

Annual Results Report 2015

Gender

HEALTH
HIV AND AIDS
WATER, SANITATION AND HYGIENE
NUTRITION
EDUCATION
CHILD PROTECTION
SOCIAL INCLUSION
GENDER
HUMANITARIAN ACTION



UNICEF's Strategic Plan 2014–2017 guides the organization's work in support of the realization of the rights of every child, especially the most disadvantaged. At the core of the Strategic Plan, UNICEF's equity strategy – emphasizing the most disadvantaged and excluded children, caregivers and families – translates UNICEF's commitment to children's rights into action. What follows is a report summarizing how UNICEF and its partners contributed to gender in 2015 and the impact of these accomplishments on the lives of children, caregivers and families.

This report is one of nine on the results of UNICEF's efforts this past year, one on each of the seven outcome areas of the Strategic Plan, one on gender and one on humanitarian action. It is an annex to the 'Report on the midterm review of the Strategic Plan, 2014–2017 and annual report of the Executive Director, 2015', UNICEF's official accountability document for the past year. An additional results report on the UNICEF Gender Action Plan 2014–2017 has also been prepared as an official UNICEF Executive Board document.

Cover image © UNICEF/UNI188793/Beechey

On 18 June 2015, a Burundian girl, carrying her younger sister in a sling pouch on her back, uses a large umbrella to protect them from the sun as she makes her way to a water point, in the Nyarugusu refugee camp in the Kigoma region. UNICEF is providing 30,000-litre water bladders at the camp, where water scarcity is increasing as more Burundian refugees arrive.

CONTENTS

| | |
|--|----|
| Executive Summary | 2 |
| Strategic Context | 5 |
| Results by Programme Area | 7 |
| Programme Area 1: Targeted gender priorities – Focus on adolescent girls' empowerment..... | 9 |
| Programme Area 2: Gender mainstreaming in UNICEF's seven outcome areas..... | 27 |
| Programme Area 3: Strengthening UNICEF's institutional systems to address gender | 39 |
| Financial Analysis | 42 |
| Future Workplan | 47 |
| Expression of Thanks..... | 48 |
| Abbreviations and Acronyms | 49 |
| Endnotes | 49 |



EXECUTIVE SUMMARY

In order to achieve the results called for in the Strategic Plan and necessitated by UNICEF's mandate, and to realize the rights of every child, it is essential to address one of the most fundamental inequalities that exists in all societies – gender inequality. UNICEF's strong field presence and scope of work across multiple sectors gives it wide reach to support women's and girls' empowerment and more equitable male-female relations. As the only United Nations agency with the rights of children at the heart of its mandate, UNICEF is in a position to foster gender-equitable child outcomes as a catalyst to a more equitable world – not only today, but also in the long term – by helping girls and boys realize their potential and by helping societies redefine gender roles and power relations for the men and women of tomorrow.

While there has been progress in advancing gender equality in the past 15 years, such as increases in school enrolment, and reductions in maternal mortality and mother-to-child transmission of HIV, important challenges remain. More than 25 per cent of girls are still married before they turn 18, and 20 per cent become mothers before that age. Poor girls in sub-Saharan Africa and South Asia are not likely to reach or complete secondary schooling, and girls are 2.5 times more likely to be out of school than boys in conflict situations. Gender-based violence is endemic in family and intimate partner relationships, as well as in emergency and humanitarian settings.

The 2015 adoption of the Sustainable Development Goals (SDGs) has been reaffirming and invigorating for UNICEF's work on gender equality. Targets and indicators relevant for UNICEF's mandate are incorporated in Goal 5 on gender equality (ending violence against women and girls, ending child marriage and female genital mutilation/cutting (FGM/C); Goal 3 on health (reducing maternal mortality, addressing sexual and reproductive health and HIV/AIDS); Goal 4 on education (elimination of gender disparities at secondary and higher levels of schooling; and Goal 6, on water sanitation and hygiene (with specific mention of the needs of women and girls).

UNICEF's work and results on gender equality

UNICEF's Gender Action Plan (GAP) 2014–2017 takes a bold approach to delivering gender equitable results for women and children. It is based on the premise that smart and creative strategies and well-resourced, practical solutions are required to achieve the ambitious goals and targets for gender equality and a sustainable world in 2030. The GAP is aligned with UNICEF's Strategic Plan

2014–2017, and specifies three programme areas for UNICEF's work on gender equality: 1) targeted gender priorities with a focus on adolescent girls' empowerment; 2) mainstreaming priorities on gender across UNICEF's seven programmatic sectors; and 3) strengthening UNICEF's institutional capacity and systems to deliver gender results.

Programme Area 1 covers four targeted gender priorities with a primary focus on adolescent girls.

By empowering adolescent girls, UNICEF aims to make a transformative contribution to shifting gender relations during the second decade of life, when life trajectories for girls, in particular, get settled for better or worse. The four targeted gender priorities are 1) ending child marriage; 2) advancing girls' secondary education; 3) promoting gender-responsive adolescent health; and 4) addressing gender-based violence in emergencies.

Advancing adolescent girls' empowerment at scale remains a significant challenge for the global community, as, historically, most programmes in this area have been small-scale pilots, with limited resources and few pathways to sustainability. In 2015, UNICEF's progress on Programme Area 1 was in helping to shift global and national efforts towards the needs of millions, rather than hundreds of girls. UNICEF took leadership in working with partners for the inclusion of targets and indicators in the SDGs that committed to multiple areas of advancement for adolescent girls. A global programme with multi-donor funds worth US\$95 million was consolidated, supporting 12 countries with high and medium prevalence of child marriage to reduce child marriage rates, while simultaneously working to keep girls in school and reduce adolescent pregnancies. UNICEF provided violence prevention and support services to nearly 2 million women and children – over four times the number served in 2014 – in a range of emergency settings.

In India, UNICEF programming reached 262,000 adolescent girls and boys in eight states with life-skills training, information and negotiating ability to avoid child marriage, early pregnancy and gender-based violence. In Afghanistan, separate latrines were constructed for boys, girls and teachers in 200 schools, and in Mali, referral and prevention mechanisms for detecting gender-based violence were established in 104 schools. UNICEF supported Bangladesh, Kenya, Mauritania and Rwanda to develop or strengthen national adolescent and reproductive health strategies and launched a five-year, US\$45 million demonstration project in Brazil, South Africa and Thailand to inform the feasibility of delivering pre-exposure prophylaxis (PrEP) antiretroviral medicines to sexually active adolescents aged 15 to 19 years, especially girls, who were at high risk of acquiring HIV.

Programme Area 2 focuses on mainstreaming gender in UNICEF's sectoral work in health; HIV and AIDS; nutrition; water, sanitation and hygiene (WASH); education; child protection; and social inclusion. This programme area includes objectives such as promoting maternal health and nutrition; reducing gender differentials in child survival and care; reducing mother-to-child transmission of HIV; achieving gender equality in primary school completion and learning; reducing gender barriers to birth registration of all children; and supporting effective childcare.

Instead of a superficial 'checklist' incorporation of gender in everything, UNICEF's mainstreaming approach is intended to prioritize the most opportunistic and high-impact efforts at advancing gender equality at the national and local levels. The year 2015 saw mixed progress on meeting targets for gender mainstreaming indicators. Some indicators in the areas of HIV and AIDS and nutrition, such as the percent of women receiving treatment to prevent mother-to-child transmission (PMTCT) in humanitarian situations, or the number of countries with women-focused anaemia-reduction plans, showed excellent progress. On the other hand, progress on sex-differentiated analysis of child mortality remained slow, and targets in the area of water, sanitation and hygiene, such as the provision of adequate sanitation facilities for girls in primary schools, were missed.

The good news is that issue areas historically associated with women – motherhood in particular – are beginning to be addressed more explicitly with a gender lens. Thus, issues of quality of care or urgency in reducing high mortality and morbidity not just for children, but their mothers, are receiving greater attention. The bad news is that issues of basic rights for girls –whether in survival, schooling or dignity and privacy for basic physiological functions – still remain low priority or under the radar in many societies.

In the Sudan, UNICEF improved access to maternal and child health services for 400,000 pregnant women. In Mali, scaling up community-based nutrition interventions led to a 42 per cent increase in coverage between 2012 and 2015 and in Bangladesh, coverage of iron and folic acid supplementation among pregnant women increased by 23 per cent during the same period. In Afghanistan, since 2012, UNICEF has supported the Ministry of Education to enrol 207,361 girls in community-based primary schools, and in Pakistan, UNICEF contributed to 211,379 girls being enrolled in primary school. In humanitarian settings, UNICEF reached 1.37 million women and girls with MHM materials, surpassing the 2015 target of 1.24 million.

Programme Area 3 focuses on strengthening UNICEF's institutional capacity and systems to deliver on the gender results in Programme Areas 1 and 2. This includes enhancing gender expertise and capacity across the organization and ensuring that gender-related work

UNICEF actively supported Member States in the adoption of SDG goals and targets that prioritize empowering adolescent girls and supporting women's and girls' rights to education; health; nutrition; water, sanitation and hygiene; and protection against violence and deprivation.

is financially resourced. In 2015, gender expertise was strengthened throughout the organization, with targets met for more senior-level dedicated gender experts at the headquarters and regional levels. Adequate capacity at the country level still remains a challenge, although standards have now been set, and a systemic plan has been established for enhancing skills and increasing gender expertise in the next two years.

In 2015, 64 per cent of UNICEF country programme management plans specified accountabilities for gender results, up from 58 per cent in 2014. Gender is a priority theme for external communications and is featured regularly on UNICEF's website and at high-level events. In 2015, UNICEF led and participated in advocacy at the global level, including around the SDGs, the Commission on the Status of Women, the International Day of the Girl Child, and the 16 Days of Activism Against Gender-Based Violence.

Expenses related to programming that had a gender focus were US\$443 million in 2015, up from US\$377 million in 2014. Thus, by the midterm of the 2014–2017 strategic plan, US\$820 million had been spent across all sectors and in humanitarian action on gender programming, against a planned total amount for the four years of US\$1.879 billion. The funding gap for gender programming in the remaining two years of the Strategic Plan, using expenses as proxy for revenue, is therefore US\$1.059 billion. Of this amount, it is expected that US\$819 million would be funded through the seven outcome areas and humanitarian funds, and the remaining US\$240 million in direct funding for gender, of which a portion would be contributed flexibly as gender thematic funds.

Unfortunately, in 2015 the gender thematic pool remained completely unresourced. Championship and financial support from the many programmatic and resource partners in advancing UNICEF's work on gender equality are much appreciated. Gender thematic funding will be used to 1) leverage, incentivize and support sector-specific resources in delivering gender results; and 2) further advance collaboration across sectors, better data and measurement and more innovative solutions that benefit women and girls at scale.



Girls play a game that involves jumping over a progressively higher pair of strings, catching one with their feet and twisting it over the other as they land, at St Michael All Angels Anglican Kindergarten in Komenda in the Central Region of Ghana on 21 May 2015.

Looking ahead

Reflecting the promise of the SDGs in addressing gender inequality, UNICEF will consolidate the gains from the past two years and make continued progress on results for women and girls. Taking programmes to scale so that millions, rather than thousands of girls and women are supported will continue to be a key priority. Making effective and efficient connections between areas such as health and education, or WASH and protection, will also continue to be an important focus. Innovations in design, implementation, partnerships and financing will be sought to make gender a significant and recognizable component of effective programmes that operate at scale. Institutional strengthening on gender will continue through recruitment and capacity building, as will the strong emphasis on measurement and evidence as the driving force for effective gender programming.

As humanitarian crises persist and intensify, the gender focus in the link between emergency and development programming needs more attention to test the viability and resilience of institutions in their ability to support women's and girls' rights in pre- and post-crisis conditions.

We expect these deepened efforts – modelling of sectoral and cross-sectoral programming at scale, capacity enhancement and linking humanitarian and development results on gender – to be an organizational effort not just in the next two years, but also in UNICEF's next strategic plan. While yielding incremental positive results in only two short years, the approach to advancing gender equality that UNICEF is implementing through the GAP promises to yield exponential results in the next four to six years.

© UNICEF/UNI189899/Quarmyne

STRATEGIC CONTEXT

Agenda 2030 and the Sustainable Development Goals

The year 2015 has been a historic one for the recognition by nations across the globe that progress for humanity cannot be achieved if one half of it is left behind. The newly-adopted Sustainable Development Goals (SDGs) place gender equality and women's and girls' empowerment front and centre, reflecting and reaffirming UNICEF's mandate on promoting gender equality and the empowerment of women and girls.

In the preceding years, and especially throughout 2015, UNICEF worked closely with Member States and a broad range of partners – including civil society organizations, research institutions, sister agencies, foundations and the private sector – to support a special emphasis in the SDGs on the rights and well-being of adolescent girls. UNICEF provided strong support for the inclusion of gender-equitable targets and indicators not only in Goal 5 on gender equality, but also in the goals related to health, education, water and sanitation, nutrition, HIV and AIDS, child protection and social inclusion. The SDGs reflect inclusion of gender-equitable targets that are core to UNICEF's mandate in a number of ways:

- Goal 5 on gender equality has targets on ending violence against women and girls and ending harmful practices such as child marriage and female genital mutilation/cutting.
- Goal 3 has targets for maternal mortality, sexual and reproductive health and HIV and AIDS.
- Goal 4 on education has targets on elimination of gender disparities at secondary and higher levels of schooling, as well as targets on quality of education in vocational and employable-skills training.
- Goal 6 has a target on sanitation and hygiene that specifically mentions the needs of women and girls.

In implementing its mandate on gender equality, UNICEF has the comparative advantage of a strong field presence in 153 countries with its areas of work spanning a number of key sectors, including health; HIV and AIDS; nutrition; water, sanitation and hygiene; education; child protection; and social inclusion, in both stable and emergency situations. This advantage contributes to the far reach of the organization's work in promoting gender equality and capacity through multi-sectoral programming. This advantage also allows UNICEF to address the intersecting

forms of discrimination – based on poverty, residence, ethnicity and disability, among others – a girl or boy may face that compound gender discrimination. Furthermore, as the lead agency for the Multiple Indicator Cluster Surveys (MICS) and through other efforts to monitor key indicators across the multiple dimensions of gender inequality affecting children, UNICEF also brings measurement, monitoring and evaluation capacity for tracking results related to gender equality.

Progress to celebrate

There is much to celebrate in the progress made on gender equality in the past 15 years. Globally, the annual number of maternal deaths has decreased from approximately 532,000 in 1990 to an estimated 303,000 in 2015. Remarkably, 62 per cent of pregnant women living with HIV are now benefitting from life-long antiretroviral treatment compared with only 11 per cent five years ago, and mother-to-child transmission has been reduced by almost half since 2008. Between 1999 and 2012, the number of girls enrolled in primary school for every 100 boys has risen from 92 to 97 and in secondary school from 91 to 97; the number of countries that have achieved gender parity (an equal ratio of girls to boys) in both primary and secondary school enrolment increased from 32 to an expected 62 in 2015. After stagnating for many years, child marriage rates have begun to decline, with 1 in 4 young women alive today having been married in childhood, versus 1 in 3 in the early 1980s.

Challenges to overcome

In many other areas, however, it is clear that gender-equitable results will require renewed and accelerated efforts. For UNICEF, a key concern is adolescence, when gender inequalities become especially pronounced and millions of girls begin a life trajectory within compounded negative experiences. Globally, not only are more than one in four girls still being married before they turn 18, but one in five are becoming mothers before they reach that age. Adolescent deaths due to HIV have tripled since 2000, and more than 60 per cent of new HIV infections among those aged 15 to 19 are among adolescent girls. In 2012, there were at least 36 countries with fewer than 90 girls for every 100 boys in lower secondary school. With current trends in sub-Saharan Africa, lower secondary school completion will be achieved only in 2111 for the poorest girls, compared to 2090 for the poorest boys. Girls are 2.5 times more likely to be out



Girls and boys play football at Temeke Primary School in Dar es Salaam, United Republic of Tanzania.

© UNICEF/UNI163963/Gomi

of school than boys in conflict situations. Gender-based violence is endemic, not only in family and intimate partner relationships, but especially in emergency and humanitarian crisis settings. And as the consequences of climate change and disaster, risk, and conflict situations multiply, women's and girls' basic needs and critical role in crisis management and resolution are still not well acknowledged.

Moving beyond commitment

Even as the global community demonstrates increasing commitment to investing in and empowering both girls and boys, significant challenges remain in developing, financing and implementing viable and scalable solutions to the persistent manifestations of gender inequality. Many commitments to women's and girls'

empowerment and gender equality remain on paper, with the collaboration, innovation and resources required to translate them into action remaining elusive. Even committed champions find it difficult to envision the implementation of gender programming beyond small boutique projects, and few programmes to advance women's – and especially girls' – rights are implemented at scale. The capacity gap on human resources and expertise in undertaking effective, evidence-based and results-oriented programming to achieve gender-equitable results remains large. And while there is greater availability of gender-relevant and sex-disaggregated data, their effective utilization in defining and tracking results is still limited. Smart, creative and emboldened strategies and well-resourced, practical and actionable solutions are required for achieving the ambitious goals and targets incorporated into the vision for gender equality and a sustainable world in 2030.

RESULTS BY PROGRAMME AREA

THE 'GAP': UNICEF's Gender Action Plan

UNICEF's Gender Action Plan (GAP) 2014–2017 maps an agenda for advancing gender equality and the empowerment of women and girls in alignment with the UNICEF Strategic Plan 2014–2017. The GAP sets out an approach for making progress on gender equality that is practical and results-oriented, with a focus on where UNICEF is best placed to make the most meaningful and substantial contribution. Instead of focusing on the question of 'why' gender equality is important for preparing the next generation for an equitable and sustainable future, the GAP focuses on 'what' concrete actions to take and 'how' to enact them where most needed (see *Figure 2: Gender Action Plan – Programmatic focus*).

Programme Area 1: Targeted gender priorities – Focus on adolescent girls' empowerment

UNICEF's four targeted gender priorities highlight important gender issues across sectors and are centered primarily on adolescents. By empowering adolescent girls, in particular, UNICEF aims to make a transformative contribution in shifting gender relations at a time when girls are most vulnerable – but can also present the most potential. The four targeted gender priorities are:

1. Ending child marriage;
2. Advancing girls' secondary education;
3. Promoting gender-responsive adolescent health; and
4. Addressing gender-based violence in emergencies.

