



GENDER AND HEALTH 50/50 NEPAL

**CATALYZING CHANGE FOR GENDER
EQUALITY AND HEALTH EQUITY**

कपा
CREHPA



**GLOBAL 50
HEALTH 50**

The Gender and Health 50/50 Nepal report was guided by a National Technical Advisory Committee including the National Women Commission to whom we are deeply grateful for their expert guidance and support throughout the study period. We also extend our gratitude to the leaders and experts who contributed their voices and insights in the form of quotes in this report.

The [Center for Research on Environment Health and Population Activities \(CREHPA\)](#) is a not-for-profit research organization based at Lalitpur, Nepal. The organization's strength lies in its diversity of research work and evidence-based advocacy initiatives to influence policy and programs. CREHPA works across sectors including population, public health, sexual and reproductive health of adolescents, young people and adults; women's health and rights, child rights, abortion, gender equality issues including gender-based violence, sexual exploitation and human trafficking, labor migration, non-communicable diseases and environment/climate change.

[Global Health 50/50](#)[®] is an independent not-for-profit initiative that generates comprehensive analysis, action and accountability for intersectional gender equality in health globally. Initiated in 2018, its annual global [report](#) along with the [Gender and Health Index](#) monitors the policies and practices of hundreds of organizations active in global health and health policy.

We are grateful to the CREHPA and Global Health 50/50 members who contributed to this report, including: Kent Buse, Minakshi Dahal, Sarmila Dhakal, Sarah Hawkes, Unsia Hussain, Alex Parker, Anna Purdie, Mahesh Puri, and Sonja Tanaka.

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EDUCATION FOR ALL

Sunil Sharma, *Rukum*, 2020



A girl reads a book for her friends in a village in Rukum, western Nepal. All three of the children are barefoot but the girl reading is wearing her school uniform. Her friends are transfixed as she shares her knowledge with them. Most families in this district send their sons to school but require their daughters to work. *This image was a shortlisted entry for the This is Gender Nepal photography contest, hosted by CREHPA and GH5050.*

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THE REPORT IN CONTEXT OF THE STATUS OF NEPALI WOMEN

HON. KAMALA PARAJULI



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प.सं.

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The report in context of the status of Nepali women

Gender equality is one of the fundamental human rights that ensures equal opportunities for all people. Gender equality is considered essential to building peaceful, prosperous, and sustainable societies and has been adopted globally as one of the 17 Sustainable Development Goals. However, gender inequality persists. Around the world, women are underrepresented at all levels of political leadership and have fewer opportunities for economic participation. Women also face unique and gendered health and safety risks.

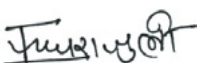


In Nepal, we have made important progress toward eliminating gender inequalities between men and women and promoting a gender equal society. Nepal's Constitution 2015 secures the rights of women, including the rights to lineage, right to safe maternity and reproduction, the right to protection against all forms of exploitation, and equal rights in family matters and property. We have also developed a national gender equality and social inclusion strategy to support and promote gender equality and diversity for all Nepalese.

The National Women's Commission aims to promote gender equality and address discrimination against women ensuring meaningful, inclusive and proportional representation of women in all sectors and levels of governmental and non-governmental bodies.

This innovative report from Center for Research on Environment Health and Population Activities (CREHPA) and Global Health 50/50 makes a unique and important contribution to our understanding of gender and health in Nepal. Their assessment has generated new evidence that shines a light on elements of our health sector that have not previously been explored. Many of their findings are concerning, such as the lack of workplace policies for gender equality, inclusion and diversity across the bulk of the organizations. I was distressed to learn that many organizations are not providing adequate maternity leave as entitled to all Nepali women in the Right to Safe Motherhood and Reproductive Health Act. This right must not be denied and renewed action must be taken. I am saddened to know that the underrepresentation of women continues at the highest-levels in our health organizations. Although there have been efforts to increase the representation of women in Nepal, this study clearly indicates that the efforts are not yet sufficient.

This report has made all of us aware of the current state of gender equality in the health sector in Nepal. It should lead us to demand urgent change. I call on these organizations to direct their efforts and take the needed steps on the path to achieving gender equality for all.


Hon. Kamala Parajuli
Chairperson

Foreword

The full realization of women's right to health can be achieved only when the state fulfills its obligation to respect, protect and promote women's fundamental human rights and take all appropriate measures to eliminate discrimination against women and girls. In the last decade, Nepal has made significant gains in the formulation and adoption of such laws, policies, and programs, including those that advance sexual and reproductive health and rights. Nepal is among the few countries in the Asia-Pacific region to have a standalone Safe Motherhood and Reproductive Health Rights Act (2018).



While legislation provides solid ground for advancing the rights of women and marginalized groups, there are still challenges for translating legal equality into substantive equality for all. Further, COVID-19 has had a devastating impact on women's and girls' health. As a result, health policies and gains made in advancing sexual and reproductive health and rights have had uneven outcomes.

As a state party to the Convention on the Elimination of Discrimination Against Women (CEDAW), Nepal has the obligation to address the discrimination faced by women and girls and ensure access to health care, including reproductive health. Special attention should be given to the health needs and rights of vulnerable and disadvantaged women, such as migrant women, refugee, and internally displaced women, the girl child and older women, women in prostitution, indigenous women and women with physical or mental disabilities. The CEDAW Committee has also urged State parties to ensure women's meaningful participation and leadership in COVID-19 response and recovery strategies and recognize women as significant agents for societal change.

In this context, the publication of this report could not be more timely. Therefore, my deepest appreciation to CREHPA and Global Health 50/50 for this report on **Gender and Health 50/50 Nepal**. This is a unique report, the first that has reviewed the policies and practices of a sample of national and global organizations as well as government entities that operate in Nepal on how they address gender equality. Unless organizations have a clear understanding of their mandate, transparently demonstrated through their institutional policies of good governance, equitable outcomes in power, and gender responsive programming, there can be no desired progress in Nepal's health sector.

I hope that the report findings and recommendations will serve as a powerful tool for broader advocacy. As the report urges, organizations need to fully understand gender inequality, commit to diversity and inclusion as a core principle, adopt gender responsive workplace policies and programs, and increase women's representation in decision making. These are key steps towards transparency and accountability for safeguarding the health and lives of women and girls of Nepal. Together, we must build stronger and more resilient institutions that can ensure that women can exercise their health and reproductive rights, which is the vision of the ICPD Programme of Action and essential to meeting the Sustainable Development Goals.



Bandana Rana

Member of CEDAW Committee

Member of UNFPA High Level Commission on the Nairobi Summit ICPD25 Follow up

REFLECTIONS ON THE REPORT

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Reflections on the report

Women and men not only differ in terms of biology, they also differ in the roles and responsibilities bestowed upon them by society, by their families, and, as this first of its kind report reveals, by organizations in the health sector in Nepal. Gender norms are a major determinant of health and well-being for both men and women.



Social determinants of health and gender influence both the exposure to the risk of disease as well as access to quality health care. Although women's life expectancy is higher than men, it has been found in Nepal and elsewhere that women have poorer health, and higher morbidity in comparison to men and use health services less frequently. Women's literacy and access to many indicators of social wellbeing lag behind men and their participation in the labor market is significantly lower.

The Gender and Health 50/50 Nepal Report shows that despite relatively high levels of commitment to gender equality in both national and international organizations operating in Nepal, very few organizations had publicly available workplace policies that promote and support gender equality. This lack of formal and public support is also evident in the leadership of these organizations. Only a third of Nepal NGOs sampled are led by women and have gender parity in senior management. It's clear we need more than commitments - we need organizations to take concrete actions on gender equality.

This work of Center for Research on Environment Health and Population Activities (CREHPA) and Global Health 50/50 is novel and welcome. It generates new evidence and makes important recommendations on gender equality and women's empowerment in accessing quality health care services. All stakeholders, including development partners, need to take the next step and use the findings and recommendations to develop and implement more gender responsive programs and policies in the future. I congratulate CREHPA and Global Health 50/50 for their endeavors.

Manoj Bhatta
Member Secretary

A DEVELOPMENT PERSPECTIVE ON THE REPORT

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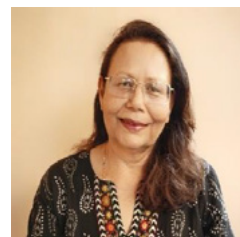
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A development perspective on the report

Equity is among the highest priorities of the 21st Century human development agenda. Nepal envisions egalitarian institutions organized with the principle of equity and justice. The Constitution of Nepal supports this vision and commits to abolish all forms of discrimination.

Gender is one of the critical factors that shapes equity in health. Gender-responsive programming and gender equal workplaces are preconditions to achieving equity in health. We need many more organizations to adopt these aims and approaches.



Gender and Health 50/50 Nepal: Catalyzing change for gender equality and health equity provides an important resource for National and International health organizations active in Nepal. This unique report will help to initiate discussions among organizations working on health and encourage accountability towards attaining gender equality. It provides insights into a wide range of measures and mechanisms for improving gender equality. Organizations can use the report to a) critically and responsibly evaluate their gender related policies and programmes; b) assess whether their policy commitments are effectively translated into actions; c) empower women's leadership and meaningful participation; d) support sound knowledge of gender concepts and positive attitudes to advance gender equality throughout the management chain; e) ensure policies and mechanisms are in place against sexual exploitation, abuse, and harassment.

Most importantly, women are not a homogenous group and it is important that organizations should recognize this. Considering the intersectional nature of gender, it is critical in the Nepali context to ensure that women from excluded, marginalized, minority and vulnerable groups are empowered to meaningfully lead and participate in the decisions that influence their lives. Everyone should be educated on the issues of gender equality, including men and transgenders, because gender equality benefits all people and the organizations who strive towards it. Transformation is only possible when the benefits of power sharing are felt by all in the organization and where diversity is valued.

The Gender and Health 50/50 Nepal *Report* enables organizations to take progressive decisions and actions that lead to improved gender equality in the health sector. I congratulate the Center for Research on Environment, Health and Population Activities (CREHPA) and Global Health 50/50 for pioneering this work in Nepal.

Karuna Onta, PhD
Social Development Advisor

A WORD FROM THE AUTHORS

We are pleased to present this report on the gender-related policies and practices of health organizations in Nepal. It is the first of its kind and the product of a long-standing partnership between the Center for Research on Environment Health and Population Activities (CREHPA) and GH5050, as well as the valuable guidance of our National Technical Advisory Committee and the engagement of most of the assessed organizations.

We deliver this report in response to calls from several national-level stakeholders in Nepal. These stakeholders were concerned that while laws to ensure the equal rights of women and men in Nepal were increasingly comprehensive, these institutional changes were only slowly being translated into changes in people's working lives, including in the health sector. We are delighted to be able to heed this call, and embrace the opportunity to adapt GH5050's proven methods to drive impact at the global level to the national context, for the very first time.

At the heart of this report is the recognition that gender equality matters - by driving prosperous and sustainable societies, effective and just institutions, and equitable career opportunities and health outcomes. This report measures two dimensions of gender and health - gender as a driver of health outcomes and gender as a driver of career opportunities. We see these domains as inextricably interlinked: a more equal, diverse and inclusive workforce, including at leadership level, is more likely to promote equality of opportunity for the people who benefit from the activities of the organization.

Our assessment reviewed 77 national and global organizations in Nepal. We recognise that this is a sliver of the vast network of organizations working to advance health and gender equality in Nepal. Despite the small sample, this report sheds light into the progress, gaps and challenges in translating

commitment to action and impact - both among national bodies and the country footprint of global organizations. The report also provides a useful baseline against which to measure progress in the future.

As an independent monitoring initiative, GH5050 puts great value on the practice of transparency. Transparency around human resource policies is essential in tackling discrimination and inequality in the workplace, in informing employees of their rights, and in empowering organizations and employees to scrutinize and collectively strengthen their policies. It is the surest way of guarding against abuses of power, and helps increase trust in the people and institutions that govern our societies.

We were thus concerned to find that information on organizations' commitments, policies and practices to promote gender equality was exceedingly scarce in the public domain. As a result, it was impossible for us to gain a clear picture of what organizations are and aren't doing to advance gender equality.

We were also deeply concerned to find that nearly half of the top roles of global organizations in Nepal are held by nationals of high-income countries, rather than by Nepalese nationals. Fewer than one-fifth of the Nepalese nationals that did hold leadership positions were women. We argue that this lack of representation is emblematic of unequal power and privilege dynamics

across the health system globally - the 2022 Global Health 50/50 report for example, found that among more than 2000 boards seats of global organizations, just one was held by a woman from Nepal.

We hope that putting this evidence in the hands of people who want to see a fairer health sector in Nepal will help to catalyze change. We also hope that the report serves as inspiration for organizations operating in other countries to demonstrate and demand transparency, action and accountability.

We are grateful to the organizations that demonstrated their commitment to transparency by engaging in the data collection and validation of this report. We are also deeply grateful to the members of the National Technical Advisory Committee for their expert guidance and support throughout the study period.

For its part, CREHPA, with the support of GH5050, is committed to continuing to engage with the National Technical Advisory Committee, with assessed organizations and with other stakeholders to use this data to push for change. We also look forward to working with more partners in the future to undertake research in other countries.

We believe that more feminist, diverse and inclusive leadership is imperative for achieving policies and programs that realise the health, rights and equality of career opportunities for everyone. By sharing these findings, we hope to contribute to a more gender-equal health sector that works for everyone.

Center for Research on Environment Health and Population Activities

Global Health 50/50

“FOR THE FIRST TIME, THE GENDER AND HEALTH 50/50 NEPAL REPORT PROVIDES RIGOROUS EVIDENCE ON THE STATE OF GENDER AND HEALTH IN NEPAL. IT REVEALS THE GAP BETWEEN RECOGNIZING THE RIGHTS OF WOMEN, AS PROVIDED FOR IN THE NEPAL CONSTITUTION, AND IMPLEMENTING EQUAL ACCESS AND OPPORTUNITY FOR BOTH EMPLOYEES IN THE HEALTH SECTOR AND THE PEOPLE WHO BENEFIT FROM HEALTH POLICIES AND PROGRAMMES.”

Ms. Laxmi Khanal,

Program Manager, Safe Motherhood Network Federation.

EXECUTIVE SUMMARY

A NOVEL REPORT ON GENDER EQUALITY AND WOMEN'S EMPOWERMENT IN NEPAL

Gender and Health 50/50 Nepal: Catalyzing change for gender equality and health equity reviews the policies and practices of a select sample of national and global organizations active in gender and health in Nepal.

Gender impacts health and wellbeing. Gender is a key determinant of power, which in turn influences how health rights are realized and how health risks are experienced. For example, risk of early childbearing, suffering violence, smoking tobacco, drinking alcohol or occupational exposure to harmful environments are all, in part, influenced by gender and power within relationships, families, communities and wider society. Gender further influences whether people seek health services, and the quality and effectiveness of care they receive.

Gender also impacts career pathways, including in the health sector. The health system itself is a gendered organization, with career stability, career progression and equality of opportunity all experienced differently according to the gender of the person in the workforce.

There is progress towards gender equality in Nepal, but the country still ranks low on the Gender Inequality Index, at 110 out of 160 countries (1). In recognition of the importance and benefits of gender equality, the Government of Nepal has recently passed several laws and protections to promote gender equality, including the New Constitution of Nepal (2015). These laws make important provisions for women's equality, including the right to equal lineage, equal property

rights, and the right to safe motherhood. The legal and policy environment is thus becoming more supportive of equality, but what does this mean in practice at the level of organizations?

Health organizations are not immune to challenges of inequality. This report provides the first ever in-depth look at the extent to which health organizations in Nepal take action to promote gender equality across four domains: commitment; evidence-informed policy content; equitable outcomes in power; and gender-responsive programming. We present evidence for policy-makers and other key stakeholders to accelerate progress on gender equality in the health sector in Nepal.

RIGOROUS METHODS TO GENERATE EVIDENCE AND IMPACT

We assessed a sample of 77 organizations working in gender and health, including 47 global and 30 national organizations. An additional analysis was also conducted for two ministries and three government departments. The list of organizations and their individual results across all domains reviewed can be found on the Nepal Gender and Health Index at: Nepal5050.org.

