UNITED NATIONS UNIVERSITY

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International Institute for Global Health

WHAT WORKS

IN GENDER AND HEALTH IN THE UNITED NATIONS

CASE STUDY 10:

Member State implementation of gender-responsive programmes, including in the health sector, through the strategic use of Gender Programmatic Reviews (UNICEF regional and country offices, Europe and Central Asia)

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 10: Background

This case study, which relates to the third outcome group, focuses on how UNICEF utilised the mandate provided by the Gender Action Plan-2 (GAP-2) and the institutionalisation of the Gender Programmatic Review (GPR) to advance the gender equality goals in UNICEF's Europe and Central Asia Region.

The GPR is a broad-based consultative process aimed at developing gender-responsive country programme documents rolled out with the help of country partners[1]. UNICEF strategically institutionalised the GPR process to develop gender-responsive programmes in Europe and Central Asia. According to UNICEF's GAP 2018–2021, every country office must undertake a GPR at least once during its programme cycle[2]. The GAP 2018–2021, and the GPR process outlined by it, provided an organisational mandate to country offices to advance gender equality goals, with particular success in Europe and Central Asia. In 2018, 43% of the country offices had undertaken a GPR. The GAP 2019 evaluation found that GPRs provided a key stimulus for increased attention to gender in-country programming[3].

Figure 1 provides an overview of the mechanisms and contextual factors that triggered, enabled and sustained changes that led to the successful implementation of gender-responsive programmes through the leveraging of the GPR process in UNICEF's Europe and Central Asia Region.

What were the triggers that catalysed the use of GPRs to implement gender-responsive programmes?

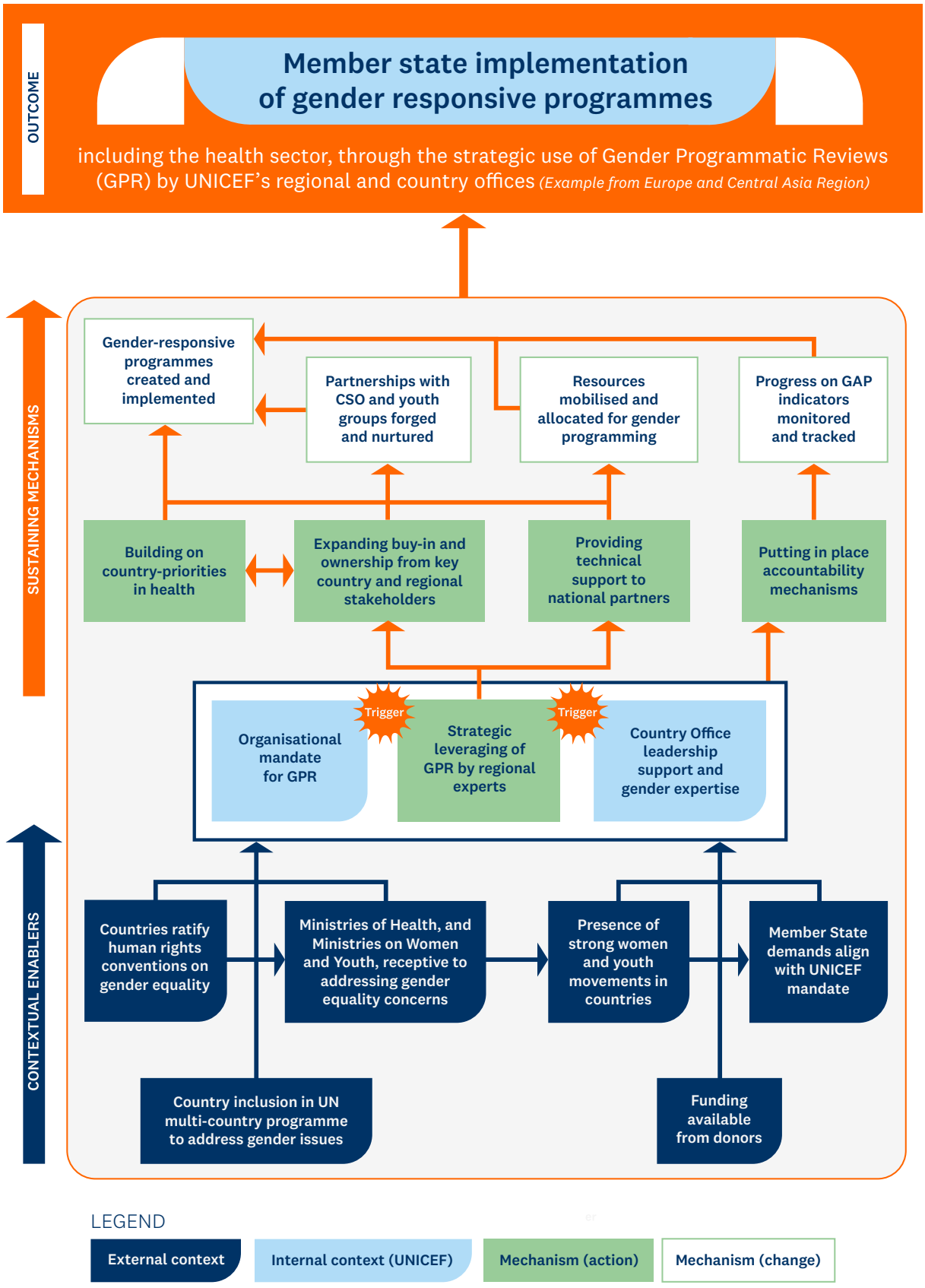
By triggers, we refer to catalytic moments, whereby a change in the internal or external context opened windows of opportunity, which were identified and seized by specific actors. In the context of this case, the triggers were:

An organisational mandate for GPR. The Strategic Plan (2018-21) and the GAP-2 provided the mandate and the road map for GPR with country offices and Member States[1,2]. UNICEF's country offices were required to carry out a GPR at least once during a programme cycle. The GPR is visualised as a three-step process consisting of: a) identification of programme output areas that are in alignment with national priorities, b) conducting in-depth gender analysis of the selected programme output areas to identify gender barriers and bottlenecks as well as opportunities and options for addressing these within the selected programme areas, and c) developing gender-responsive programmes, indicators for monitoring and evaluation and accountability mechanisms[2].