Programme Area 2: Mainstreaming gender in UNICEF's seven outcome areas

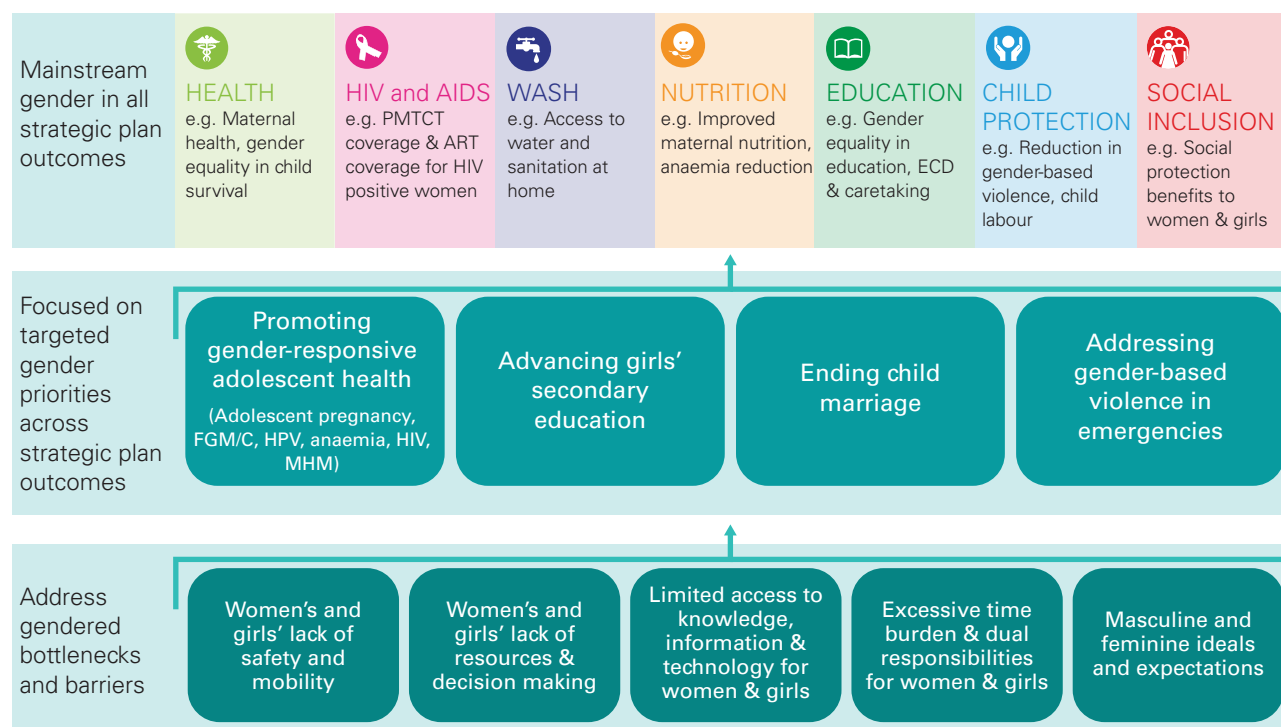
UNICEF's sectoral work in health; HIV and AIDS; nutrition; water, sanitation and hygiene (WASH); education; child protection; and social inclusion is more routinely addressing critical gender issues faced by women and children. This includes, but is not limited to:

- Promoting maternal health and nutrition;
- Reducing gender differentials in child survival and care;
- Reducing mother-to-child transmission of HIV and AIDS;
- Achieving gender equality in primary school completion and learning;
- Reducing the gender barriers to birth registration of all children; and
- Supporting effective child care.

Programme Area 3: Strengthening UNICEF's institutional systems to address gender

UNICEF is also strengthening its institutional capacity and systems to deliver gender results. This includes enhancing gender expertise and capacity at various levels within the organization and ensuring that gender-related work is financially resourced. It also involves integrating a gender lens in the design and implementation of country programmes; defining, tracking and reporting results on gender equality; and strengthening knowledge management, communications and evaluations related to gender programming.

FIGURE 1
Gender Action Plan – Programmatic focus



UNICEF's work on gender equality is defined by its Gender Action Plan (GAP) 2014–2017. In addition to specifying UNICEF's priority gender issues and results, the GAP provides a programmatic framework for country offices to undertake a simple and contextualized assessment of how gender inequality impedes their efforts to advance women's and children's rights and well-being.

In many cases, key results core to UNICEF's mandate have strong differentials between girls and boys, with girls most often suffering disadvantage. For example, it is generally the poorest girls who are most likely to be missing schooling opportunities, and in several large countries, child survival under age 5 is biased against girls. In other cases, girls are uniquely at risk for certain negative outcomes – early pregnancy, for example. Sometimes, when there are few gender differences in results for children, the well-being of both boys and girls is still affected by gender inequality in their families and societies, for example, when mothers do not have the resources they need to register their children at birth, feed them nutritious food, send them to school or protect them from violence. The well-being of girls and boys can also be negatively impacted when gender inequality means that female teachers or health care workers are poorly trained and compensated or excluded from management roles, and they end up providing sub-optimal services to children in need.

Improving policies, plans, and data

To address gender inequality in policies, plans and data, UNICEF leverages its expertise across sectors to identify partnerships and solutions. This involves working with governments and civil society organizations to change legislation and develop policies and national action plans to promote universal education for boys and girls, or set the minimum age of marriage to 18, or improve maternity benefits, for example. UNICEF also supports governments in the collection of sex-disaggregated data and helps governments improve data monitoring systems to track policy performance in areas such as budgetary allocations to the nutritional needs of mothers or increasing the numbers of female teachers or health workers.

Improving systems and services

UNICEF works with governments and the private sector to strengthen systems and services to reach women and girls. In some countries, this means supporting the government to train community health workers who can assess the nutrition needs of both mother and child. In others countries, UNICEF supports the development of gender-equitable educational and teaching materials and training. Provision of life-saving water and sanitation services, so women and girls can meet their basic needs

with dignity and safety, is an especially important focus in emergency situations.

Working with communities, leaders, parents, boys and girls

UNICEF is uniquely advantaged among United Nations agencies in working closely with communities to educate, inform, listen and engage in dialogue around gender-inequitable norms and practices. This means working with religious and civic leaders to denounce harmful practices such as FGM/C and child marriage or working with parents and teachers to discuss solutions to address sexual violence in schools. Young people can serve as important agents of change by discussing and showcasing positive messaging around masculine and feminine ideals – for example, by denouncing violence as a test of masculinity, or submissiveness as a measure of femininity.

PROGRAMME AREA 1: TARGETED GENDER PRIORITIES – FOCUS ON ADOLESCENT GIRLS' EMPOWERMENT

Gender as the 'glue' that binds

As they are closely linked, programming around each of the four targeted gender priorities – ending child marriage, advancing girls' secondary education, promoting gender-responsive adolescent health and addressing gender-based violence – furthered UNICEF's results across all of them, improving the situation of adolescent girls in more than just one area. For example, girls with secondary school education are six times less likely to marry as children, and therefore educating girls also helps to reduce child marriage. Similarly, girls who marry later are less likely to have a first pregnancy during adolescence and are less likely to suffer from sexually transmitted infections. They are also less likely to be subject to intimate-partner violence. Thus, efforts to reduce adolescent pregnancies were intimately linked to reducing child marriage rates.

The gender focus in UNICEF's work on adolescents thus served as the critical 'glue' helping to leverage resources and connect programming across education, child protection, health, WASH, social inclusion, HIV and AIDS, and nutrition to advance results on all four targeted gender priorities. The outcomes UNICEF aims to help achieve include:

- Reductions in the proportion of girls
 - married as children;
 - becoming mothers during adolescence;
 - acquiring HIV and dying from AIDS;
 - suffering from anaemia and malnutrition; and
 - being subjected to female genital mutilation/cutting.
- Increases in the proportion of girls
 - completing secondary school;
 - receiving access to menstrual hygiene management;
 - receiving human papillomavirus (HPV) vaccination to prevent cervical cancer; and
 - receiving quality antenatal, delivery and postnatal care in pregnancy.
- Reductions in the number of women and girls subject to gender-based violence in emergencies; and
- Increases in the number of survivors of gender-based violence in emergencies who receive quality care.

2015 progress on output indicators

For the most part, the outcome level indicators noted above are tracked at 4–6 year intervals through survey data. In the shorter term, UNICEF works with governments, other UN agencies, civil society organizations, the private sector, communities and girls and boys themselves to provide information, raise awareness, change attitudes and behaviours, provide services, change legislation and policies, refine and support the implementation of strategies and plans, influence budgets and financing and establish measurement and tracking systems. Related to these activities, UNICEF has identified eight output-level indicators that can be tracked on an annual basis to assess progress on the targeted gender priorities in UNICEF's Strategic Plan and Gender Action Plan.

Table 1 shows progress on these eight indicators for 2015. For almost all indicators (except indicator number 2), there has been progress in a positive direction, suggesting that the work on the targeted gender priorities is beginning to bear fruit. Progress is especially noteworthy on the three indicators where the 2015 results exceeded the planned target: five countries (target of four countries) with child marriage prevalence at 25 per cent or higher now have costed national action plans; 49 countries (target of 39 countries) have anaemia reduction policies or plans targeting girls; and 31 countries (target of 30 countries) have incorporated a focus on high-impact interventions for adolescents in their HIV and AIDS strategies). It is also noteworthy that, in 2015, UNICEF

provided support services on gender-based violence to four times as many women and children as in 2014.

Despite the overall positive trend, progress on several output indicators fell short of their 2015 targets. Especially disappointing was the drop in the proportion of countries with education sector policies or plans focusing on school-related gender-based violence, from 28 per cent in 2014 to 22 per cent in 2015, far short of the 30 per cent target for 2015. In other areas, progress did not reach desired levels. For example, the number of countries with menstrual hygiene management targets in WASH in School strategies and plans increased from 20 to 29, but was short of the target of 40 countries. Similarly, while

the number of countries with costed national action plans to address adolescent pregnancy is now very significant at 84, it is still short of the target of 86 countries.

These results are remarkable after two short years of concentrated efforts by UNICEF in implementing programming around the four targeted gender priorities, but they do indicate that even greater concentration and some acceleration will be required to reach the desired targets over the next two years.

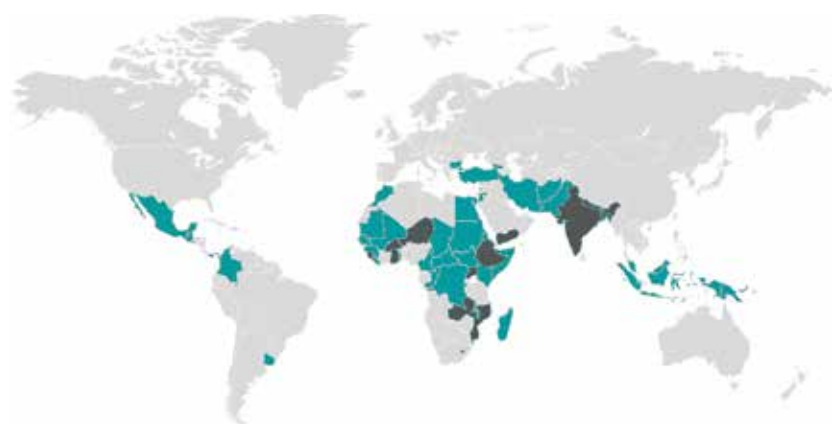
TABLE 1
Progress on output indicators for targeted priorities in 2015

| UNICEF targeted gender priorities | Output indicator | 2013 | 2015 | Target (2015) | Target (2017) |
|---|---|---------|-----------|----------------|----------------|
| Ending child marriage | Number of countries with costed national strategies or plans on child marriage from countries with prevalence of 25% or more | 1 | 5 | 4 | 12 |
| Advancing girls' secondary education | Proportion of countries with education sector policies or plans that specify prevention and response mechanisms to address school-related gender-based violence | 28% | 22% | 30% | 32% |
| Promoting gender-responsive adolescent health | Number of countries with costed plans to reduce adolescent pregnancy | 83 | 84 | 86 | 93 |
| | Number of countries with policies or plans targeting anaemia reduction among girls | 27 | 49 | 39 | 50 |
| | Number of countries with national HIV and AIDS strategies that include proven high-impact evidence-based interventions to address HIV among adolescents | 26* | 31 | 30 | 38 |
| | Number of countries that included menstrual hygiene management targets in WASH in School strategies and operational plans | 22 | 29 | 40 | 48 |
| Addressing gender-based violence in emergencies | Proportion of countries in humanitarian action with a child protection sub-cluster coordination mechanism that meets Core Commitments for Children in Humanitarian Action standards for coordination. | 74% | 76% | 100% | 100% |
| | UNICEF-targeted children and women in humanitarian situations who experienced or were at risk of experiencing sexual violence and received at least one kind of multi-sectoral support service (health, psychosocial, legal, safe space, dignity kit, etc.) | 432,757 | 1,958,663 | — [†] | — [†] |

* Refers to 2014 data.

† This number differs by the number of children and women in humanitarian situations who are in need of services.

Ending child marriage



In 2015, 52 UNICEF country programmes were working on the targeted gender priority of ending child marriage. Twelve of these countries (shown in black) became part of a joint UNICEF-UNFPA Global Programme to Accelerate Action to End Child Marriage.

Child marriage: Scope and impact

Globally, approximately 700 million girls and women alive today, one out of every three, were married before the age of 18. One third married while under the age of 15. Up to 280 million more girls alive today are at risk of marriage before the age of 18. With demographic trends, this number will approach 320 million by 2050. While the practice is in decline, particularly for girls under age 15, child marriage prevalence remains at 20 per cent or higher in as many as 61 countries across all regions. Child marriage is more likely among girls from poor households, those in rural areas, girls from marginalized communities and those who live in the poorest countries. In some countries, girls are married early if their families cannot afford to take care of them following droughts, floods and displacement caused by natural disasters and climate change.

Child marriage denies a girl the right to her childhood. It disrupts her education, limits her opportunities, exposes her to the risk of pregnancy and complications from child birth and increases her risk of contracting sexually transmitted infections, including HIV. It also increases her risk of being a victim of violence and abuse. Compared to babies born to adult women, babies born to adolescent mothers are more likely to be small for gestational age and premature, to have low birth weight and to die in the neonatal period.

Global commitments

The year 2015 was a landmark one in the global fight to end child marriage. UNICEF, together with the United Nations Population Fund (UNFPA), UN Women and a range of other partners, successfully supported the inclusion in SDG 5 of target 5.3 on ending harmful traditional practices, including child marriage. Additionally, UNICEF provided leadership and technical support in defining a strong indicator to measure progress on reductions in child marriage rates that has earned an 'excellent' rating from the UN Statistical Division as well as strong support for adoption by Member States.

To translate the commitment in the SDGs into action producing real change for children and families, UNICEF collaborated with UNFPA and a range of government partners to develop a joint Global Programme to Accelerate Action to End Child Marriage. The Programme

offers a global vision captured in a multi-sectoral programmatic and results framework that allows for country-level adaptation. The Global Programme focuses on 12 priority countries in South Asia, Africa and the Middle East and aims to reach 2.5 million girls at risk of child marriage or already in union by 2019. It is supported by almost US\$95 million in funding from the Governments of Canada, the Netherlands, the United Kingdom and Italy and by the European Union. The Programme aims to serve as a catalyst to further refine 'at-scale' models for child marriage prevention and mitigation, leverage and mobilize national financing for such models and embed strong monitoring and tracking on key indicators in national measurement systems.

The inception phase of the Global Programme was completed in 2015, with foundational systems and processes strengthened in all 12 participating countries, programmatic activities accelerated and the momentum

and learning conveyed to a broader range of countries. In fact, an increasing number of UNICEF supported programme countries are prioritizing a focus on ending child marriage. In 2015, 52 UNICEF country programmes focused on ending child marriage as a targeted gender priority, compared to 44 in 2014.

National and regional policies, plans and commitments

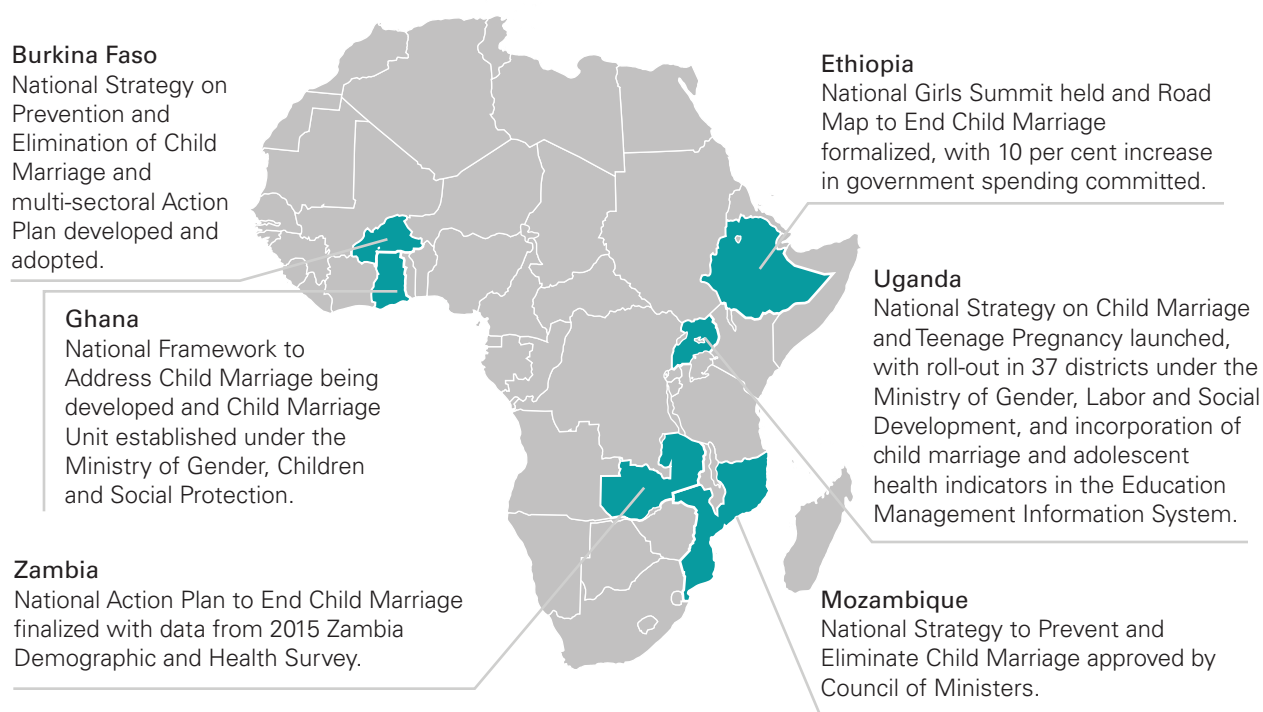
In 2015, UNICEF supported increasing momentum at the highest levels of government in countries with high and medium prevalence of child marriage to commit to ending child marriage. UNICEF also served as the convening agent for key ministries and national stakeholders to develop concrete action plans. In 2015, UNICEF supported the development of robust national action

plans in 30 countries,¹ compared to 18 in 2014. Among the Global Programme countries, national action plans on child marriage were developed in five countries, and three of these plans (in Burkina Faso, Mozambique and Uganda) have been costed. Beyond the global programme, two additional countries have costed national action plans.

In Africa, significant gains were made in strengthening and implementing commitments made by national governments and by the African Union. The first African Girls' Summit, convened in 2015 by the African Union under its Campaign to End Child Marriage in Africa, brought together over 1,100 government and civil society partners from over 30 member countries to affirm and strengthen the region's commitment. At the Summit, UNICEF launched the statistical report, *A Profile of Child Marriage in Africa*,² the first data trends and projections of child marriage in Africa.

