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## PROMOTING GENDER EQUALITY THROUGH UNICEF-SUPPORTED PROGRAMMING IN YOUNG CHILD SURVIVAL AND DEVELOPMENT: *IN BRIEF*

UNICEF's 2010 Gender Policy mandates that all UNICEF-supported programming, including emergency response, contribute to gender equality in clearly defined, measurable ways. This brief provides basic information on why gender matters to Focus Area 1 – Young Child Survival and Development (YCSD) – of the Medium-Term Strategic Plan, and offers practical tips on how to advance gender equality through programming in this area. For a more detailed analysis, see the Operational Guidance on Focus Area 1 (Health; Nutrition; Water, Sanitation and Hygiene; and Early Childhood Development); for an overview of key concepts related to gender equality, see *Promoting Gender Equality: An Equity-Focused Approach to Programming (Operational Guidance Overview)*.

### Why gender matters to YCSD

Gender refers to the social roles of men and women, and boys and girls, as well as the relationships among them, in a given society. Gender matters to YCSD in different ways, and depending on the social context. Three issues are key: gender equality, equity and vulnerability.

**Gender equality** means that women and men, and girls and boys, enjoy the same rights, resources, opportunities and protections. It does **not** require that girls and boys, or women and men, be the same, or that they be treated exactly alike. While biological differences can create different needs for women and men, and girls and boys, these differences do not 'naturally' lead to or justify unequal status or rights.

Differences can be due to biological characteristics and are not necessarily socially determined (e.g., sex of the child, maternal anaemia and nutritional needs, malaria in pregnancy, neonatal survival or adolescent girls' menstruation). As a result, some differences between girls and boys, or women and men, do not signal social inequality. In certain circumstances, equality can actually be an indicator of gender *injustice* because it may indicate that biological, social and emotional needs or abilities are not adequately recognized.

**Gender equity** is about responding to differences in outcomes that are unjust. Where no plausible biological reason exists for different outcomes, social discrimination should be considered a prime suspect for different and inequitable outcomes. Achieving equity requires policies that encourage equal outcomes, including differential treatment to overcome discrimination. For example, providing a man and a pregnant woman with *equal* food rations of identical nutritional composition during

an emergency situation could be *inequitable* given the greater nutritional needs of pregnant women. Both boys and girls need immunization, but pregnant women may be prioritized for tetanus coverage. Both boys and girls need sanitation facilities, but adolescent girls are more likely to miss school when menstruating for lack of sanitation facilities.

**Addressing gender vulnerabilities** means responding to differences in social determinants, such as social norms, roles and responsibilities that yield poor outcomes in YCSD. For example, the girl child is often neglected in traditional societies in which a woman's social value is largely determined by her ability to produce children and where high fertility patterns and high-risk pregnancies are common. Domestic chores and care of the young, the elderly and the sick keep girls out of school and women out of the paid labour force, affecting their autonomy, health and livelihoods. This is particularly true for girls and women from the poorest households.

### Entry points for gender analysis and programming in YCSD

The YCSD *Operational Guidance* document identifies concrete entry points and provides guidance for gender analysis and programming in the four sectoral areas of YCSD. It provides practical, sector-specific guidance on how to integrate gender into the programme cycle at the following points: assessment, analysis, design and implementation of actions (programmes) and evaluation.

The table below provides examples of opportunities to ensure that gender is appropriately considered in UNICEF-supported programmes and emergency interventions.