We reviewed publicly available information on the websites of the 77 organizations between March and June 2021. Data was shared twice with organizations for validation during the period between December 2021 and May 2022. Full details of the methodology can be found in Annex 1. Forty organizations (of the 77 total) engaged in the data collection process, either by sharing internal information and/or verifying the accuracy of the data collected by researchers.

Our findings indicate that there is substantial room for improvement on these variables for both global organizations and national NGOs. Based on the findings, the report includes a series of evidence-informed recommendations.

WAY FORWARD

This report marks the first time that the Global Health 50/50 (GH5050) methods have been applied to a national context. Over the last five years, we have seen how the GH5050 annual reports can spark important conversations for organizations working in health and ignite positive change. We hope that the evidence in *Gender and Health*

50/50 Nepal will provoke similar dialogues among organizations, policy-makers and the health sector as a whole.

Transparency and accountability are cornerstones of good governance for effective governments and organizations. Transparency ensures that the decisions and actions of public officials, civil servants, managers, board members and business people are available for public scrutiny. Independent monitoring and accountability efforts such as this one can play an important role in driving transparency and organizational change. Most critical will be a demonstrated commitment by leaders in collaboration with well-organized staff and stakeholders to transform the structures, norms and values that perpetuate inequality.

FEATURED VOICES

- **MR. BHARAT SHARMA**, Undersecretary, Ministry of Women Children & Senior Citizens
- **MS. LAXMI KHANAL**, Program Manager, Safe Motherhood Network Federation
- **MR. PRABHAKAR SHRESTHA**, Senior Legal Advisor, Center for Reproductive Rights
- **MS. RENU SIJAPATI**, General Secretary, Feminist Dalit Organization (FEDO)
- **MS. ROSHANI DEVI KARKI**, Undersecretary, Ministry of Health and Population
- **MS. TIKA DAHAL**, President, National Federation of Disabled Women

SNAPSHOT

PUBLIC COMMITMENTS TO GENDER EQUALITY ARE INCONSISTENT: FEWER THAN HALF OF NATIONAL NGOS HAVE PUBLICLY COMMITTED TO GENDER EQUALITY

43%

(13/30)

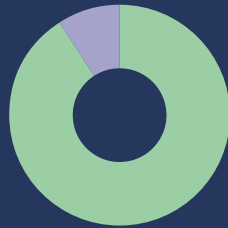
of national NGOs assessed have publicly committed to gender equality



91%

(43/47)

of global organizations active in Nepal have publicly committed to gender equality



3/30

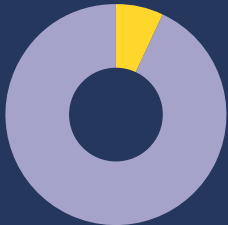
national NGOs include transgender and non-binary people in their commitments to gender equality



7%

(2/30)

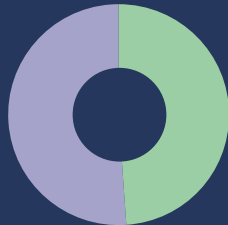
of national NGOs provide a definition of gender



49%

(23/47)

of global organizations provide a definition of gender



WHY THIS MATTERS

Making a public commitment to gender equality is the starting point for addressing gender inequities in the workplace and in health outcomes. A substantial proportion of organizations in this sample still need to put gender on the agenda as a first step towards gender-responsive programming.

WORKPLACE POLICIES TO PROMOTE GENDER EQUALITY AND DIVERSITY & INCLUSION **NEED MORE TRANSPARENCY**

2/30

national NGOs had publicly available workplace gender equality policies (5 organizations shared their workplace policies with us)



At the global level, **MORE THAN HALF** of the 47 global organizations in the sample had gender equality policies and/or diversity and inclusion policies



Yet, among the same organizations, we found that only **3 HAD WORKPLACE GENDER EQUALITY POLICIES** and **2 HAD DIVERSITY AND INCLUSION POLICIES** specific to their work in Nepal

17/30

MATERNITY POLICIES ASSESSED PROVIDE FEWER WEEKS OF PAID LEAVE THAN STIPULATED BY NEPALESE LAW, INCLUDING 10 POLICIES OF NATIONAL NGOS



WHY THIS MATTERS

Workplace policies for gender equality, diversity and inclusion promote and support better workplaces while also facilitating career progression for women and other under-represented groups. We found a notable lack of transparency and availability of such workplace policies. Putting such policies in the public domain is a key step towards transparency and accountability.

SNAPSHOT

MALE LEADERSHIP DOMINATES: LARGE GAPS IN GENDER PARITY LEADERSHIP AND MANAGEMENT POSITIONS

GOVERNMENT



89% MEN

The senior management of the Ministry of Health & Population was highly gender unequal with 89% (25/28) men



54% MEN

The senior management of the Ministry of Women, Children, & Senior Citizens was at gender parity



NATIONAL NGOS

**63%
(12/19)**

of national NGOs had more than 1/3 women in senior management (where data was available)



10/30

One third (10/30) of national NGOs were led by women



GLOBAL ORGANIZATIONS IN NEPAL

**49%
(23/47)**

Half (49%; 23/47) of country offices of global organizations were led by women



11/29

38% of the country offices of global organizations (not including UN or bilaterals) were led by Nepalese nationals



WHY THIS MATTERS

Gender parity and diversity among the leadership of organizations active in health in Nepal can support positive change in workplace policies and health outcomes, as well as act as a catalyst for broader diversity in the organization. Our findings show that the underrepresentation of women continues at the highest level. In addition, the lack of representation of Nepalese nationals in the CEO positions of the Nepal operations of global organizations suggests the continued prevalence of historical hierarchies of power.

MANY HEALTH PROGRAMS ARE GENDER-RESPONSIVE BUT **NEARLY ONE IN THREE NEPAL NGOS HAVE GENDER-BLIND PROGRAMS**

21/30

More than half of national NGOs were found to promote some form of gender-responsive approach in their work



13

of these NGOs focused on women and girls as primary beneficiaries

AND

8

of these NGOs recognised gender as a driver of health for women and men, girls and boys

30%

(9/30)

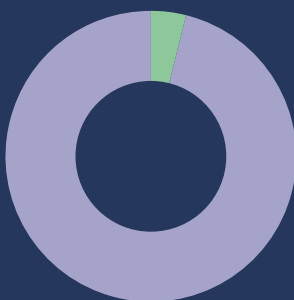
The programmatic approaches of 30% (9/30) of the national NGOs were found to be gender blind.



4%

(2/47)

of the Nepal-based programs of the global organizations were found to be gender-blind

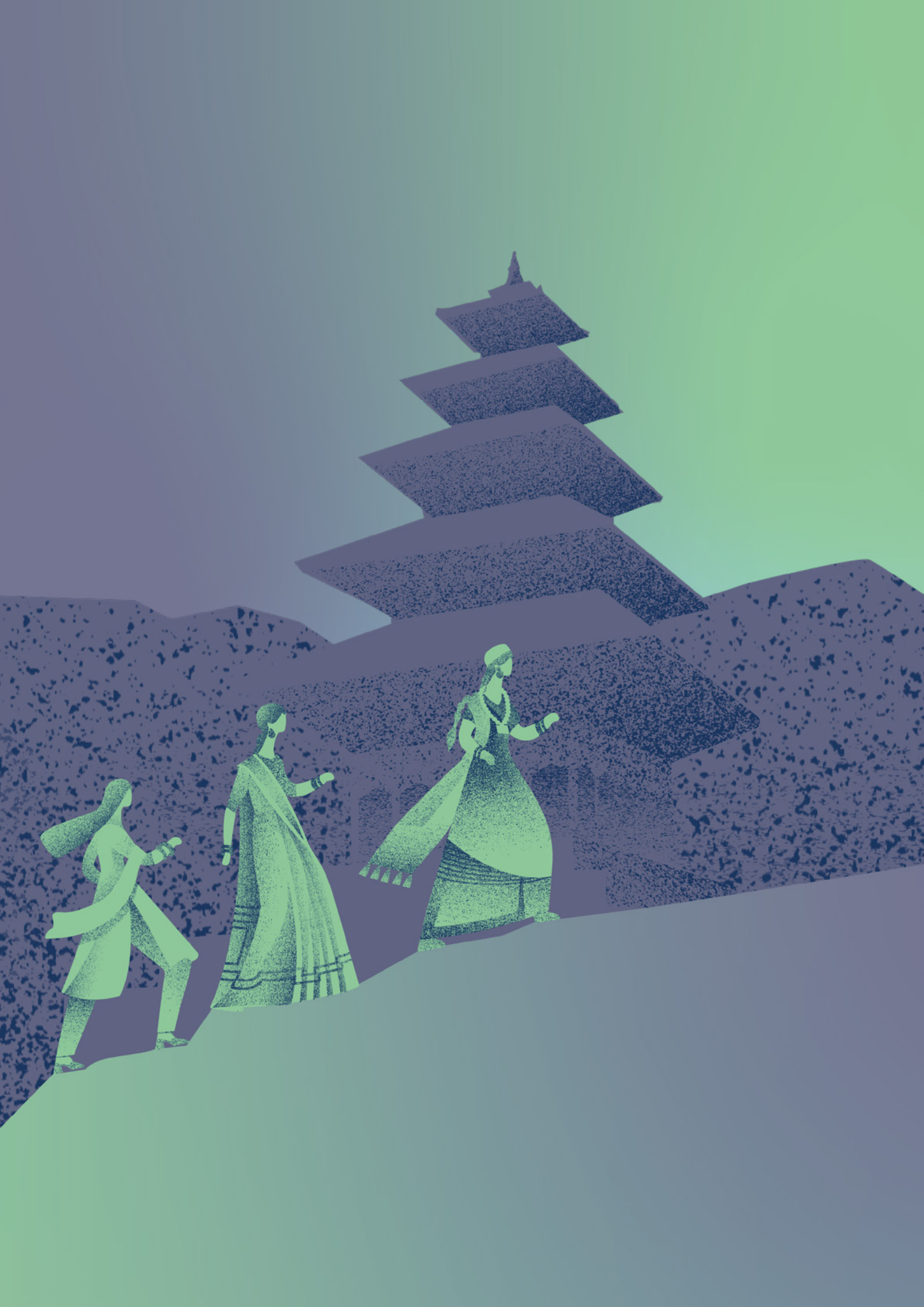


WHY THIS MATTERS

Gender-transformative programming is central to improving inequities in health outcomes. Addressing gender inequities in the health sector requires planning, investments, and programming to promote norms and power dynamics that positively influence the health and well-being of men, women and transgender and non-binary people.

INTRODUCTION

GENDER EQUALITY AND HEALTH IN NEPAL



GENDER EQUALITY, HEALTH AND BETTER WORKPLACES

Gender is an important determinant of health and wellbeing, influencing the environments in which people are exposed to health risks, their access to health care and the quality and effectiveness of health services that people receive. Risks of early childbearing, violence within the home, smoking tobacco, drinking alcohol or occupational exposure to harmful environments, are all driven, in part by gender operating within relationships, families, communities and the wider society.

Gender is a major determinant of health for all people in Nepal. Cultural norms and gendered social practices reduce Nepalese women's and girls' control over their well-being and safety including their access to health services, health decision-making and health outcomes (9). Conversely, existing gender norms influence exposures to health-harming environments among Nepalese men. For example, 43% of men are estimated to use tobacco compared to 12% of women (10), with its consequences on poor health outcomes, and twice as many men die from road traffic injury as women (11).

Gender inequality is found within the workplace too – arising from highly unequal power structures and lack of access to resources for promoting equality for women in Nepal. As a result, men are often overrepresented in positions of decision-making power, such as senior management or leadership roles. In 2021, on average, women in Nepal earned 0.74 for every dollar earned by men (12). Although women hold 41% of the local government positions, most women are in subordinate positions with little access to decision-making power. In the civil service, women hold just 25% of all positions (13). Inequality is also evident in the health sector: just 30% of medical doctors are women while virtually all (99.8%) nurses are women (14).

Workplace inequality matters: a more gender equal and inclusive workplace can act as a driver for more efficient and competent workplaces. Increasing the gender balance in an organization can create rippling positive effects,

such as increased productivity and innovation, and strengthened accountability. Apart from promoting an inclusive organizational culture, a diverse workplace can make an organization more responsive to the varying needs of different social groups, taking into account factors such as region, caste and ethnicity as well as gender (15).

“THE GENDER AND HEALTH 50/50 NEPAL REPORT SHOWS THAT VERY FEW ORGANIZATIONS ARE PUBLISHING THEIR WORKPLACE POLICIES. MANY ORGANIZATIONS DO NOT EVEN HAVE POLICIES THAT ALIGN WITH THE NEPAL CONSTITUTION AND OTHER LEGISLATION PROTECTING THE RIGHTS OF WOMEN. THESE POLICIES ARE THE PRIMARY DRIVERS OF GENDER-RESPONSIVE PRACTICES WITHIN ORGANIZATIONS AND ARE CRITICAL TO SUPPORTING THE CAREER PATHS OF WOMEN AND UNDERREPRESENTED GROUPS. MORE ORGANIZATIONS NEED TO SEIZE THE OPPORTUNITY TO ADOPT GENDER-RESPONSIVE WORKPLACE POLICIES AND PUBLISH THEM TO ENABLE GREATER TRANSPARENCY AND ACCOUNTABILITY.”

Mr. Prabhakar Shrestha,
Senior Legal Advisor, Center for Reproductive Rights.

APPLYING A GLOBAL FRAMEWORK TO UNDERSTAND THE NATIONAL CONTEXT

Global Health 50/50 annually reviews 200 organizations active in global health, evaluating their commitment, policies and outcomes in support of gender equality – for people working in the organizations as well as people benefitting from the activities of the organizations. We continue to find a sector that expresses a strong commitment to gender equality, with reasonable levels of transparency about the policies in place to achieve equality. It is still however a sector dominated by the power and privileges of men, especially men from high-income countries (16).

While reviewing the activities of the global organizations provides us with important insights into the system, we cannot extrapolate from the global situation to understand what is happening

at the country level. In Nepal, there is no evidence to date that documents how global bodies and national non-governmental organizations operating in the country are addressing gender equality in their workplaces and programs. To fill this gap in evidence, CREHPA has collaborated with Global Health 50/50 to adapt the global methodology to the Nepal context.

This report, the first of its kind in Nepal, aims to generate evidence, policy recommendations and action on gender equality and women's empowerment in the health sector in Nepal. The findings are intended to inform and incite advocacy for organizational policies and programs that are gender-responsive and development partners that are supportive of gender equality efforts in the country.

GANGA MATA **GANGA: THE MOTHER** **FIRST PRIZE**

Kribina Pathak,
Ikenhi, Surkhet, 2019

A woman collects water for her children from a stream in the early morning as mist rolls over the hills in the background. The water level is low, revealing the barren river banks. Women have long held the responsibility to collect water for their families but climate change has led to water sources drying up. This means longer walks to reach water sources, demanding more time and energy, and has been linked to uterine prolapse in some young women. The water carries its own risks. Pollution has poisoned many rivers. The COVID-19 pandemic has also meant that water is more critical than ever - not only key to supporting daily life but essential in protecting against the risk of transmission. *This image was selected as the winning entry for the This is Gender Nepal photography contest.*



THE RIGHT TO EQUALITY:

Gender equality was made part of international human rights law by the Universal Declaration of Human Rights, adopted by the UN General Assembly in 1948 (2). The Constitution of Nepal 2015 guarantees women's rights as fundamental rights and represents the country's largest recent reform to advance inclusion. The Constitution has resulted in notable changes in the legal frameworks and institutional mechanisms for achieving gender equality and the empowerment of women and girls in Nepal. Several of its provisions for achieving equality include (3):

- **RIGHT TO PARTICIPATE IN ALL BODIES OF STATE ON THE BASIS OF PROPORTIONAL REPRESENTATION**
- **RIGHT TO "OBTAIN SPECIAL OPPORTUNITY IN EDUCATION, HEALTH, EMPLOYMENT, AND SOCIAL SECURITY," ON THE BASIS OF POSITIVE DISCRIMINATION**
- **RIGHT TO EQUAL LINEAGE WITHOUT DISCRIMINATION**
- **EQUAL RIGHT TO PROPERTY AND FAMILY AFFAIRS**

The Constitution also guarantees 33% of seats in parliament to be held by women to ensure their participation in politics and policymaking. Currently, women hold 34% and 41% of the seats in the national parliament and local governments respectively (4). Several other national laws and policies aim to promote women's participation in various spheres. For instance, the Civil Service Act 1993 and Nepal Health Service Act 1997 provide the legal basis for increasing the participation of women employed in the civil service and in health care services (5-6).