FIGURE 2

2015 UNICEF support for national action plans to end child marriage in Africa



UNICEF collaborated with UNFPA and government partners to develop the Global Programme to Accelerate Action to End Child Marriage, with multi-donor funds worth US\$95 million, supporting 12 countries to reduce child marriage rates, while simultaneously working to keep girls in school and reduce adolescent pregnancies.

Despite high-level advocacy by UNICEF, reforming legal frameworks remains a challenge in several countries. In Bangladesh, for example, the new Child Marriage Restraint Act includes a special provision to allow for marriages for special causes with consent from parents or guardians and permission of the court. There has been similar backtracking on the minimum age law in Indonesia. Once legal frameworks are in place, implementation continues to pose challenges. Humanitarian crises also disrupted work to end child marriage in 2015. For example, political unrest in Yemen hampered the implementation of child marriage-related programming. Ebola in Sierra Leone and the earthquake in Nepal necessitated a programmatic shift to emergency responses in those places, interrupting programming and setting back gains.

Reaching girls and communities

UNICEF has also expanded its on-the-ground activities with governments and a broad range of partners to implement interventions on child marriage that directly reach girls, their families and communities. UNICEF and partners are supporting governments to learn from such efforts and consolidate and improve the delivery of quality services, information and options to girls at scale. This is important because most interventions are currently reaching only a limited number of girls.

The issue of scale is critical in India, where UNICEF worked in eight states and 14 districts to reach 262,000 adolescent girls and boys with life-skills training, focused on information and negotiating ability related to avoiding child marriage, early pregnancy and gender-based violence. An estimated 260,000 parents were reached with similar information. In Madhya Pradesh, around 66,500 unmarried adolescent girls and 23,000 married adolescent girls received guidance from accredited social health activists on delaying first birth and spacing between births. Building on this, UNICEF has been developing scalable models for girls' empowerment and child marriage prevention using existing district-level platforms. The most important step in 2015 was the provision of an adolescent empowerment toolkit for delivery by government service providers and community organizations engaged in initiatives such as the national adolescent health programme, Rashtriya Kishor Swasthya Karyakram, and schemes such as Save a Daughter, Educate a Daughter (Beti Bachao, Beti Padhao).

Building the skills of girls, while fostering an environment in which they have more educational and economic options, has proved an effective cluster of interventions. Fostering greater understanding among girls' gatekeepers and decision makers is critical in helping girls exercise their options. In Nepal, 50 new Girls' Circles were established in five programme districts under the Government's nationwide adolescent girls' empowerment programme. Around 1,520 girls received

© UNICEF/UN05334/Dragej



Rokiadou, 14 years old, is a member of the M'bera refugee camp youth club in Mauritania, which organizes events to raise awareness about child marriage and other topics important for youth. The club is funded by UNICEF and managed by two non-governmental organizations, Ensemble pour la solidarite et Developpement and InterSOS.

a Social and Financial Skills Package for adolescents to build knowledge and skills in areas including sexual and reproductive health, gender and social inclusion, gender-based violence, child marriage and microenterprise development. In Mozambique, 7,318 adolescent girls received financial support for school enrolment and attainment and to acquire birth registration or national ID cards; 6,945 community members, including religious leaders, participated in community events led by adolescent girls and their mentors to address the importance of investing in girls. In Ghana, a total of 18,240 girls were reached and engaged through initiatives to address child marriage, including community and school dialogues, school club activities, radio engagement, peer-to-peer support interventions, awareness-raising sessions, life skills programmes and role-modelling initiatives.

Looking after the full spectrum of girls' needs, particularly their health needs, is an important component of both preventing child marriage and mitigating its impact on girls who are already married. In Burkina Faso, Ethiopia, India, Sierra Leone and Uganda, 1,000 health service providers were trained on the needs of adolescent girls. In Ethiopia, more than 300 health extension workers were trained on the health complications of child marriage, strategies for raising community awareness and how to track cases of child marriage. In the Niger, 8,912 adolescent girls completed a safe space programme aimed at improving health, providing education, encouraging leadership and

building social networks. Of those who attended regular sessions, 65 per cent also received a health check.

Raising awareness among adolescent girls and the decision makers in their lives is an important component of mobilizing support against child marriage. In Ethiopia, trained community leaders provided messaging and information on legal rights in three regions, reaching 500,000 community members, including 300,000 adolescent girls. More than 27,080 people were reached through facilitated community dialogues. Around 80,000 girls were supported to remain in school, including 2,000 vulnerable girls who received additional financial support in the form of school uniforms and textbooks. The reach of such messages was extended through the media. In Mozambique, in partnership with Radio Mozambique, UNICEF launched the first national entertainment-education radio drama *Ouro Negro*, with key messages on child marriage in local languages reaching more than 1.2 million people. In the Niger, UNICEF continued to partner with the national radio station, La Voix du Sahel, which produced a new musical series on girls' rights, *Haske Magani Duku*. The station reaches an estimated 85 per cent of the country's population. In Bangladesh, a six-episode cartoon edutainment about a 17-year-old girl named Shahana, with key messages on empowering and educating girls and preventing child marriage and gender-based violence aired weekly over a period of three months reaching both adolescents and parents.

Taking action to end child marriage in Bangladesh

Bangladesh has the highest child marriage rate in South Asia (65 per cent) and the second highest in the world. UNICEF is working with the Bangladeshi Ministry of Women and Children Affairs to prevent and mitigate the impact of child marriage through a range of strategies. These include stipend and cash transfer programmes; supporting community dialogue and declarations on the negative impact of child marriage and cultural beliefs and practices surrounding child marriage; the implementation of community-level action plans on ending child marriage; and the provision of WASH and MHM facilities in schools to facilitate girls' school attendance.

In 2015, UNICEF supported a range of activities to end child marriage in the country:

- The National Plan of Action on Ending Child Marriage of girls younger than 15 years old by 2021 and girls younger than 18 years old by 2041 was developed.
- Sixty-two per cent of Community Based Child Protection Committees, an integral part of the child protection system and key for ending child marriage, completed an action plan to eliminate harmful practices, including child marriage, in their community.
- Some 812 interactive popular theatre sessions were conducted on child marriage, engaging 258,288 people, including adolescents, in the seven districts prioritized by United Nations agencies and the Government of Bangladesh.
- The Meena Communication Initiative – an animated series on girls' rights – was used to stimulate national discourse on child marriage and related issues. Several Meena films and comic books are designed to make girls aware of the harm of child marriage, the benefits of delayed marriage and the importance of education. The series is broadcast through multiple media platforms including television, mobile cinema and in centres for out-of-school children.

Advancing girls' secondary education



In 2015, 53 UNICEF country programmes prioritized advancing girls' secondary education.

Girls' secondary education: Scope and impact

Progress towards gender parity in secondary education is one of the biggest education success stories. The proportion of countries with gender parity at lower and secondary levels increased between 1999 and 2012.³ However, the poorest girls remain out of school. And where gender disparity in schooling is most severe, it is girls who are disadvantaged. In 2012, 36 countries had fewer than 90 girls for every 100 boys in secondary education. The majority of these countries were in the Middle East and North Africa and sub-Saharan Africa.

Girls are impacted by gender roles and expectations that hamper school attendance and completion. For example, girls are expected to marry earlier than boys, and parental ambitions for daughters are often not as high as for sons, especially if the expectation is that girls will marry, while boys will get a job. Girls are more often kept out of school than boys to fulfil household tasks, such as taking care of younger siblings, cooking, and collecting water and firewood. As climate change affects water supply and forestation, girls need to travel longer distances. This leaves less time for school and increases girls' vulnerability to violence. Secondary schools are also often located at farther distances than primary schools, and the lack of safe transportation and risk of sexual violence can deter parents from sending girls to schools that are not in their community. In many settings, the sexual violence and harassment adolescent girls experience at school is also a deterring factor to girls completing higher grades of schooling.

At the same time, it is well known that girls' secondary education can be a powerful transformative force, for girls themselves and for entire societies. Girls' education – especially at the secondary level – can contribute to reducing child and maternal mortality, ending poverty, achieving equitable growth, and changing social norms. However, the many benefits of girls' education, such as delayed marriage, lower fertility rates and greater civic engagement are only fully realized when girls are able to, not just enrol in, but complete secondary education.

Global commitments

Education 2030: The Incheon Declaration, the framework for implementing Sustainable Development Goal 4 on education, recognized the importance of gender equality in achieving the right to education for all. The declaration, adopted at the World Education Forum in May 2015, identifies commitments by the international community and national governments through supporting gender-sensitive policies, planning and learning environments;

mainstreaming gender issues in teacher training and curricula; and eliminating gender-based discrimination and violence in schools. Drawing from the Declaration, UNICEF and the United Nations Girls' Education Initiative (UNGEI) also made substantial contributions in 2015 to shaping the gender-related targets and indicators on equitable education in the Sustainable Development Goal framework.



Ayodele Ponle teaches girls English at the Government Secondary School in the north-eastern Nigerian city of Maiduguri.

© UNICEF/UNI193723/Esiebo

Reaching girls, strengthening systems

In 2015, advancing girls' secondary education was prioritized by 53 UNICEF country programmes, with a focus on advancing quality learning and curricula, alternative learning and transition to formal schooling, and mentorship and teacher training. Country-level interventions also addressed the particular vulnerabilities of girls and the systemic limitations that hamper their attendance and achievements in secondary school.

In Kenya, Nigeria and the United Republic of Tanzania, girls' clubs and female mentors were used to increase the enrolment of girls in school. In northern Nigeria, increasing women's participation in leadership positions in the education system contributed to a 50 per cent increase in the number of female head teachers in secondary schools, which provided girls with positive role models.

In Bangladesh, UNICEF provided technical assistance to the Ministry of Education to integrate Life Skills-Based Education into the national curriculum. This, along with teacher training, benefitted 8 million secondary school students, 40 per cent of whom are girls. About 30,000 primary and 27,500 secondary school teachers were mobilized to advocate against child marriage.

Early pregnancy can result in adolescent girls dropping out of school. To mitigate this, in 2015, UNICEF supported activities to prevent pregnancy and to provide educational opportunities for pregnant girls and adolescent mothers. In Mexico, UNICEF, in partnership with UNFPA, provided technical assistance to develop a National Strategy to Prevent Adolescent Pregnancy. In Sierra Leone, with UNICEF support, the Ministry of Education, Science and

Technology set up 330 learning centres countrywide. These centres have enrolled more than 14,000 pregnant and lactating adolescent girls.

School safety, particularly the prevention of school-related gender-based violence, is a key issue behind girls' attendance and retention in school. In 2015, UNICEF co-led the Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector, which emphasizes school safety, including advocating with governments to identify ways of making schools and girls' transportation to schools safe. In 2015, UNICEF supported the Ministry of Education in the United Republic of Tanzania to implement in-school measures that allow girls to report sexual advances and abuse. The measures also include creating safe spaces for counselling. In Mali, UNICEF supported the establishment of referral and prevention mechanisms in 104 schools to better detect and respond to gender-based violence.

Safe and separate WASH facilities are also critical to keeping girls in school. In Afghanistan, UNICEF supported the retention of adolescent girls in 200 schools by improving safety and security through the construction or rehabilitation of separate latrines for boys, girls and teachers, and construction or rehabilitation of water points and boundary walls.

Finally, UNICEF is committed to providing educational options for adolescent girls during emergencies. In the Syrian Arab Republic, where the conflict has deprived adolescents of learning opportunities, approximately 13,000 adolescents, half of them girls, accessed life-skills workshops supported by the Ministry of Religious Affairs and UNICEF, where they gained better knowledge and understanding of potential risks of early marriage and recruitment to armed groups.

System strengthening for delivery of secondary education to girls (and boys) remains a challenge in many countries due to limited financing, small pools of trained teachers – especially female teachers – and the continued challenges posed by school-based gender-related violence, especially as girls enter puberty. Going forward, UNICEF's efforts are aimed at prioritizing countries where local commitment, resources, and expertise can be mobilized in conjunction with UNICEF and donor support to strengthen local systems for delivering more and better years of schooling to vulnerable girls.

In Afghanistan, UNICEF supported the retention of adolescent girls in 200 schools by improving safety and security through the construction or rehabilitation of separate latrines for boys, girls and teachers, and construction or rehabilitation of water points and boundary walls.

Promoting gender-responsive adolescent health



In 2015, 65 UNICEF country programmes focused on gender-responsive adolescent health.

What is gender-responsive adolescent health?

Gender disparities in health status and outcomes become more evident in adolescence as girls and boys undergo puberty and experience greater diversification in life transitions. Gender and adolescent health issues are addressed across different outcomes of UNICEF's Strategic Plan, including health, with regard to adolescent pregnancy and maternal health; HIV and AIDS, with respect to HIV testing, treatment, care and psychosocial support for both boys and girls; nutrition, in addressing anaemia among adolescent girls; water, sanitation and hygiene, in promoting puberty education and menstrual hygiene management; and child protection, in addressing the practice of FGM/C.

The consolidation of these health risks and rights violations under a gender and adolescent health umbrella allows for a more integrated response in addressing the different issues adolescents face in this period of their lives. Under this umbrella, UNICEF is advancing gender-responsive adolescent health outcomes by focusing on the specific needs, transitions, relationships and vulnerabilities that adolescent boys and girls experience during this important time in their life course, while also fostering the sense of self awareness, autonomy, and agency that characterizes adolescence. UNICEF is enhancing the policy and social environment for better health outcomes for adolescent girls and boys; increasing and integrating gender-responsive services for girls' and boys' needs; and addressing the underlying gender norms and inequalities in health risks that adolescents face.

UNICEF's Approach to Gender Responsive Adolescent Health

The GAP provides a comprehensive multi-sectoral framework for promoting gender responsive action on adolescent health, with a focus on:

| | | |
|----------------------------|------------------------------------|---|
| ADOLESCENT PREGNANCY | HPV PREVENTION | ADOLESCENT ANAEMIA |
| PREVENTION OF HIV AND AIDS | MENSTRUAL HYGIENE MANAGEMENT (MHM) | PREVENTION OF FEMALE GENITAL MUTILATION/CUTTING (FGM/C) |

through three strategies

| | | |
|---|---|--|
| Enhancing the enabling environment for better health outcomes for adolescent girls and boys | Increasing and integrating gender-responsive services for adolescent health needs | Creating demand for addressing the underlying gender norms and inequalities in adolescent health risks |
|---|---|--|

Global commitments

In 2015, the framework provided by the Gender Action Plan for addressing cross-sectoral, gender-responsive adolescent health issues shaped UNICEF's work towards inclusion of targets on adolescent health under the SDGs on health (maternal and reproductive health, HIV and AIDS), water and sanitation (sanitation and hygiene, including MHM for women and girls), and gender equality (FGM/C as a harmful practice). UNICEF emphasized adolescent health in the development of the global health infrastructure that will guide programming beyond 2015, such as the Global Financing Facility and the Every Woman Every Child global movement, and together with partners, including UNFPA, the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), took an active role in global and national efforts to advance adolescent health. For example, under the global movement of Every Woman Every Child, UNICEF led the development of the Operational Framework for the Global Strategy for Women's, Children's and Adolescent Health. UNICEF also played a role in the accelerated attention to HIV and AIDS prevention among adolescents – particularly girls – and, in collaboration with UNAIDS and other partners, co-led the global launch of All In to #EndAdolescentAIDS.

UNICEF's new health strategy (2015–2030) incorporates a specific focus on adolescent health, specifically in the following areas:

- Improving services for pregnant adolescent girls and those who have already delivered one or more children;
- Reducing adolescent pregnancy and associated risks;
- HIV and AIDS prevention and care among adolescents; and
- Continued leveraging of the human papillomavirus vaccine to deliver an integrated package of services to adolescents.

Prevention of child marriage and increased school retention of adolescent girls are prioritized as key linkages.

Adolescent pregnancy

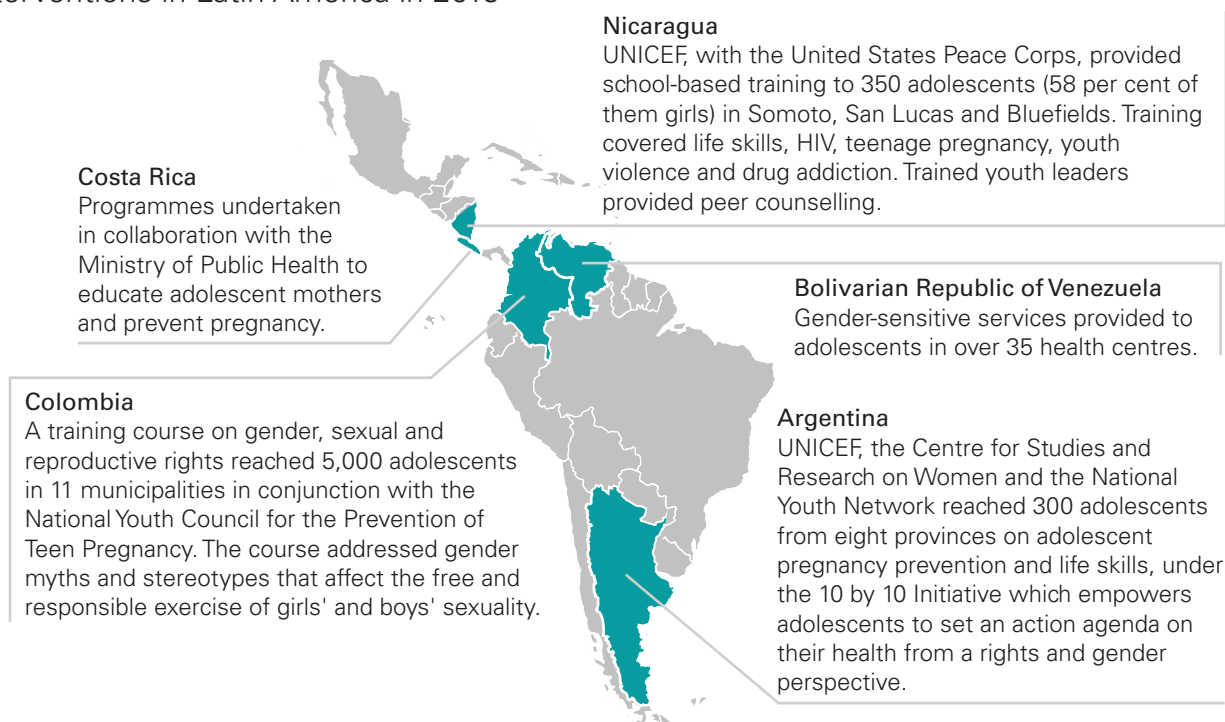
About 16 million girls aged 15–19 give birth each year, comprising about 11 per cent of all births worldwide. Ninety-five per cent of these births occur in low- and middle-income countries. The average adolescent birth rate in middle-income countries is more than twice as high as that in high-income countries, with the rate in low-income countries being five times as high. The proportion of births that take place during adolescence is as high as 18 per cent in Latin America and the Caribbean and over 50 per cent in sub-Saharan Africa. Although adolescents aged 10–19 years account for 11 per cent of all births worldwide, they account for 23 per cent of the overall burden of disease (disability-adjusted life years) due to pregnancy and childbirth. Complications related to pregnancy and childbirth are among the leading causes of death of adolescent girls.

