

Towards Gender Equality



ICDDR,B Gender Policy



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PREFACE

With the implementation of our gender policy, ICDDR,B seeks to treat all people in a fair and equitable manner, and to address any inequalities that exist in research, intervention, services, and training activities. This new drive towards gender equality is both necessary and timely, and is also designed to improve the performance of the Centre by tapping and fully utilizing the skills, talents and opportunities of both women and men. The Centre's gender policy is somewhat unique in that it not only addresses the issues of its staff, but it is also concerned with the way we treat those we serve and those we train. During the process of formulating our gender policy, we have learnt that many of our principles are global; their application must be adapted to the local situation and we will continue to modify these policies as we discover new applications for them.



David A Sack, MD
Executive Director

EXECUTIVE SUMMARY

Introduction

The Gender Policy seeks to strengthen icddr,b's focus on gender equality and is, therefore, a major component of the Strategic Plan 2020.

The policy was approved by the Board of Trustees in June 2003 and is designed to guide icddr,b's attempt to integrate the concept of gender equality into all of its activities, whether these are organisational, or related to research, service, or training.

The policy was first implemented in June 2003 to 2010. In October 2010, it was assessed by external consultants who praised icddr,b's sustained commitment to gender equity and the institution's progress in several key areas, including recruitment, performance assessment, staff development, gender sensitisation, implementation of sexual harassment policy, supporting childcare responsibilities and establishing a congenial working environment.

On the basis of recommendations contained in the Gender Review Report and in light of icddr,b's commitment to both its external and internal stakeholders, the gender policy remains ongoing and proactive; it is a key component of icddr,b's vision to continuously seek new ways forward of gender along with the diversity issues as a new dimension.

The Gender Policy is based on principles of equity and equality; affirmative action; and enhanced research, interventions, service and training. The Gender Policy establishes an overall goal for icddr,b in the conduct of its research, interventions, service and training organisational matters. Critical to achieving this goal are strategies for implementation and measurable objectives set forth in the Gender Policy. In addition, time-bound targets will be developed on an annual basis by the Gender Equality Committee to guide the implementation process.

GOAL

icddr,b seeks to be responsive to and promote gender equity and equality in the organisation and ensure that its research, interventions, services and training activities serve the needs and interests of all staff members, thus contributing to the elimination of gender-based discriminations.

Strategies

The following strategies will be adopted by icddr,b to ensure implementation of the Gender Policy:

<ul style="list-style-type: none"> ■ Endorsement of the Gender Policy by the Board of Trustees/senior management; advocacy for icddr,b -wide commitment to the policy Commitment of sufficient 	<ul style="list-style-type: none"> ■ Review and revision of all internal policies, procedures and rules in light of the Gender Policy
<ul style="list-style-type: none"> ■ <u>technical and financial resources</u> for policy implementation 	<ul style="list-style-type: none"> ■ Increased effective representation of women in key decision-making bodies Implementation of a gender
<ul style="list-style-type: none"> ■ Development of special initiatives to raise awareness of gender issues and the Gender Policy 	<ul style="list-style-type: none"> ■ analytical framework to guide research, interventions, service and training where appropriate

Objectives

icddr,b will address both organisational objectives and activities focusing on research, interventions, service and training.

Organisational Objectives

1. **Organisational commitment:** Ensure organisational commitment and the allocation of resources so that the Gender Policy will be mainstreamed within the organisation.
2. **Awareness rising:** Raise awareness and understanding of gender issues at all levels of the organisation to achieve gender equality.
3. **Conducive environment:** Create and maintain a conducive environment so that all staff members can be openly and freely articulated and addressed.