More recently, the Labour Act 2017 mandates equal remuneration for work of equal value, and Nepal has lifted restrictions on women's ability to work at night (7).

women hold

34%

of the seats in the
**NATIONAL
PARLIAMENT**



women hold

41%

of the seats in
**LOCAL
GOVERNMENTS**



LEGAL FRAMEWORKS SUPPORTING GENDER EQUALITY IN NEPAL

AN OVERVIEW OF LEGAL ARRANGEMENTS TO PROMOTE EQUALITY AND NON-DISCRIMINATION IN NEPAL INCLUDES:

• THE CONSTITUTION OF NEPAL 2015

pledges the right to equality for all citizens. It states no discrimination shall be made in the application of general laws on the grounds of origin, religion, race, caste, tribe, sex, physical condition, condition of health, marital status, pregnancy, economic condition, language, region, ideology or on similar other grounds. It further adds that special provisions may be made through laws to protect, empower and advance the rights of gender and sexual minorities. It also states no discrimination shall be made on the grounds of gender with regard to remuneration and social security for the same work.

• SEXUAL HARASSMENT AT WORKPLACE PREVENTION ACT 2015

incorporates details on the definition of sexual harassment, complaint mechanisms, reporting process and sanctions. A person found guilty of committing sexual harassment in the workplace may face imprisonment of up to 6 months and/or a fine of up to Rs 50000 (US\$402).

• THE LABOR ACT 2017

states that an employer is not allowed to discriminate against an employee on the basis of religion, caste, creed, sex, language and opinion. There shall be no discrimination of pay among employees on the basis of sex for equal value of work.

• THE RIGHT TO EMPLOYMENT ACT 2018

states except for a special provision made by prevailing law for any particular class or community with respect to the employment for unemployed people, no person shall discriminate on the grounds of one's origin, religion, color, caste, ethnicity, sex, language, region, ideology or similar other ground.

• SAFE MOTHERHOOD AND REPRODUCTIVE HEALTH RIGHTS ACTS 2018

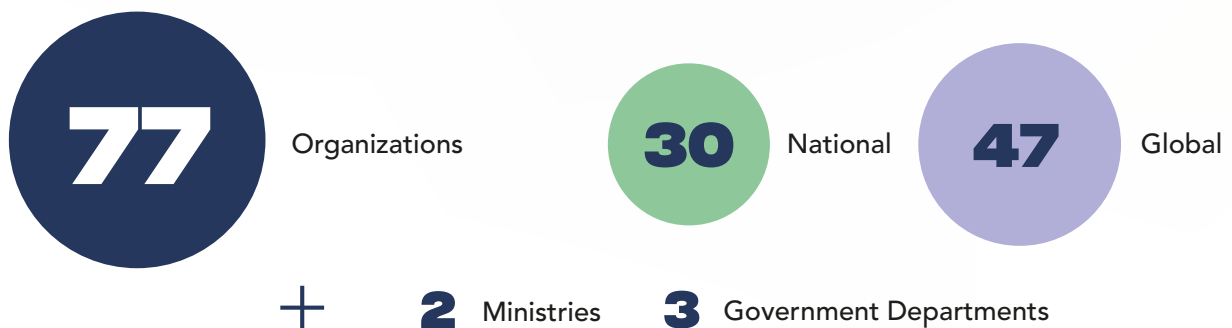
states that any woman working in a government, non-government or private organization shall have the right to receive obstetric leave with pay for a minimum period of ninety-eight days before or after the delivery. Similarly, a male employee is entitled to 15 days leave in case of his wife's delivery.

Nepal has made substantial efforts for gender mainstreaming in various sectors but still ranks 110 of 160 countries in the UNDP Gender Inequality Index (1). While legal frameworks provide solid ground for advancing the rights of women and marginalized groups, there are still challenges for translating legal equality into substantive equality for women and

girls. Much of this inequality seems to be driven by a lack of effective implementation of laws and policies that guarantee equal rights (8) – with the resulting challenge for women in accessing high quality jobs and achieving economic empowerment through their participation in the labor force.

STUDY APPROACH

This is the first assessment of the gender-related policies and gender composition in the leadership of national and global organizations working in health and gender in Nepal. Global Health 50/50 (<https://globalhealth5050.org/>) has designed a rigorous methodology that is consistent with established systematic research methods. This method was adapted and used to monitor the gender-related policies and practices of organizations working in Nepal. We sampled 77 organizations in Nepal (47 global and 30 national) for inclusion in the study. In addition, we included two ministries and three government departments to assess the gender of the leadership in the past five years and gender parity in the senior-level management. See Annex 1 for the full Methodology.



These organizations were selected from the following two broad categories using pre-defined eligibility criteria:

GLOBAL ORGANIZATIONS: 47 global organizations were included in the sample. Global organizations included for review are drawn from a wide range of sectors, including international NGOs, faith-based organizations, the UN System, bilateral, regional and multilateral organizations, and the private sector. These included:

- **Global Health 50/50 (GH5050) study sample (N=34):** The first category of organizations is a subset of samples from the global study which consisted of 201 organizations. Of them, 34 organizations were identified as meeting the inclusion criteria of being registered, implementing health or gender programs and having a physical presence in Nepal.
- **Other global health and gender organizations (N=13):** The second category of the sample are the international organizations actively working in Nepal but not included in the GH5050 sample. These included organizations working in health in Nepal, with at least 15 employees, with a moderate level of influence in health and/or gender policy and programming and working in more than 10 districts during 2020-21.

NATIONAL NGOS: From the roster of 50,222 national non-governmental organizations (NGOs) maintained by the Social Welfare Council, we selected 30 NGOs that have been registered at least since 2015, headquartered in Kathmandu valley, have ongoing programs related to gender or health and maintain an official webpage.

GOVERNMENT BODIES

2

MINISTRIES

- Ministry of Health and Population
- Ministry of Women, Children and Senior Citizen

3

GOVERNMENT DEPARTMENTS/DIVISIONS

- The Family Welfare Division
- The Epidemiology and Disease Control Division
- The Department of Women and Children

The above government bodies were selected purposively given their work on gender or health. The following data were collected from these government agencies during the period May – June 2021:

- Gender of the leadership over the past five years
- Gender parity in senior-level management

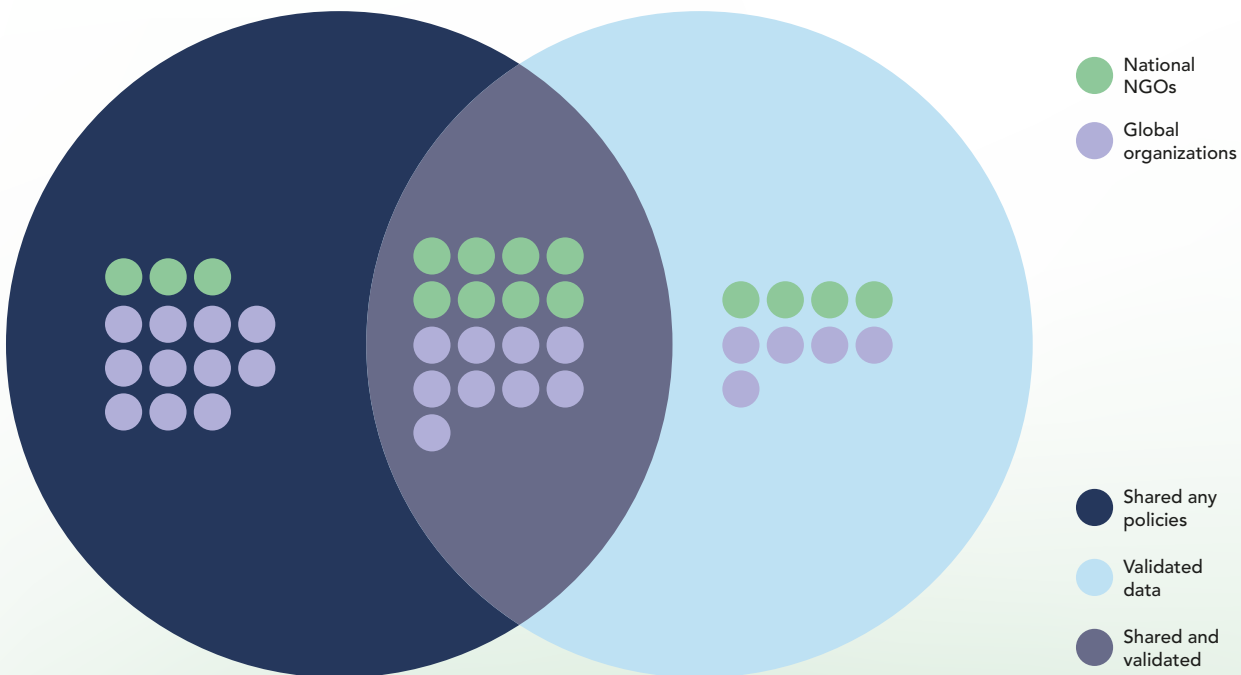
The data for this study mainly comes from publicly available sources and primarily the organization’s website. We also contacted the organizations at least three times during data collection to request internal workplace policies for review as well as to validate preliminary findings. Data collection was done by two reviewers independently and a subset of the sample was reviewed by a third reviewer. The discrepancies between the reviewers were discussed and a consensus was reached.

Throughout the process of data collection, the organizations were encouraged to contact the study team members to discuss queries about the process and the variables. Inputs from organizations were reviewed and scores were revised accordingly. These scores were once again shared with organizations providing them a final opportunity to give feedback before publication.

Half (15/30) of the national NGOs engaged in the research: three shared at least one policy; four validated their data, and; eight shared both policies and validated their data.

Twenty-five of the 47 global organizations engaged in the research: 11 shared policies only; five validated their data, and; nine shared both policies and validated their data.

VALIDATION AND ENGAGEMENT WITH ORGANIZATIONS UNDER REVIEW



This study was approved by the Nepal Health Research Council (Ref no-193/2021 P).

REPORT FRAMEWORK: FOUR DOMAINS AND 12 VARIABLES

DOMAINS

1

COMMITMENT TO REDISTRIBUTE POWER

Organizational commitment to gender equality and an official definition of gender that is consistent with global norms.

2

POLICIES TO TACKLE POWER & PRIVILEGE IMBALANCES AT WORK

Responsive policies that promote equality in attracting and retaining people, contribute to safe and respectful work environments, and are family friendly.

3

EQUITABLE OUTCOMES IN POWER AND THE GENDER AND GEOGRAPHY OF HEALTH LEADERSHIP

Outcomes in terms of gender balance in senior management, governing bodies and leadership.

4

ADDRESSING THE GENDERED POWER DYNAMICS OF INEQUALITIES IN HEALTH OUTCOMES

Health programs and monitoring that account for gender as a determinant of inequitable health outcomes.

VARIABLE

- 1** Organizational public commitment to gender equality

- 2** Organizational definition of gender

- 3** Workplace gender equality policy

- 4** Workplace diversity and inclusion policy

- 5** Board diversity policy

- 6** Anti-sexual harassment policy

- 7** Parental leave policies

- 8** Flexible working options for work-life balance

- 9** Gender parity in senior management and in the governing body

- 10** Gender and geography of organizational heads and board chairs

- 11** Gender-responsiveness of health programs

- 12** Sex-disaggregated monitoring and evaluation data

FINDINGS

**ARE NATIONAL
NGOs AND GLOBAL
ORGANIZATIONS
ACTIVE IN NEPAL
GENDER-EQUAL
AND GENDER-
RESPONSIVE?**



COMMITMENT TO REDISTRIBUTE POWER

1.1 PUBLIC COMMITMENT TO GENDER EQUALITY

We reviewed the visions, missions, and core strategy documents in the public domain of all organizations in the study to identify commitments to gender equality and social justice. We reviewed documents of 30 national NGOs. We also reviewed documents of 47 global organizations

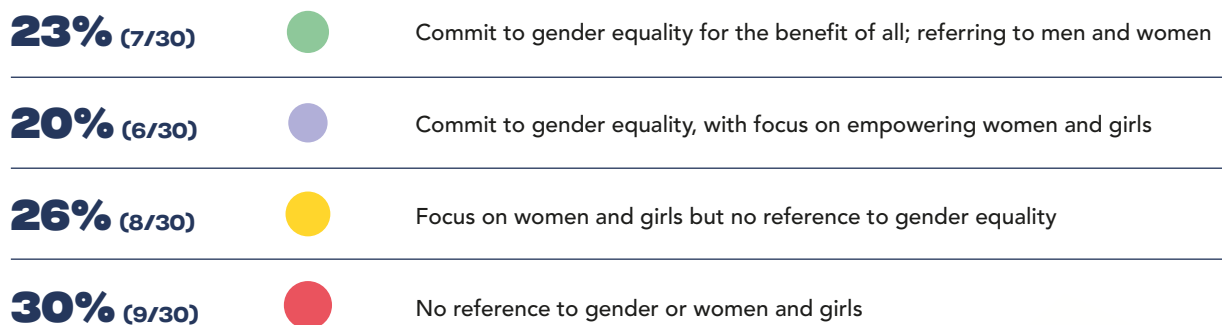
operating in Nepal. Sixteen of the 47 global organizations have dedicated websites or web pages for their work in Nepal, which provided the primary source of information for this variable. For the 31 organizations without dedicated Nepal websites, global level findings have been reported.

FINDINGS

Out of 30 national NGOs, 43% (13/30) have made a public commitment to gender equality. This includes seven organizations (23%) that state a public commitment to gender equality with gender referring to men and women. A further 20% (6/30) of the organizations are committed to gender equality with a focus on empowering women and girls. Just three organizations explicitly include transgender and non-binary people in their commitments to gender equality.

No public commitment to gender equality was found for more than two-thirds of national NGOs in the sample. This includes eleven organizations that work on women's health or have made commitments to social justice and health equity, but do not make a formal commitment to gender equality.

