibid (pp.9).
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, norms and social progress for every child.

For more information on UNICEF gender equality work in South Asia, please contact UNICEF ROSA Gender Section or access ROSA website: https://www.unicef.org/rosa/what-we-do/gender-equality.