UNITED NATIONS UNIVERSITY

UNU-IIGH
International Institute for Global Health

WHAT WORKS

# IN GENDER AND HEALTH IN THE UNITED NATIONS

## CASE STUDY 9:

## Institutional integration of gender at global, regional and country levels, including in health (UNICEF)

Gender & Health Hub

Knowledge. Policy. Action.

# Project summary

The United Nations University International Institute for Global Health (UNU-IIGH) co-produced a practice-based study with five UN agencies working in global health (UNAIDS, UNDP, UNFPA, UNICEF and WHO). The project focused on analysing and understanding what worked, where, for whom, why and how, institutionally and programmatically, to successfully mainstream gender (click here for the consolidated project report).

The research involved in-depth analyses of 14 case studies that were considered examples of successful gender mainstreaming identified by respective UN agencies. Interview and published material relevant to each case study were analysed to ascertain the factors contributing to successful gender mainstreaming within the UN system. Key findings of the project included:

- Leaders can catalyse, accelerate and sustain success, by investing in gender architecture across the organisation with dedicated core funds.
- Organisational strategies that include gender equality with measurable outcome and output indicators, links between gender teams and budget planning teams, and strong performance and financial accountability mechanisms were gamechangers.
- Feminist civil society expertise and pressure can ensure alignment with local priorities, grounding in ethical frameworks, external accountability and sustainability.
- Joint interagency collaboration can have real impacts on the ground when comparative advantages of the agencies involved are leveraged.
- Evidence, data and programmatic learning that shows what works (and what the problem is) can drive action and change.

# Overview of Case Study Series

This Case Study Series consists of briefs for each of the 14 successful cases of programmatic and institutional gender mainstreaming analysed as part of the 'What Works' project. Each brief presents further details about the particular case study, including the outcomes achieved, the pre-existing contextual factors that enabled the change, the factors that triggered change, and the mechanisms that sustained the change over time. Broadly, the case studies are categorised into three groups based on the types of successful outcomes achieved namely those that:

1. empowered women and girls to resist harmful gender norms and practices and advocate for their own health needs;
2. put gender and health issues on the global agenda; or
3. embedded gender equality issues in institutional processes and structures that supported gender equality in health programming.

These three types of outcomes reflect the different levels that UN agencies work on and illustrate the capabilities and strengths of the UN system.

# Case study 9: Background

This case study, which relates to the third outcome group, focuses on the work led by UNICEF to systematically operationalise the integration of gender into all its strategic plan outcomes across various sectors, including health. Since 2014, there has been a set of targeted gender priorities across UNICEF's Strategic Plan outcomes[1,2]. UNICEF's two Gender Action Plans (GAPs) (GAP 2014–2017 and 2018–2021) sought to systematically operationalise the integration of gender in all the Agency's work, enable programmatic gender mainstreaming through strengthening institutional structures, and generate targeted priority gender programmes for adolescent girls[3,4]. A theory of change was articulated in GAP 2018–2021, which envisaged a dialectic, two-way relationship between institutional and programmatic gender mainstreaming[2].

Associated with these institutional changes have been notable and steady advances in programmatic gender mainstreaming across all sectors, including health. In 2019, 107 country programmes out of 128 had one or more gender-integrated results in their programmes, compared with 92 country programmes in 2017. Some 90 UNICEF country programmes included results in one or more of the targeted gender priorities, compared with 73 in 2017[5].

Figure 1 provides an overview of the mechanisms and contextual factors that triggered, enabled and sustained changes that led to the successful institutional integration of gender.