FIGURE 1. Commitment to gender equality, national NGOs (N=30)

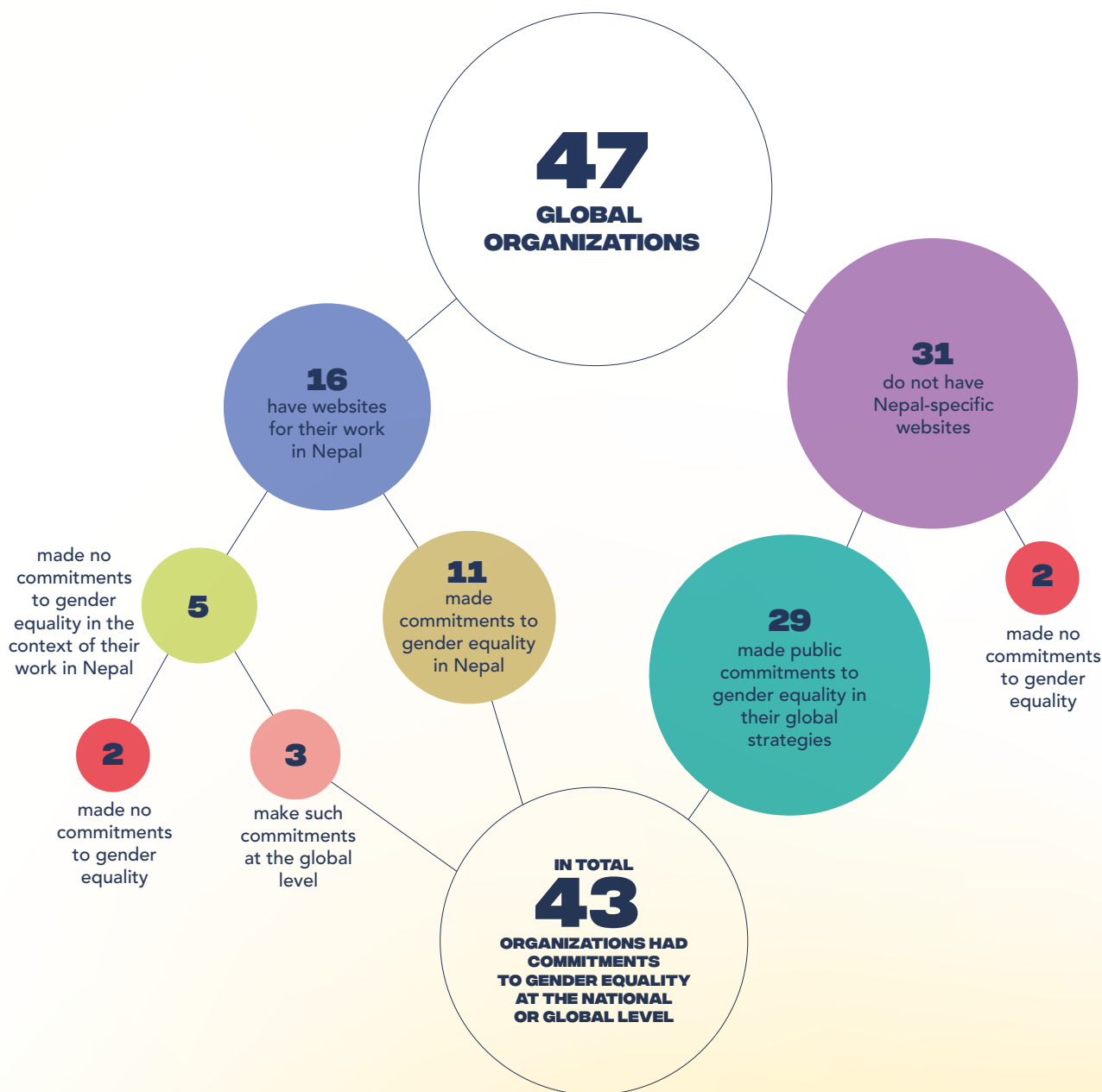


Among the 16 global organizations with dedicated websites or webpages for their work in Nepal, 11 (70%) made a public commitment to gender equality in the context of their work in Nepal. Among the remaining five, three organizations worked on issues specific to women and girls but made no mention of gender equality in relation to their work in Nepal. At the global level however, we found public commitments to gender equality made by these three organizations.

The final two organizations (of 16) made no reference to gender or women and girls in their core Nepal strategies, nor did they make any reference to gender equality in their global strategies.

We also assessed the global vision, mission, or core strategies of the 31 global organizations in the sample without standalone webpages for their work in Nepal. We found that 94% (29/31) had made a public commitment to gender equality.

FIGURE 2. Do global organizations active in Nepal commit to gender equality?



Examples of commitments to gender equality

Agro-Forestry, Basic Health and Cooperatives (ABC) believes in “gender equality as a goal and gender equity as a means of achieving the goal ... Gender equality includes equal access to resources and opportunity regardless of gender, which also includes economic decision-making.”

ABC Nepal Gender Equality Policy, <http://abcnepal.org.np/wp/wp-content/uploads/2020/12/Gender-equality-policy.pdf>

“The Delegation of European Union and its Member States are fully committed to promote the shared EU pledges to gender equality, women’s and girl’s rights and empowerment in their operations in Nepal. Therefore,

they have agreed to appoint, in rotation of 6 months, a gender champion who takes the lead in giving impetus to advocating the EU’s progressive stance on gender equality and women’s human rights.”

European Partners Championing Gender in Nepal, https://www.eeas.europa.eu/node/64836_en

1.2 DEFINITION OF GENDER

Definitions matter. They can exclude or include. Definitions can frame the problem and inform the solution. Understanding gender as a social construct (rather than a biological trait, for example) is essential to addressing the distribution of power across and within societies, institutions,

and organizations. We reviewed the websites and publicly available documents of 30 national NGOs as well as the websites of the 47 global organizations and those of their national-level activities in Nepal to assess if an organizational definition of gender had been published.

Defining gender

Gender refers to the roles, behaviors, activities, and attributes that a given society at a given time considers appropriate for men and women and people with non-binary gender identities. In addition to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, gender also refers to the relations

between women and those between men.

These attributes, opportunities and relationships are socially constructed and are learned through processes of socialization. They are context/time-specific and changeable. Gender relations are frequently unjust and unequal because of entrenched power relations.

Gender is part of the broader context of sociocultural power

dynamics, as are other important criteria for sociocultural analysis including class, disability status, race, poverty level, ethnic group, sexual orientation, age, etc.

Adapted from: UN Women. Gender Equality Glossary. Available from: <https://trainingcentre.unwomen.org/mod/glossary/view.php?id=36&mode=letter&hook=G&sortkey=&sortorder=asc>

FINDINGS

For nearly all sampled national NGOs, the concept of gender is not defined. Only two organizations defined ‘gender’ consistent with global norms (i.e., defined gender as the socially constructed roles, behaviors and attributes

considered appropriate for men, women and people with non-binary gender identifies). Two organizations had definitions that were not fully consistent with global norms. No definition was found for the rest of the national NGOs.

FIGURE 3. Definition of gender, national organizations (N=30)

7% (2/30)



Define gender as a social construct, in line with global norms

7% (2/30)



Define gender-related terms; definition not consistent with global norms

86% (26/30)

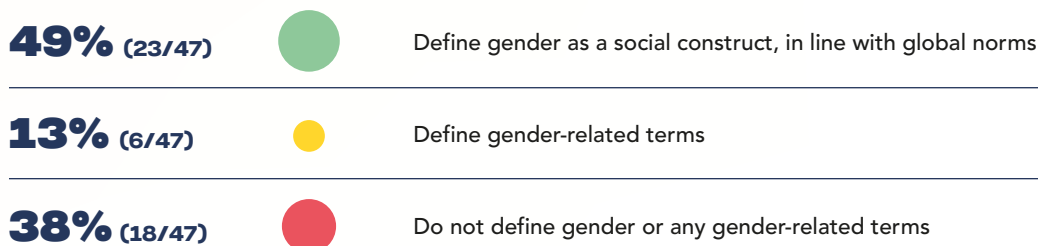


Do not define gender or any gender-related terms

Half of global organizations (23/47; 49%) have defined gender consistent with global norms. This includes nine organizations whose definitions were inclusive of transgender and/or non-binary gender identities. Except for United Mission Nepal, which is an international organization that operates solely in Nepal, all definitions from global organizations were found in global-level websites and strategies.

An additional six global organizations define gender-related terms (e.g. "gender diversity") but do not provide a definition of gender in their work. No definition was found for 38% (18/47) of the global organizations.

FIGURE 4. Definition of gender, global organizations (N=47)



POLICIES TO TACKLE POWER AND PRIVILEGE IMBALANCES AT WORK

1.3 WORKPLACE GENDER EQUALITY POLICIES

Commitments and definitions, while essential, have little impact on their own without the right policies in place to ensure gender-responsive practices. The aim of gender equality in the workplace is to achieve broadly equal outcomes for women and men. Evidence has shown that women remain underrepresented in the workplace, especially at senior levels, despite commitments to gender equality.

We assessed which organizations are translating their commitments to gender equality into practice through action-oriented, publicly available workplace policies. We reviewed the websites of 30 national NGOs and the Nepal-specific websites or web pages of 47 global organizations for mention of policies or programs to advance gender equality in the workplace and/or women's careers. Organizations were also requested to share workplace gender equality policies that were not available online.

FINDINGS

Just two of the 30 national NGOs had a workplace gender equality policy in the public domain. Another five NGOs shared their policies with researchers.

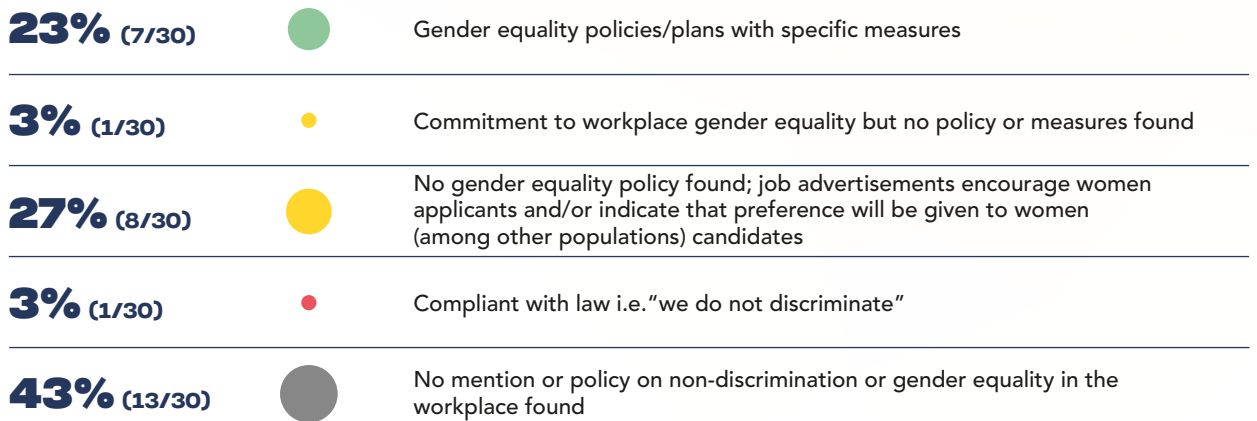
Given that very little policy content was found at the national level (for both national NGOs and global organizations), the language used in job advertisements of open vacancies was also

assessed. In addition to the seven NGOs for which we found gender equality policies, we found that eight national NGOs (27%; 8/30) included language in their job advertisements encouraging women as well as people from socially disadvantaged groups to apply.

Some of the specific measures found to promote gender equality in the workplace included:

- Setting targets for the equal representation of women in executive boards and in senior management.
 - Giving priority to women in recruitment, as well as preference for people with physical disability and/or identify as ethnic or sexual minorities.
 - Prioritizing the professional development of women staff and staff from excluded groups.
 - Establishing internal gender and inclusion teams to promote, among other things, women’s membership and participation in organizational activities.
- No mention of gender equality or the advancement of women in the workplace was found for nearly half (14/30) of the national NGOs.

FIGURE 5. Workplace gender equality policy, national organizations (N=30)

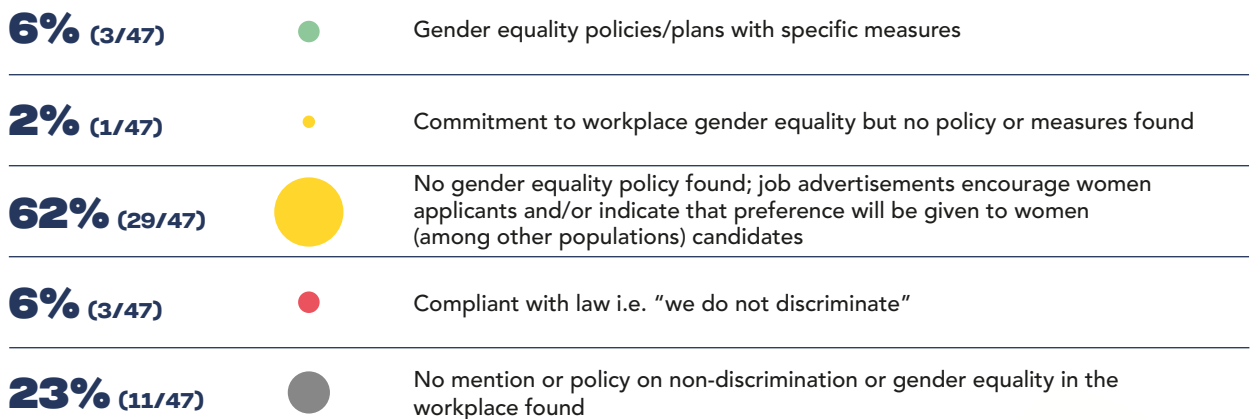


Our review of the Nepal-specific websites and webpages of the 47 global organizations found just one policy in the public domain with measures to advance gender equality in the workplace for staff working in Nepal. Additionally, two organizations shared such policies. Nearly two-thirds of the organizations (62%; 29/47) included language in their job advertisements encouraging women to apply. Three (6%; 3/47) organizations stated that they do not discriminate based on sex

(as mandated in the Rights to Employment Act, 2018 and Constitution of Nepal, 2015), but did not commit to gender equality in the workplace. Overall, no mention of gender equality or the advancement of women in the workplace in Nepal was found for 30% (14/47) of global organizations.

Four national offices of global organizations reported that they follow the global gender equality policy of the organization.

FIGURE 6. Workplace (Nepal-specific) gender equality policy, global organizations (N=47)



1.4 WORKPLACE DIVERSITY AND INCLUSION POLICIES

Gender is only one lens—albeit universal and fundamental—through which to understand inequalities in who wields power and enjoys privilege. Recognizing how gender intersects with other social identities and stratifiers is integral to understanding privilege and disadvantage in the workplace and to developing solutions to build a truly diverse workforce.

Nepal is a diverse country with 125 castes/ethnic groups and over 90 languages spoken. In 2007, the Nepal Government amended the 1993 Civil Service Act to include a reservation policy (i.e. affirmative action) to promote diversity and inclusion in the civil service. The amendment

sets aside 45% of all posts to be fulfilled by marginalized groups, and specifically “women - 33%, Adivasi/Janjati - 27%, Madhesi - 22%, Dalits - 9%, disabled - 5% and [people from] backward areas - 4%.”

Like the Nepal Government, organizations seeking to advance diversity and inclusion require clear policies, deliberate focus, and sustained action. We assessed which organizations had publicly available policies that committed to advancing diversity and inclusion in the workplace—alongside and beyond gender equality—and had specific measures in place to guide and monitor progress.

FINDINGS

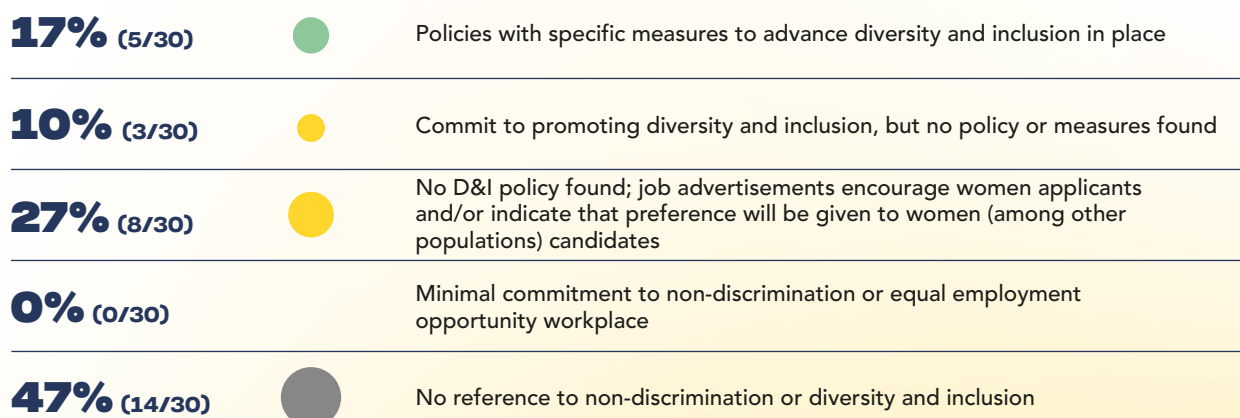
We found one national NGO (of 30) had a policy in the public domain with specific measures to promote diversity and inclusion in the workplace. Four national NGOs also shared internal policies to promote diversity and inclusion.

A commitment to diversity and inclusion as a core principle (which is not considered a policy with specific measures) was found for three national NGOs. Job advertisements that contained clauses stating that the organization was an equal

opportunity employer and encouraged specific underrepresented groups to apply were found for an additional eight organizations. Such groups included Dalit and Janajati communities, people living with disabilities and sexual and gender minorities.

No reference to non-discrimination or diversity and inclusion was found for 47% (14/30) of national NGOs on their websites or in their job advertisements.