Expected outputs and outcomes will include:

<ul style="list-style-type: none"> ■ raised awareness about gender issues in icddr,b 	<ul style="list-style-type: none"> ■ a congenial working environment for all staff member
<ul style="list-style-type: none"> ■ defined accountability and responsibility for gender mainstreaming 	<ul style="list-style-type: none"> ■ childcare responsibilities supported

■ increased effective participation and representation by women, especially at decision-making positions and bodies	■ safe transport and accommodations
■ policies and procedures reviewed and revised	■ equal Staff Clinic services for all staff members

Research, Interventions, Service and Training Objectives

1. **Increased knowledge/understanding:** Improve the understanding of gender differences in health and ways to address gender disparities.
2. **Gender equity framework:** Plan, implement and monitor activities from a gender analysis framework.
3. **Responsive activities:** Develop and implement research, intervention strategies, training and services that respond to the specific needs and interests of all staff members.

Expected outputs and outcomes will include:

■ gender incorporated into research and interventions	■ gender equity issues incorporated into training
■ assessment of gender issues in protocols and collaborations	■ review and monitoring of incorporation of gender in activities
■ gender integrated into interventions and services	

Implementation and Monitoring: The following mechanisms will support implementation and monitoring of the Gender Policy:

- **Responsibility:** The responsibility for successful implementation of the policy rests each of the divisions, departments, units as well as all icddr,b staff. Ultimately, the responsibility for implementation of the Gender Policy lies with the Executive Director.
- **Special Structures:** Resources and organizational structures will be put in place to ensure that objectives of the Policy are reached, including a Gender Equality Committee chaired by the Executive Director (or nominee); a

Gender Specialist in the Human Resources will be member-secretary of the Gender Equality Committee; a member of the Research Review Committee will be a Gender Focal Point (research), and Gender Focal Points will be appointed in 6 major field sites.

- **Dissemination:** The Policy is available in Bangla and English.
- **Work plans:** The Gender Equality Committee will develop and review annual work plans to define steps for implementation of the Gender Policy. Each division will be encouraged to incorporate measurable outputs of the Gender Policy into their annual plans.
- **Framework:** A gender analysis framework will be adopted with technical assistance from the World Health Organization to assess whether gender concerns have been addressed in research and intervention proposals and for review of icddr,b's training and services.
- **Monitoring:** Monitoring of both organizational and research/interventions/ services and training activities will be carried out.

1. BACKGROUND

icddr,b is a international research, service and training institution based in Dhaka, Bangladesh. The mission of icddr,b is to develop and promote realistic and cost-effective solutions to the major health, population and nutrition problems aiming at improving the lives of people living in impoverished settings. Originally established as the Cholera Research Laboratory in 1960, today icddr,b's work encompasses a full spectrum of issues related to child health, infectious disease and vaccine sciences, reproductive health, nutrition, population sciences, health systems research, safe water, HIV/AIDS and poverty and health.

icddr,b became an international institution in 1978 and today remains the only international health research institution based in a developing country. As one of the world's most densely populated and poorest countries, Bangladesh provides icddr,b with a unique opportunity for research into the diseases and health challenges facing developing countries worldwide.

icddr,b has historically addressed issues related to women's equality both through research and services as well as within the organization. However, in recent years there has been a growing recognition of the need to address gender issues in a systematic way. In response, icddr,b formed a Gender Equality Committee in 2000 that took a number of steps to address gender issues at the organizational level. In March 2003, the Committee initiated the process of drafting a Gender Policy with participation and contributions from all divisions of icddr,b. Subsequently, icddr,b -wide consultations took place to give staff at all levels an opportunity to review and give input on the draft policy. In June 2003, the Gender Policy was approved by the Board of Trustees.

The Gender Policy seeks to strengthen icddr,b's focus on gender equality and is, therefore, a major component of the Strategic Plan 2020.

The policy was first implemented in June 2003 to 2010. In October 2010, it was assessed by external consultants who praised icddr,b's sustained commitment to gender equity and the institution's progress in several key areas, including recruitment, performance assessment, staff development, gender sensitisation, implementation of sexual harassment policy, supporting childcare responsibilities and establishing a congenial working environment .