Explicitly addressing the reproductive and sexual health needs of adolescent girls is critical to preventing adolescent pregnancy. In Mauritania, UNICEF facilitated the integration of adolescent health in the National Reproductive Health Strategy, 2016–2020. In Bangladesh, Kenya and Rwanda, UNICEF supported the development of national adolescent (and reproductive) health strategies. In Kenya, this included the testing of Health Management Information System tools with disaggregated data for adolescents, while in Bangladesh, it included an explicit focus on teenage pregnancy. In Rwanda, the strategy was developed in consultation with young people; it encompasses a focus not only on reproductive health and HIV prevention, but also on school retention and prevention of gender-based violence.

UNICEF is advancing gender-responsive adolescent health outcomes by focusing on the specific needs, transitions, relationships and vulnerabilities that adolescent boys and girls experience during this important time in their life course, while also fostering the sense of self awareness, autonomy, and agency that characterizes adolescence.

FIGURE 3

Examples of UNICEF-supported adolescent reproductive and sexual health interventions in Latin America in 2015



Case study: Exploring the integrated delivery of the HPV vaccination for adolescent girls

In 2015, four sub-Saharan African countries (Côte d'Ivoire, Gambia, Senegal and Zimbabwe) explored options to deliver additional health services to girls through innovative bundling with delivery of the HPV vaccination.

The HPV vaccination protects against cancers caused by the human papillomavirus infection. HPV is the most common viral infection of the reproductive tract. The World Health Organization recommends vaccination for girls aged 9–13 years as a cost-effective public health measure against cervical cancer.

In 2015, for four countries that were in the process of rolling out their HPV demonstration programme, UNICEF provided technical support to conduct assessments of potential additional interventions that could be provided to adolescent girls. The assessments brought together key stakeholders in each country, including multiple ministries and civil society partners. Together, they mapped the health needs of adolescent girls, along with potential government and civil society platforms already reaching girls with health information and services.

The assessments facilitated an evidence-based review of needs, resources and platforms to inform decision making on opportunities to strengthen health services for girls. As a result, Côte d'Ivoire and Zimbabwe are exploring offering health information and annual medical check-ups for girls and boys in schools along with the HPV vaccination for girls. Gambia and Senegal are looking at the possibility of co-delivering deworming with HPV vaccinations.

Anaemia in adolescent girls

Within households, adolescent girls and women are most susceptible to anaemia and may also face discrimination in accessing nutritious foods. UNICEF supports supplementation programmes for adolescent girls and women to prevent iron-deficiency anaemia and improve maternal and child health. In 2015, there was a rapid increase in the number of countries with policies or plans

targeting anaemia reduction among girls, rising from 27 countries in 2013 to 49 countries in 2015, or just one short of the 2017 target of 50 countries. In addition, 91 out of 122 countries, or 75 per cent, had a current national policy or plan to address anaemia in women of reproductive age, compared to 74 out of 123, or 60 per cent, in 2014. Of these 91 countries, 52 per cent had a specific approach for addressing anaemia among adolescent girls compared to only 46 per cent the previous year.

Case study: Extending reach: Scaling up to address anaemia in adolescent girls in India

In India, one in every two adolescent girls is anaemic. The health risk of anaemia for Indian girls is compounded by the fact that almost a quarter of India's 120 million adolescent girls are already mothers and dietary iron intake among them is less than 50 per cent of the recommended daily amount.

The Government of India, with technical support from UNICEF and partners, has implemented the Adolescent Girls Anaemia Control Programme for over a decade, reaching girls at schools and out-of-school girls at the community Anganwadi centre of India's Integrated Child Development Services programme. The initial programme strategy combined weekly iron and folic acid supplementation (WIFS) and bi-annual deworming prophylaxis for the prevention of helminth infestations, along with nutritional information, counselling and support.

Building on lessons learned under the Anaemia Control Programme, the Government of India launched the national WIFS programme to universalize the benefits of anaemia control. UNICEF is now supporting the universal roll-out of WIFS in all states to reach larger numbers of girls and ensure the programme's sustainability. The cases of the states of Uttar Pradesh and West Bengal highlight some of the results emerging from this scaling up initiative.

Uttar Pradesh: Strengthening systems and increasing coverage

Uttar Pradesh, India's most populous state, has the largest adolescent micronutrient programme in the country, covering 49 million adolescent girls and boys in the state's 75 districts. In 2015, UNICEF provided support to the State Health Department to initiate a real-time monitoring system in 45 districts using trusted local partners. Districts were covered eight times a year using standard formats. UNICEF and the State Health Department used feedback from each visit to take action in addressing programme barriers. After the first year of implementation, this effort streamlined supplies of iron and folic acid supplements and deworming tablets, increased accountability through joint monitoring and enhanced local ownership of data. Given its success, the programme has subsequently been extended to all 75 districts.

West Bengal: Engaging multiple sectors to address the needs of girls

In West Bengal, the programme offers a comprehensive cross-sectoral package of interventions that address girls' nutritional and educational needs, while preventing child marriage and enhancing girls' economic opportunities. The programme engages six sectors and civil society and private sector partners in adolescent programming.

WIFS provides weekly iron and folic acid supplementation, complemented by food supplements fortified with nine essential micronutrients, and bi-annual deworming. A new conditional cash transfer scheme was introduced to keep girls in school, promote secondary education and prevent child marriage. Partnerships with the private sector are helping to establish links between life skills and vocational training and creating employment opportunities for adolescent girls. These efforts were reinforced by state-wide mass- and mid-media communication campaigns and partnerships for social mobilization at community and household levels.

The results to date reflect the multi-sectoral approach of the intervention. About 2.5 million adolescent girls received weekly iron and folic acid supplementation. Some 900,000 unmarried adolescent girls aged 18–19 completed their secondary education and received a cash transfer of US\$400 under Kanyashree Prakalpa, a state programme to promote girls' education. To further build on these achievements, West Bengal is now working with UNICEF and the World Bank to create a comprehensive adolescent programme for both in- and out-of-school girls.

HIV and AIDS prevention and support

AIDS is the leading cause of death among adolescents in Africa and the second highest cause of death among adolescents globally. Gender and other social and economic inequalities heighten the vulnerability of adolescent girls. In 2014, more than 60 per cent of the 220,000 new infections globally among those aged 15 to 19 years were among girls. In sub-Saharan Africa, 7 in 10 new infections among those aged 15 to 19 years are among girls. More than 5,000 young women and girls, the vast majority of them in southern Africa, acquire HIV every week. The persistent patterns that characterize the epidemic in adolescents – slow progress in the reduction in new infections, rising mortality, predominance of new infections in adolescent girls and vulnerability of key adolescent populations – underscore the need to reach the hard-to-reach and to address gender equality issues in HIV prevention, treatment and support.

The number of countries with national strategies that include proven high-impact, evidence-based interventions to address HIV among adolescents increased from 26 in 2014 to 31 in 2015. UNICEF supported 19 countries in convening a broad range of stakeholders to contribute to country-level assessments to strengthen national programme responses to HIV among adolescents.⁴

Guided by new data on the impact of pre-exposure prophylaxis (PrEP) on averting new HIV infections, UNICEF led a global consultation in 2015 to consider the clinical, ethical and operational issues associated with administering oral PrEP among older adolescents in higher-risk populations who are sexually active. This was followed by funding from UNITAID for a five-year, US\$45

UNICEF launched a five-year, US\$45 million demonstration project in Brazil, South Africa and Thailand to inform the feasibility of delivering pre-exposure prophylaxis (PrEP) antiretroviral medicines to sexually active adolescents, aged 15 to 19 years, especially girls, who were at high risk of acquiring HIV.

million demonstration project in Brazil, South Africa and Thailand to inform the feasibility and acceptability of delivering PrEP antiretroviral medicines for sexually active, high-risk adolescents aged 15 to 19 years, especially girls.

The global launch in February 2015 of 'All In!' with the Government of Kenya, as well as the Global Fund, the United States President's Emergency Plan for AIDS Relief, and UNAIDS was facilitated by UNICEF advocacy and communication efforts. A global portal <<http://allintoendadolescentaids.org>> was launched to profile the issue. UNICEF also supported the MTV Staying Alive Foundation to prepare and launch a fourth season of their media series Shuga, a communication initiative that focuses on adolescents and youth, combining traditional, mobile and social media. Going forward, UNICEF will be further refining these programme strategies to strengthen the gender component.

FIGURE 3

Rising rates of HIV infection among adolescent girls



Source: UNAIDS 2014 HIV and AIDS estimates, July 2015.

Adolescents and HIV: Services, advocacy and engagement

In 2015, UNICEF supported innovative approaches across sectors to engage adolescents to address HIV and gender-related vulnerabilities. Services ranged from testing and treatment to the use of mobile apps. The focus was on empowering adolescents to advocate for themselves, and interventions were implemented with government and community partners in both development and humanitarian settings.

Testing and treatment: In Cote d'Ivoire, a government situation analysis of adolescents and HIV defined 2016–2020 activities. More than 60,000 adolescents were reached and encouraged to obtain an HIV test. Among them, 37,582 (62 per cent) were tested and 1.5 per cent diagnosed as HIV-positive. The results highlighted key gender differences:

- More girls (20,167) were tested than boys (17,415).
- HIV prevalence is higher among girls than boys (60 per cent vs 40 per cent).
- Retention in treatment is better among girls (67 per cent) than boys.

Safe schools: In Togo, UNICEF developed life skills educational modules, including HIV prevention, with the Ministry of Primary and Secondary Education in 2015. The modules will be utilized in primary schools beginning in 2016 and rolled out in junior high schools. A harmonized training package addressing school-related gender-based violence, including sexual abuse, was released and utilized, reaching 1,044 teachers and principals and 358 members of primary school management committees.

Life skills, counselling and support: In Côte d'Ivoire, peer-to-peer outreach and interpersonal sensitization sessions were implemented in communities and schools. Out of the targeted 70 percent of adolescents in UNICEF-supported regions, 87 per cent, made up of almost equal proportions of girls and boys, received information and life skills on HIV and AIDS, sexually transmitted infections, sexual and reproductive health and gender-based violence.

Empowerment and advocacy: In Kenya, UNICEF supported the launch of Sauti Skika (Amplifying Voices), a national network of adolescents living with HIV. Sauti Skika aims to empower these adolescents to increase advocacy for improved access to HIV prevention and treatment, increase demand for sexual and reproductive health options and improve quality of life. Members conduct multi-media advocacy, using platforms such as Facebook, Twitter and YouTube, and aim to impact national plans and programmes on adolescents and HIV. The initiative is currently hosted by the National Association of People Living With HIV and is aligned with the All In initiative. In the Philippines, UNICEF successfully advocated for the inclusion of specific child-rights provisions in draft bills for children, including the removal of parental consent to access reproductive health services and HIV testing for adolescents aged 15 to 18.

Multi-media initiatives and technology: In China, UNICEF worked with government partners to support the development of Health Walk, a mobile application to enable adolescent participation and access to services on an iOS platform. The app provides information on HIV and sexual and reproductive health services via a geographic information system.

HIV services in emergencies: In Sierra Leone, UNICEF supported the HIV/AIDS Prevention Project for Youth (HAPPY) to launch a patient tracing project to ensure ongoing treatment and support for people living with HIV during the Ebola outbreak through direct outreach to patients to continue supplying them with ART and provide HIV services at local NGOs when health facilities were closed.

Menstrual hygiene management

Gender norms and physiology make privacy more important for adolescent girls than for boys, and the requirements of post-partum and menstrual hygiene amplify their need for adequate and nearby sanitary facilities. Adolescent girls who lack toilets at home suffer indignity and harassment and risk sexual assault as they seek privacy to relieve themselves and address their menstrual hygiene management (MHM) needs.

In 2015, UNICEF provided global leadership and advocacy on gender in WASH, including advocacy and networking on MHM; work with the Special Rapporteur on the Human Rights to Water and Sanitation to help ensure attention to equity and non-discrimination during the SDG development process; and WASH-related inputs for the United Nations Secretary-General's Report on the Girl Child 2015. UNICEF's programming to ensure girl-friendly bathrooms with provision for MHM in schools is supporting girls' right to adequate WASH facilities that meet their needs for dignity, privacy, safety and health in school. The number of countries that included menstrual hygiene management targets in WASH in school strategies and operational plans rose from 22 in 2013 to 29 in 2015.

Learning more about a taboo subject: The WinS4Girls Project for research on MHM practices, determinants and impacts among school-going adolescent girls progressed in 14 countries, funded by the Canadian government with support from UNICEF headquarters and Emory University. The project links stakeholders with an online publication *Voices from the Field*, direct technical support by Emory University to researchers, and an E-course to strengthen the capacity of WASH practitioners and policymakers to carry out rigorous research on local MHM practices and challenges facing girls in schools. A technical manual is available for use and adaptation by partners and countries interested in conducting MHM research.

A study of 14,000 participants in 16 schools across four provinces in Indonesia found that almost one in seven girls had missed one or more days of school during their last menstruation. The study shed light on the significant levels of taboos and secrecy around menstruation. In Nepal and Uganda, MHM indicators are now incorporated into the national Education Management Information System to ensure annual monitoring data on MHM is gathered from all schools.

Reaching girls, strengthening services: In terms of reaching girls directly, in three states in India, an estimated 394,000 adolescent girls from disadvantaged communities, along with their parents and front-line community health workers, were reached to address gender norms and misconceptions related to menstrual hygiene. In Kenya, 127 schools in 14 counties were supported with an MHM programme and provision of gender-sensitive latrines, bathrooms, sanitary towels and

training. In Bolivia, a pilot project in 13 rural schools in Cochabamba yielded lessons being applied to a large-scale programme, including the use of peer and teacher mentors for girls, strategies that foster positive social change on menstruation, and affordable and recyclable sanitary napkins.

In Malawi, UNICEF's Keeping Girls in School programme aims to reduce the stigma around menstruation and construct girl-friendly latrines, with the support of the Malawi Ministry of Education, head teachers, female teachers, parent-teacher associations and mothers' groups. Menstravaganza is a campaign within the programme promoting menstrual hygiene advocacy, enhancing male understanding and championship and strengthening girls' confidence about their bodies. With funding from the United Kingdom's Department for International Development (DFID), a menstrual hygiene booklet was launched in July 2015 and is now being distributed in designated programme schools. Reach is extended through newspapers delivered to schools outside of the programme.

With regard to facility design, in Cambodia, in consultation with ministries of education and rural development and NGO partners, UNICEF reviewed WASH in schools' designs and recommended disability- and gender-friendly facilities, with a special focus on MHM accessibility. In Eritrea and Nigeria, national construction standards for WASH in Schools includes the provision of MHM-friendly facilities, and in Liberia, MHM is incorporated in the new WASH in Schools national protocol. In Kyrgyzstan, UNICEF has integrated MHM, including the introduction of MHM rooms, into all of its WASH in Schools projects.

Prevention of female genital mutilation/cutting

At least 200 million girls and women in 30 countries have been subjected to some form of female genital mutilation/cutting (FGM/C), which is linked to serious physical and mental health risks, including complications at child birth, maternal deaths, infertility, urinary incontinence, infection and tetanus.

Within the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting efforts resulted in more than 2,000 communities, covering 5 million people, across 14 countries declaring abandonment of FGM/C in 2015. The programme focuses on 16 countries in Africa and Yemen. Programmatic evidence indicates that in those communities that have collectively committed to abandoning FGM/C, some 70 per cent of girls remain intact. Policy success was achieved with the adoption of the Violence Against Persons Prohibition Act in Nigeria and the amendment of the Women's Act of 2010 in the Gambia. A majority of countries under the Joint Programme now have national legislation against FGM/C.

In 2015, globally, of the 20 UNICEF programme countries with a prevalence of FGM/C in excess of 25 per cent, 18 reported interventions toward ending the practice. Three additional countries with lower prevalence also reported interventions, bringing the total to 21 countries. In 2015, 840,000 people, compared to approximately 700,000 in 2014, participated in an increased number of outreach events and consensus-building activities with traditional and religious leaders. Media coverage of elimination efforts increased, with approximately 44,000 media references in 2015, compared to 25,000 in 2014, across

16 countries. In Eritrea, 80,000 community members participated in dialogue sessions on FGM/C, covering 500 of the 800 villages that were targeted.

Community dialogue focused on prevention of FGM/C is being supplemented with services that include care for girls and women who have undergone the practice. In Egypt, more than 42,000 girls received at least one health service related to FGM/C. In the Sudan 26,000 new mothers were provided with face-to-face counselling on the benefits of not having their daughters undergo FGM/C.

Addressing gender-based violence in emergencies



46 country offices addressed gender-based violence in emergencies in 2015.

Gender-based violence in emergencies: Scope and impact

Conflict situations and disasters can intensify various forms of gender-based violence that women and children, and girls in particular, live with in public and private spheres even in times of peace and stability. This also includes intimate partner violence and other forms of domestic violence. Emergencies can also introduce new manifestations of gender-based violence that are directly or indirectly linked to the conflict or disaster. Poverty, displacement and increased dependency resulting from conflict or disaster may compel women and girls to engage in sex in return for safe passage, food, shelter or other resources. Insufficient security and collapse of social order in camps and other settings put women and girls at higher risk of sexual assault, and, in some settings, trafficking. These risks can be exacerbated for girls when they are engaged in gendered tasks such as collecting water and firewood. The scale and visibility of major humanitarian crises such as the situation in the Syrian Arab Republic, and the emergence of new crises, such as the migrant and refugee crisis in Europe, are bringing unprecedented attention to gender-based violence in emergencies as a widespread, life-threatening violation that requires a robust response.

Reflecting the increased number of humanitarian situations that UNICEF responded to in 2015, the number of country offices focusing on gender-based violence in emergencies increased from 41 in 2014 to 46 in 2015. In 2015, almost 2 million girls, women and boys in humanitarian situations across 39 countries received elements of an expanded package of risk mitigation, prevention and response interventions around gender-based violence in emergencies. This number is up from 432,757 in 2013.



Nyayjaw, 8, from South Sudan, kisses her baby sister Nyagua whom she just met, after being reunited with her mother. For two years, the family was separated by conflict. Nyayjaw and her brother Chuol, 4, lived with their grandfather in the Bor Protection of Civilians site.

© UNICEF/UN014006/Rich

Global commitments

In 2015, UNICEF contributed to substantial gains in setting standards and strengthening accountability in the field of gender-based violence in emergencies through contributions to the Call to Action Roadmap 2016–2020 launched by 15 countries and 25 civil society organizations in September 2015. UNICEF also played a key role in highlighting the intersectoral nature of preventing, mitigating risk and responding to gender-based violence in emergencies by advocating for its incorporation into multiple Sustainable Development Goal targets, particularly those related to Goals 5, 8 and 16.