FIGURE 7. Diversity and inclusion policies, national NGOs (N=30)

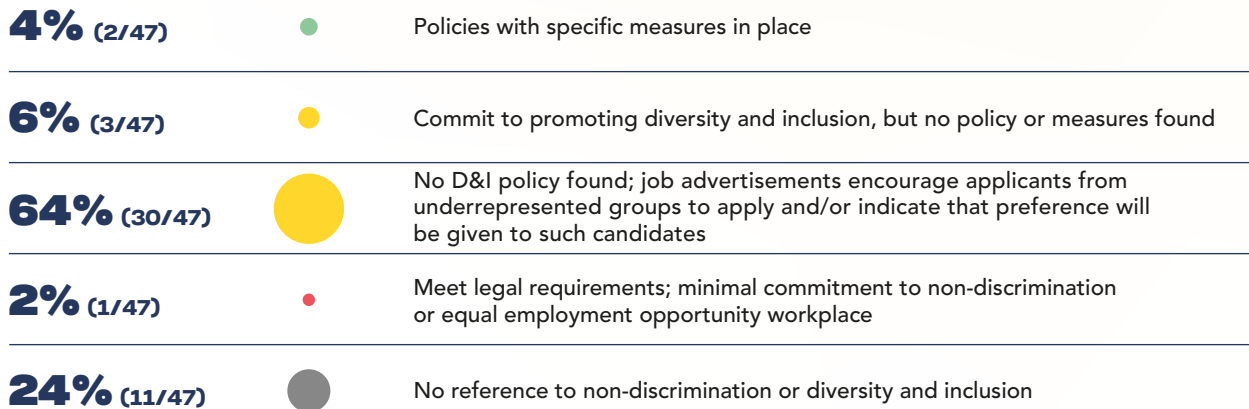


Among global organizations, no diversity and inclusion policies with specific measures were found in the public domain that were specific to staff working in Nepal. Two organizations shared their policy with specific measures to promote diversity and inclusion specific to Nepal staff. Commitments to promoting diversity and inclusion in the workplace and/or job advertisements

encouraging applications from underrepresented groups were found for 70% of organizations (33/47).

No reference to non-discrimination or diversity and inclusion was found for 24% (11/47) of global organizations in their Nepal-specific websites or in their job advertisements.

FIGURE 8. Diversity and inclusion policies, global organizations (N=47)



Some of the specific measures found to promote diversity and inclusion in the workplace included:

- Adopting affirmative actions including promoting the recruitment of people from marginalized ethnic communities.
- Including mandatory questions on candidates' familiarity with feminist and diverse leadership and ways of working in interviews for all positions.
- Setting targets for executive management and management committees to promote diversity, including in terms of age, ability, and ethnicity.
- Regular reviews of staff data from an equity perspective, including vis-à-vis ethnic and population data of Nepal.

"WOMEN WITH DISABILITIES FACE MULTIPLE FORMS OF INTERSECTING DISCRIMINATION, INCLUDING GENDER, ABILITY AND SOCIO-ECONOMIC STATUS. TO OVERCOME THESE BARRIERS, WE NEED ORGANIZATIONS TO DEVELOP AND IMPLEMENT WORKPLACE POLICIES THAT SUPPORT DIVERSITY AND INCLUSION TO ENSURE THAT WOMEN WITH DISABILITIES ARE PROVIDED EQUAL OPPORTUNITIES AND SUPPORTED ON THEIR CAREER JOURNEYS. THE GENDER AND HEALTH 50/50 NEPAL REPORT HAS SHOWN US THE EXTENT OF THE PROBLEM, NOW WE MUST ACT."

Ms. Tika Dahal, President, National Federation of Disabled Women.

1.5 BOARD DIVERSITY POLICIES

Boards of directors are arguably the most influential decision-makers of organizations. They often nominate an organization’s leadership. They help to determine goals and strategy. Yet continued lack of diversity in boards means that they are missing the

perspectives of key stakeholders, including the communities they are meant to serve. Board diversity policies help to address these power imbalances, which in turn can lead to more innovative and effective governing bodies.

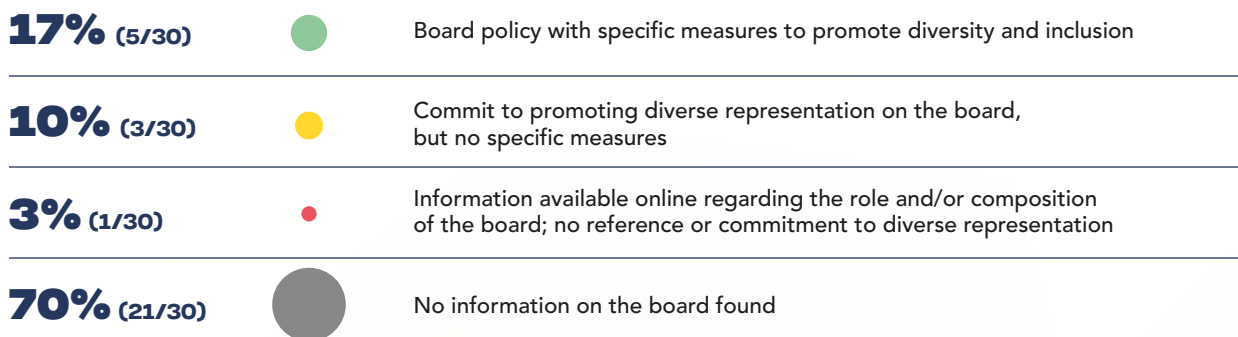
FINDINGS

We found that two national NGOs had a policy promoting diverse representation on their board in the public domain. Three organizations shared their internal diversity policies with researchers, which stated the board’s commitment to the active recruitment of women and men from disadvantaged communities. Commitments to promoting diverse representation on the board

were found for another three organizations, but these commitments were not supported by specific measures.

No reference to non-discrimination or diversity and inclusion on the board was found for 73% (22/30) national NGOs.

FIGURE 9. Board diversity policy, national organizations (N=30)



Five of the 47 global organizations appeared to have a country-specific governing body in Nepal. Of those, one organization shared their board

policy which contained specific measures to advance women’s representation on the board.

Example of commitments to board diversity and inclusion

“CWIN GESI Policy 4.2.2 states CWIN will ensure representation of at least 33% (aiming at 50%) women in the composition of the

Executive Board and in the management. It will also make sure that the board will comprise individuals from different ethnicities. It will give priority to women and individuals from excluded groups in its recruitment. It

will also consider preference to the people with physical disability, ethnic minority and sexual minority in its appointments.”

Child Workers in Nepal Concerned Centre (CWIN)

1.6 ANTI-SEXUAL HARASSMENT POLICIES

Sexual harassment is a serious form of sex discrimination and undermines equality at work (17). The impact of sexual harassment can be devastating. Harassment creates an intimidating and hostile environment in an organization affecting both the wellbeing of employees and the organization's productivity. Since Nepal promulgated the Sexual Harassment at Workplace Prevention Act in 2015, there has been very little data available on sexual harassment (13). Several studies conducted before the introduction of the Act indicate that sexual harassment in the workplace was high, with more than half of women experiencing harassment (18-19).

A comprehensive policy is a fundamental tool to prevent and address sexual harassment and to contribute to the creation of a work environment that is based on dignity and respect. We explored the accessibility and availability of sexual harassment policies. We then assessed policies according to the [Global Health 50/50 framework](#) (20) which identifies four good practice elements of a comprehensive sexual harassment policy, including: commitment and definition of sexual harassment; confidentiality and non-retaliation clauses; provision of mandatory staff training; and, reporting and accountability procedures.

FIGURE 10. Good practice elements of a comprehensive sexual harassment policy

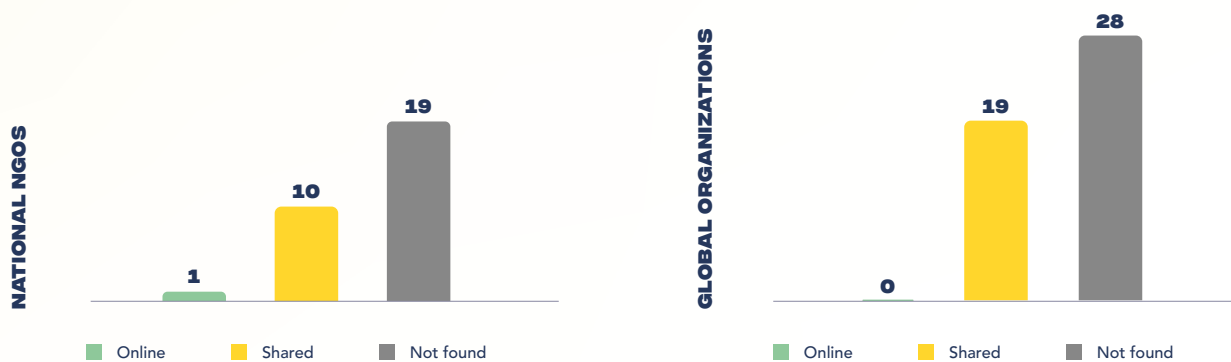


FINDINGS

Of the 30 national NGOs, anti-sexual harassment policies were available for 11 organizations. This included one NGO which had their anti-sexual harassment policy in the public domain and ten organizations that shared their internal policies directly with researchers.

Nineteen (40%; 19/47) global organizations made their policies available to researchers. Thirteen of these were global-level policies and six were national-level policies.

FIGURE 11. Availability of anti-sexual harassment policies

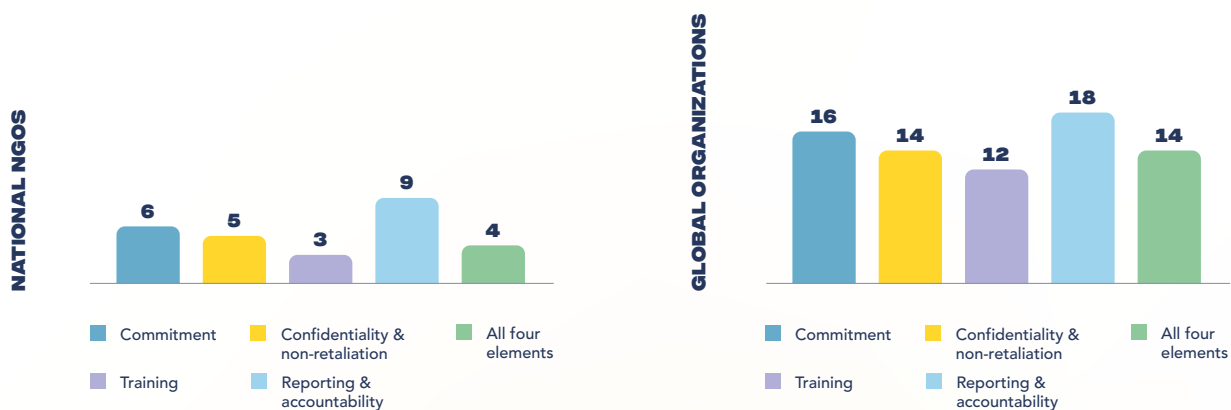


Of the eleven national NGOs policies, four contained all four elements of a comprehensive anti-sexual harassment policy. Fourteen of the 19 policies (74%) of global organizations were also found to contain all four elements.

Most of the national NGOs’ and global organizations’ policies contained descriptions

of reporting and investigation processes. Fewer organizations stated a zero-tolerance approach to sexual harassment alongside defining and providing examples of sexual harassment or included protections regarding confidentiality and retaliation. Just three national NGOs policy stipulated mandatory training on sexual harassment for all staff.

FIGURE 12. Performance across four elements of a comprehensive anti-harassment policy: national NGOs (N=11) and global organizations (N=19)



1.7 PARENTAL LEAVE POLICIES

Equitable paid parental leave policies are critical to fostering gender transformative norms of shared family responsibility, promoting women’s equality in career opportunities, compensating women for their reproductive labor, and closing the gender pay gap. Such entitlements further contribute to improved child bonding and development, work-life balance, recruitment results, higher employee morale and increased productivity (21-23).

At a minimum, paid maternity leave is a core element of the health and economic protection of women workers and their children over the perinatal period (21-23). According to the [Safe Motherhood and Reproductive Rights Act 2018](#), “any woman working in a governmental, nongovernmental or private organization or institution shall have the right to get obstetric leave with pay, for a minimum of ninety-eight days before or after the delivery.”

Male employees “shall get the obstetric care leave with remuneration for fifteen days before or after delivering the baby.”

We assessed the availability of information online regarding staff entitlements to maternity and paternity leave. Where available, we assessed

the number of paid weeks of leave available. We also reviewed whether the organization offers support to parents returning to work, such as flexible transitions back to work, reduced or part-time working hours, facilities for breastfeeding mothers, and/or childcare support in the organization.

FINDINGS

No parental leave policies were found in the public domain for national NGOs nor the Nepal-based staff of global organizations. Eleven national NGOs shared their parental leave policies when requested as did 12 global organizations. An additional eight global organizations indicated that they follow the global policy of their headquarters, of which seven were available for assessment.

One additional national NGO parental leave policy was shared and stated the number of weeks allocated for maternity and paternity leave, but the details of remuneration was not available, and thus was not included in this analysis.

We found that, 17 of the 30 policies assessed (57%) do not meet the legal minimum entitlement of

14 weeks of paid maternity leave, including 10 of the 11 national NGO policies. Two paternity leave policies fell short of the legal entitlement of two weeks of paid leave.

Among the 30 parental leave policies assessed, paid maternity leave ranged from 7 to 39 weeks and paid paternity leave ranged from 1 to 24 weeks.

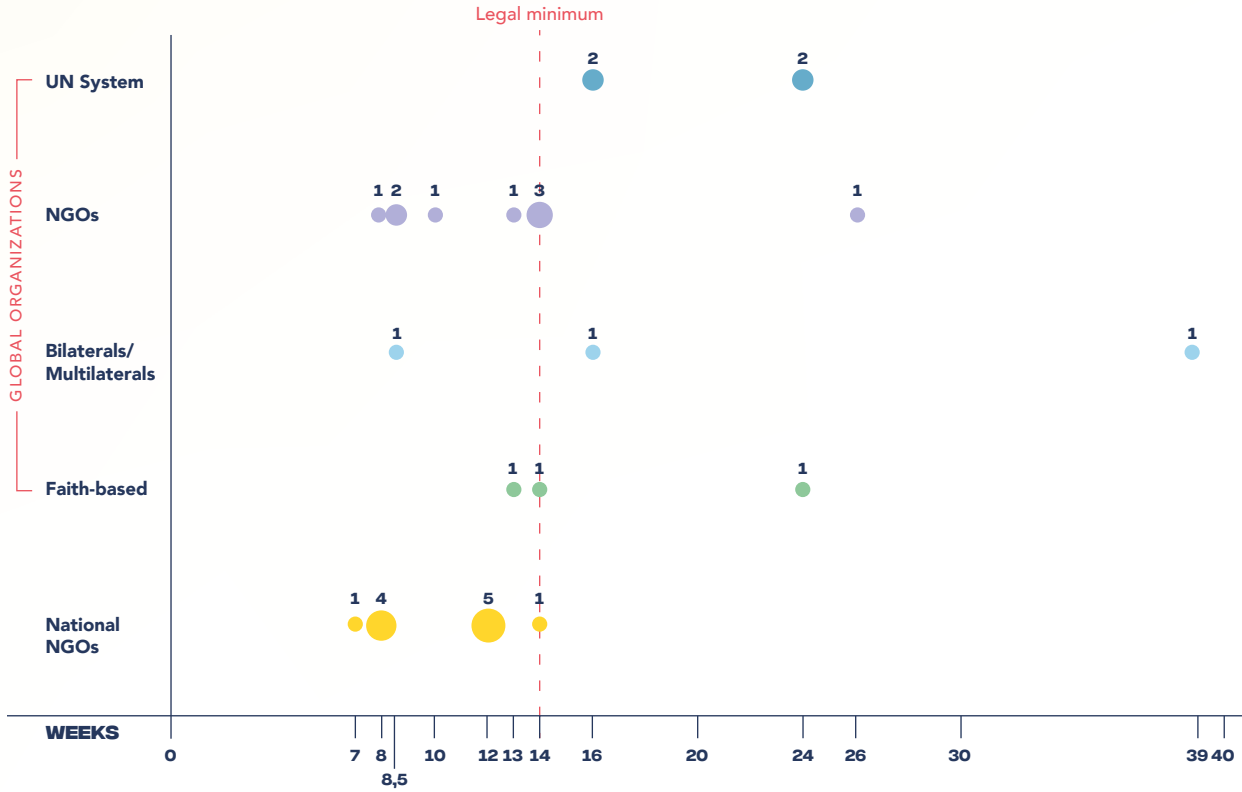
27% of national NGOs (8/30) and 21% of global organizations (10/47) shared that they provide some form of support to parents to facilitate their return to work while meeting caring responsibilities. This included breastfeeding breaks, provision of childcare services in the office, and flexible working arrangements.