On the basis of recommendations contained in the Gender Review Report and in light of icddr,b's commitment to both its external and internal stakeholders, the gender policy remains ongoing and proactive; it is a key component of icddr,b's vision to continuously seek new ways forward of gender along with the diversity issues as new dimension.

Many government ministries, international and multilateral agencies, national and international NGOs have recognised the need to systematically address gender issues and promote gender mainstreaming, formulating their own gender policies. icddr,b will follow this trend while at the same time remaining conscious of its uniqueness as a multidimensional organisation, focusing on a range of activities including research, interventions, the delivery of health-related services and training.

2. RATIONALE

Women`s Health and Equality in Bangladesh

In South Asia, the interaction of culture and social conditions has created stark gender differences. In Bangladesh, discrimination against women is reflected through a variety of social factors, including disproportionate rates of literacy and employment.

Historically, the social context of gender asymmetry has also resulted in major health inequities in Bangladesh. While many of the health indicators demonstrating preferential treatment towards male children have improved, gender differentials favoring boys still persist in critical child health indicators such as rates of immunization and severe malnutrition (DHS 1999/2000). There is also strong evidence that male children are more likely to access health facilities during illness episodes (DHS 1999/2000; Alam 2000). The effects of these differentials probably contribute to the fact that female children between the ages of one to four year(s) have higher death rates than their male counterparts. Demographic data looking at family composition also point to a preference for sons (van Mels 2002).

Health data also raise questions regarding equity in access to modern medical health care for adults. For instance, the incidence ratio of tuberculosis cases for females to males is 0.4 (HPSP Performance Indicators 2002), suggesting the possibility of unequal access to health facilities and resulting in underreporting among women. In addition, indicators related to the utilisation of safe motherhood services are among the poorest in the world. Less than one half of pregnant women obtain antenatal care and almost all births (91 percent) occur at home, generally with an unskilled attendant (BMMS 2001; DHS 2002). Limited access to essential obstetric care contributes to high maternal mortality, recently estimated from 320 to 400 per 100,000 live births (BMMS 2001). Women of reproductive age also exhibit extraordinarily high rates of acute malnutrition. Studies report that between 39% and 45% of women living in rural areas are wasted (BMI <18.5) (HKI/IPHN 2001; DHS 1999/2000).

Other indicators of gender discrimination, particularly those reflective of the inequities that occur within the household, are often highly sensitive and thus more difficult to quantify. A recent study examining life experiences among women reports that 42% of women living in rural areas and 40% of women residing in urban settings are victims of physical violence perpetrated by their husbands (Naved et al. 2003). Hashemi (1994) has described the low importance that is ascribed to women's illness, which is evidenced through an underreporting of female illnesses and disparities in expenditure for medical care and the type of treatment sought for women.

Given the contextual framework of gender issues in Bangladesh, it is not surprising that significant disparities between men and women related to accessing healthcare and health status continue to persist; nor is it surprising that women's special biomedical and social needs have not been adequately addressed. What is surprising is how little progress has been made towards alleviating the gender inequalities and discriminatory practices that exist in Bangladesh. The data suggest that only through concerted efforts designed to identify degrees of disparity and to address discrimination towards women, as well as their special health-related needs, will significant changes in women's health take place.

International and National Agenda for Gender Equality

There is increasing awareness at both global and national levels of the existence of gender discrimination and inequality and the need for individuals, organisations and governments to take an active role in their elimination. Several international conferences have highlighted gender issues including the 1994 International Conference on Population and Development (ICPD) in Cairo. The Cairo Programme of Action, a vision statement of ICPD, calls for empowering women through expanded access to health services and full involvement of women in decision-making. The Beijing Platform for Action which came out of the Fourth World Conference on Women in 1995 recommends increasing women's access to appropriate, affordable and quality healthcare, information and services.