ENTRY POINTS	HEALTH	NUTRITION	WATER, SANITATION AND HYGIENE	EARLY CHILDHOOD DEVELOPMENT
<b>Assessment</b>	<ul style="list-style-type: none"> <li>Sex-disaggregated data on health outcomes, coverage of intervention and access to services.</li> <li>Differences in participation in decision-making at all levels.</li> </ul>	<ul style="list-style-type: none"> <li>Sex-disaggregated data on nutrition status and practices.</li> <li>Sociocultural determinants of nutrition, behaviours and barriers/enabling factors in relation to gender.</li> </ul>	<ul style="list-style-type: none"> <li>Sex-disaggregated data on access to services, such as water and sanitation in schools and time spent collecting water.</li> <li>Cultural and community norms and current practices.</li> <li>Regulatory environment, including supporting policies.</li> </ul>	<ul style="list-style-type: none"> <li>Sex/age-disaggregated data on early childhood development and child-care and child-rearing practices</li> </ul>
<b>Analysis</b>	<ul style="list-style-type: none"> <li>Biological risks or needs specific to sex.</li> <li>Social risks, responsibilities and barriers specific to gender.</li> </ul>	<ul style="list-style-type: none"> <li>Gender dimensions of nutrition outcomes and their relationship with social determinants.</li> <li>Gender dimensions of service provision, demand and utilization of health systems, and community services and communication activities.</li> </ul>	<ul style="list-style-type: none"> <li>Influence of discriminatory social norms; gender roles in access and management; status based on age and sex; inequalities and discrimination in legislation/policies; and capacity building. For example, identify responsibility for water collection, sanitation design and water supply management.</li> </ul>	<ul style="list-style-type: none"> <li>Common child-care and child-rearing practices that instil limiting or harmful gender roles for girls and boys.</li> <li>Gender-sensitive care practices for child's survival, growth and development.</li> </ul>
<b>Action</b>	<ul style="list-style-type: none"> <li>Can the intervention function better by addressing gender issues?</li> <li>Can the intervention ensure that female empowerment is supported and male responsibility encouraged?</li> <li>Are there capacity gaps for supporting gender-sensitive programming?</li> </ul>	<ul style="list-style-type: none"> <li>Develop specific strategies to address barriers and constraints at different levels (household, community, health system and policy) with participation of women and men.</li> <li>Assess the potential of the programme/project to empower women and men, address strategic gender needs and transform gender relations.</li> </ul>	<ul style="list-style-type: none"> <li>Gender balance in the design, implementation, management and maintenance.</li> <li>Share responsibility equitably, as well as target priority risks and behaviours and reduce overburdening, such as by reducing time to source.</li> <li>Policies/strategies, guidelines and by-laws should be updated to address gender needs; e.g., consider menstrual hygiene management.</li> </ul>	<ul style="list-style-type: none"> <li>Reaching the household through parenting programmes that promote positive male involvement in the development of young girls and boys.</li> <li>Supporting communication strategies to promote gender-sensitive child-rearing, starting with pregnancy and gender-sensitive early childhood learning.</li> </ul>
<b>Monitoring and evaluation</b>	<ul style="list-style-type: none"> <li>Indicators for marking progress related to gender issues</li> </ul>	<ul style="list-style-type: none"> <li>Sex-disaggregated data from household surveys and programme information.</li> <li>Intermediate process and outcome indicators to monitor changes at household, community and service-delivery levels.</li> </ul>	<ul style="list-style-type: none"> <li>Form part of the situation analysis, midterm review and periodic reporting (e.g., annual report).</li> <li>Ensure meaningful participation, such as gender balance of hygiene promoters and in water management groups.</li> </ul>	<ul style="list-style-type: none"> <li>Composite early childhood development indicators from multiple indicator cluster surveys and programme information.</li> </ul>
<b>Emergency response</b>	<ul style="list-style-type: none"> <li>In emergencies, girls and boys, and women and men, are affected differently. Needs assessments should therefore include gender analyses from the start.</li> <li>Extra attention should be given to sexual and reproductive health and well-being, including the risk of sexual violence. Health services should be prepared to respond to these needs, in coordination with other sectors.</li> </ul>	<ul style="list-style-type: none"> <li>In emergencies, are girls and boys, or women and men, being affected differently in terms of access to nutrition and food through emergency nutrition services/food aid?</li> <li>In emergencies, are relevant and appropriate services to support infant and young child feeding and maternal nutrition being provided for these vulnerable groups, and are women accessing them?</li> </ul>	<ul style="list-style-type: none"> <li>Particular attention should be paid to how to engage all community members, particularly women, in decision-making and access.</li> <li>In emergencies, girls and boys, and women and men, are affected differently in terms of access to water and sanitation through emergency action.</li> </ul>	<ul style="list-style-type: none"> <li>In emergencies, are young girls and young boys (0–8 years old) exposed to different risks and vulnerabilities?</li> <li>In emergencies, what are the common child-care and child-rearing practices in the community – and how do they differ for young girls and young boys? Are there any detrimental practices that particularly affect girls (or boys)?</li> </ul>