“THE CONSTITUTION OF NEPAL PROTECTS THE RIGHT OF EVERY CITIZEN TO FREE BASIC HEALTH SERVICES. IT IS ESSENTIAL TO MAKE SERVICES EASILY ACCESSIBLE AND EQUITABLE SO THAT NO ONE IS LEFT BEHIND FROM NATIONAL HEALTH SERVICES. EACH PERSON IS DIFFERENT AND SO WE NEED TAILORED POLICIES AND SERVICES THAT REACH EVERYONE, ESPECIALLY THOSE MOST IN NEED. WE MUST ENSURE WE ARE REACHING, FOR EXAMPLE, SINGLE WOMEN, SURVIVORS OF GENDER-BASED VIOLENCE, POOR AND MARGINALIZED COMMUNITIES, PEOPLE LIVING WITH DISABILITIES, AGING POPULATIONS, AND VICTIMS OF CONFLICT. THIS MEANS THAT GENDER EQUALITY AND SOCIAL INCLUSION ARE ESSENTIAL TO INTEGRATE INTO OUR APPROACHES, TO ENSURE THAT ALL PEOPLE HAVE EQUAL ACCESS TO HEALTH.”

Ms. Roshani devi Karki, Undersecretary, Ministry of Health and Population.

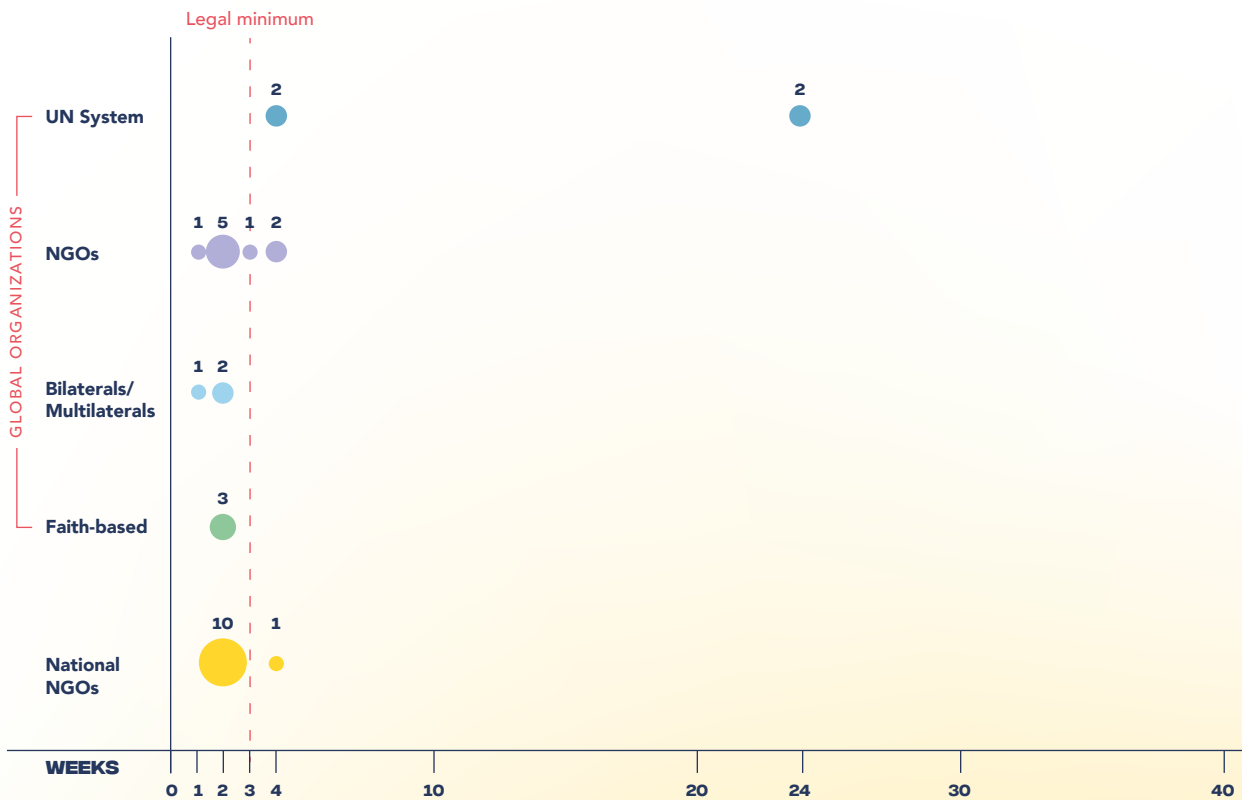
PAID MATERNITY LEAVE

Weeks of paid leave among 30 assessed maternity leave policies, by type of organization



PAID PATERNITY LEAVE

Weeks of paid leave among 30 assessed paternity leave policies, by type of organization



1.8 FLEXIBLE WORKING ENVIRONMENT

The COVID-19 pandemic highlighted and exacerbated the unequal distribution of major caring responsibilities (including attending to elderly or sick or disabled relatives) across society. Women have borne the brunt of home-care and home-schooling responsibilities.

A growing number of employees consider flexible working, including the ability to control how many hours they work and when, an essential workplace condition. Younger generations are entering the workforce with expectations of greater flexibility, autonomy, and work/life

balance than their predecessors. Research shows that, with sufficient support from leadership and supervisors, flexible working arrangements (such as condensed working hours, teleworking, flexible hours, term-time working, etc.) can be powerful tools to enhance staff inclusion as well as boosting productivity and performance (24-25).

We assessed the availability of flexible working arrangements available to staff in the organization, in the absence of national legislation that affords employees the right to request flexible working.

FINDINGS

No reference to flexible working arrangements or policies was found online for any of the sampled organizations. Two national NGOs and ten global

organizations shared that all staff were entitled to request flexible working arrangements.

ARE WORKPLACE POLICIES CONSISTENT IN THEIR AVAILABILITY, COMMITMENTS, AND MEASURES AT THE GLOBAL AND NATIONAL LEVEL OF THE SAME ORGANIZATIONS?

This section reviewed the Nepal-specific and some global workplace policies of 47 global organizations. The global policies and programs of 34 of these organizations are also reviewed annually in the Global Health 50/50 Report. We compared findings at the national level in Nepal to global findings for the same organizations to examine consistencies and/or discrepancies and shed light on whether global organizations are translating their global gender and equity commitments into their country-level activities.

Among the 34 global organizations that were reviewed in this report and at the global level, the [2021 Global Health 50/50 report](#) found that ...

- **26** have global gender equality policies in place
 - Our Nepal-specific research found that 7 of these 26 organizations made no reference to gender equality or advancement of women, including in their job ads or in their national level websites or policies
 - Further, we found that just one global organization had translated their global level policy into a Nepal-specific strategy
- **20** have global diversity and inclusion policies in place
 - Our Nepal-specific research found that 4 of these 20 organizations made no reference to diversity and inclusion, including in their job ads or in their national level websites or policies
- **13** indicated that the anti-sexual harassment policy set at the global level of the organization applies to the national office. Another five national offices had adapted the global sexual harassment policies into national-level, Nepal-specific policies. These national policies received similar scores to the global policies, using the Global Health 50/50 framework. Together, these findings indicate a strong level of consistency between the country and global levels in terms of anti-sexual harassment policies.
- **25** global organizations offer flexible working arrangements to their staff, including 19 organizations with mention of flexible working on their global websites. We compare this to our finding of zero mentions in the public domain of flexible working regarding the Nepal-specific activities of those organizations, while ten organizations did share that such arrangements are available.

EQUITABLE OUTCOMES IN POWER AND THE GENDER AND GEOGRAPHY OF HEALTH LEADERSHIP

1.9 GENDER PARITY IN DECISION-MAKING BODIES

The distribution of gender in senior management reflects the operationalization of an organization’s commitment to gender equality. It also provides insights into the women’s representation and voice in decision-making and leadership. While

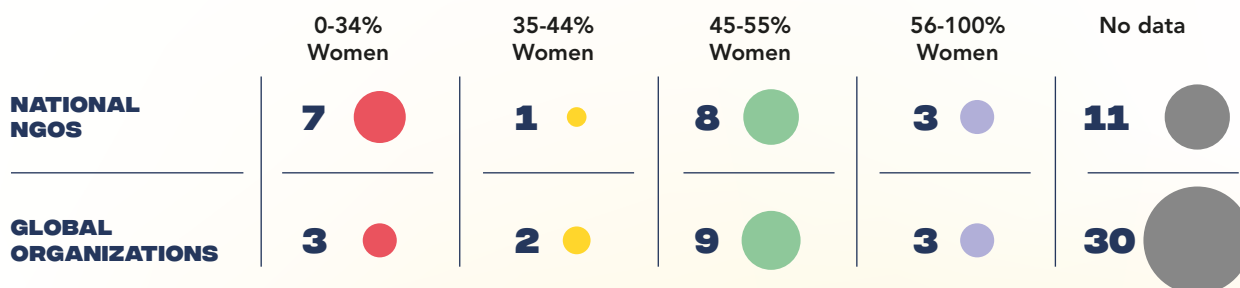
organizations and national laws are increasingly committed to gender equality and putting policies in place, the impact of these good intentions is only slowly being translated into the redistribution of opportunities and outcomes for women.

FINDINGS

Information on the gender make-up of senior management was found for 63% (19/30) of the national NGOs. Eight of these bodies (42%) had achieved gender parity – defined as between 45-55% women. Women made up less than one-third of the senior management of seven of the 19 organizations for which data was available.

Information on the gender composition of the Nepal-based senior management of global organizations was less available and was found for 36% (17/47) of the organizations. Nine (53%) of these organizations had achieved gender parity in senior management.

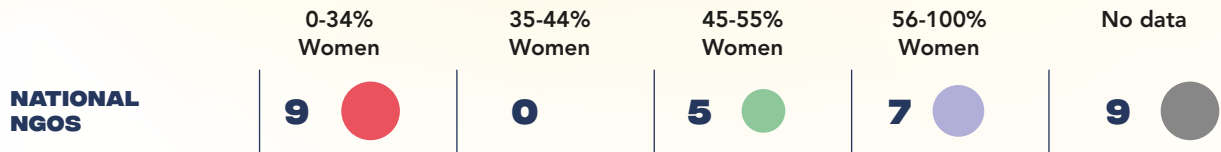
FIGURE 13. Gender parity in senior management



The governing bodies of the national NGOs were also assessed for gender parity. This information was found for 70% (21/30) of organizations, of which one-quarter (5/21) were at gender parity. One-third of governing bodies was found to

have more women than men represented (7/21). A slightly larger proportion (9/21) was found to have fewer than one-third women represented in the governing body.

FIGURE 14. Gender parity in the governing body, national NGOs



Information on Nepal-specific governing boards overseeing the work of global organizations in Nepal was available for just four organizations (of 47). This is likely because most global organizations do not have Nepal-specific

governing bodies. Of the four bodies for which information was found, one had 45-55% women represented, one had 35-44% women represented, and two had fewer than 34% women represented.

1.10 GENDER AND GEOGRAPHY OF ORGANIZATIONAL HEADS AND BOARD CHAIRS

Despite decades of efforts to support women’s career pathways, women are still underrepresented at the executive level.

with other characteristics, we also gathered publicly available demographic data on these leaders, including nationality and country where their highest educational degree was attained. These measures provide additional insights into who holds influence in the health sector in Nepal.

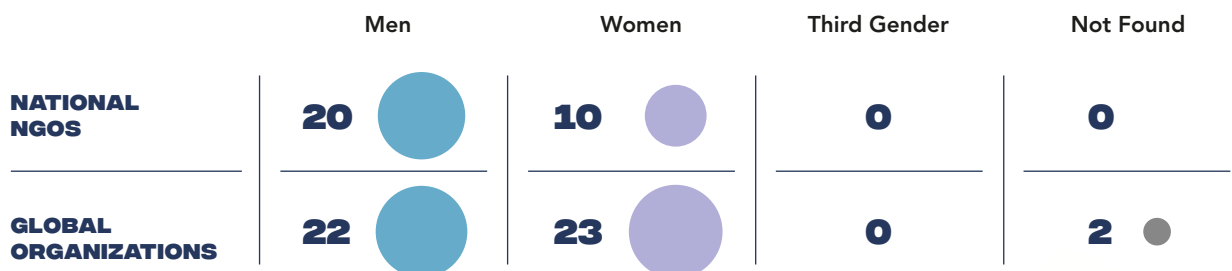
We assessed the gender of the heads of national NGOs and of the country offices of global organizations. To capture the intersection of gender

FINDINGS: GENDER OF LEADERSHIP

We found that 33% (10/30) of national NGOs were led by women, and 51% (23/45) of Nepal offices of global organizations were led by women (where data is available). One leader

who identifies as transgender was found. Among board chairs of the national NGOs, 36% (8/22) were women, where data was available.

FIGURE 15. Gender of the heads of national NGOs and Nepal offices of global organizations



FINDINGS: GEOGRAPHY OF LEADERSHIP

Eleven of 28 Nepal offices of global organizations (38%) are led by Nepalese nationals. We have excluded bilateral and UN system agencies from this analysis, as these organizations are likely to have restrictions in place regarding the nationality of who holds the top post in a country. Of the eleven Nepalese heads of global organizations, two are women.

Half (13/28) of these Nepal offices are led by nationals of high-income countries, including 7 from the United States, 2 from the United Kingdom, and one each from Australia, France, Hong Kong and New Zealand.

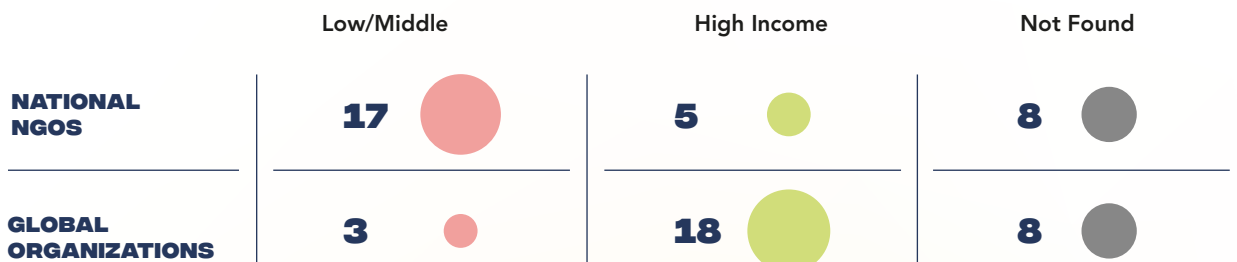
FIGURE 16. Nationality of heads of Nepal offices of global organizations (excluding bilaterals and UN system)



Among the heads of the Nepal offices of the global organizations, 18 of 21 (85%; where data was found) attained their highest educational degree in high-income countries.

Among the heads of national NGOs, five of 17 (23%) also attained their highest educational degree in high-income countries.

FIGURE 17. Country of highest educational degree, by World Bank income

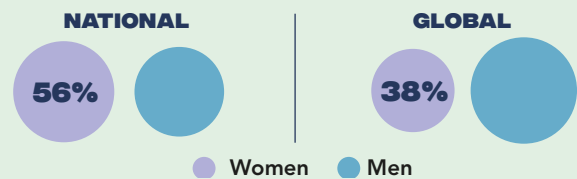


ARE EQUITABLE CAREER OUTCOMES CONSISTENT BETWEEN THE GLOBAL AND NATIONAL LEVELS OF THE SAME ORGANIZATIONS?

This section reviewed the gender distribution of senior positions at the country level of 47 global organizations. The gender distribution in the senior management at the global level of 34 of these organizations are also reviewed annually in the Global Health 50/50 Report. We compared findings at the national level in Nepal to global findings for the same organizations to examine consistencies and/or discrepancies and shed light on whether global organizations are translating their global gender and equity commitments into their country-level activities.