The Beijing Platform for Action states

“Women's right to the enjoyment of the highest standard of health must be secured throughout the whole life cycle in equality with men. Women are affected by many of the same health conditions as men, but women experience them differently. The prevalence among women of poverty and economic dependence, their experience of violence, negative attitudes towards women and girls, racial and other forms of discrimination, the limited power many women have over their sexual and reproductive lives and lack of influence

in decision-making are social realities which have an adverse impact on their health. Lack of food and inequitable distribution of food for girls and women in the household, inadequate access to safe water, sanitation facilities and fuel suppliers, particularly in rural and poor urban areas, and deficient housing conditions, all overburden women and their families and have a negative effect on their health. Good health is essential to leading a productive and fulfilling life, and the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment (Paragraph 92).

The UN Convention of the Elimination of All Forms of Discrimination Against Women (CEDAW) was ratified by the Government of Bangladesh (GOB) in 1984. It has made a commitment to take the necessary measures to eliminate discrimination against women in all forms. With regard to health it states the following:

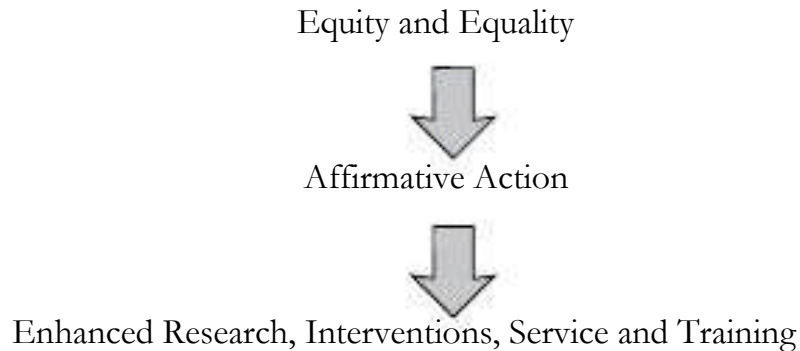
“State Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, a basis of equality of men and women, access to health care services, including those related to family planning (Article 12). Access to healthcare, including reproductive health, is a basic right under the CEDAW Convention. Women’s health is recognised as central in promoting the well being of women.”

In addition to the GOB’s endorsement of the above international agenda, it developed national policies specific to Bangladesh to promote the status of women. Through its Constitution, the GOB recognises the principle of equality between men and women in all spheres of the State and public life (Article 28). The GOB’s various Five Year Plans have recognised the importance of gender mainstreaming and women’s empowerment. One of the goals of the National Policy for Women’s Advancement, formulated in 1997, is to ensure that adequate measures are taken for women’s health and nutrition.

Despite these progressive agenda for improved status of women, significant gender disparities and inequities continue to exist in Bangladesh and globally. As an organisation working to develop health solutions for both men and women, icddr,b recognises the important role of gender in health research and interventions in bridging the gap in gender equality. It is committed to the goals articulated in the Cairo Programme for Action and the Beijing Platform for Action as well as the declarations on women’s advancement of the Government of Bangladesh. As an institution in the forefront of scientific research, icddr,b seeks to be at the cutting edge of gender integration in research, interventions, service and training in the health sector.

3. PRINCIPLES

The Gender Policy principles will serve as a framework for the application of the policy.



Equity and Equality: Equality is a matter of human rights and equal rights, opportunities and obligations for human being. Equity is the quality of being fair and right, a stage in the process of achieving gender equality. It implies taking special measures to insure equality of outcomes.

Affirmative Action: Achieving gender equality will require specific measures designed to eliminate gender inequalities. Special temporary measures may be taken to help women overcome the results of past discriminations or present inequalities that affect their performance at work. Once these discriminations have been overcome these special temporary measures may be removed.

Enhanced Research, Interventions, Training and Services: It is expected that the responsiveness to gender concerns will enhance the effectiveness and sustainability of icddr,b's own organisational capacity and the quality of its activities. The adoption of the gender policy and the measures envisaged therein should in no measure adversely affect the quality of the research, interventions, service and training activities that icddr,b implements.