Country office leadership support and gender expertise. In some countries, the Country Representative/Deputy Representative was supportive of gender mainstreaming, which influenced active participation from the country office staff. Leadership support also translated into resource mobilisation and allocating adequate financial and human resources for gender programming[4].

In the successful cases, the expertise of a competent gender specialist within country offices also supported a high-quality GPR. These individuals sustained the momentum created by the GPR to develop and implement gender-responsive programmes[4].

FIGURE 1. Overview of the triggers, contextual enablers and sustaining mechanisms that led to Member State implementation of gender-responsive programmes through the strategic use of Gender Programmatic Reviews



Strategic leveraging of GPR processes by regional gender experts. Gender experts in the regional offices used the GPR processes strategically as an opportunity for initiating dialogues with all departments in the country office and securing their buy-in. All units—finance, management, data—were all part of the GPR process, which facilitated shared responsibility for the development and implementation of gender-responsive programmes. The involvement of partners from UN agencies, government and civil society during the consultative process, enhanced the chances of securing wide-spread buy-in for the identified gender priorities[5].

What enabling contextual factors facilitated change?

The triggers described above rested on and were enabled by several contextual factors. At country-level these enabling contextual factors included:

- Countries that ratified human rights conventions about gender equality and identified a need for technical support in implementing their commitments[4].
- Countries where the Ministries of Health and Ministries responsible for women's and youth affairs were open to addressing gender equality concerns[4].
- Countries where UNICEF had a specific niche role, for example, programmatic work focused on adolescents—which falls directly within its mandate—or situations where other UN agencies were not actively engaged in programme implementation[4].
- Countries with established women-led organisations and youth organisations which had an active voice in advocating for gender equality[4].
- High or middle-income countries which were committed to advancing the gender equality agenda and willing to make financial investments in gender programming[4].
- Countries that included a UN multi-country programme which addressed gender concerns[4].

What actions sustained gender equality mainstreaming in programmes at the country level?

Expanding buy-in and ownership from the key country and regional stakeholders. In UNICEF's Europe and Central Asia Region, the GPR team often consisted of a team from the regional office and gender experts. This included the gender advisor and the sectoral lead for health and child protection. As such, decisions on priority gender issues in the health sector were decided conclusively in the GPR process[4,5].

The gender advisor and gender specialist looked for opportunities to forge new partnerships through the GPR process. For example, a women's forum in the Kyrgyzstan Parliament and the national women's union in Kosovo were involved in the GPR process. The involvement of these groups developed into long-term partnerships which enabled changes on the ground. Based on an idea that emerged from the Kyrgyzstan GPR, young people were mobilised and engaged with key issues within their communities, which subsequently resulted in improved sanitation infrastructure in their schools[4,5].

Because the GPR is a process which includes high-level dialogue with partners from other UN agencies to identify a niche for UNICEF's gender work that complements other agencies' work and leverages their strengths, the regional office team's personal relationships with personnel from other UN agencies was critical. These relationships often helped the UNICEF country office to strengthen its position within the in-country inter-agency landscape[4,5].

Building on country priorities in health. Gender experts built on government priorities by bringing together relevant partners which helped to advance the gender equality agenda. For example, in Kyrgyzstan, adolescent health was a priority for the government, and the gender agenda was built around this. The country had been identified as a partner for the European Union and UN-sponsored *Spotlight Initiative* to eliminate violence against women and girls, which facilitated the inclusion of gender-based violence on the agenda[4].

In Turkmenistan, where violence against children was a concern, dialogues with the Ministry of Social Welfare led to addressing this problem holistically, alongside issues around violence against women4. Building on the country's priorities also increased the probability of mobilising government funding for gender work[4].

Providing technical support to national partners. The intranet site of UNICEF headquarter's Gender Team provided tools to support GPRs and integrate gender into country programming (e.g., situation analysis, strategy notes and country programme documents). The tools specified the role of various actors within the country and regional offices in conducting a GPR[4]. At the regional level, the gender advisor provided technical support to the country office as needed, especially where there was no dedicated in-country gender specialist[4]. Additionally, accountability mechanisms were in place and enforced by assessing progress on GAP indicators, the routine reporting to the regional offices and subsequent GPRs[4].

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

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5 Data from key informant interviews.

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Suggested citation: Ravindran, TK Sundari, Atiim, A. George, Remme, Michelle & Riha, Johanna (2022). Case Study 10: Member State implementation of gender-responsive programmes, including in the health sector, through the strategic use of Gender Programmatic Reviews (UNICEF regional and country offices, Europe and Central Asia). What Works in Gender and Health in the United Nations: Case study series. United Nations International Institute for Global Health. Kuala Lumpur, Malaysia.

Layout and design: The Creativity Club

DOI: 10.37941/AJYU8536