UNICEF, together with UNFPA, launched and disseminated the revised Inter-Agency Standing Committee (IASC) *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. The guidelines on gender-based violence now define how to address its prevention in emergencies across all sectors of humanitarian action in conflicts and disasters around the world. The guidelines are also being used to define emergency preparedness actions by major multilateral and bilateral donors (e.g., the World Bank) to influence their policy frameworks in contexts of fragility. UNICEF also co-led the gender-based violence in emergencies area of responsibility/sub-cluster with UNFPA in 2015.

Primero, a globally endorsed inter-agency platform, provides centrally-supported software for managing data on gender-based violence, monitoring and reporting other grave violations against children, case management and referrals. Sierra Leone is using the case management module as its social welfare data platform, with over 90 users from 15 organizations managing more than 6,000 cases and tracking registration and service provision. In 2015, the module on managing gender-based violence cases was piloted in Lebanon and will be expanded to support case management for survivors in 2016.

Primero should be integrated into service packages as they are developed and there should be more emphasis

In 2015, almost 2 million girls, women and boys in humanitarian situations across 39 countries, received elements of an expanded package of risk mitigation, prevention and response interventions around gender-based violence in emergencies. This number is up from 432,757 in 2013.

on ensuring quality and timely services. With these cautions, feedback and testing by 30 organizations in 2015 confirmed that Primero meets the needs of the social welfare and protection workforce and is ready to be taken to scale.

Reaching women and girls – and boys – in need

UNICEF's approach to addressing gender-based violence in emergencies reflects the agency's mission to protect the health and well-being of children and women and its renewed equity mandate. In 2015, action across sectors enhanced the enabling and service delivery environments for prevention of such violence as well as risk mitigation and the response services for survivors. UNICEF also supported enhanced community awareness to address inequitable gender norms that can lead to gender-based violence in emergencies. UNICEF programmes to promote safe access to firewood and alternative fuel in emergencies helped girls and women minimize their risk of sexual and other violence during household tasks, especially in refugee camps.

In Somalia and South Sudan, the Communities Care: Transforming Lives and Preventing Violence Programme improved access to care and support for survivors.

Gender-based violence (GBV) prevention and mitigation in emergency settings

Central African Republic: Almost 72,000 women and 36,000 girls accessed safe sanitation facilities.

Croatia, Serbia and the former Yugoslav Republic of Macedonia: Safe spaces for 57,515 children at risk of sexual exploitation, abuse and trafficking in the context of the European migrant crisis.

Democratic Republic of the Congo, Ethiopia and South Sudan: 21,500 girls and women of reproductive age received dignity kits.

Ethiopia: Gender-based violence was included in UNICEF and UNFPA rapid assessment efforts to respond to a drought expected to affect 10.2 million people.

Malawi: Food distributors and cash monitors received training on GBV, sexual exploitation and abuse to mitigate risk between access to food and vulnerability to GBV.

Myanmar: Some 950 WASH field staff were trained on the 2015 IASC GBV Guidelines across camps in Rakhine state, installing solar lighting in sanitation areas and partitioning water and sanitation facilities by sex to facilitate safe use by women and girls.

Nepal: More than 640,000 women and girls accessed safe water and sanitation services after the April 2015 earthquake there. About 3,445 women's groups were established in 14 districts, reaching over 20,670 women, and an additional 325,874 girls, boys, women and men, with information on prevention of gender-based violence as well as available services. Some 372 police were supported at 86 checkpoints where 1,472 women and children were intercepted from traffickers, and 127,916 benefitted from awareness-raising initiatives.

Sierra Leone: During the Ebola emergency in 2015, UNICEF provided 1,428 girls and women with services to address sexual violence. Additionally, 9,800 girls were reached with life skills training to increase their capacity to understand how and where to access support related to sexual exploitation and abuse. Over 2,000 women and girls seeking refuge in a Freetown stadium during September 2015 floods had access to separate and well-lit water and sanitation facilities.

The programme has trained 211 community responders from law enforcement, education, community health, and health care in Somalia and 388 in South Sudan to improve community-based care. The programme also reached 17,000 people through radio awareness in the target communities and 42,918 people via community action and engagement events. These events included public dialogues on gender equality and human rights; consultative workshops with religious leaders on promoting the respect and dignity of women and girls; house to house visits; and street theatre to facilitate sensitization and awareness of the benefits of nonviolent relationships and the importance of promoting the safety and dignity of women and girls.

In 2015, UNICEF also worked in 20 counties across six states in South Sudan, almost double the number covered at the beginning of the year, to reach 85,257 children and women with services related to sexual violence in humanitarian contexts, including case management, clinical management of rape, referrals, access to women's centres, awareness-raising efforts, community dialogues and information sessions in health clinics. UNICEF reached over 8,850 women and girls through safe spaces.

UNICEF focuses its gender-based violence prevention work on girls, women, boys and men. In the Democratic Republic of the Congo, UNICEF engaged 18,047 adolescent girls and 13,611 adolescent boys in youth clubs to promote gender-equitable relationships, the prevention of sexual violence and other forms of gender-based violence, and systems to help those who have experienced such violence access support. The clubs also promote prevention of HIV and other sexually transmitted infections. About 4,000 girls and 2,500 boys formerly recruited and used by armed forces and groups were reached on prevention and response to gender-based violence, as were 148,530 community members (including 71,901 women, 68,749 men, 10,618 girls and 36,553 boys). In Liberia, UNICEF supported the Government to provide care and support to almost 500 child survivors of sexual violence and other forms of gender-based violence during the crisis. In the State of Palestine, family centres provided 27,262 children (13,710 girls and 13,552 boys) and 44,228 caregivers (32,464 females and 11,764 males) with services related to children's needs and conducted awareness-raising sessions on issues such as child marriage, sexual harassment and other forms of sexual violence against girls, and on the prevention of boys' engagement in community violence.

PROGRAMME AREA 2: GENDER MAINSTREAMING IN UNICEF'S SEVEN OUTCOME AREAS



In 2015, 77 per cent of UNICEF country programmes had at least one gender mainstreaming result.

Programming to mainstream gender – or integrating it routinely – is a broad, institution-wide process, undertaken by each sector to address how gender impacts programme architecture, functions and outcomes. Sectors then work to strengthen their programmes to better serve women and girls and advance equitable male-female relationships. The process requires an assessment of shortfalls in outcomes and the gendered barriers and bottlenecks behind them. UNICEF emphasizes quality over quantity in gender mainstreaming. Rather than seeking to address gender equality in everything, which can lead to a superficial treatment of the issue and a lack of accountability for meaningful results, the focus is on addressing it well in a limited number of strategically selected sector priorities.

In 2015, 77 per cent of UNICEF-supported country programmes included one or more gender mainstreaming results across the seven outcome areas in the Strategic Plan. This coverage remains relatively unchanged from 80 per cent in 2014, the first year of the GAP implementation. The observed trend indicates a strong need to accelerate gender mainstreaming efforts in the coming year in order to reach the 100 per cent target for 2017.

Table 2 presents progress in 2015 on the output indicators for gender mainstreaming in sectors specified in UNICEF's Strategic Plan and Gender Action Plan. While there is general progress on these indicators through

2015, several fall short of their 2015 targets. Limited progress in the areas of WASH and child protection are of special concern. There is mixed progress in HIV and AIDS, health and nutrition, with some indicators surpassing the targets set for 2015; indicators on anaemia reduction among women and implementation of life skills-based HIV education showed exceptional progress. Progress has also been good – close to 2015 targets – on the number of countries with revised domestic legislation and administrative guidance in line with the concluding observations of the Committee on the Elimination of Discrimination against Women and on the proportion of pregnant women living with HIV reached in humanitarian situations with PMTCT services. But targets were missed on sex-differentiated infant and child mortality estimates (44 countries in 2015 were able to do this out of 48 target countries); gender reviews of HIV policies and plans (13 countries in 2015 vs target of 20); gender reviews of nutrition policies (21 countries vs a target of 28); national strategies on open defecation (57 per cent of prioritized countries out of a targeted 70 per cent); sanitation facilities in primary schools (37 countries meeting 50 per cent facility mark vs the targeted 50 countries) and gender reviews of child protection policies (33 countries out of a targeted 38). A revised assessment of targets and their achievability in light of the significant challenges in moving forward gender equality in these key sectors is warranted.

TABLE 2

Progress on output indicators for gender mainstreaming in 2015

| UNICEF Sector | Output indicator | 2013 | 2015 | Target (2015) | Target (2017) |
|-------------------------------|--|------|------|---------------|---------------|
| Health | Number of countries that produced an analysis of sex-differentiated infant and child mortality estimates | 42 | 44 | 48 | 62 |
| HIV and AIDS | Percentage of HIV-positive pregnant women in humanitarian situations who received treatment to prevent mother-to-child-transmission of HIV | 54% | 59% | 60% | 80% |
| | Number of countries that undertook a gender review of the HIV policy/strategy of the current national development plan, with UNICEF support | 18 | 13 | 20 | 38 |
| | Number of countries with national policies to implement sexuality or life skills-based HIV education in upper primary schools | 28 | 34 | 30 | 38 |
| Nutrition | Number of countries with policies or plans targeting anaemia reduction among women | 70 | 91 | 85 | 100 |
| | Number of countries that have undertaken a gender review of the nutrition policy/strategy in the current national development plan cycle | 16 | 21 | 28 | 40 |
| Water, sanitation and hygiene | Proportion of countries implementing a national strategy to eliminate open defecation | 63%* | 57% | 70% | 70% |
| | Number of countries with at least 50% of primary schools having access to adequate sanitation facilities for girls | 32* | 37 | 50 | 65 |
| Child protection | Number of countries that revised or improved their child protection policies on the basis of a gender review supported by UNICEF | 33 | 33 | 38 | 70 |
| Social inclusion | Number of countries with revised domestic legislation and administrative guidance in line with the concluding observations of the Committee on the Elimination of Discrimination against Women | 55 | 89 | 90 | 110 |

* Refers to 2014 data.

Health

Gender mainstreaming activities in health focused on the first decade of life, specifically the needs of expectant mothers and their newborn children. Maternal health is recognized as an important dimension of gender equality, affirming women's rights to bear children when they want, safely and with dignity and without endangering their lives. Unfortunately, poor-quality maternal health services is an important deprivation that many women face, and a large number continue to suffer ill health or death as a result. Sex differences in child mortality need to be assessed beyond the biological advantage that nature gives girls. For example, in some settings, baby girls face gender-based discrimination or neglect due to son preference. Additionally, both boys and girls may suffer high mortality because gender discrimination leads to their mothers having poor information, service access, or health. Children who lose their mothers at birth are significantly less likely to survive and thrive.

Despite progress in preventing child mortality, between 1990 and 2015, a total of 236 million children died before their fifth birthday. Inequity remains a major factor in disproportionate mortality burdens. The under-five mortality rate in sub-Saharan Africa is the highest in the world with 1 in 12 children dying before the age of 5, more than 12 times the average in high-income countries (1 in 147). The disproportionately higher mortality burdens in the region can be linked to women's limited decision-making power and control over resources, which often contributes to poor utilization of health services, including maternal and child health services.

In 2015, UNICEF was actively involved in updating Every Woman Every Child, the United Nations Secretary-General's Global Strategy for Women's and Children's Health, which was launched alongside the SDGs. This strategy expands the focus from the MDG era on ending preventable deaths ("Survive") to ensuring health and well-being ("Thrive") and expanded enabling environments ("Transform").

Innovating to expand options for women to deliver safely

In Uganda, to enhance options for how and where women deliver their babies, UNICEF partnered with the government to provide low-cost, high-impact and culturally-appropriate interventions to reach isolated populations in the Karamoja region and to bridge the equity gap for pregnant women. Birth cushions to help women deliver in a modified squatting position and solar suitcases with renewable power sources to enable facilities to safely deliver at night were distributed.

Between 2013 and 2014, skilled birth attendance in the region increased from 21 per cent to 31 per cent. By March 2015, over 10 per cent of women in 54 facilities delivered on the birth cushions by choice. In addition, solar suitcases aided 6,540 nighttime deliveries in the facilities, representing an increase from 9 per cent of nighttime deliveries at the 2014 baseline to 46 per cent in March 2015.

The number of countries with costed implementation plans for maternal, newborn and child health care increased from 62 in 2014 to 64 in 2015. Support for maternal and child health has been especially important in emergency settings. In the Sudan, UNICEF trained 233 community midwives who helped to improve access to maternal and child health services for 400,000 pregnant women. In the State of Palestine, the Post-Natal Home Visit Programme covered 49 per cent of all women in the postnatal period, reaching high-risk mothers and newborns.

In Pakistan, addressing the gender dimension of communications in the polio programme was critical to achieving the desired results. In the recalibrated polio strategy aimed at reaching missed children, UNICEF assisted with rebranding polio communications so as to project vaccinators as community protectors. A total of 2,152 communications staff (44 per cent of them women) and 2,291 front-line polio workers (72 per cent women) in 53 high-risk districts were trained using the new approach, and, as a consequence, staff and workers successfully alleviated common suspicions about their role. The strategy also persuaded reluctant families to

In Pakistan, over 2,000 communications staff and 2,000 front-line polio workers, most of them women, in 53 high-risk districts, were trained to alleviate common suspicions about their role and persuade families to increase women's participation as programme community workers. This resulted in the rate of women community workers increasing by 11 per cent from 2013 to 2015 and helped reduce the number of missed children from 500,000 in 2013 to fewer than 16,000 in 2015.

Increasing women's leadership in community health care

Community-based health positions that are fairly compensated provide opportunities for women to serve as leaders and experts, break down gender stereotypes and provide life-saving services. Training and empowering more women as community health workers is one way to mainstream gender equality into health interventions in both development and humanitarian settings.

- In the Sudan, 233 trained community midwives from Darfur graduated in 2015, with 200 more expected to graduate in 2017.
- In Guinea, Village Watch Committees, based on traditional inclusive governance systems and comprised of women, religious leaders, youth and representatives of traditional brotherhoods (healers, hunters), were engaged to respond to Ebola by obtaining community buy-in, helping with de-stigmatization of the disease, identifying cases early, seeking care for the ill and conducting contact tracing of exposed family members.
- In Kyrgyzstan, UNICEF disseminated vaccination messages in 40 mosques through trained Muslim women leaders to change attitudes towards vaccination among religious parents. In partnership with international and local non-governmental organizations, 18,500 religious youth and women were recruited to conduct community outreach, and 200,000 initially reluctant parents agreed to have their children immunized.

increase women's participation as community workers in programme delivery, with the rate increasing from 35 per cent in 2013 to 46 per cent in 2015. These efforts helped to reduce the number of children missed due to lack of access from 500,000 in 2013 to fewer than 16,000 in 2015.

'Son preference' can result in gender-discriminatory provision of care during infancy, resulting in higher mortality among female babies, despite their biological advantage. In 2015, UNICEF conducted a systematic review of common childhood infections and gender inequalities, and found evidence of discrimination against girls in care for pneumonia and other febrile illnesses in China, India, Iraq, Viet Nam and in other countries. This is an important future area for action related to increasing parental demand as well as supporting providers and facilities in the early diagnosis and treatment of girls as well as boys, in order to achieve equity in child mortality reduction.

Nutrition

In 2015, gender mainstreaming activities in nutrition focused on supporting breastfeeding, including gender-sensitive maternity leave and workplace policies; providing key nutritional supplements to women and girls; and strengthening systems to generate and utilize sex-disaggregated and gender-specific data in programme design and implementation.

UNICEF also worked to ensure that SDG 2 included specific nutrition indicators, including stunting, wasting

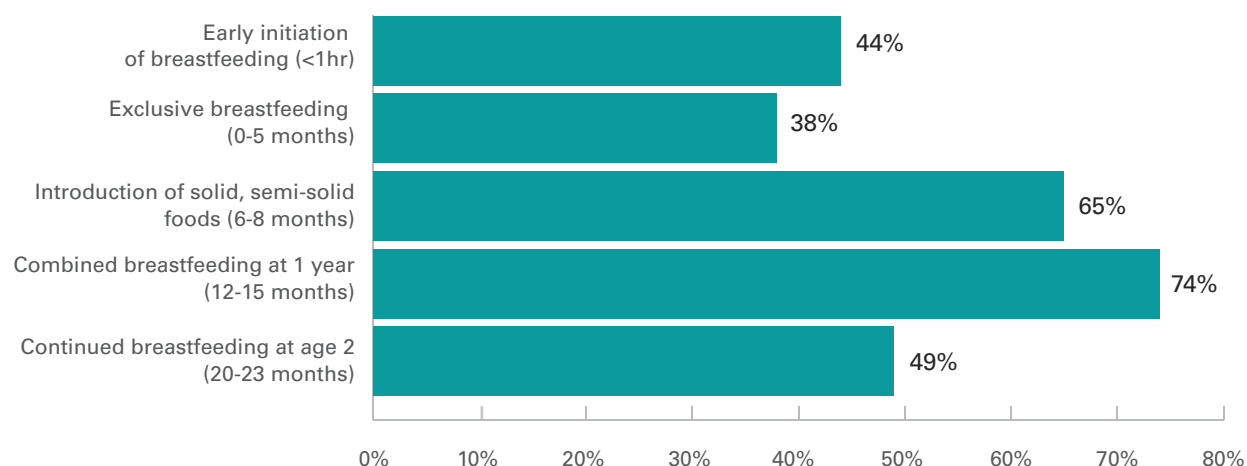
and overweight in children under five, and, notably, exclusive breastfeeding (which was not included in initial drafts of this goal). UNICEF also successfully advocated for breastfeeding to be included in the Global Strategy for Women's, Children's and Adolescent's Health as a key intervention to improve newborn, child and maternal health.

UNICEF interventions are making a significant difference in increasing exclusive breastfeeding rates in a number of countries. Thirty-two countries are now on course to meet the global World Health Assembly target of more than 50 per cent of babies being exclusively breastfed.⁵

In Bangladesh, 91,505 pregnant and breastfeeding women in the Southern region (90 per cent of target population) received nutrition counselling. Thereafter, exclusive breastfeeding climbed from 49 per cent in 2011 to 66 per cent in 2014, and early initiation of breastfeeding improved from 49 per cent to 77 per cent. In Burkina Faso, exclusive breastfeeding increased from 25 per cent to 47 per cent between 2011 and 2015. In Ghana, exclusive breastfeeding rates increased from 46 per cent in 2011 to 52 per cent in 2014 and early initiation rose from 46 per cent to 55.6 per cent. In India, a 2014 national survey found an increase from 24.5 per cent in 2006 to 44.6 per cent in 2014 in early initiation. In the seven states with the highest burden of neonatal mortality, the combined rate of early initiation grew from 13 per cent in 2006 to 34 per cent in 2014.⁶

UNICEF's Infant and Young Child Feeding (IYCF) programme is addressing the gender barriers to improving breastfeeding rates. Approaches include

FIGURE 4
Global feeding practices of children from 0–23 months



2015 population weighted averages: based on nationally representative household surveys from 2010–2015 (Exception of China (2008) and India (2005–06 and 2007)).

