

Evaluation of UNFPA support to gender equality and women's empowerment (2012-2020)

Gender mainstreaming at UNFPA



This is the first evaluation assessing the organization's support to gender equality and women's empowerment across development, humanitarian and peace contexts, covering 2012 to 2020.

The evaluation is organized around three main components: UNFPA systems and processes to advance gender equality and women's empowerment, UNFPA work under the dedicated gender outcome; and gender mainstreaming. This thematic brief captures evaluation insights on gender mainstreaming.

Read the full report at unfpa.org/evaluation

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Quick look

Evaluation highlights on gender mainstreaming

1 Gendered results are evident in sexual and reproductive health interventions; however, there are marked gaps on the extent to which an **intersectional gender analysis** informs UNFPA programmatic work

2 Family planning programmes focus less on addressing the **social, cultural, and gender-related constraints** to women's empowerment and decision making

3 Adolescent and youth programming reflects gender integration, however, **gender-responsive comprehensive sexuality education curricula** remain a challenge in more conservative environments

4 Although UNFPA is recognized as a leader in gender-based violence response and prevention there is need for UNFPA to **better leverage its data expertise** in violence against women

5 As a data agency, UNFPA has made significant contributions in **strengthening national statistical capacity**, including the integration of gender dimensions and inclusion issues

6 Since 2012, the performance of UNFPA on UN-SWAP on Gender Equality and the Empowerment of Women has been **above average in the UN system**

7 UNFPA is supporting work on the demographic dividend and on estimates and historic trends on female genital mutilation, yet, this **support can be leveraged for other thematic areas**

8 While UNFPA experience with the gender marker system is often pointed out as good practice in the UN system, there is need to **ensure better quality and use of the data**

9 Gender equality considerations are integrated in all areas of the UNFPA mandate, however, there are **insufficient sets of tools and guidelines to mainstream gender in UNFPA programming**

10 The current **structure of UNFPA does not facilitate cooperation** as there is a tendency to work in silos compounded by the lack of clear responsibility for gender mainstreaming at all levels

1. UNFPA mainstreaming efforts have contributed to gendered results in **sexual and reproductive health and reproductive rights programmes**. However, there are marked gaps on the demand side for sexual and reproductive health and reproductive rights and the extent to which an intersectional gender analysis informs UNFPA programmatic work. For instance, across the spectrum of interventions in sexual and reproductive health and reproductive rights, programmes to address **obstetric fistula** tend to be more gender-transformative in general as they are designed to also address the stigmatization and social effects of this condition. A broader approach to fistula prevention would be to create linkages with early pregnancy, female genital mutilation, and child marriage.

2. Within **family planning programmes**, UNFPA has paid strong attention to the supply side and less to the demand side, due in part to donor interests in ensuring the supply of commodities and capacity to deliver them. Less focus is given to addressing the social, cultural, and gender-related constraints to women's empowerment and decision making.

3. **Adolescent and youth programming** in general reflects gender integration. While UNFPA has made some advances in gender-responsive **comprehensive sexuality education** curricula in some countries, the incorporation of gender and sexual orientation and gender identity remains a challenge in the curriculum in more conservative environments. The provision of **youth-friendly health services** has also proven to be difficult in some areas owing to sensitivities and social norms in relation to sexual and reproductive health and reproductive rights for youth. Further, there is limited evidence on the extent to which youth-friendly health services have systematically incorporated a gender-based analysis to deliver an effective response.

4. UNFPA is recognized as a **leader in gender-based violence response and prevention** in both the humanitarian and development settings. Through a gender-transformative approach, UNFPA has led capacity development, service provision and systems strengthening. However, there is need for UNFPA to better leverage its data expertise in violence against women to consolidate its leadership in the thematic area of gender-based violence.

5. As a **data agency**, UNFPA has made significant contributions in strengthening **national statistical capacity** largely through **censuses**. This includes the development of a manual on gender analysis to ensure census questionnaires include gender dimensions. UNFPA also issued guidance on measuring disability, migration, and marriage registration in the census, which was a step forward, as UNFPA incorporates the principle of leaving no one behind in its policies and procedures for programming.