# What were the triggers that catalysed the Gender Action Plans?

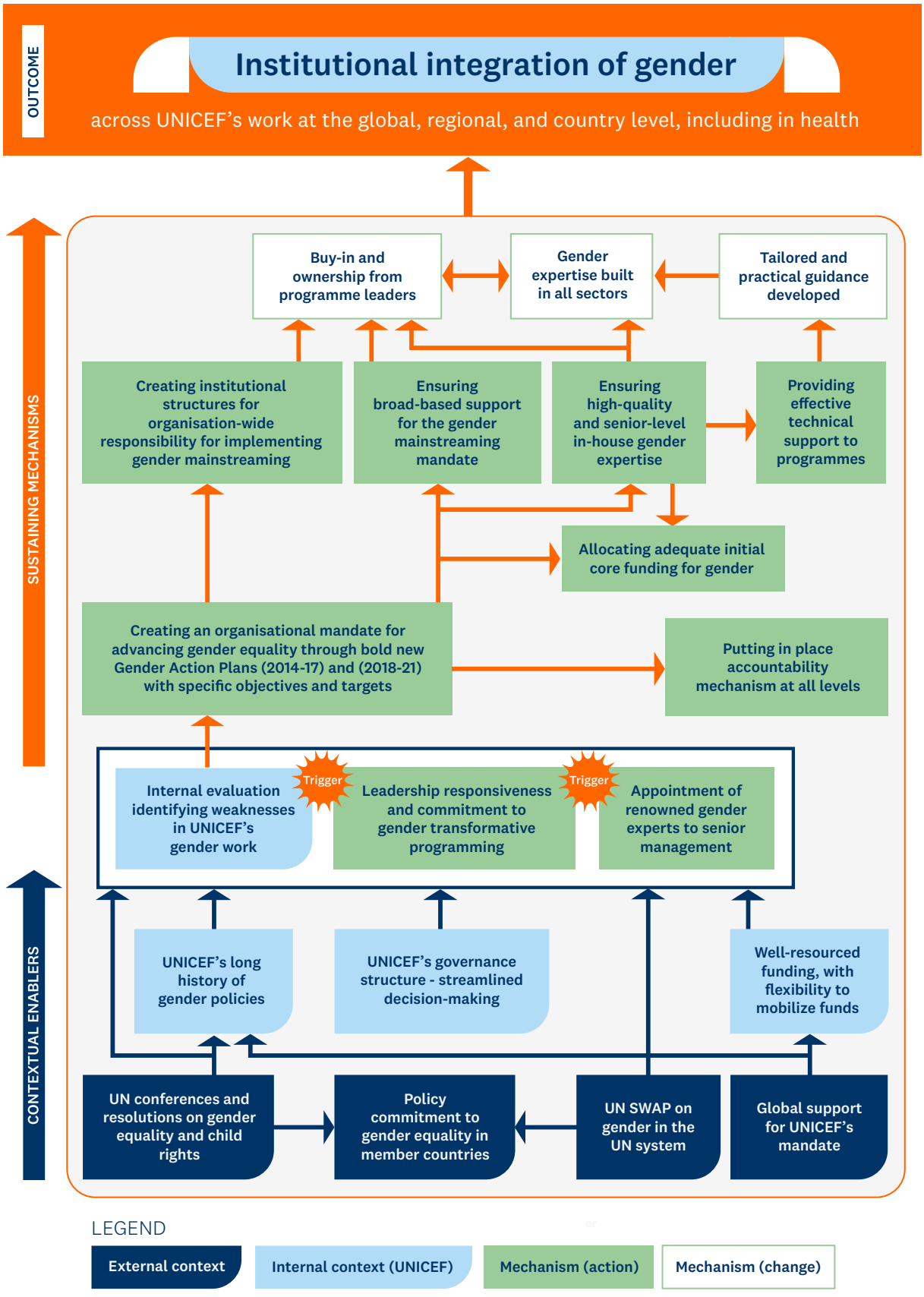
By triggers, we refer to catalytic moments, whereby a change in the internal or external context opened windows of opportunity, which were identified and seized by specific actors. In the context of this case, the triggers were:

**An internal evaluation which identified weaknesses in UNICEF's gender work.** UNICEF adopted a gender policy in 1994. In 2008, an evaluation of this policy identified that UNICEF was not living up to its potential for gender mainstreaming because of the limited allocation of resources, weak gender architecture, and gaps in leadership and accountability[6].

**Leadership responsiveness and commitment to gender transformative programming.** There was active support from the Executive Board to make changes in response to the 2008 evaluation. This included bringing in an internationally renowned gender expert as the new Deputy Executive Director of Programmes (2011) and supporting her initiatives for gender mainstreaming[7].

**Appointment of renowned gender experts to senior management.** The newly appointed Deputy Executive Director of Programmes subsequently recruited a senior gender expert whom she trusted to develop, execute, and lead a more ambitious gender agenda[7].

**FIGURE 1. Overview of the triggers, contextual enablers and sustaining mechanisms that supported the institutional integration of gender at global, regional and country levels, including in health (UNICEF)**



# What enabling contextual factors facilitated change?

Enabling contextual factors at various levels—internationally, across the UN system, within UNICEF—created the right environment in which the triggers, described above, could occur.

Internationally, the enabling contextual factors included:

- Gender equality was an agreed policy commitment among the Member States since CEDAW in 1979, the *Convention on the Rights of the Child* in 1989, the 1995 Beijing Conference and the UN ECOSOC resolution on gender mainstreaming of 1997[7]. Millennium Development Goal 3 maintained a focus on gender equality and women's rights and gained further reinforcement through inclusion as a dedicated goal in Sustainable Development Goal (SDG) 5[7].

Across the UN-wide system some important contextual enabling factors included:

- The implementation of UN System Wide Action Plan (UN-SWAP) in 2012 and the UN system-wide strategy for gender parity in 2017, which made explicit commitments to gender mainstreaming and gender equality within UN agencies[8,9]. Gender mainstreaming features prominently in the new *United Nations Sustainable Development Cooperation Framework,* previously the *United Nations Development Assistance Framework*[10].