Source: UNICEF Database 2015.

increasing political and financial commitments; improving capacity and information about the multiple benefits of breastfeeding among health care providers; and enhancing maternity benefits. Counselling training includes the provision of relevant and supportive information on breastfeeding, conveying respect for mothers' behaviours and practices; addressing nutritional and other needs of both mother and baby; and involving the father when possible to support good breastfeeding practices.

In 2015, UNICEF strengthened the capacity of health care providers in many countries to provide quality IYCF counselling to women. In Ethiopia, 33,000 health extension workers and 55,000 health development army members in the four agrarian regions received refresher training. About 19,000 women-to-women support group facilitators also received training. In Ghana, 115 districts (up from 80 in 2014, out of 216 districts) achieved technical capacity to scale up IYCF. In Nigeria, 13 master trainers, 1,062 health workers and 2,755 community volunteers received training on the community IYCF package. In Côte d'Ivoire, UNICEF and the International Baby Food Action Network trained 700 community volunteers, reaching 11,000 women and 13,000 children in Abidjan and in rural areas. In Nigeria, individual and group IYCF counselling in more than 1,495 communities across 15 states, reached over 600,000 caregivers. In South Sudan, 506 mother-to-mother support groups involving 7,500 women were established.

In Jordan, UNICEF facilitated the IYCF programme in refugee camps and host communities in Aqaba, Maan, Karak, Jordan Valley, Irbid and Mafraq and at the Raba'a Al

The number of countries with policies or plans targeting anaemia reduction among women rose from 70 countries in 2013 to 91 countries in 2015, on track to reach the target of 100 countries by 2017.

In Mali, UNICEF partnered with local non-governmental organizations to accelerate scaling up of community-based nutrition interventions in two target districts, increasing coverage by 42 per cent from 2012 to 2015.

In selected districts of Bangladesh, the coverage of iron and folic acid supplementation among pregnant women increased from 32 per cent in 2012 to 55 per cent in 2015.

Partnerships to promote breastfeeding



Source: <<http://worldbreastfeedingweek.org/2015/downloads.shtml>>

UNICEF engaged the private sector, informal sector and other partners to enhance work place policies and promote breastfeeding.

- In the Democratic People's Republic of Korea, UNICEF successfully advocated for the extension of maternity leave from five to eight months to encourage six months of exclusive breastfeeding.
- In Vietnam, UNICEF successfully advocated for the extension of maternity leave from four to six months to encourage six months of exclusive breastfeeding.

During World Breastfeeding Week 2015 – 'Breastfeeding and Work: Let's Make it Work':

- In Bangladesh, UNICEF supported a press conference, print media advertisement and an advocacy event.
- In Kenya, in partnership with private sector company Safaricom Limited, a highly visible advocacy campaign promoted support for breastfeeding in the workplace. UNICEF developed a video on good examples of workplace support for breastfeeding in Kenya from the formal sector (Safaricom) and the informal sector (at a flower farm).
- In Thailand, UNICEF organized a media trip to a breastfeeding-friendly workplace and held a forum (with participation from more than 70 countries) on good practices of five companies in establishing breastfeeding-friendly workplace programmes.

Sarhan new arrival registration site, including the provision of safe and calm breastfeeding areas and a roving van to access remote areas. Some 6,469 pregnant and lactating mothers received counselling on breastfeeding; 5,556 children under the age of five benefited from the supplementary feeding programme; and nearly 60,000 pregnant and lactating mothers (82 per cent of the target) received one-on-one counselling on breastfeeding and nutrition. These services were delivered through partnerships between community-based organizations, health centres, public and private hospitals and the Ministry of Social Development.

The number of countries with policies or plans targeting anaemia reduction among women rose from 70 countries in 2013 to 91 countries in 2015, on track to reach the target of 100 countries by 2017. More countries undertook gender reviews of their nutrition policies or strategies, although progress is much slower, rising to just 21 countries in 2015, from 16 in 2013, and far from the target of 40 by 2017. UNICEF has been working across countries to scale up the provision of iron and folic acid supplementation to women and girls in need. In Mali, UNICEF partnered with local non-governmental organizations to accelerate scaling up of community-based nutrition interventions in two target districts, increasing coverage by 42 per cent from 2012 to 2015. In selected districts of Bangladesh, the coverage of iron and folic acid supplementation among pregnant women increased from 32 per cent in 2012 to 55 per cent in 2015.

In 2015, 93 (out of 122) countries reported national management information systems that disaggregated data by sex on nutrition. There remains great potential to include additional gender metrics in information systems and analyses, such as supporting bottleneck analyses of severe acute malnutrition that explore gender implications, such as communication messaging or convenience for primarily female caregivers of severe acute malnutrition treatment.

HIV and AIDS

In 2015, gender mainstreaming activities in HIV focused on the first decade of life, and specifically, the needs of pregnant women, mothers and their infants. A significant challenge is to diminish the persistent inequities that impact pregnant women, in order to improve their access to and retention in both HIV and maternal, newborn and child health services.

In 2015, UNICEF supported the specification of gender equality targets for pregnant women and girls, mothers, children and adolescents in the UNAIDS 2016–2021 Strategy and the Unified Budget, Results and Accountability Framework.

UNICEF strengthened links between community social service delivery mechanisms and facility-based treatment

services to scale up lifelong treatment of women living with HIV in Côte d'Ivoire, the Democratic Republic of the Congo, Mali and Uganda, through the Optimizing HIV Treatment Access for Pregnant and Breastfeeding Women Initiative. A 2015 mid-term evaluation found that funding from the Initiative enhanced service delivery and demand and catalysed community involvement. In Malawi, activities included technical and material support to community-level health agents, formal community-facility referral mechanisms, male involvement campaigns and supervisory facility reviews that included traditional and community leaders. Six-month retention rates increased from 72 per cent to 79 per cent; and 12-month retention rates increased from 66 per cent to 74 per cent between 2013 and 2015.

UNICEF interventions and leadership of the Inter-Agency Task Team on the Elimination of Mother to Child Transmission led to 21 of the 22 UNAIDS Global Plan priority countries implementing national policies to offer the Option B+ treatment protocol – lifelong antiretroviral treatment (ART) for all pregnant women and mothers living with HIV – putting the health of pregnant women and mothers first in the drive to eliminate vertical transmission and to support children not just surviving HIV, but also thriving because their mothers are still alive. UNICEF also leads programmes that support retention of mothers on ART and post-partum care in Côte d'Ivoire,

UNICEF interventions and leadership of the Inter-Agency Task Team on the Elimination of Mother to Child Transmission led to 21 of the 22 UNAIDS Global Plan priority countries implementing national policies to offer the Option B+ treatment protocol – lifelong antiretroviral treatment (ART) for all pregnant women and mothers living with HIV – putting the health of pregnant women and mothers first in the drive to eliminate vertical transmission and to support children not just surviving HIV, but thriving because their mothers are alive.

In Uganda, 92 per cent of pregnant women living with HIV are on life-long ART and Option B+ was rolled out in all 112 districts, covering 2,630 healthcare facilities, including all national, regional referral and district hospitals, and health centres levels III and IV.

Gender and HIV prevention and treatment in emergencies

In countries with a high HIV burden, humanitarian emergencies can cause considerable interruption in the prevention of mother-to-child transmission of HIV and provision of ART. In 2014, the total number of people living with HIV affected by emergencies was 1.7 million, out of whom 174,293 were children, 80,956 were pregnant women and 192,761 were adolescents.

In 2015:

- UNICEF, in partnership with the United Nations High Commissioner for Refugees (UNHCR) and UNAIDS updated the statistics on the number of people living with HIV affected in emergency-affected countries based on UNAIDS, UNHCR and other databases and modelling exercises.
- 58 per cent of pregnant women living with HIV were targeted by UNICEF in humanitarian situations to continue receiving treatment to prevent mother-to-child-transmission of HIV. This is an increase from 53.5 per cent in 2014, showing some progress towards the 80 per cent target.
- In Uganda, UNICEF supported the rollout of family planning services, including post-exposure prophylaxis (PEP) to rape survivors in all refugee settlements. As a result, the proportion of rape survivors who received PEP remained high, at 96 per cent.
- In Ukraine, UNICEF, through the Global Fund to Fight AIDS, Tuberculosis and Malaria, supported the continuation of ART for one year for more than 8,000 women, men, girls and boys living with HIV, as well as HIV testing for more than 31,000 pregnant women and their children.

the Democratic Republic of the Congo, Malawi and Uganda, thus saving mothers' lives and playing a major role in reducing new vertical infections of HIV among infants. In Uganda, 92 per cent of pregnant women living with HIV are on life-long ART and Option B+ has been rolled out to all 112 districts, covering 2,630 healthcare facilities, including all national, regional referral and district hospitals, and health centres levels III and IV.

Reduced treatment adherence and retention of mothers on ART during the breastfeeding period results in twice as many new paediatric HIV infections compared to infections acquired during pregnancy, labour and delivery. This indicates a need to understand and address the barriers to breastfeeding, including systems assessments and demand-side analyses that look at the gender dimensions of maintaining women in care and enabling good adherence to HIV treatment.

Water, sanitation and hygiene

In 2015, UNICEF efforts were key in getting and keeping the issue of gender equality and the importance of hygiene, including MHM, embedded into the SDG targets for WASH. UNICEF also supported the development of the Gender, Violence and WASH toolkit in 2015, an important new resource rolled out to address the needs

of girls and women, including in humanitarian situations. UNICEF led the preparation of the Report of the United Nations Secretary-General on the girl child, focusing on the time use, health, schooling and empowerment-related impacts of WASH in the lives of girls. The report highlighted the lack of age- and sex-disaggregated data as a key barrier to assessing whether infrastructure and programme investments are reaching girls and meeting their needs.

WASH facilities in schools and health centres, including women-and-girls-only toilets and a safe water supply, are a key ingredient in providing gender-responsive health services. Fifty-six countries have national standards for accessible and inclusive WASH for schools. In 2015, direct support was provided to improve WASH facilities and programmes in 25,876 schools around the globe, more than double the 10,596 schools supported in 2014. UNICEF supported the construction of WASH facilities in 733 health-care facilities in more than 33 countries. In Kenya, a UNICEF-led initiative is upgrading a network of maternal and neonatal centres of excellence by increasing access to sustainable water supplies. In humanitarian settings in 2015, UNICEF reached 1.37 million women and girls with MHM materials, surpassing the expected target of 1.24 million.



A girl collects water from a water point in Gado refugee site, Cameroon, where about 23,000 Central African refugees live.

© UNICEF/UNI199742/Froutan

In humanitarian settings in 2015, UNICEF reached 1.37 million women and girls with MHM materials, surpassing the expected target of 1.24 million.

UNICEF's commitment to gender equity in WASH programmes includes supporting the active and diverse participation and leadership of girls and women in community WASH efforts. This includes ensuring female leadership and voice in community water and sanitation management teams, and other more innovative efforts to support non-traditional gender roles such as increasing young adolescent girls' masonry and plumbing professional skills and new economic opportunities (see box).

In Ghana, 42 gender-sensitive community water and sanitation management teams were established and 25,000 women and girls, or 100 per cent of those targeted, were supported to engage in WASH governance through targeted training packages. In Uganda, a UNICEF initiative helped ensure that two thirds of more than 210 community WASH management committees have women in key positions, such as chairperson, treasurer or secretary. In Eritrea, UNICEF supported the training of women in teams of Community Health Promoters to drive achievements and sustainability under the Community Led Total Sanitation initiative. In Nigeria, WASHCOMs are responsible for the management of WASH facilities in communities. Made up of between 15 to 20 members representing various sections of the community, 40 per cent of their membership is made up of women. Experience shows that once WASHCOMs are empowered they successfully take responsibility for other developmental challenges in their communities including

health, nutrition, child protection, education and other child survival issues. In 600 schools in the Democratic Republic of the Congo, UNICEF aims to ensure girls make up at least 50 per cent of each school's Health and Environment Brigade. This is part of UNICEF's Healthy Schools initiative.

Innovations to increase girls' and women's participation in WASH programming

- In Nicaragua, UNICEF supported the Southern Autonomous regional government with vocational training in masonry and plumbing for adolescents. Girls were encouraged to participate in the traditionally male-dominated sector, and 25 per cent of graduates were girls. The training paves the way for girls and women to take up non-traditional, economically empowering roles within the sector.
- There are 10,000 Syrian refugees living in Darashakran refugee camp in Iraq. Each family is assigned a toilet, shower and kitchen. UNICEF supported the training of 116 water and sanitation volunteers to repair plumbing systems. Each volunteer is responsible for 16 families, with tasks divided equally between men and women.

Education

In 2015, UNICEF's gender mainstreaming priorities in education included advancing gender equality, not just parity, in primary school education and reducing school-related, gender-based violence. UNICEF focused on ensuring global and international standards and guidelines, reaching the most vulnerable girls and supporting cross-sectoral initiatives to address school-related gender-based violence.

While gender gaps at the national level are often small, these tend to be significantly wider within the most disadvantaged populations. Gender disparity in school enrolment has declined at the primary level over the last two decades. The percentage of countries where primary-school-aged girls were at a disadvantage declined from over 40 per cent in 1999 to approximately 30 per cent in 2012.⁷ However, disparities within countries continue to represent a challenge. Poor girls are significantly more likely to be out of school than poor boys. Additionally, of children who are out of school, girls are significantly more likely to never enrol in school (48 per cent) compared to boys (37 per cent). In Guinea and the Niger, approximately 70 per cent of the poorest girls have never attended school, compared to less than 20 per cent of the richest boys. In Ethiopia and Senegal, education policies targeting girls supported progress to reduce the gender gap among the poorest children, although large numbers of both boys and girls are still missing out on school. In Pakistan, between 2006 and 2012, little progress was made in either reducing the number of the poorest children who had never enrolled in school, or reducing the gender gap of 18 percentage points between them. Despite these realities and some improvements in data, few education programmes target combinations of gender and other forms of social and economic exclusion.

As the lead agency and secretariat of UNGEI, UNICEF provides support to promote girls' education and gender equality through knowledge-exchange and by sharing evidence-based solutions. In 2015, UNGEI led the development of a consensus for the need for gender-responsive sector plans with the Global Partnership for Education and the focus on the elimination of gender-based discrimination and violence in schools in Education 2030: Incheon Declaration and Framework for Action.

To translate these efforts into results for children and families, UNICEF, with UNGEI, supported a four-country programme on school-related gender-based violence in Burkina Faso, Côte d'Ivoire, Mali and the Niger, which reached more than 275,000 students between 2012 and 2014. In Ethiopia, prevention of school-related gender-based violence was incorporated into the recently launched Education Sector Development Programme, and is well placed in the Gender in Education Strategy. In Côte d'Ivoire and Malawi, local protection systems were

Reaching the most vulnerable girls

UNICEF uses data disaggregated by sex, location and economic status to help governments provide the most disadvantaged girls and boys with equal opportunities to learn.

In Afghanistan, since 2012, UNICEF has supported the Ministry of Education in Afghanistan to enrol 380,000 children, of whom 207,361 are girls, in 3,700 community-based primary schools. Some 132,000 of these children transitioned to formal public schools at the end of the third grade.

In Yemen, more than 22,000 out-of-school children (80 per cent of whom are girls) in the cities of Al Hudaydah, Hajjah and Ta'izz were given access to formal and non-formal education.

In Pakistan, UNICEF supported capacity building for 10,000 school management committees, including a focus on how to make schools more responsive to the needs of girls, contributing to 211,379 girls enrolled in primary school.

implemented across different sectors to respond to the needs of children affected by school-related gender-based violence. Mothers' clubs were also established to work closely with schools to provide counselling and support to affected children.

As the lead agency and secretariat of UNGEI, UNICEF provides support to promote girls' education and gender equality through knowledge-exchange and by sharing evidence-based solutions.

In 2015, UNGEI led the development of a consensus for the need for gender-responsive sector plans with the Global Partnership for Education and the focus on the elimination of gender-based discrimination and violence in schools in Education 2030: Incheon Declaration and Framework for Action.

Case study: Gender, education and peacebuilding

UNICEF's Peacebuilding, Education and Advocacy (PBEA) Programme is an innovative, cross-sectoral initiative that seeks to increase resilience, social cohesion and human security in conflict-affected contexts by strengthening policies and practices in education for peacebuilding. Launched in 2012, the programme has been implemented through a partnership between UNICEF, the Government of the Netherlands, the national governments of 14 participating countries and other key supporters.

The PBEA Programme was formulated with gender embedded within its guiding approach, recognizing that multiple gender roles are present in conflict and peacebuilding, and that girls and women should be seen as not only victims of conflict but also as critical actors in peace-building. Key dimensions nested in this approach were to address gender inequality exacerbated by conflict through the provision of education, and to use education as a tool for advancing gender equality and promoting sustainable peace. Using a multi-level approach, PBEA initiatives were implemented at the policy, institutional, community, household and individual levels.

The application of a gender lens at the policy level necessitated recognition of the disadvantages education systems posed for girls and women and responding in ways that made them more equitable and peaceful. For example, in Ethiopia and Liberia, Codes of Conduct to address gender-based violence were implemented.

At the institutional level, education was made more gender- and conflict-sensitive through revisions of curriculum materials to remove gender stereotypes, for example in Ethiopia and Pakistan. Training on gender sensitivity and responsiveness skills was facilitated with curriculum development staff in Myanmar and with teachers in Uganda. In South Sudan, girls were supplied with materials, infrastructure and financial support – including learning supplies, menstrual hygiene kits, sanitary facilities and training in life skills (including how to access cash transfers) – to increase their school attendance.

Community-based and participatory approaches to engage boys and girls and to strengthen their skills were also facilitated to address gender inequality and conflict. These were implemented in many different formats, including recreational activities, sports, clubs, discussions and consultations and radio broadcasts. They addressed a range of issues, including women's empowerment, gender-based violence, social tensions, negative gender norms and practices, and challenged participants to contemplate how to improve social cohesion in conflict-affected contexts. Alongside these activities, research and advocacy, such as Ethiopia's Back to School campaign, raised awareness of the plight of girls, women and other vulnerable groups in conflict and promoted tolerance, nonviolence and social cohesion in humanitarian sites such as camps, host villages and in society at large.



Schoolgirls play basketball at El Diviso School in Colombia, where the general student body includes Awa indigenous children.

Child protection

In 2015, gender mainstreaming activities in child protection focused on addressing gender-based violence among children and women in non-humanitarian emergency settings, achieving gender parity in birth registration and improving rates overall and combatting the gender dimensions of child labour.

UNICEF's first global evaluation of efforts to address violence against children was undertaken in 2015, and it highlighted the strengthening of sex- and age-disaggregated data as a key asset. Protective and gender-equitable systems and services for both girls and boys were identified as a key priority. For boys, gender-based violence risks may be characterized by corporal punishment in school, bullying and socialization to become violent. For girls, gender-based violence risks may include sex-selective abortion, lack of prioritization in access to food and services, sexual abuse and exploitation and harmful traditional practices such as FGM/C.