UNFPA supports the strengthening of **Civil Registration and Vital Statistics Systems** whose evidence can be leveraged to advocate for gender equality issues and their causes. Further, UNFPA has led the integration of gender and inclusion issues in the **demographic health surveys**. This includes the integration of modules on intimate partner violence and other forms of violence at national and sub-national levels, as well as child marriage and female genital mutilation.

Advances have also been made to support **national data needs in the humanitarian sphere** through the production of small area population estimates disaggregated by age and sex. The data, overlain with geospatial data, provides an indication of the needs of vulnerable sub-population groups for disaster preparedness and response.

6. UNFPA is also supporting work on the **demographic dividend** and has provided expertise to develop new estimates and historic trends on female genital mutilation at national and global levels. The support of the Population and Development Branch to the global programme on female genital mutilation illustrates the value of horizontal cooperation and leveraging population data expertise for different areas of research and programming in UNFPA. However, collaboration between the Population and Development Branch and other thematic teams with a view to strengthening evidence-based advocacy or even better-informed programmes is not routine practice in UNFPA. This collaboration has the potential to lead to longer-term solutions to some of the complex problems (such as teenage pregnancy, child marriage, female genital mutilation), especially in the light of the effects of the COVID-19 pandemic.

7. Since 2012, the **UN-SWAP on Gender Equality and the Empowerment of Women** has provided an accountability mechanism and key measure of progress on institutional mainstreaming, one of the supportive elements for programmatic gender mainstreaming, in the UN system. The performance of the UNFPA on UN-SWAP indicators has been above average in the UN system. However, the organization faces on-going challenges in meeting requirements for selected indicators such as gender parity (mostly G4 and D2 levels), resourcing the gender architecture and achieving consistency in level and type of training and other capacity-building support provided to staff.

8. UNFPA experience with the **gender marker** system is often pointed out as good practice in the UN system because it tracks finances at the activity level and allows for tracking of both allocations (budget commitments) and expenditures. However, internally there is some questioning about the effectiveness of the gender marker and efforts are underway to ensure better quality and use of the data. Targeted trainings are needed to ensure staff understand how the gender marker codes should be applied, and that not all programmes adequately apply gender analysis.

9. **Gender equality considerations** are integrated coherently in all areas of the UNFPA mandate, however, there are **insufficient sets of tools and guidelines to competently mainstream gender** in UNFPA work particularly along the **programming cycle**. While staff reported to have sufficient knowledge to be able to mainstream gender equality in their work, a certain level of gender expertise would be expected within the staffing of a country office to provide oversight on gender mainstreaming in programming. However, there is no accountability for staff to integrate gender dimensions in their work and there is limited access to comprehensive training and even less so for Implementing Partners. Further, gender analysis as a stage in the planning process is not currently a part of UNFPA policies and procedures or is indirectly referenced. UNFPA does not have explicit guidance on gender analysis and staff are reported to have limited capacity to conduct analysis of gender barriers.

10. The current **structure of UNFPA** (organogram) divisions or programmes does not facilitate cooperation as there is a tendency to work in silos. This may be compounded by the lack of clear responsibility for gender mainstreaming in country and regional offices and across technical divisions at headquarters. In addition, there is an implicit expectation that UNFPA does gender mainstreaming as a matter of principle due to its focus on women and girls.



Looking ahead

The evaluation strongly encourages UNFPA to increase intentional practices that facilitate gender mainstreaming throughout the programming cycle. As a key recommendation in making further progress in gender mainstreaming in UNFPA, stronger accountability is needed at management level and individual performance level to improve gender intersectional equalities.

At the same time, UNFPA has a gender architecture in place that will function more effectively with upgraded skills, through empowering regional offices, and building capacity at both regional and country office level to identify and prioritize the population groups at risk of being left behind.

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