GOAL

icddr,b seeks to be responsive to and promote gender equity and equality in the organisation and ensure that its research, interventions, services and training activities serve the needs and interests of all staff members, thus contributing to the elimination of gender-base discriminations.

4. GOAL AND STRATEGIES

The Gender Policy establishes an overall goal for icddr,b in the conduct of its research, interventions, service and training activities and in all organisational matters. Critical to achieving this goal are strategies for implementation and measurable objectives set forth of the gender policy therein. In addition, time-bound targets will be developed on an annual basis by the Gender Equality Committee to guide the implementation process.

Strategies for Implementation

The following strategies will be adopted by icddr,b to ensure implementation of the Gender Policy:

1. Endorsement of the Gender Policy by the Board of Trustees and senior management, followed by advocacy for icddr,b -wide commitment to the policy.
2. Commitment of sufficient technical and financial resources for implementation of the policy. This will require identification of financial support both externally and internally, the sourcing of technical expertise in gender analysis and the integration of gender into research and health interventions.
3. Development of special initiatives to raise awareness of gender issues and the Gender Policy at all levels of the organisation. This will require developing indicators for organisational awareness and monitoring progress.
4. Review and revision of all internal policies, procedures and rules in light of the Gender Policy.
5. Increased women's representation in key decision-making bodies guiding organisational and programmatic issues.
6. Implementation of a gender analytical framework to guide research, interventions, service and training where appropriate.

5. OBJECTIVES

Objectives developed to assist icddr,b in accomplishing this goal have been divided by (1) organisation and (2) research, interventions, service and training (also termed activities).

5A. Organisational Objectives and Measurable Outputs

1. Ensure organisational commitment and the internal allocation of resources to ensure that the Gender Policy will be mainstreamed within the organisation.
2. Raise awareness and understanding of gender issues at all levels of the organisation to achieve gender equality.
3. Create and maintain a conducive environment within which all staff member's needs can be openly and freely articulated and addressed.

Measurable Outputs

1. *Raised awareness of gender issues and icddr,b's goals and expectations in addressing these issues*

Staff will be oriented on the Gender Policy and gender issues within icddr,b and its activities. An orientation on gender will be integrated into the staff induction.

- ✓ 2. *Defined accountability and responsibility for gender mainstreaming*

Senior management, managers and supervisors at all levels will be accountable for supporting the implementation of the Gender Policy. Job descriptions of managerial posts will be revised to include responsibilities for gender mainstreaming. This is to ensure that accountability exists and responsibilities are understood at all levels.

3. *Increased women's participation and representation*

Efforts will be made to increase the number of women in decision-making positions and bodies, such as the Research Review Committee and the Ethical Review Committee. The Staff Welfare Association will also be encouraged to take measures to ensure that an adequate number of their officers are women.

Career development opportunities will be equally available for all staff members. Measures will be taken to eliminate the gender base disparities in terms of number at lower, mid- and senior levels. Special measures will be taken to enhance the capacity of women staff members so that they can assume mid- and senior-level positions. A process for identifying, targeting, training and mentoring women at all levels will be developed.

A career path should be developed for excellent performers, especially for scientific posts, in order for icddr,b to attract and retain competent women researches.

4. Review and revision of policies and procedures

In order to provide a working environment, organisational structures and procedures that promote gender equity, the following organisational measures are proposed:

- Policies and procedures will be reviewed in light of the Gender Policy. Any discriminatory policies and procedures will be amended. Measures necessary for facilitating and promoting the increased participation of women will be identified.
Recruitment policy and procedures will be reviewed to ensure adequate
- participation of women. Interview and selection processes will be gender-sensitive.
In cases of resignation of staff, the Executive Director or her/his designate will hold and exit interview with the concerned staff to ascertain the causes
- of the resignation. The Director, Human Resources will address the relevant issues, particularly those related to gender, if any.