In 2015, UNICEF supported the revision of child protection-related policies based on gender analyses in 33 countries. In numerous countries, UNICEF also supported enhanced data collection systems to monitor and ensure accountability for recording and providing services to children and women who are victims of numerous forms of violence. In Papua New Guinea, UNICEF advocacy led a parliamentary inquiry on violence against women and children by the Health and Family Welfare Parliamentary Committee, followed by support to the National Department of Health to develop a first-of-its kind database on service-delivery indicators relating to violence against women and children. In Argentina, UNICEF supported the Supreme Court to create a national registry that centralizes and systematizes data on gender-based homicides, including an interactive module to facilitate data entry for gender-disaggregated indicators.

In Cambodia, UNICEF supported interfaith dialogue on positive parenting and the protection of children from violence and abuse, resulting in the sensitization of approximately 529,436 religious leaders and their congregations and 136,614 children (48 per cent of them girls). In Angola, implementation of the justice for children programme contained specific components related to change of attitudes and behaviours related to gender-based violence, sexual violence and punitive treatment of boys in conflict with law.

While gender parity in birth registration is noted in most countries with available data, national experiences suggest that adult gender roles and expectations can inhibit the registration of girls and boys at birth. In Papua New Guinea, UNICEF supported the development and adoption of the Lukautim Pikinini Act in 2015, which removes discrimination against children born out of

© UNICEF/JUN05:159/Dragej



A young girl at a parent education programme on early childhood development near Aleg, Mauritania. Sessions with community leaders and parents are organized and facilitated by UNICEF implementing partner Tostan.



An inmate learns to sew at the Junior Girls Correctional Centre in Accra, Ghana.

© UNICEF/UNI188926/Quarmyne

wedlock. Ensuring inclusive coverage of birth registration takes the combined efforts of multiple ministries, including the gender machineries. In Namibia, UNICEF provided technical support to the Ministry of Home Affairs and Immigration, in collaboration with the Ministries of Gender and Health, in finalizing the National Strategic Plan for Civil Registration and Vital Statistics Systems and designing joint regional work plans to accelerate birth registration in hard-to-reach areas.

With regard to child labour, in Paraguay, UNICEF advocacy resulted in the adoption of a law in 2015 that prohibits domestic work under age 18, a common phenomenon among girls. In Tunisia and Rwanda, assessments were conducted on girls' participation in the domestic work force to strengthen prevention and responses. In Burkina Faso, UNICEF continued its work to eliminate child labour in informal gold mining, withdrawing 5,000 children from the mines and bringing the total number of children withdrawn to 25,182, with roughly equal numbers of boys and girls.

Social inclusion

In 2015, gender mainstreaming in social inclusion focused on increasing public financing, improving the quality of public social protection systems (including cash transfers), and strengthening women's voices and participation in decision-making for improved access and control of public resources. In Uganda, UNICEF supported advocacy with the Ministry of Education and Sports that resulted in the allocation of funds for gender and equity programmes amounting to 163 million Ugandan shillings. In Nepal, as a result of UNICEF advocacy and support to interventions around gender-based violence, the Government increased its annual budget for fiscal year 2015/2016 for programmes focusing on women's development by 27 per cent. In Rwanda, UNICEF supported the Government to adjust the design of a flagship public works programme to broaden the types of jobs and provide childcare at public works sites.

In 2015, only 47 out of 152 countries reported work on affordable quality child care. However, of these, 17 reported more than 50 per cent of young children having access to quality affordable care.⁸ In Uruguay, with the goal of facilitating programme implementation and sustainability of a universal social protection system for young children, UNICEF supported the national-level Uruguay Crece Contigo (Uruguay Grows with You) and department-level Canelones Crece Contigo (Canelones Grows with You) to successfully expand in all 19 provinces of the country and reach 10,000 families.

In 2015, UNICEF supported more than 70 countries in the design, implementation and scale-up of cash transfer programmes. The programmes are primarily geared towards female-headed households, and contribute to strengthening women's economic status, decision making, financial security, self-esteem and labour force participation. In Ghana in 2015, UNICEF supported the expansion of the Livelihood Empowerment Against Poverty (LEAP) programme, the country's main cash transfer programme, to reach 50,000 additional households, for a total of 150,000. UNICEF also supported the design and implementation of the newly launched LEAP 1000, an extension of LEAP to households with pregnant women and infants below one year.

In Ethiopia, UNICEF supported the Government's implementing of the Integrated Community Based Participatory Planning process, which allows community voices, including those of women, to be heard and the priorities of women and girls to be reflected in local development plans. In 2015, in Burkina Faso, UNICEF continued to support the Common Gender Fund, which assists civil society organizations' gender equality and female empowerment projects aiming to strengthen women's participation in local decision-making bodies, including political parties.

PROGRAMME AREA 3: STRENGTHENING UNICEF'S INSTITUTIONAL SYSTEMS TO ADDRESS GENDER

UNICEF recognizes that progress in promoting gender equality and the empowerment of women and girls requires internal accountability on results and investment to strengthen UNICEF's own capacity for undertaking gender programming. The Gender Action Plan especially prioritizes gender-related staffing and capacity; improvements in the integration of gender into Country Programme Documents and Management Plans; gender performance on evaluations of UNICEF programmes; effective knowledge-sharing and communications for promoting gender equality; and resource utilization on gender programming. Institution strengthening also focuses on measurement and evaluation of gender results. In 2015, continued efforts to strengthen systems and capacity moved benchmarks on most of these areas in a positive direction.

Gender staffing: Enhancing capacity and parity

Under the GAP, UNICEF is committed to establishing the required gender architecture and capacity to effectively carry out the programming priorities on gender equality and the empowerment of women and girls. Significant progress was made on this in 2015. The recruitment of regional gender advisers in all seven UNICEF regions (initiated in 2014) was completed. Gender capacity at headquarters was strengthened with the placement of senior gender specialists and senior coordinators for the targeted priorities on advancing girls' secondary education and ending child marriage embedded into the education and child protection sections. At headquarters and regional offices, UNICEF now has a team of 15 staff dedicated to its work on gender and 7 additional staff who focus on gender work in specific sectors.

Gains were made in bolstering gender expertise at the country level as well, with dedicated gender specialists placed in seven countries where indicators show high levels of gender inequality and where the UNICEF programme budget is above US\$20 million per year. Additionally, sectoral gender specialists are placed in 12 country offices. A recruitment package was developed and disseminated to guide regional and country offices in meeting the standard on gender expertise set by the GAP. In order to support the various UNICEF offices' effort at hiring and supporting high-quality technical talent on gender, a first round gender talent pool initiative was completed, placing up to 15 qualified candidates for direct selection to future gender posts. It is anticipated that the package and concurrent support to country offices in

identifying appropriate talent will accelerate expansion of gender expertise at the field level and help to achieve the target of 50 dedicated gender specialists across country offices by 2017.

UNICEF continues to maintain steady progress in achieving gender parity at the senior level. In 2015, 46 per cent of all positions at the senior programme level or above were held by women, compared to 45 per cent in 2014 and 44 per cent in 2013. Women represented 44 per cent of senior staff appointments in both 2014 and 2015, an increase from 39 per cent in 2013. Along with talent and excellence, recruiting offices and divisions were requested to assess how the selected candidate would affect the gender balance within the team, with the aim of achieving an equal ratio of women to men.

Gender performance of country programme management plans

UNICEF country programmes are required to conduct gender reviews at least once during their programme cycle. In 2015, a new gender programmatic assessment and review tool was piloted to support country offices in emphasizing a programmatic and results focus in their gender reviews. The tool was successful in supporting country offices in specifying gender priorities, resources and capacities as part of the country programme document development and midterm review processes. Building on regional progress in incorporating gender results in management plans in 2014, in 2015 there was considerable progress at the country level, with 64 per cent of country programme management plans specifying country office accountabilities for gender results and implementation of the GAP. This is an increase from 58 per cent in 2014, but far short of the 2017 target of 100 per cent. Country offices can realign their Country Programme Management Plans mainly during the development or mid-term review of their country programme, and as more countries undergo these processes, they will be supported and encouraged to integrate resources and results on gender in their management plans.

Gender performance on evaluations of UNICEF programmes

According to the UNICEF Global Evaluation Reports Oversight System (GEROS), the percentage of evaluations rated 'outstanding' and 'highly satisfactory' in UNICEF programmes incorporating gender increased from 47 per cent in 2012 to 52 per cent in 2013, and then went down slightly to 51 per cent in 2014. In 2015, as a first-generation rating system implemented by UNICEF, GEROS was reviewed and the recommendations are

informing a more robust ratings system. Concurrently, a guidance note on incorporating gender into evaluations is being developed and will be disseminated to select country offices in 2016 as part of the GEROS improvement process so that the target of 75 per cent can be reached by 2017.

Knowledge-sharing and communication

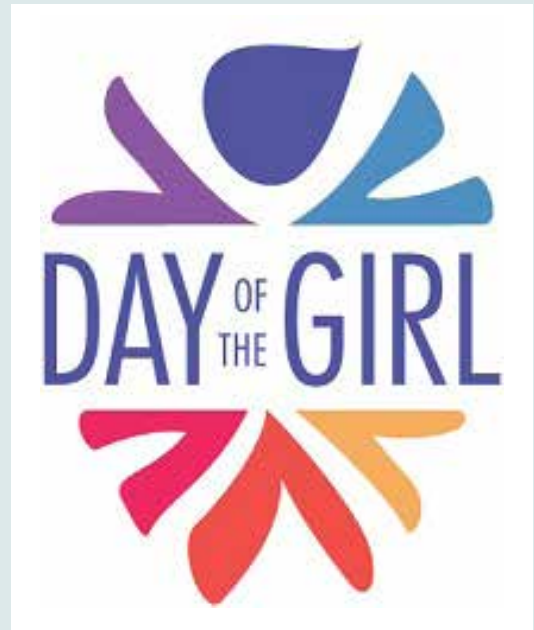
Gender equality was identified by UNICEF as one of 10 organizational priorities for advocacy on the SDGs. To this end, UNICEF led and participated in multiple forums, such as a conference on MHM; multiple side events, including one sponsored by UNGEI and partners on ending SRGBV at the 59th session of the Commission on the Status of Women; blog posts as part of the 16 Days of Activism Against Gender-Based Violence Campaign; and a commitment to investing in adolescent girls made by several United Nations agencies and a broad range of partners during the commemoration of the International Day of the Girl Child. UNICEF led the preparation of the 2015 Report of the Secretary-General on the Girl Child, with an emphasis on policies and achievements on WASH as they relate to girls.

Social media was successfully used to facilitate knowledge sharing and advocacy. The most engaging video on social media in 2015 was the story “Syrian 7-year-old tells the story of her journey to Greece”, which attained 6 million views, more than 113,000 shares and reached more than 27 million people through Facebook. The media launch of the report *A Profile of Child Marriage in Africa* resulted in widespread coverage in top-tier global publications and media entities, including CNN (the Cable News Network).

Internally, within UNICEF, the GAP has provided an effective platform around which teams at the global, regional and country levels have mobilized to generate and share information. In 2015, a formal reference group and an extended network of gender experts and champions were created. A virtual team site on gender was strengthened. Regional and country level innovations

Under the GAP, UNICEF is committed to establishing the required gender architecture and capacity to effectively carry out the programming priorities on gender equality and the empowerment of women and girls.

Let Girls be Girls: Mobilizing social media on the International Day of the Girl Child 2015



Source: <www.unicef.org/gender/gender_66021.html>

A Twitter ‘takeover’ on the International Day of the Girl Child handed over the reins of the UNICEF global Twitter account to a group of young people who are passionate about girls’ issues.

More than 2.9 million people were reached with a Facebook post entitled “Let Girls be Girls” and 152,100 users were engaged with the empowering message “When girls are allowed to be girls, we all do better.” This message was ranked as the third-most-engaging content on the UNICEF Facebook page in 2015. Across the communication and public advocacy activities of UNICEF, stories and content on gender, particularly around adolescent girls, have consistently resulted in higher engagement rates.

and field-based experiences implementing the GAP were shared through network and special-topic meetings, video presentations, webinars and conferences.

Measuring and evaluating results

A key pillar of UNICEF's work on gender is strengthening of measurement and evaluation of results under the GAP. In order to support countries in better assessing the areas of gender equality that need the most attention, in 2015, UNICEF piloted the development of statistical profiles on gender equality for each programme country. The profiles provide the current status on gender equality in a country with a focus on:

1. Gender disaggregation and its relevance to outcomes for women and children that UNICEF's work prioritizes, such as gender differences in rates of child mortality, birth registration, immunization and HIV and AIDS. This also includes data on outcomes that tend to be largely relevant for girls and women, such as child marriage rates, adolescent pregnancy rates, access to skilled birth attendance, or rates of maternal mortality. While UNICEF compiles many of these indicators for countries on a regular basis, many are not routinely analysed, adjusted or utilized for their gender relevance.
2. Data on indicators related to gendered patterns in decision making, access to resources, and norms that are often the immediate reason why women and girls face disadvantages and discrimination. Such data are inconsistently collected, analysed and interpreted, although filling such data gaps is a high priority in order to help define exact areas for intervention.
3. Data on gender inequality in major social, economic and political dimensions, in order to help prioritize countries where concerted attention is needed. Under this realm, UNICEF maps data on such indicators as the overall level of female vs. male education, women's involvement in the labour force and women's political participation. In general, children suffer the most deprivations in countries where women and girls are severely disadvantaged.

In 2015, UNICEF also engaged extensively with the United Nations Statistical Commission, civil society and research partners to define the gender indicators that were adopted for monitoring the SDGs. For example, UNICEF technical input to an October meeting in Bangkok of the Inter-Agency and Expert Group on SDG Indicators on violence against women and children, child marriage, FGM/C, gender parity in education and health was critical in the global indicators that have been adopted for the 169 targets specified in the 2030 Agenda for Sustainable Development.

© UNICEF/UN03311/Ose



Pupils play at an Early Childhood Development Centre in Gulu District, Uganda.

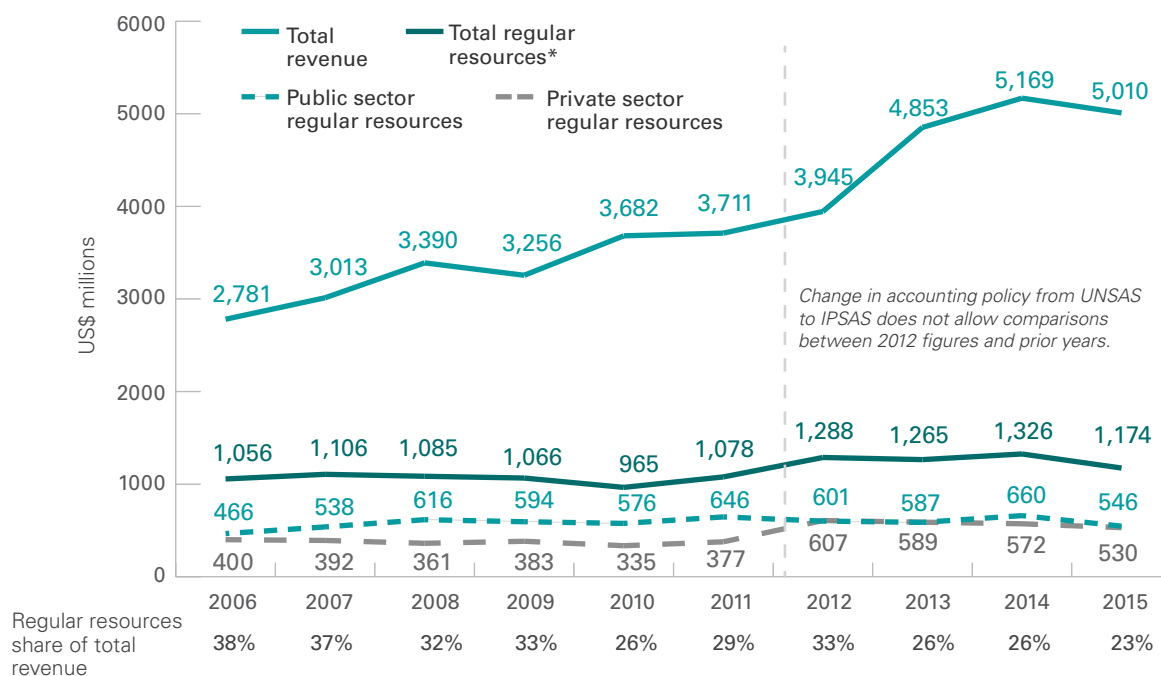
FINANCIAL ANALYSIS

In 2015, funding to UNICEF was more than US\$5 billion for the second year in a row, thanks to the organization's loyal and new resource partners. At the same time, slowing economic growth and currency fluctuations – particularly of major European currencies and the Japanese Yen vis-à-vis the US dollar – resulted in an overall decrease of 11 per cent of regular resources compared with 2014. 'Regular resources' are unearmarked, unrestricted funds that help UNICEF respond rapidly to emergencies, maintain programme continuity, identify and address the root causes of inequity, and deliver services in the most remote and fragile contexts. Because regular resources are not

earmarked for a specific programme, they can also provide seed capital to develop innovative approaches to some of the world's most challenging issues and ensure a credible reach and specialized expertise on the ground. Totalling US\$1.174 billion, this was the lowest level of regular resources in four years. At 23 per cent of overall revenue, this was the lowest level of regular resources in UNICEF's history, down from 50 per cent at the turn of the new millennium. Unearmarked contributions from public-sector resource partners decreased by 17 per cent. As a result, UNICEF relied more heavily on softly earmarked funding streams for delivery of critical and otherwise underfunded programmes and activities.

FIGURE 5

Regular resource share by resource partner category, 2006–2015*



* Total regular resources includes other revenue from interest, procurement services and other sources

*Data as of 1 April 2016.

Regular resources have been especially important for UNICEF's programming on gender and have played an integral role in building UNICEF's gender architecture. Under the Gender Action Plan, UNICEF has invested US\$19 million in regular resources for the Strategic Plan 2014–2017 cycle to strengthen regional and headquarters capacity in programming for gender equality. This amount signifies an investment of an additional US\$12 million in regular resources over what was budgeted in the past. Additionally, UNICEF's programme to end child marriage benefited from US\$2 million in seed funding from the Executive Director's Set-Aside Fund. UNICEF leveraged this funding, which came from regular resources, to build a large, robust programme to end child marriage.

These regular resources have been critical because identifying and securing funding earmarked for gender programming remains a challenge despite commitments from resource partners and increasing political support. In 2015, only US\$7 million in other resources was received under the gender cross-cutting label. While most of the funding for gender programming comes through revenue raised for the seven outcome areas, gender-directed funding is necessary to provide supplemental catalytic resources that further enhance the effective use of sectoral resources.

A larger pool of softly earmarked gender contributions would allow UNICEF to develop, implement and showcase large-scale, actionable solutions to gender-related issues that can then serve as models for other gender programming, not only at UNICEF, but in development and humanitarian work more broadly. Gender-directed funding allows UNICEF to support linkages for work on gender across sectors – for example, in addressing girls' empowerment through work, not only on child marriage, but also on girls' education and the reduction of violence. Such funding can seed innovation, e.g., by exploring public-private partnerships on advancing girls' access to technology. More flexible multi-year funding could also be used to strengthen data and measurement on gender, for example, by setting up data collection and analysis by sex on critical measures that in many places are still not reported separately for girls and boys (e.g., immunization rates); or developing real-time data monitoring on whether life-saving services are being delivered to women and children in emergencies.