Among the 34 global organizations that were reviewed in this report and at the global level, the [2021 Global Health 50/50 report](#) found that ...

- Data on senior management at the national level and global level was available for eight organizations. The proportion of women in these bodies was higher at the global level for six of these eight organizations.
- At the national level, over half of Nepal offices (56%; 19/34) were led by women, while globally, 38% (13/34) of the same organizations were led by women.



% women in senior management of the same organizations at national and global levels

	SECTOR	NATIONAL OFFICE	GLOBAL HEADQUARTERS
Org #1	Private sector	33%	43% ↗
Org #2	International NGO	80%	83% ↗
Org #3	Private sector	22%	27% ↗
Org #4	UN System body	50%	25% ↘
Org #5	International NGO	60%	73% ↗
Org #6	International NGO	50%	55% ↗
Org #7	International NGO	38%	53% ↗
Org #8	International NGO	67%	62% ↘

"IF WE ARE TO SEE EQUALITY IN THE WORKPLACE, WE NEED CLEAR POLICIES, ACTION AND ACCOUNTABILITY. QUOTAS ON WOMEN'S REPRESENTATION IN SENIOR MANAGEMENT AND GOVERNING BOARDS MUST BE SET. AFFIRMATIVE PROVISIONS SHOULD GO BEYOND APPOINTMENTS TO ALSO INCLUDE THE PROMOTION PROCESSES. CLEAR POLICIES MUST ALSO ENSURE REGULAR AND TRANSPARENT OVERSIGHT, MONITORING AND REPORTING OF PROGRESS WITH CLEAR LINES OF ACCOUNTABILITY. THIS IS NOT JUST ABOUT EQUITY BUT ALSO ABOUT STRENGTHENING THE EFFICIENCY, RELEVANCE, EFFECTIVENESS AND IMPACT OF OUR ORGANIZATIONS."

Ms. Renu Sijapati, General Secretary, Feminist Dalit Organization (FEDO).

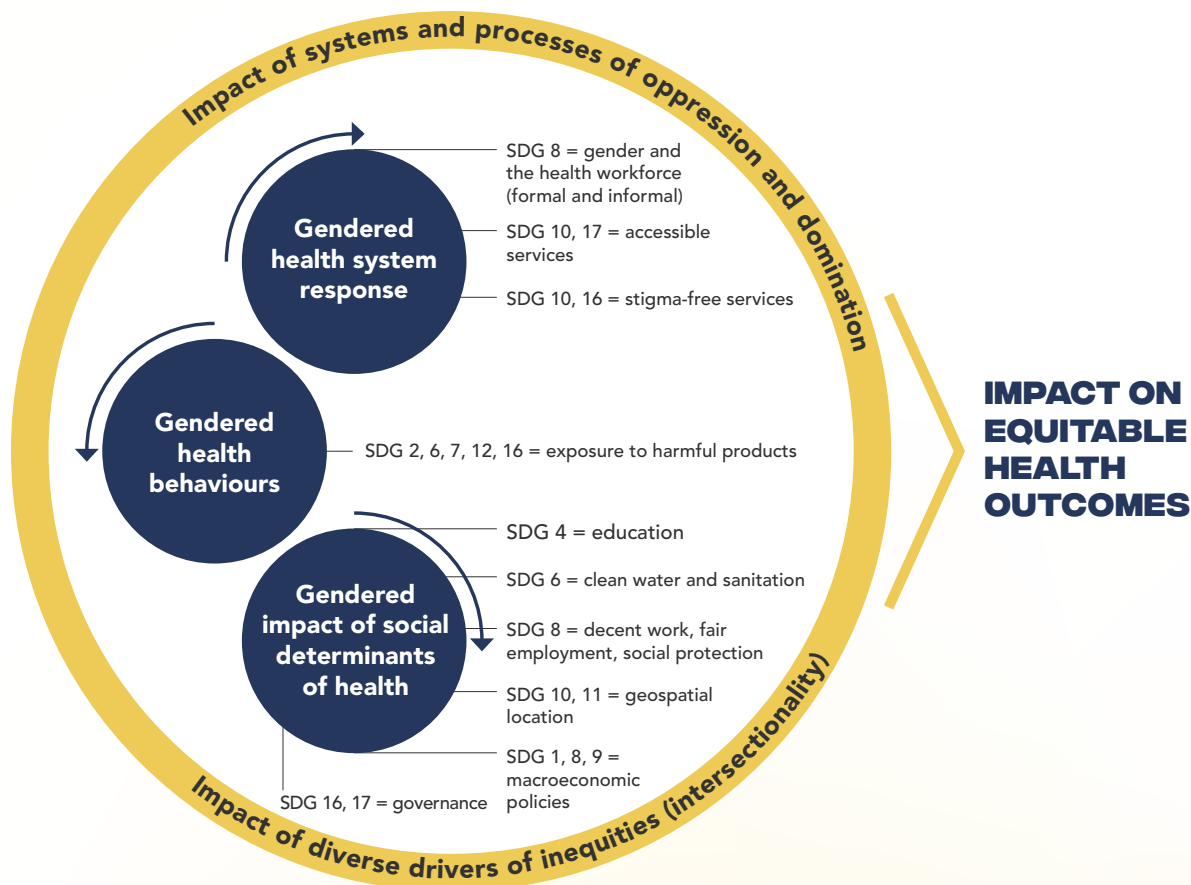
ADDRESSING THE GENDERED POWER DYNAMICS OF INEQUALITIES IN HEALTH OUTCOMES

1.11 GENDER-RESPONSIVENESS OF ORGANIZATIONAL PROGRAMMATIC APPROACHES

Gender norms play an important role in perpetuating health inequities across and within populations. Gender also influences how the

health sector identifies, frames, and addresses these problems.

FIGURE 18. Conceptual framework illustrating the relationship between gender and health outcomes across the Sustainable Development Goals (26)



We used an adapted version of the WHO gender-responsive assessment scale (27) to measure the programmatic strategy of the organizations, ranging from gender-blind to gender-transformative. At a minimum, we expect organizations to be gender-responsive. Ultimately,

addressing gender inequities in the health sector requires gender-transformative planning, investments, and programming to promote norms and power dynamics that positively influence the health and well-being of men, women and transgender and non-binary people.

DEFINITIONS

GENDER-BLIND approaches make no reference to the role of gender in influencing an organization’s external activities or desired outcomes.

GENDER-AWARE approaches recognize gender norms, but do not propose remedial actions to address gender inequities in health outcomes.

GENDER-RESPONSIVE approaches consider gender norms, roles and relations for women and men and how they affect access to and control over resources. They may make it easier for women and men to fulfill duties that are ascribed to them based on their gender roles. These approaches stop short, however, of addressing the underlying causes of inequities and fostering progressive changes in the gendered power relationships between people. As such, they are not considered gender-transformative.

GENDER-TRANSFORMATIVE approaches actively strive to examine, question, and change rigid gender norms and imbalance of power as a means of reaching health as well as gender equity objectives. Encourage critical awareness among men and women of gender roles and norms; promote the position of women; challenge the distribution of resources and allocation of duties between men and women; and/or address the power relationships between women and others in the community.

FINDINGS

We found that just over one-third of the national NGOs (37%; 11/30) promote gender-transformative approaches in their programs. An additional ten organizations were found to be gender-responsive or gender-aware. Among these 21 total organizations found to be promoting some kind of gender-responsive approach in their work, 13 (62%) focused on women and girls as the primary beneficiaries

and seven recognized gender as a driver of health for both women and men, girls and boys. One organization additionally focused on the health needs of transgender populations. No organizations focused on primarily meeting the health needs of men and boys.

The programmatic approaches of 30% of the national NGOs (9/30) were found to be gender blind.

FIGURE 19. Gender-responsiveness of organizational programmatic approaches, national NGOs

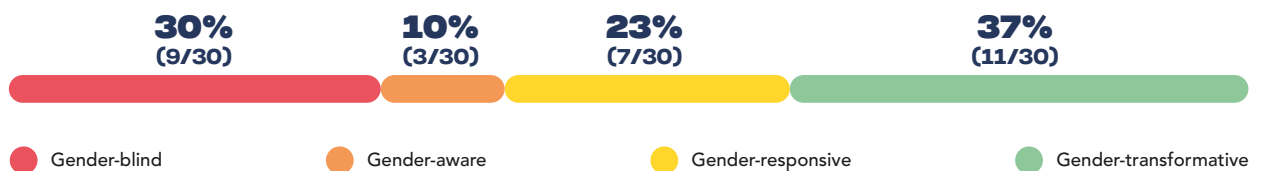


FIGURE 20. Population focus of gender-responsive approaches, national NGOs



More than half of the programmatic approaches of global organizations in Nepal (56%; 26/47) were found to be gender-transformative. Only 4% (2/47) were found to be gender-blind. Among the 45 organizations found to be

promoting some kind of gender-responsive approach, 30 (67%) focused on women and girls as the primary beneficiaries, while 15 recognized gender as a driver of health for women and men, girls and boys.

FIGURE 21. Gender-responsiveness of organizational programmatic approaches, national offices of global organizations

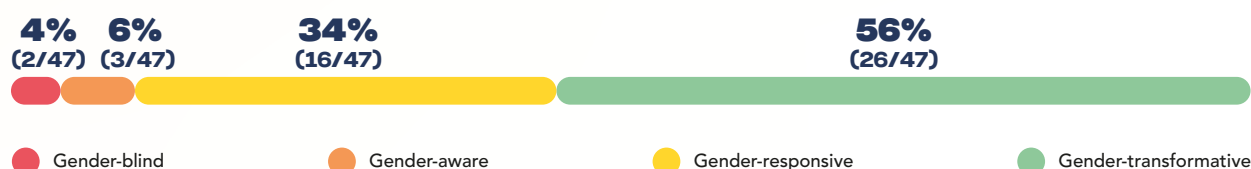


FIGURE 22. Population focus of gender-responsive approaches, national offices of global organizations



ARE GENDER-RESPONSIVE PROGRAMMATIC APPROACHES CONSISTENTLY APPLIED AT THE GLOBAL AND NATIONAL LEVELS OF THE SAME ORGANIZATIONS?

This section reviewed the gender-responsiveness of country-level approaches of 47 global organizations. This variable is also reviewed at the global level for 34 of these organizations in the Global Health 50/50 Report. We compared findings at the national level in Nepal to global findings for the same organizations to examine consistencies and/or discrepancies and shed light on whether global organizations are translating their global gender and equity commitments into their country-level activities.

Among the 34 global organizations that were reviewed in this report and at the global level, the [2021 Global Health 50/50 report](#) found that ...

- Fewer Nepal programs were gender-transformative than the global approaches of the same organization (23 compared to 27).

- At the same time, more programs at country level focused primarily on women and girls than did the global approaches of the same organization (22 compared to 18), indicating that global-level strategies were more likely to reference meeting the needs of women and men, girls and boys.
- Four global-level strategies explicitly referenced the inclusion of transgender populations; no reference to transgender populations was found in description of the country level programs for the same organizations.

Gender-responsiveness of national and global-level approaches of the same organizations

	COUNTRY LEVEL	GLOBAL FINDINGS
Gender-transformative	23	27
Gender-responsive	8	6
Gender-aware	3	1
Gender-blind	0	0

1.12 SEX-DISAGGREGATED MONITORING AND EVALUATION DATA

Sex-disaggregated data, combined with gender analysis, contributes to identifying health disparities, shaping programs to address them, and measuring whether such programs are reaching different populations equitably. Sex-disaggregated data must be available for policy

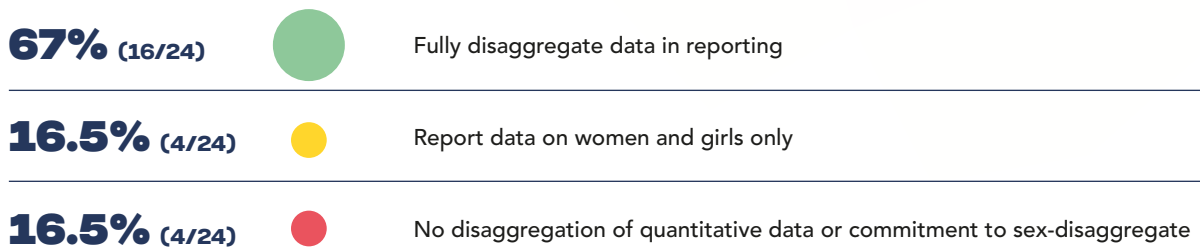
makers and program managers to develop appropriate, evidence-informed policies and programs. Such data should be collected and analyzed within the policy-making process, over multiple years to track change, adjust responses and hold organizations accountable (29).

FINDINGS

We found sex-disaggregated data reporting by 67% (16/24) of national NGOs, excluding six organizations where we found no reporting of any quantitative data on human populations. Of the 16 organizations who reported sex-

disaggregated, a policy to ensure regular reporting was also found for four organizations. Only one organization reported on transgender and/or non-binary populations.

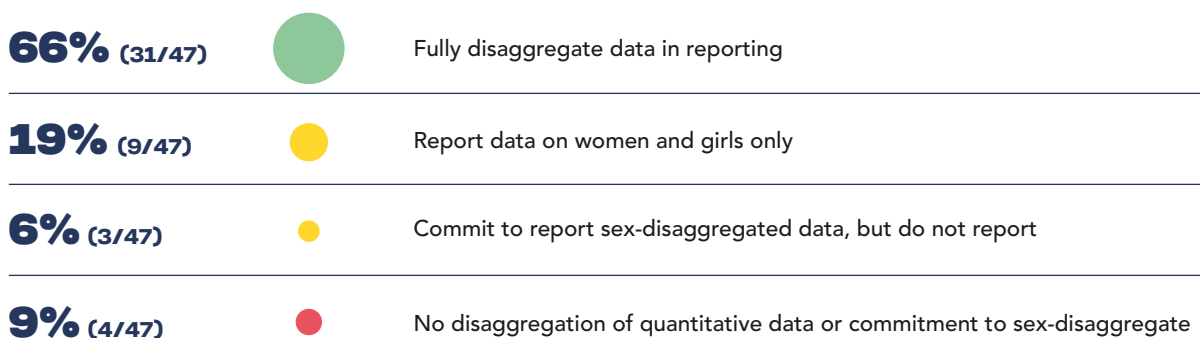
FIGURE 23. Sex-disaggregated monitoring and evaluation data, National NGOs (N=24)



We found sex-disaggregated data reporting for 66% (31/47) of the national programs of global organizations, though a policy to ensure regular reporting was found for only nine of

those organizations. We found that 9% (4/47) of global organizations do not publish data by sex nor have a policy in place to promote sex-disaggregation of data.

FIGURE 24. Sex-disaggregated monitoring and evaluation data, national programs of global organizations (n=47)



"THE COVID-19 PANDEMIC EXPOSED THE CRITICAL IMPORTANCE OF UNDERSTANDING THE IMPACT OF SEX AND GENDER ON HEALTH OUTCOMES. IT ALSO HIGHLIGHTED THE REMARKABLY LARGE GAP IN GENDER STATISTICS, ESPECIALLY ON GENDER-BASED VIOLENCE AND DISCRIMINATION. SEX-DISAGGREGATED DATA IS ESSENTIAL TO IDENTIFYING HEALTH DISPARITIES, YET AS THIS REPORT REVEALS, MANY HEALTH ORGANIZATIONS FAIL TO REPORT THIS DATA. WE NEED TO ENCOURAGE THEM TO PRODUCE AND REPORT SEX-DISAGGREGATED DATA ON A REGULAR BASIS."

Mr. Bharat Sharma,

Undersecretary, Ministry of Women Children & Senior Citizens.

WORK AND GENDER

Pradhanya Yonzon,
Chabahil, Kathmandu, 2019

A woman chauffeur is framed by the windshield and reflected in the rearview mirror. As more and more men have sought work abroad, women have taken up occupations that were previously the domain of men - such as butchers, pharmacists and chauffeurs. Although some women have been empowered by these shifts, gaining independence and learning new skills in the process, change is slow. Women drivers remain rare, and fewer still own vehicles. *This image was selected as a shortlisted entry for the This is Gender Nepal photography contest.*



FINDINGS: GENDER EQUALITY IN THE PUBLIC SECTOR

GENDER DISTRIBUTION IN THE LEADERSHIP OF SELECTED GOVERNMENT DEPARTMENTS AND DIVISIONS

Constitutional provisions on the minimum level of women's representation in the public sector have led to a marked increase in the number of women in government. Men, however, continue to hold most senior government positions (21).