✓ 5. Establishing a congenial working environment

Efforts will be made to establish an enabling environment where women feel comfortable to work and are free to express themselves. icddr,b will establish Gender Focal Points, an individual bearing responsibility for being the contact person for gender-related issues in the center and field site. They will be available to all staffs voice their demands and concerns and assess appropriate actions.

A process will be carried out to clarify and identify issues of sexual harassment relevant to icddr,b. Subsequently, a sexual harassment policy will be formulated. Dissemination and sensitisation on the sexual harassment policy will be implemented at all levels of the organisation.

6. Supporting childcare responsibilities

The present entitlement of 24 weeks leave for fixed-term staff for maternity will be continued. icddr,b will explore an entitlement of two weeks of paternity leave for fixed-term employees.

Paid maternity leave is not currently available to Contractual Service Agreement (CSA) holders. In the case of CSAs with 11 continuous months of service, icddr,b will try to re-employ women who have taken maternity leave without pay, contingent on funding available.

icddr,b supports its staff members who are breastfeeding mothers. icddr,b is an international quality service provider of suitable facilities for breastfeeding and care for small children. Staff members who utilise these benefits are expected to fulfill their job responsibilities.

7. Ensuring safe transportation

Transportation facilities in Dhaka and field stations will be reviewed to ensure that proper security measures are in place, especially for females.

8. Ensure safe accommodation

icddr,b is responsible for ensuring that project staff has safe and secure accommodation in field sites. icddr,b will explore the possibility of constructing a hostel within the Matlab compound that can be used by women.

icddr,b, in its Master Plan, will investigate measures that can be taken to insure safe transportation or offer alternatives for essential staff on duty during major disruptions or natural disasters, e.g. hartals and floods.

9. Equal services for all staff members from the Staff Clinic

All staff members are entitled to equal services from the Staff Clinic. Current practices will be reviewed.

5b. Research, Interventions, Service and Training (Activities) Objectives and Measurable outputs

icddr,b has eight cross-cutting programmes:

1. Child Health
2. Health and Family Planning Systems
3. HIV / AIDS

4. Infectious Diseases and Vaccine Sciences
5. Nutrition
6. Population Sciences
7. Poverty and Health
8. Reproductive Health

In each programmatic area, that icddr,b carries out activities such as research, interventions, services and training. The following objectives and measurable outputs are proposed to ensure that gender equity is addressed and integrated in icddr,b's programmatic areas:

1. Improve the understanding of gender differences in health and ways to address gender disparities.
2. Plan, implement and monitor activities from a gender analysis framework.
3. Develop and implement research, intervention strategies, training and services that respond to the specific needs and interests of women and girls.

Measurable Outputs

1. Gender incorporated into research and interventions

Researchers will be trained and systems introduced that ensure that data are collected, analysed and disaggregated by, among other factors, sex and age, and other established demographic criteria and socio-economic variables.

Research needs to examine gender perspectives, where applicable. Recognising various differences between men and women, such as bio-medical, social and nutritional differences, all research conducted should be gender-sensitive and ensure adequate participation of women and girls. This includes: efforts to look at demographic trends that illuminate links between women's health and changes in female roles and status; health systems and operations research to improve access to trained healthcare providers by women; and ensuring appropriate support for women administering healthcare.

Efforts should be made to ensure that both all researches understand concepts of gender within research. When research examines issues of gender, the Principal Investigator will be expected to consult icddr,b's gender expert and incorporate the gender analysis framework, if applicable.

2. Assessment of gender concerns in protocols and collaborations

The Research Review Committee (RRC) and Ethical Review Committee (ERC) will set up mechanisms to ensure that, where applicable, gender is incorporated

in a protocol. The “face sheet” of the protocols will include information on whether gender concerns have been addressed. On each committee, there should be a person with a background in gender analysis.

icddr,b should carefully consider and justify working with collaborators who do not account for gender concerns.