Within UNICEF, some of the critical enabling contextual factors included:

- UNICEF occupies a unique position within the UN system. Its mandate of protecting children enjoys global support, furthermore the Agency is well-resourced. Funding at UNICEF has been steady and increasing, in contrast to other UN agencies working in global health. In addition, as a fund, UNICEF has the mandate to raise money from many sources and the independence to spend it within the boundaries set up by its accountability mechanisms[11].

- UNICEF's streamlined governance structure in its Executive Board. It also has a significant field presence as a programme implementor[12]. A well-designed plan disseminating from headquarters would therefore have a high probability of positively influencing the attention paid to gender at all levels of the organisation.

- UNICEF has a long history of gender policies that have been evaluated iteratively and updated as required. The first was in 1985. Subsequent policies were developed and adopted in 1994 and 2010[6,13]. Given this history, a negative policy evaluation has a high probability of influencing positive change.

# What actions sustained changes to successfully institutionalise gender and enable gender-responsive programming across sectors, including health?

**Creating an organisational mandate for advancing gender equality through GAP-1 and GAP-2 with specific objectives and targets.** The Deputy Executive Director of Programmes, and Principal Advisor on Gender created an organisational mandate for gender mainstreaming through well-crafted GAPs aligned with the strategic plans. GAP-1 and GAP-2 laid out the road map and created institutional structures facilitating programmatic gender mainstreaming across all sectors, including health[3,4].

The specificity of the GAPs was instrumental in their operationalisation — being action-orientated and providing clear signposts for what was to be done on the ground resonated well with programme directors. In addition the GAPs focused on adolescent girls as a strategic entry point. There were five priority programmes focused on adolescent girls' wellbeing and empowerment. At the same time, there were gender equality goals in some of the other sectors: nutrition, immunisation, education, child protection. Clear objectives and targets were spelt out in each case[3,4,14].

**Ensuring broad-based support for the gender mainstreaming mandate.** Senior staff members considered the success of GAP-1 and GAP-2 to be closely linked to the development process[14]. Broad-based ownership was fostered through extensive consultations with staff and management, Executive Board members, civil society, and academia on the design and content[15].

Buy-in from programme leaders was also ensured by firmly aligning the GAPs with UNICEF's strategic plans and positioning them to support the realisation of strategic plan goals for the respective periods (2014-17 and 2018-21)[1,2].

**Creating institutional structures for organisation-wide responsibility for implementing gender mainstreaming.** Responsibility for ensuring the success of GAP-1 and GAP-2 was shared across the organisation by creating an internal steering committee that would help roll out the plan outlined in the GAPs. The steering committee had representation from staff in charge of recruitment, mobilising resources, partnerships, liaising with governments, and generating the data[14].

**Ensuring high-quality and senior-level in-house gender expertise that UNICEF could leverage to support the rollout of GAP-1 and GAP-2.** The Principal Advisor on Gender, with support from the Deputy Executive Director of Programmes, created in-house capacity to implement the plans in the manner intended. There was a significant expansion of gender expertise at the P5 level at headquarters. All regional and country offices with significant budgets were encouraged to have a dedicated gender expert[14].

The Principal Advisor on Gender reported directly to the head of the programme division and was not located within any specific programme, giving her greater leverage to work across all programmes and sectors. Likewise, gender experts in the regional offices also reported directly to senior management[14]. Lastly, gender expertise was built in all sectors, (for example, education and WASH) through the GenderPro capacity-building initiative to expand the gender architecture beyond the gender units[16].

**Initial adequate financial allocation for gender from core funds.** For GAP-1, the headquarters Principal Advisor on Gender worked with the Chief

Financial Officer of the Agency to find the financial resources that enabled a major expansion of the gender architecture and investment in gender programming. Financing the gender architecture from core funds signalled the Agency's commitment to gender and ensured greater stability of the positions[14].

**Effective technical support to programmes to mainstream gender through practical guidance tools.** Programme managers were able to implement gender-integrated interventions through detailed operational guidance documents. Tailored guidance documents were produced for the young child survival and development, education, HIV/AIDS, Child Protection and WASH sectors. They spelt out concrete steps aligned with medium-term strategic plan focus areas[17,18,19,20,21]. Also, the practicality of the *barriers and bottlenecks* analysis in programmes proposed by these guidance documents appealed to programme staff and facilitated the regional advisors' work[15].

**Putting in place accountability mechanisms at various levels.** Accountability mechanisms played a significant role in ensuring the implementation of the GAPs. Internal mechanisms included periodic reporting to the internal GAP steering committee and reporting annually on GAP indicators to the Executive Board[14]. Publishing annual reports of progress on GAP was a means of enforcing public accountability[22]. Advocacy by the Deputy Executive Director of Programmes, donor pressure and pressure from the Member States and the Executive Board was responsible for these mechanisms[15].

