GENDER MAINSTREAMING POLICY REVIEW

COAST Foundation



Team Members

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- 2. Md. Zahidul Islam, Head-MEAL & SD
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Content

- Objectives
- Methodology
- About consultant
- **❖** Workshop
- Comparative analysis
- SWOT analysis
- Recommendations



Objectives

- To review organization's present condition on gender mainstreaming at different levels
- Comparative analysis of GM status since establishment to present
- To know the strength, weakness, opportunities, and threats of GM at organizational level

Methodology

- o FGD
- o KII
- SWOT Analysis
- Workshop

- Bhola and Cox's Bazar
- 208 participants (M-36, F-172)
- 10 FGD, 4 KII, 5 SWOT Analysis

About Consultant



Naznin Begum Pappu

Gender Specialist

Ethical Trade Initiative Bangladesh

- Gender & Training Expert
- 26 Years of Professional experiences
- Funding agencies / INGOs / NNGOs
- Expertize in GM & WE, SRHR, GBV
- Program design, Implementation, Coordination, Monitoring, Supervision, and Advocacy at different level
- UNFPA, European Union, PRIP Trust, Care Bangladesh, Asia Foundation, USAID, TdH

Workshop

Objective

- Sharing gender status at field level in practice
- Group work
- Comparative analysis
- SWOT analysis
- Exchange experiences and learning between participants and consultant
- Discussion and Q/A

Facilitator

 Naznin Begum Pappu: Gender Expert

Co-facilitator

- Ferdous Ara Rumee: JD-GT&CR
- Md. Zahidul Islam: Head-MEAL&SD





What we had around 2000

B. Lack of awareness on necessity of gender mainstreaming

- 9. Female staff were less vocal
- 10. Incentives were low
- 11. PSEA policy was not developed

What we have in 2022

8. Staff are more aware and gender

- 9. More vocal naw
- 10. PSEA policy formulated (in 2014) and revised (in 2019)
- 11. Complainants can submit it using different channels

Comparative analysis of GM

What we had around 2000

- 2. Female staff were lew at senior positions.
- 3 month of makently ligave with salary & other allowances and 3 days of paternity leave.
- The gender focal position was not introduced. That's why Canadar bases were handled by their (D)
- . The number of gender related meeting and training were low
- The number of female washrooms were low.
- There were a lew apportunity.

What we have in 2022

- 1. Improved [40%]
- 2. Improved but still few
- 5 month of realismity leave with salary & increased allowances and 6 days of paternal leave.
- Red central Gender Facal, regional focal and Committee
- Bi-monthly Gender Weeting and periodic fraining with Organizational
- Now dedicated female washroom
- Regular female healthcare (fele medicine) meeting

Comparative analysis of GM

What we had around 2000

12. Complaint could be submitted to the ED only



- 12. Improved documentation, referral pathways, and referral and agreement forms
- Study facility in policy but limited in practice level
- 4. Screen or commitment during



What we had around 2000

- 1. Female staff were few
- 2. Female staff were few at senior positions
- 3. 3 month of maternity leave with salary & other allowances and 3 days of paternity leave
- 4. The gender Focal position was not introduced. That's why Gender issues were handled by then ED
- 5. The number of gender related meeting and training were low
- 6. The number of female washrooms were low
- 7. There were a few opportunity

- 1. Improved [40%]
- 2. Improved but still few
- 6 month of maternity leave with salary & increased allowances and 6 days of paternal leave
- 4. Fixed central Gender Focal, regional focal and Committee
- 5. Bi-monthly Gender Meeting and periodic training with Organizational Manual
- 6. Now dedicated female washroom
- 7. Regular female healthcare [tele medicine] meeting

What we had around 2000

- 8. Lack of awareness on necessity of gender mainstreaming
- 9. Female staff were less vocal
- 10. Incentives were low
- 11. PSEA policy was not developed

- 8. Staff are more aware and gender sensitive
- 9. More vocal now
- 10. PSEA policy formulated [in 2014] and revised [in 2019]
- 11. Complainants can submit it using different channels

What we had around 2000

12. Complaint could be submitted to the ED only



- 12. Improved documentation, referral pathways, and referral and agreement forms
- 13. Study facility in policy but limited in practice level
- 14. Screen or commitment during recruitment

SWOT Analysis

Chanath

- Cender friendly working environment
- 2. Have different policies and in practice
- Complaint response committee and designated focal person from central to regional level
- Fixed cerital Gender Focal, regional focal & Committee, and meeting
- Regular women healthcare (tele medicine) meeting
- Gender Hendly recruitment procedures
- Long-term working experience with adolescents especially girls
- Progressive mentality to adopt any gende hours

Weakness

- complete Gender policy
- Have no maniforing tool for measuring the gender status (accessibility, participation, etc.)
- Participation of mole staff in gender meeting is sore
- Have no dedicated childcare room.
- 5. Stereotype mindset in decision-moking concern
- 6. Unwillingness to undentond gender issues
- 7. Residence facility for temple staff
- 8. Equal Antice

SWOT Analysis

SWOT Analysis

Opportunity

- Collaboration with women affairs and other peer organizations
- 2. VAW program implementation

Threat

- Victim identity disclosure by hamper privacy
- 2. External shock

Recommendations

- 1. To ensure systematic monitoring practice at filed level
- 2. To increase budget for GM
- 3. To arrange scheduled policy refreshers orientation at different level
- 4. To include or arrange separate gender meeting for male staff
- 5. To ensure gender ratio in all recruitment
- 6. To form gender balanced recruitment committee
- 7. To increase participation of female staff in decision making
- 8. To consider residence for female staff
- 9. To consider pregnancy travel allowance to 3 months
- 10. To ensure common room or breast feeding corner in every office



SWOT Analysis

Strength

- 1. Gender friendly working environment
- 2. Have different policies and in practice
- 3. Complaint response committee and designated focal person from central to regional level
- 4. Fixed central Gender Focal, regional focal & Committee, and meeting
- 5. Regular women healthcare [tele medicine] meeting
- 6. Gender friendly recruitment procedures
- 7. Long-term working experience with adolescents especially girls
- 8. Progressive mentality to adopt any gender issues

Weakness

- 1. Incomplete Gender policy
- 2. Have no monitoring tool for measuring the gender status [accessibility, participation, etc.]
- 3. Participation of male staff in gender meeting is rare
- 4. Have no dedicated childcare room
- 5. Stereotype mindset in decision-making concern
- 6. Unwillingness to understand gender issues
- 7. Residence facility for female staff
- 8. Equal Justice

SWOT Analysis

Opportunity

- 1. Collaboration with women affairs and other peer organizations
- 2. VAW program implementation

Threat

- 1. Victim identity disclosure by hamper privacy
- 2. External shock



Let's Discuss