3. Gender integrated into interventions and services

In the design and implementation of health, nutrition and population interventions and services, icddr,b will take into account the unique and different needs and roles of all people.

4. Gender incorporated into training activities

The Training and Education Unit (TEU) will ensure that gender equity principles are respected in the selection of trainees and trainers.

All training will be reviewed and revised in order to incorporate gender concepts and sensitivities into research, where relevant. Gender will not be treated as a specific topic but will be integrated into the various sessions or modules of the courses offered by icddr,b.

5. Review and monitor the incorporation of gender in activities

A review of icddr,b’s research, interventions, service and training will be carried out from a gender perspective to identify successes and constraints in addressing gender issues.

Goals and time-frames for all activities will be defined to ensure effective monitoring and follow-up. Gender-impact assessments will be done using qualitative and quantitative data.

6. IMPLEMENTATION AND MONITORING MECHANISMS AND PLANS

1. Responsibilities

The responsibility for the successful implementation of the policy rests with each of the divisions, departments, units as well as all icddr,b staff. Ultimately, the responsibility for implementation of the Gender policy lies with the Executive Director.

2. Special Structures

While the responsibility for promoting equality is shared throughout the organisation,

there is also need for special resources and organisational structures to be put in place. These include the following:

- The Gender Equality Committee chaired by the Executive Director or her/his nominee. (TOR in annex 2)
- A Gender Specialist in the Human Resources Department, who will be Member-Secretary of the Gender Equality Committee.
- A member of the Research Review Committee (RRC) will be designated as a Gender Focal Point (research)
- Gender Focal Points in center and major field sites (TOR in Annex 3). After an initial training of two days, the Gender Focal Points will subsequently convene every six months.

3. Dissemination

Since receiving Board of Trustee's approval, the policy has been translated into Bangla and disseminated across icddr,b.

4. Annual Plans

The Gender Equality Committee will develop annual work plans to define steps for implementation of the Gender Policy.

Each division will be encouraged to incorporate measurable outputs of the Gender Policy into their annual plans. The Gender Equality Committee will review these periodically.

5. Gender Analysis Framework

A gender analysis framework will be adopted with technical assistance from the World Health Organisation Gender Advisory Panel. It will be used for assessing whether gender concerns have been addressed in research and intervention proposals and for the review of training and services of icddr,b. Professional staff will be responsible for its application with assistance provided by the Gender Focal Point (research) of the RRC.

6. Monitoring

The Human Resources Gender Specialist will be responsible for monitoring and documenting information related to the recruitment, training and promotion of female staff. The RRC Secretariat will monitor the inclusion of gender issues in protocols submitted

The Gender Focal Points in the field stations will collect information related to gender in the workplace for submission to the Human Resources Gender Specialist.

For further information about the Gender Policy, contact the Human Resources Department

The Human Resources Department and RRC are responsible for carrying out performance reviews of implementation of the policy at the organisational level and activity level respectively.

The Gender Equality Committee will review the performance reviews and submit progress reports the Executive Committee and the Board of Trustees on an annual basis. These ongoing reviews may lead to revisions of the Gender Policy.

One of two annual Board of Trustee meetings will include an agenda item for the Gender Policy and its progress

7. RESOURCE ALLOCATION FOR IMPLEMENTATION OF THE GENDER POLICY

A budget to cover costs associated with the implementation of the Gender Policy will be prepared and submitted to the Executive Committee of the Board.

ANNEX 1

Glossary of Terms

Gender

Gender refers to the socially constructed roles played by women and men that are assigned on the basis of their sex. Gender is used as a means of examining similarities and differences between women and men without direct reference to biology, but rather to the behavioral patterns expected from women and men and their cultural reinforcement. These roles are usually specific given to a given area and time.

Gender Equity

The equality of being fair and right-a stage in the process of achieving gender equality. In order to ensure fairness measures must often be taken to compensate for historical and social disadvantages that prevent women and men from otherwise operating on a level-playing field.