# Conclusion

This case study illustrates the organisational-wide change that is possible when gender equality is embedded in institutional processes and structures and the positive impact this can have on gender mainstreaming at the organisational level and in health programmes. This brief, alongside analyses of the other case studies within the What Works in Gender and Health Case Study Series, fills a major gap at a critical juncture in time by providing an evidence-base of what has worked, where, for whom, why and how, to promote gender equality in health in a multilateral system. For further details of consolidated findings across all 14 case studies and overall recommendations please click here for the full project report.

# References


**1** United Nations Children's Fund (2013). The UNICEF Strategic Plan, 2014-2017: realizing the rights of every child, especially the most disadvantaged. https://digitallibrary.un.org/record/782052?ln=en

**2** United Nations Children's Fund (2018). UNICEF Strategic Plan 2018-2021. https://www.unicef.org/media/48126/file/UNICEF_Strategic_Plan_2018-2021-ENG.pdf

**3** United Nations Children's Fund (2014). UNICEF Gender Action Plan, 2014-2017. UNICEF Executive Board Annual Session, 2014.

**4** United Nations Children's Fund (2018). UNICEF Gender Action Plan, 2018-2021. UNICEF Executive Board Second Regular Session 2017.

**5** United Nations Children's Fund (2020). Annual report on the implementation of the UNICEF Gender Action Plan, 2018–2021. UNICEF Executive Board Annual Session. https://www.unicef.org/executiveboard/media/4631/file/2021-15-GAP_annual_report-EN-ODS.pdf

**6** United Nations Children's Fund (2008). Evaluation of Gender Policy Implementation in UNICEF. https://www.itad.com/wp-content/uploads/2008/03/2008_Gender_Evaluation_Report.pdf

**7** UN Women (2015). Timeline: The UN at 70 – Gender Equality Milestones & Memorable Moments https://www.unwomen.org/en/digital-library/multimedia/2015/9/timeline-un-at-70-gender-equality

**8** UN Women (2013). UN-SWAP A plan to improve gender equality and the empowerment of women across the UN system. https://elearning.un.org/CONT/GEN/CS/I_Know_Gender_(English)/story_content/external_files/M03_S16_16_17_UN_SWAP_brochure.pdf

**9** United Nations (2017). System-wide strategy on gender parity. https://www.un.org/gender/sites/www.un.org.gender/files/gender_parity_strategy_october_2017.pdf

**10** United Nations Sustainable Development Group (UNSDG) (2019). United Nations Sustainable Development Cooperation Framework. https://unsdg.un.org/sites/default/files/2019-10/UN-Cooperation-Framework-Internal-Guidance-Final-June-2019_1.pdf

**11** United Nations Children's Fund (2020). Funding Compendium-2019. https://www.unicef.org/media/71841/file/Funding-compendium-2019.pdf

**12** United Nations Children's Fund (2020). Structure and contact information. How UNICEF works. https://www.unicef.org/about/structure/

**13** United Nations Children's Fund (2014). Report on the progress of work in gender equality and empowerment of women in UNICEF. Executive Board Annual Session 2014.

**14** Data from key informant interviews.

**15** Data from case study workshop.

**16** United Nations Children's Fund (2019). Realizing Potential: Evaluation of UNICEF's Gender Action Plans. Evaluation Report. https://www.unicef.org/media/65591/file/Realizing%20potential:%20Evaluation%20of%20UNICEF's%20Gender%20Action%20Plans,%20December%202019.pdf

**17** United Nations Children's Fund (2017). Gender-responsive Water, Sanitation and Hygiene: Key elements for WASH programming. https://www.unicef.org/gender/files/Gender_Responsive_WASH.pdf

**18** United Nations Children's Fund (2011). Promoting gender equality through UNICEF-supported programming in young child survival and development. Operational guidance. https://www.unicef.org/gender/files/Survival_Layout_Web.pdf

**19** United Nations Children's Fund (2011). Promoting gender equality through UNICEF-supported programming in basic education. Operational guidance. https://www.unicef.org/gender/files/BasicEducation_Layout_Web.pdf

**20** United Nations Children's Fund (2011). Promoting gender equality through UNICEF-supported programming in child protection. Operational guidance. https://www.unicef.org/gender/files/Protection_Layout_Web.pdf

**21** United Nations Children's Fund (2011). Promoting gender equality through UNICEF-supported programming in HIV/AIDS. Operational guidance. https://www.unicef.org/gender/files/HIV_Layout_Web.pdf

**22** United Nations Children's Fund (2019). Gender equality. Global Annual Results Report 2019. https://www.unicef.org/reports/global-annual-results-2019-gender-equality

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