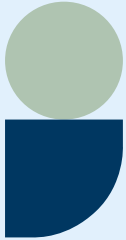




UNITED NATIONS
UNIVERSITY

UNU-IIGH
International Institute
for Global Health



WHAT WORKS

IN GENDER AND HEALTH IN THE UNITED NATIONS

CASE STUDY 12:

Adequate financial allocations for programmes advancing gender equality and women's empowerment through effective use of the Gender Equality Marker (UNFPA)

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 12: Background

This case study, which relates to the third outcome group, focuses on the contributions made by UNFPA to institutionalise the Gender Equality Marker (GEM) across all levels of the organisation.

The GEM system, also known as the gender marker, tracks and reports on allocations for gender equality and the empowerment of girls and women. The gender marker is one of the UN System-Wide Action Plan (UN-SWAP) indicators (performance indicator 9) that UN agencies have to report on¹. UNFPA has used the gender marker since 2014 to track the allocation of programme funds based on the extent to which gender equality and women's empowerment is considered and addressed throughout the design, implementation, and monitoring and evaluation process².

All activities within the gender marker are classified into four categories:

1. activities with gender equality and women's empowerment as their primary objective;

2. activities that contribute substantially to gender equality and women's empowerment;
3. activities that make some contribution to gender equality and women's empowerment; and
4. activities that do not contribute to gender equality and women's empowerment.

UNFPA has successfully institutionalised the gender marker at all levels of the organisation. The gender marker is now a mandatory component of UNFPA's work plans, and it is reported in UNFPA's annual reports³. The classification is based on guidelines from the UN system's Finance and Budget⁴.

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

What were the triggers that catalysed the institutionalisation of the gender marker?

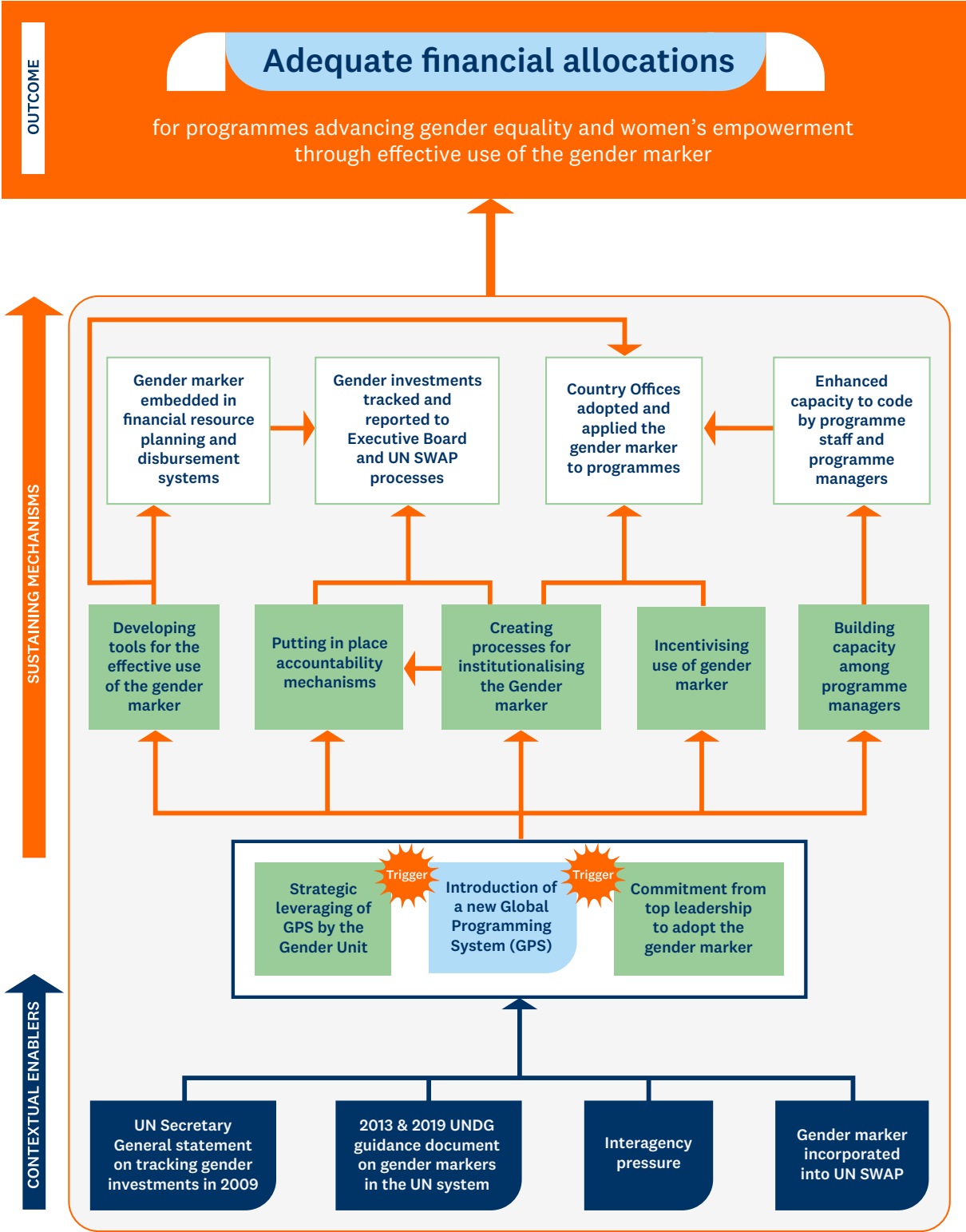
By triggers, we refer to catalytic moments, whereby a change in the internal or external context opened windows of opportunity, which were identified and seized by specific actors. In the context of this case, the triggers were:

Commitment from senior leadership to adopt the gender marker. Soon after the Executive Director assumed office in 2011, he expressed his commitment to a gender marker system adopting the United Nations Development Group (UNDG) guidance and harmonising

it with UNDP and UNICEF⁵. There was also support from the Executive Board⁶. The Chief of the Finance Branch, who had been open to briefings by the Gender Unit on the gender marker, also gave his support⁶.

Introduction of a Global Programme Strategy (GPS) system. A GPS electronic programme management tool was introduced as a part of UNFPA's Enterprise Resource Planning system. Staff were asked to tag their work plans according to different attributes such as intervention types and population groups served.

FIGURE 1. Overview of the triggers, contextual enablers and sustaining mechanisms for providing adequate financial allocations for programmes advancing gender equality and women’s empowerment through effective use of the Gender Equality Marker (UNFPA)



LEGEND

- External context
- Internal context (UNFPA)
- Mechanism (action)
- Mechanism (change)

This created the space to include the gender marker, which meant another tagging attribute question in the programme management system⁷.

Strategic leveraging of GPS by the Gender

Unit. The Gender Unit within UNFPA saw the window of opportunity provided by the introduction of the GPS system to push forward the adoption of the gender marker. Adoption of the gender marker was secured

through leveraging support from senior leadership and the finance branch. The Gender Unit also had the technical expertise to develop a user-friendly process and build staff capacity to code programmes according to the programme's contribution to gender equality and women's empowerment. The coding was done with ease by programme staff after some basic training also strengthened internal support⁷.

What enabling contextual factors facilitated change?

The initial triggers associated with the successful implementation of gender marker occurred in a broader enabling context which included contextual factors across the UN system as well as within UNFPA. These included:

- UN-wide support for developing and implementing a measure to track funds allocated to advancing gender equality. Mention of a gender marker to assist in tracking the proportion of funds devoted to advancing gender equality was first made in 2009 by the UN Secretary-General in his report on peace building. The United Nations Development Group (UNDG) had the task of developing guidance for a common approach to gender markers within the UN system. It produced its first guidance document in 2013⁸.
- Subsequently, the gender marker was included in the UN-SWAP indicators to track resources allocated to advancing gender equality by each UN agency. Several UN agencies used the gender marker system with varying levels of effectiveness⁷.
- UNICEF and UNDP's adoption of the gender marker may have created peer pressure and motivation within UNFPA not to fall short of standards set by agencies with which they work.

What mechanisms sustained successful institutionalisation of the gender marker at UNFPA?

Creating processes for institutionalising the gender marker.

The gender marker was institutionalised within UNFPA's financial resources planning and disbursement systems. It was a mandated

aspect of UNFPA's work plan and subsequent programme monitoring of all programme funds⁶. Furthermore, the gender marker was instituted in all the country offices and applied to all the programmes⁶.

Putting in place accountability mechanisms.

There were some basic quality assurance mechanisms which ensured that the reporting on the gender marker, which was based on self-reporting, met a minimum standard⁷.

Inclusion of the gender marker in the UN-SWAP also incentivised the UNFPA's commitment to implementing it⁷. In addition, the gender marker was a part of the financial report presented to the Executive Board, which enforced a high accountability level⁷. Financial reporting based on the gender marker was included in every annual report since 2015 and is in the public domain².

Incentivising the gender marker's use by showcasing it as an indicator of success for gender mainstreaming.

In many UNFPA regional offices, the gender marker data is showcased in regional planning meetings to indicate the strength of the gender work carried out. This made the use of the gender marker meaningful for staff and helped win support for gender as a stand-alone outcome in the recent Strategic Plan⁷.

Additionally, the opportunity for showcasing UNFPA's effective use of the gender marker to donors and the global community incentivised its continued use⁷.

Developing tools for effective use of the gender marker. The Gender Unit in the headquarters produced a gender marker guidance note populated with concrete examples. This gave clear guidance on how to code the activities according to their contribution to gender equality and women's empowerment outcomes⁷.

Building capacity among programme managers.

UNFPA's Gender Team carried out gender marker training internationally and regionally. The training was part of the broader GPS training for the roll-out of the online programme management system, which meant that no additional funding was needed⁷. There were also many webinars and one-on-one sessions with regional teams as part of ongoing capacity building and technical assistance⁷.

Regional gender advisors carried out gender marker training for country offices. The training brought together staff from various programmes to discuss tagging for the gender marker. Training also created opportunities for strengthening staff capacity for gender analysis within their respective programmes⁷.

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](#).

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