Gender Equality

Gender equality means that all staff members irrespective of their gender enjoy the same status. Gender equality refers to the equal rights, responsibilities, opportunities, benefits, treatment and valuation of all people.

Mainstreaming

Focuses on the institutions, policies and programmes that have a board impact in setting the conditions under which communities, households and individuals function. It seeks to insure that these institutions, policies and programmes respond to the needs and interests of all people and distribute benefits equitable to them. Overall, it seeks to reduce existing disparities of all people in incomes, resources and opportunities.

Gender Awareness

Gender awareness is the recognition that development actors are women and men, and these women and men are advantaged and constrained in different ways with implications for all people having differing needs, interests and priorities. Rethinking the assumptions and practice of gender-blind policies through gender analysis and learning about gender differences have resulted in what is referred to as gender-aware policies.

ANNEX 2

Terms of Reference of the Gender Equality Committee

Composition

The fifteen-member committee will be headed by the Executive Director, icddr,b or his/her nominee. At least one-third, and maximum one-half, of its members will be men and the rest will be women, representing a cross-section of icddr,b's staff, including field stations. The Gender Specialist, HR will be the Member-Secretary of the Committee.

Objectives/Duties

The Gender Equality Committee will carry out the following tasks:

- Priorities the issue to be addressed based on the Policy.
- Recommend measures to be taken and mechanisms to be established.
- Follow-up implementation.
- Prepared a yearly report for the Board of Trustees.
- Members will serve as Resource Persons for the dissemination of the Gender Policy and will sensitise employees on gender issues.
- During the course of implementation of the Policy, the Gender Equality Committee members may bring up new issues needing attention.

Meetings

The Committee will meet at least every two months or more frequently, if required.

Duration

Individual membership will be for a two-year term and half of the membership will be changed every year.

ANNEX 3

Terms of Reference of Gender Focal Points

Defination

A Gender Focal Point is an Individual bearing responsibility for being the contact person for gender-related issues in center and major field site.

Responsibilities

In addition to their normal Job Description the Gender Focal Points in the center and major field Station will carry out the following responsibilities:

- a. Promote sensitization in the Center and field sites.
- b. Collect and disseminate all gender -related information from/ to the field station staff.
- c. Be available to colleagues to discuss issues related to gender in the workplace which may be forwarded to HR.
- d. Assist the Gender Committee/Gender Specialist, HR to resolve any gender -related problem at the center and field station level, including issues of sexual harassment.
- e. Attend and contribute to gender - related training, workshops and meetings as and when required.
- f. Prepare half yearly reports in a prepared format.

Criteria for Selection

The staff member chosen to be a Gender Focal Point must meet the following criteria:

- Be fixed-term staff member
- Female/Male
- Interested: if more than one person is interested, they must submit an expression of interest to the Gender Equality Committee
- The concerned supervisor must approve to ensure that the responsibilities as Gender Focal Point do not interfere with their current responsibilities

Duration

Gender Focal Point will generally be selected for a period of two years.

Meetings

After a two-day training, Gender Focal Point will meet once every six months.

ANNEX 4

Employee's Status Based on Gender (March 31, 2016)

Category of Staff	Total Staff	Male	Female	Male (%)	Female (%)
General Services	1278	762	516	60%	40%
National Officer	464	335	129	72%	28%
International	28	17	11	61%	39%
Emeritus Scientist	4	4		100%	0%
Short Term	8	3	5	38%	63%
Seconded	1		1	0%	100%
Fellow	91	39	52	43%	57%
Contractual Services	1582	787	795	50%	50%
Daily Wager	1038	449	589	43%	57%
Grand Total	4494	2396	2098	53%	47%

ANNEX 5: LIST OF MATERIALS CONSULTED

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12. Policy for the Advancement of Women in the SDC, 1997
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