We assessed the gender distribution of leadership and senior management of two ministries and three government departments or divisions under these two ministries. We selected these divisions/departments due to their roles in policy-setting and program implementation in the areas of health and gender. We additionally sought to compare the gender distribution of leadership between agencies that were responsible for delivering for the entire population and those that focused on women and girls. These were:

- Ministry of Health and Population
 - The Family Welfare Division under the Department of Health Services

- The Epidemiology and Disease Control Division under the Department of Health Services

- Ministry of Women, Children and Senior Citizens
 - The Department of Women and Children

We collected the gender of the heads of each of these five agencies for the last five years (June 2016-June 2021). This included the secretary-level at the ministries and heads of divisions and departments.

We also assessed the gender composition of senior management of these ministries and departments/divisions. Undersecretary and above-level positions were defined as senior-level positions. The senior management team was reviewed at one point in time (May 2021).

FINDINGS

Our findings show that women's representation at the level of leadership in the ministries and departments/divisions has been low. Between 2016 and 2021, 10 Secretaries have led the Ministry of Health and Population, of which two were women. In the same period, the Ministry of Women, Children and Senior Citizens has been led by eight Secretaries, which included one woman.

The gender makeup of leadership was similar at the departmental/division level. Between 2016 and 2021, seven people held the role of Director in the Family Welfare Division, all of whom were men. Likewise, the Epidemiology and Disease Control Division had six directors in the period, all of whom were men. Of eight directors at the Department of Women and Children during the period, three were women.

FIGURE 25. Gender of leadership of two ministries, 2016-2021

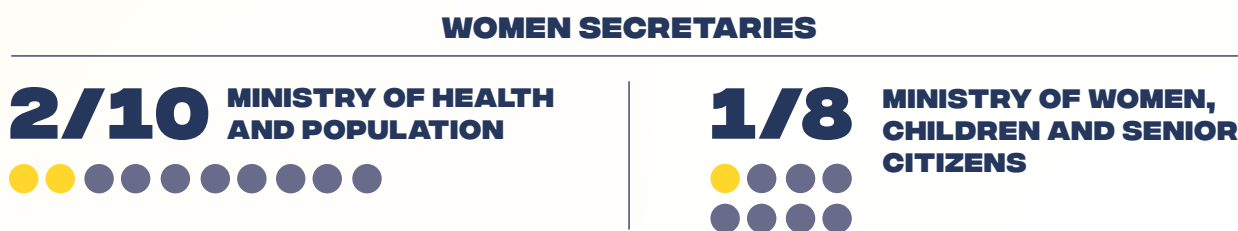
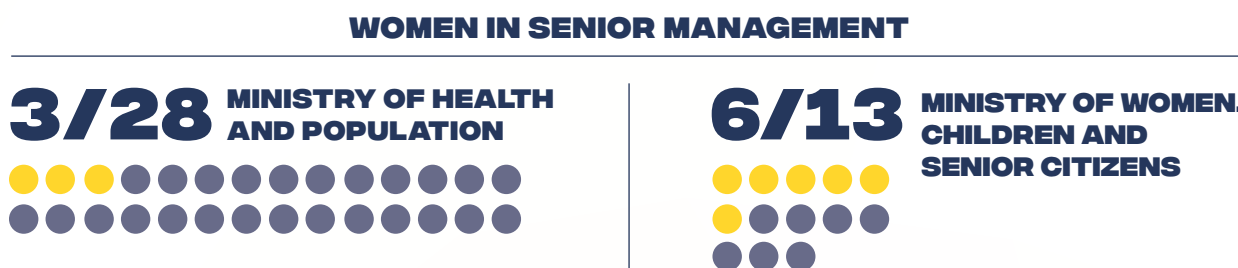


FIGURE 26. Gender of leadership of three divisions and departments, 2016-2021



FIGURE 27. Gender distribution of senior management, Ministries



At the senior management level of the Ministry of Health and Population, most staff were men (89%, 25/28). In contrast, the senior management

of the Ministry of Women, Children, and Senior Citizens was at gender parity: among 13 senior staff, six were women.

FIGURE 28. Gender distribution of senior management, Departments/Divisions



At the division/departmental level, one out of eight of the senior management of the Epidemiology and Disease Control Division

were women, as were two out of five at the Family Welfare Division, and one of two at the Department of Women and Children.



GENDERED ROLES SECOND PRIZE

Parbati Pandey, *Temal, Kavre*, 2015



A group of men enjoy the view of the hillside from a *chautari* (a rest stop) while a woman goes in search of food for her cattle. It is a tranquil scene but there will be no rest for the woman. Patriarchal norms in Nepal mean that women are responsible for the bulk of household chores. Despite Nepal's recent commitments to gender equality, some things have yet to change. This image was selected as the second place entry for the *This is Gender Nepal* photography contest.

RECOMMENDATIONS

**USING THIS
REPORT TO PUSH
FOR GENDER
EQUALITY AND
HEALTH EQUITY
IN NEPAL**



This report, the first of its kind, presents findings on the gender-related policies and practices of 77 national and global organizations active in gender and health in Nepal. Developed through the collaboration of national and global research teams, the report provides a unique look at the policies and practices of national and global actors, providing some opportunities for comparison between them, as well as between the country-level and headquarter-level policies and gender distribution of leadership of the same organization.

We encourage stakeholders to consider the actions below in using the findings of this report to push for gender equality and health equity in Nepal and beyond:

FOR POLICY-MAKERS

- Systematically report intersectional data that is disaggregated at a minimum by gender and age to track progress made by policies and investments dedicated to promoting gender equality, as part of the Nepal Government's commitments to the SDGs and "Leaving No-one Behind".
- Pursue transparency of all gender equality policy commitments and reporting on implementation of those commitments by ensuring this information is publicly available and presented in a way that is accessible, usable, and understandable.
- Bolster mechanisms of accountability to ensure implementation of existing legislation. This should include independent, transparent monitoring systems.

FOR GOVERNMENT EMPLOYERS

- Implement equality, diversity and inclusion policies, cultivate supportive workplace cultures and remove barriers for women and other underrepresented groups to ensure equality of opportunity for all members of the workforce.
- Consider conducting a gender audit to identify and understand gender patterns in government bodies' composition, structures, processes, organizational culture and management of human resources, and in the design and delivery of policies and services. Such audits conducted on a regular basis can also establish a baseline against which progress can be measured over time.

FOR ALL ORGANIZATIONS

- Implement interventions to advance gender-responsive organizational change, including: (i) Adopting clear policies to support staff in balancing personal, family and professional commitments; (ii) Systematically rolling out staff trainings, leadership and mentoring programs and institutionalizing space for dialogue on equality and non-discrimination in the workplace; and (iii) Demonstrating and implementing zero tolerance for sexual- and gender-based harassment.
- Set time-bound targets for gender parity, particularly at senior levels, and establish regular and transparent monitoring and reporting of progress with clear lines of accountability.
- Include equality, diversity and inclusion as a standing item for discussion by leadership and governing bodies.
- Conduct gender-based analyses to inform the development, implementation, monitoring and evaluation of programs, to understand and address how gender affects health outcomes for everyone—girls, boys, women, men, and people with non-binary gender identities. The World Health Organization provides a comprehensive set of tools for conducting these analyses.
- Convene other leaders and organizations in the sector to share learnings and strategies to advance progress.

FOR GLOBAL ORGANIZATIONS WITH FOOTPRINTS IN NEPAL

- Where existing workplace policies have been implemented at the global level, or within the 'parent' organization, consider adapting these policies for the office in Nepal, including consideration of the specific country context and challenges.
- Review career progression opportunities for all staff, including nationally employed staff, to ensure there are no barriers to reaching leadership levels.

FOR FUNDERS

- Start a dialogue with partners regarding their performance in this report. Encourage grantees to ensure their policies and programs are gender-responsive and that policies are in the public domain.
- Engage in targeted funding. Consider opportunities to support organizations in improving performance in one or more of the 12 variables measured in this report.
- Ensure there is adequate funding to enable gender-transformative programs including collecting and reporting sex-disaggregated data for monitoring and evaluating these programs.

FOR STAFF

- Advocate for action from leadership. Use the assessment of your organization in one or more of the areas in this report to call on your organization to improve performance. Use the score criteria to identify areas of weakness and to suggest policies and measures that should be adopted to improve scores. If your organization is lagging in your sector, highlight this and discuss with leadership on why this is the case.
- Share the results with your union or staff association. The findings of the report can be a source of evidence-informed advocacy by employee associations within each organization.
- Lobby your board. Advocate that your organization's board include discussion of equality, diversity and inclusion (based on the results of this review as well as other reviews within the organization) as a regular standing item.
- Organize a gender equality working group. If you don't have one already, create a staff working group to advance issues of gender and equality in your organization. Use your organization's results as a starting point for discussion.
- Use the scorecard when considering employment opportunities. Review how a potential employer prioritizes, commits to and delivers on gender equality and diversity when considering your next career move.

USEFUL TOOLS FOR ALL STAKEHOLDERS

- Compare with your peers: Use the [Gender and Health Index](#) to compare your organization's performance with that of others in your sector. You can use the Index to explore high scoring policies or programmatic work from others in your sector or engaged in similar work and consider how these examples could apply to your own policies and programs.
- Self-assess your organization: If your organization is not among those in this report, use the [self-assessment tool](#) to review your organization's performance.
- Explore resources: Refer to the GH5050 assessment framework, model policies, and our ['How To' guides](#) to inform effective, equitable internal policies to advance equality and non-discrimination in the workplace.

ANNEX.

METHODOLOGY

SELECTION OF SAMPLE ORGANIZATIONS

A total of 77 organizations were sampled for this study. The sources of organizations and eligibility criteria are explained in more detail below.

1 SELECTED ORGANIZATIONS FROM THE GLOBAL HEALTH 50/50 (GH5050) SAMPLE:

Global Health 50/50 annually assesses the policies and practices of 200 global organizations active in health. This report reviewed a subset of those organizations which met the following criteria:

- Registered with the Association of International NGOs in Nepal or with the Social Welfare Council;
- Implementing programs related to either health or gender;
- Have an existing office space in Nepal (2019-2020), and;
- Maintain an official website or a dedicated webpage for their activities in Nepal.

2 OTHER INTERNATIONAL OR GLOBAL ORGANIZATIONS WORKING IN GENDER OR HEALTH IN NEPAL:

The second category of the sample is international organizations active in Nepal that are not regularly reviewed by the GH5050 report. Selected organizations met the following criteria:

- Have an active presence in Nepal (i.e., implementing programs during 2020-2021);
- At least 15 employees;
- Currently working in at least 10 districts of Nepal;
- Have at least 5 active projects in gender or health-related areas in Nepal, and;
- Have at least a moderate level of influence in policymaking in the country.

Table 1 summarizes the global organizations sampled in this study.

TABLE 1. Types of global organizations included

TYPE OF ORGANIZATION	NUMBER OF GH5050 SAMPLE	NUMBER OF OTHER GLOBAL ORGANIZATIONS	TOTAL
Consultancy	0	2	2
Private sector	2	0	2
Faith-based	4	3	7
Bilateral & Multilaterals	7	2	8
UN System	10	0	10
INGOs	12	5	17
Regional Organization	0	1	1
TOTAL	35	13	47

3 NATIONAL NGOS:

The third category of organizations is non-governmental organizations (NGOs) based in Nepal. From the roster of 50,222 NGOs listed by the Social Welfare Council, we selected 30 that met the following criteria:

- Registered with the Social Welfare Council as of January 2015;
- Have the main office located in the Kathmandu valley;
- Have at least two ongoing programs related to gender or health, and;
- Maintain an official website.

Government bodies

Two ministries and three government divisions/departments were selected for this study. This included the Ministry of Health and Population and the Ministry of Women, Children and Senior Citizens. The divisions/departments selected were the Family Welfare Division, the Epidemiology and Disease Control Division, and the Department of Women and Children. These departments/divisions were selected purposively in view of their work on gender or health. In selecting these agencies, we also solicited the expert views of the national technical advisory committee formed for this study.

The following data was collected from these government agencies:

- Gender of the leadership over the past five years (June 2016-June 2021)
- Gender parity in senior-level management (May 2021)

DATA COLLECTION: APPROACH AND METHODS

The data for this study mainly comes from publicly available sources. The data collection process comprises three phases.

1 REVIEW OF DOCUMENTS AVAILABLE IN THE PUBLIC DOMAIN:

Organizational data (global organizations and NGOs) from publicly available documents were extracted. Data were collected by two reviewers and verified by a third reviewer. The discrepancies between the reviewers in data extraction were discussed until a consensus was reached.

2 REVIEWING DOCUMENTS SHARED BY ORGANIZATIONS:

Organizations were requested for information that could not be found in the public domain. They were asked to share policies (if available) through a secure platform.

3 VALIDATING RESULTS WITH ORGANIZATIONS:

After publicly available data was extracted and compiled, preliminary results were sent to the organization for validation via an online portal. Organizations were requested to review and verify the results and provide any additional information, documentation, or policies to review.

To amend organizational scores, organizations were requested to provide supporting evidence (i.e., policies, reports, etc.) to justify amendments. Throughout the process of data collection, organizations were encouraged to contact one of the study team members to discuss the process and variables. Inputs from organizations were reviewed and scores were revised accordingly. These scores were once again shared with organizations for a final opportunity to provide feedback before publication.

DATA SOURCES

1 GLOBAL ORGANIZATIONS

Sixteen global organizations had standalone websites for their activities in Nepal and 32 organizations had information on dedicated pages on their global website for their activities in Nepal. Eleven global organizations validated their data and 18 submitted internal workplace policies for assessment. Out of the shared policies, 12 were global policies and six were policies specific to Nepal.

2 NATIONAL NGOS

Organizational websites and social media profiles including Facebook, LinkedIn, and Twitter were used to search for the required information. Seven out of 30 organizations validated their data and seven organizations submitted policies for assessment.

3 GOVERNMENT BODIES

We collected information on the gender of the executive head of the government division over the period 2016-2021. This was acquired through personal contacts and direct requests. In order to assess gender parity in senior management, information on the employees in senior management during the period May-June 2021 was collected. We defined senior level positions as undersecretary and above.

DATA MANAGEMENT AND ANALYSIS

The data collected was coded in line with standardized codes used in the 2021 GH5050 report (22) with an additional new contextual code. The organizations that did not maintain separate national websites but had a country-specific page embedded in global websites were coded the same as their host or parent global organizations.

ETHICAL APPROVAL

This study was approved by Nepal Health Research Council (Ref no-193/2021 P)

LIMITATIONS

- The lack of data in the public domain greatly limited our ability to analyze the comprehensiveness of organizations' policy environments and equitable career outcomes.
- Due to competing priorities because of COVID 19, we expect that there was lower engagement of organizations in internal policy sharing and data validation.
- Due to purposively selected government departments/divisions, the results may not be generalizable to all government agencies.

AS BEAUTIFUL AS A FLOWER

THIRD PRIZE

Ankit Khadgi,
Kathmandu, 2021

A man's bare torso is softly illuminated - emerging from the dark with a red flower clutched to the chest. A self-portrait as an act of self love, the photographer is celebrating his body, in defiance of traditional masculine norms. Central to the frame, the photographer juxtaposes the man and the flower but claims there is no difference - his body is "as beautiful as a flower." *This image was selected as the third place entry for the This is Gender Nepal photography contest.*



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INDEFINABLE

Shreya Rai,
Thaiba, Lalitpur, 2021

A figure and a face are obscured in the shadows. Wisps of long hair mimic the shadows of the tree leaves. The human form becomes a flat surface onto which gendered norms, roles and expectations are projected, with little concern of the true identity underneath. *This image was selected as a shortlisted entry for the This is Gender Nepal photography contest.*



कपा
CREHPA



GLOBAL 50
HEALTH 50



<https://doi.org/10.56649/BMOA8230>

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