The value of thematic funding (OR+)

UNICEF Strategic Plan 2014-17
Thematic Windows:



While regular resources remain the most flexible contributions for UNICEF, thematic other resources (OR+) are the second-most efficient and effective contributions to the organization and act as ideal complementary funding. Thematic funding is allocated on a needs basis, and allows for longer-term planning and sustainability of programmes. A funding pool has been established for each of the Strategic Plan 2014-17 outcome areas as well as for humanitarian action and gender. Resource partners can contribute thematic funding at the global, regional or country level.

Contributions from all resource partners to the same outcome area are combined into one pooled-fund account with the same duration, which simplifies financial management and reporting for UNICEF. A single annual consolidated narrative and financial report is provided that is the same for all resource partners. Due to reduced administrative costs, thematic contributions are subject to a lower cost recovery rate, to the benefit of UNICEF and resource partners alike. For more information on thematic funding, and how it works, please visit www.unicef.org/publicpartnerships/66662_66851.html.

PARTNER TESTIMONIAL

Children are a priority on Sweden's international agenda. Sweden has a long tradition of standing up for children's rights. UNICEF has been working for children for almost 70 years, and is a key partner to Sweden in development cooperation and humanitarian assistance.

The most excluded and most vulnerable children are reached by UNICEF's thematic funding. As a form of un-earmarked programme support, Sida believes that this financing modality enhances effectiveness since it provides greater flexibility and the possibility to plan activities over the long term, while still being able to act quickly in the event of a crisis. Over the years, Sida's support to UNICEF has moved away from earmarked support towards fewer and larger contributions and increased thematic funding. This trend reflects Sida's confidence in UNICEF as an effective actor and a strong advocate for the implementation of children's rights.

Sida shares UNICEF's belief that all children have a right to survive, thrive and fulfill their potential - to the benefit of a better world. This means equal access to services and care that can make all the difference in children's lives. Children are the next generation who will help build the future. It is our mutual responsibility to give them the best possible conditions. Effectiveness should be the foundation of such an engagement.

Ms. Charlotte Petri Gornitzka

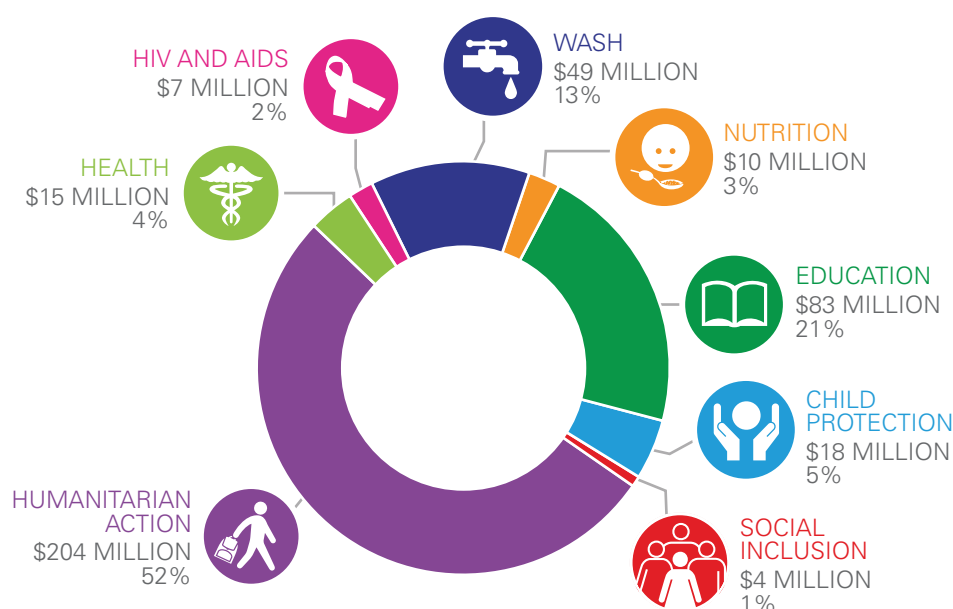
Director-General, Sida (Swedish International Development Cooperation Agency)

The UNICEF Strategic Plan 2014–2017 called for partners to enhance funding aligned to the strategic mandate of the organization. The flexibility and potential predictability of thematic funding makes these pools an important complement to regular resources for both development and humanitarian programming and the links between

the two. This is in line with the universal mandate of UNICEF and in support of country-specific priorities. Under the current Strategic Plan, a gender thematic fund was established for the first time in 2014, but in 2015 remained unfunded (see Figure 6).

FIGURE 6

Thematic revenue share by outcome area and humanitarian action, 2015: US\$390 million



* Note: No thematic revenue was received for gender in 2015.

Supporting UNICEF's ability to deliver results for children

UNICEF's [Cases for Support](#) make the case for investing in children, while also spotlighting how UNICEF is able to deliver robust returns on such investments – for children and for society at large.

Investments in the most vulnerable children not only improve their lives and fulfil the obligation to realize their rights, they also yield benefits for everyone. Improving children's well-being – from providing essential health care and adequate nutrition and securing access to quality education, to protecting children from violence and exploitation – helps to break intergenerational cycles of deprivation that hamper economic development and erode social cohesion.

For each area, the Cases describe the key results that UNICEF works to achieve, and outlines the theory of change behind them. This starts with an analysis of the situation of the world's children, focusing on the challenges facing the most deprived, and an overview of the evidence-based solutions that UNICEF promotes. The Cases also highlight lessons learned from UNICEF's experience across the world, and draw attention to current risks and the measures needed to mitigate them. Finally, they detail the resources needed to achieve results, and highlight current gaps in funding.

unicef.org/publicpartnerships/files/GenderEqualityTheCaseForSupport.pdf



Under the Gender Action Plan, UNICEF has set a financial target to spend 15 per cent of programme expenses on work that advances gender equality by the end of the current Strategic Plan. In 2015, US\$444 million – or 9.3 per cent of UNICEF's US\$4.8 billion programme expense – was on programmes that aimed to advance gender equality (see Figure 7). Table 3 shows that 44.9 per cent of the expenses were from other resources emergencies, 44.8 per cent were from other resources, and 10.3 per cent were from regular resources.

FIGURE 7
Programme expense on gender in 2015

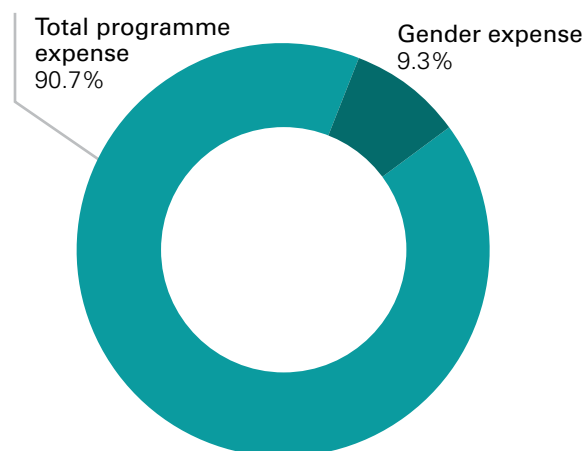


TABLE 3
Fund sub-categories of gender expense in 2015

| Fund category | Amount (US\$) | Percent (%) |
|----------------------------|--------------------|--------------|
| Other resources –emergency | 199,271,829 | 44.9 |
| Other resources –regular | 198,828,017 | 44.8 |
| Regular resources | 45,712,691 | 10.3 |
| Total | 443,812,537 | 100.0 |

To be fit for purpose in the evolving context of the SDGs, UNICEF revised its Strategic Plan 2014–2017 resource requirements by outcome area from the US\$14.8 billion originally planned to US\$17 billion. At the half point of the revised Strategic Plan, by the end of 2015, expenses reached close to 50 per cent of the revised planned amounts by outcome area. By using expenses as a proxy for revenue, the revised Strategic Plan remains 50 per cent unfunded.

TABLE 4

Strategic Plan integrated results and resources framework by outcome area, 2014–2017: Updated planned amounts, actual expenses and funding gap (US\$ millions)*

| Outcome | Planned 2014–2017 | | | Actual expenses 2014–2015 | | | Funding gap | | |
|------------------|-------------------|-----------------|-----------------|---------------------------|-----------------|-----------------|-------------------|-----------------|-----------------|
| | Regular resources | Other resources | Total resources | Regular resources | Other resources | Total resources | Regular resources | Other resources | Total resources |
| Health | 1,023 | 3,760 | 4,783 | 473 | 2,035 | 2,508 | 550 | 1,725 | 2,275 |
| HIV and AIDS | 183 | 671 | 854 | 73 | 141 | 214 | 109 | 530 | 640 |
| WASH | 548 | 2,014 | 2,562 | 211 | 1,385 | 1,596 | 336 | 630 | 966 |
| Nutrition | 365 | 1,343 | 1,708 | 196 | 892 | 1,088 | 170 | 451 | 620 |
| Education | 730 | 2,686 | 3,416 | 293 | 1,533 | 1,827 | 437 | 1,153 | 1,590 |
| Child protection | 438 | 1,611 | 2,050 | 302 | 856 | 1,158 | 136 | 756 | 892 |
| Social inclusion | 365 | 1,343 | 1,708 | 244 | 265 | 509 | 121 | 1,078 | 1,199 |
| Total | 3,652 | 13,429 | 17,081 | 1,792 | 7,107 | 8,899 | 1,860 | 6,322 | 8,182 |

* Expenses as a proxy for revenue received.

** Note: As a cross-cutting function, the funding requirements for gender are embedded in the sector requirements in Table 4.

Using the GAP target to spend 15 per cent of programme expenses on gender equality and based on the overall Strategic Plan requirement, UNICEF requires US\$1.879 billion over four years to fund its work in gender. By the end of 2015, US\$821 million had been spent across all sectors and humanitarian action on gender programming. Using expenses as a proxy for revenue, the funding gap for gender is US\$1.058 billion, or more than 56 per cent, for the remaining two years of the Strategic Plan (see Table 5).

Of this US\$1.058 billion gap, it is expected that US\$818 million would be funded through both regular and other resources allocated to the seven outcome areas and humanitarian action. The remaining US\$240 million would be funded through gender-directed resources, consisting of a combination of regular resources, other resources, and, most crucially, other resources earmarked for gender specifically. Among these, thematic funds for gender would provide the best opportunity for leveraging wider UNICEF resources to deliver on gender results.

TABLE 5

Estimated funding gap for gender 2016–2017 (US\$ millions)*

| | |
|---|------------|
| Planned amount for four years, 2014–2017 | 1,879 |
| Amount spent in 2014–2015 | 821 |
| Overall funding gap for 2016–2017 | 1,058 |
| Amount expected to be funded through outcome areas and humanitarian funds | 818 |
| Gap in funding for gender-directed programming | 240 |

* Expenses as a proxy for revenues received.

FUTURE WORKPLAN

The GAP strategy of prioritizing results, investing in dedicated gender expertise and channelling resources to take gender programming to scale is starting to demonstrate results, both programmatic and institutional. The strategy requires staying the course, building on the infrastructure, systems and enhanced capacities, not only within the current GAP and Strategic Plan period, but also in the following four years.

Important lessons were learnt in the first phase of GAP implementation (2014–2015) that will shape UNICEF's continued work to strengthen programming and capacity on gender. The enhancement of gender capacity within country offices and in the outcome areas remains a challenge, not only at UNICEF, but also within the international development field more generally. The supply of highly qualified gender experts with the right skill set, especially for work in country offices and in specific outcome areas, remains limited. To address this challenge, UNICEF has launched a gender recruitment and staffing package, and in 2016 is planning to invest in the development of an in-house gender-credentialing system to more effectively draw from talent within the organization. The plan is to combine credentialing with a set of courses developed in partnership with an academic institution in order to enhance the gender skills of promising staff, especially those with strong sectoral expertise.

The systemization and functioning of cross-sectoral collaborative mechanisms on gender programming and results within UNICEF, United Nations agencies, governments and civil society partners also remains a persistent challenge given existing sectoral structures. UNICEF is committed to fostering simpler, more robust collaborative mechanisms that foster co-creation by a smaller number of key actors, with stakeholder consultation being a supportive rather than a primary mode for moving action forward.

Moreover, the persistence of large and complex humanitarian crises requires more attention through a gender lens on the link between emergency and development programming. UNICEF's mandate means that this is necessary not just in terms of crisis management, but especially in terms of testing the viability and resilience of institutions in their ability to support women's and girls' rights in pre- and post-crisis conditions.

Implementing Agenda 2030

Reflecting the promise of the SDGs in addressing gender inequality, UNICEF will consolidate the gains from the past two years and make continued progress on results for women and girls. In the remaining period of GAP implementation (2016–2017) and beyond, taking programmes to scale so that millions more girls and women are supported will continue to be a key priority. Making effective and efficient connections between areas such as health and education, or WASH and protection, will also continue to be an important focus. Innovations in design, implementation, partnerships and financing will be sought out to make gender a significant and recognizable component of effective programmes that operate at scale. Equally critical will be to build on the strong emphasis already placed on measurement and evidence as the driving force for effective gender programming.

With regard to the targeted gender priorities, UNICEF will build on the inception phase of the Joint Global Programme to Accelerate Action to End Child Marriage, and with UNFPA will launch the programme in 2016. The focus will be on scaling up interventions to reach millions of girls and on generating evidence to strengthen efforts to end child marriage. Building on partnerships and the growing evidence base, a road map for country programmes to advance girls' secondary education will be developed in 2016. Strengthening health-system delivery for adolescents remains a priority for UNICEF, as does better integration of services that serve the multiple needs of adolescent girls (and boys) for information, support and services through single platforms.

UNICEF will, in the short term, continue to build its internal capacity to implement, refine and measure the impact of a standard response package to gender-based violence in emergencies in multiple humanitarian settings. To scale up prevention and response services related to gender-based violence, UNICEF will strengthen institutions and systems in countries and will develop innovative methodologies to track results in real-time during humanitarian response. UNICEF will engage both traditional and new partners to strategically leverage collaborations and platforms to promote interventions that match the scale of the emergencies.

In terms of gender mainstreaming, UNICEF will continue to bring together sectoral interests, commitments and resources for a multiplier (rather than solely cumulative) effect on the rights and well-being of adolescent girls. This will require continued investment in an exploration of innovative models for co-creation and implementation of gender programming at scale. Especially important will be the acceleration of field-based programming around sectorally mainstreamed gender results such as the WASH in emergencies, gender-equitable quality education, and health systems strengthening to deliver quality care to women and girls. Given the mixed achievement of results in 2015, a revised assessment of sector-specific

mainstreaming targets and their achievability in light of the significant challenges in moving forward gender equality in key sectors is warranted.

We expect these deepened efforts – modelling of sectoral and cross-sectoral programming at scale, enhancing capacity, and linking humanitarian and development results on gender – to be an organizational effort not just in the next two years, but in also in UNICEF's next strategic plan. While yielding incremental positive results in only two short years, the approach to advancing gender equality that UNICEF is implementing through the GAP promises to yield exponential results in the next four to six years.

EXPRESSION OF THANKS

UNICEF expresses its sincere appreciation to all partners who have contributed to our work to include gender across UNICEF's development and humanitarian programming in 2015. It is the support of our resource partners that allows us to provide technical, operational

and programming support to countries to address gender inequality and improve the situation for women and children throughout the world.



A girl smiles on the first day of school at Noor Al-Shams Mixed Primary School in Al-Jamiaa District, Baghdad.

ABBREVIATIONS AND ACRONYMS

| | | | |
|-------|---|--------|---|
| ALHIV | adolescents living with HIV | PMTCT | prevention of mother-to-child transmission (of HIV) |
| ART | antiretroviral therapy | PrEP | pre-exposure prophylaxis |
| CHWs | community health workers | RMNCAH | reproductive, maternal, neonatal, child and adolescent health |
| FGM/C | female genital mutilation/cutting | SDGs | Sustainable Development Goals |
| GAP | Gender Action Plan | UNAIDS | Joint United Nations Programme on HIV/AIDS |
| GBV | gender-based violence | UNGEI | United Nations Girls' Education Initiative |
| GEROS | Global Evaluation Reports Oversight System | UNHCR | United Nations High Commissioner for Refugees |
| HPV | human papillomavirus | UNFPA | United Nations Population Fund |
| IYCF | infant and young child feeding | WASH | water, sanitation and hygiene |
| MHM | menstrual hygiene management | WHO | World Health Organization |
| PBEA | Peacebuilding, Education and Advocacy programme | WIFS | weekly iron and folic acid supplementation |
| PEP | post-exposure prophylaxis | | |

ENDNOTES

1. Angola, Azerbaijan, Belarus, Benin, Burkina Faso, Chad, Djibouti, Ecuador, Egypt, Ethiopia, Guatemala, Guinea-Bissau, India, Jamaica, Kyrgyzstan, Lesotho, the former Yugoslav Republic of Macedonia, Malawi, Mongolia, Mozambique, Nicaragua, Panama, Paraguay, Rwanda, Saudi Arabia, Serbia, Sudan, Tajikistan, Turkey, Uganda.
2. United Nations Children's Fund, *A Profile of Child Marriage in Africa*, UNICEF, New York, November, 2015, <[www.unicef.org/media/files/UNICEF-Child-Marriage-Brochure-low-Single\(1\).pdf](http://www.unicef.org/media/files/UNICEF-Child-Marriage-Brochure-low-Single(1).pdf)>, accessed 23 April 2016.
3. United Nations Educational, Scientific and Cultural Organization, *EFA Global Monitoring Report: Gender and EFA 2000–2015 – Achievements and challenges*, UNESCO, Paris, 2015.
4. Botswana, Burkina Faso, Chad, Cameroon, Cote d'Ivoire, Haiti, Islamic Republic of Iran, Jamaica, Kenya, Lesotho, Mozambique, Namibia, Nigeria, Philippines, Rwanda, Swaziland, Thailand, Ukraine, and Zimbabwe.
5. International Food Policy Research Institute, 'Global Nutrition Report 2015: Actions and Accountability to Advance Nutrition and Sustainable Development', Washington, D.C., 2015.
6. Ministry of Women and Child Development, Government of India, 'Rapid Survey on Children 2013-2014: India Factsheet, MWCD, 2015, <<http://wcd.nic.in/sites/default/files/State%20RSOC.pdf>>, accessed 24 April 2016.
7. United Nations Educational, Scientific and Cultural Organization, *EFA Global Monitoring Report: Gender and EFA 2000–2015: Achievements and challenges*, UNESCO, Paris, 2015.
8. Algeria, Belarus, Brazil, Cabo Verde, Cameroon, China, Croatia, Cuba, Djibouti, India, Mongolia, Nicaragua, Republic of Moldova, Romania, Turkey, Uruguay and Zimbabwe.



United Nations Children's Fund

3 United Nations Plaza
New York, NY 10017, USA

www.unicef.org

© United Nations Children's Fund
June 2016

