

Annual Results Report 2016

Gender Equality

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



UNICEF's Strategic Plan 2014–2017 guides the organization's work in support of the realization of the rights of every child. At the core of the Strategic Plan, UNICEF's equity strategy – which emphasizes reaching the most disadvantaged and excluded children, caregivers and families – translates this commitment to children's rights into action.

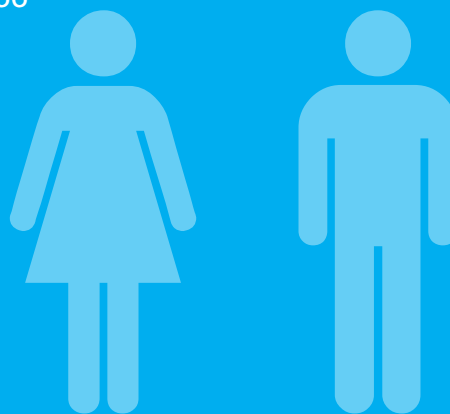
The following report summarizes how UNICEF and its partners contributed to gender equality and the empowerment of girls and women in 2016 and reviews the impact of these accomplishments on children and the communities in which they live. This is one of nine reports on the results of efforts during the past year, encompassing gender and humanitarian action as well as each of the seven Strategic Plan outcome areas – health, HIV and AIDS, water, sanitation and hygiene, nutrition, education, child protection and social inclusion. It complements the 2016 Executive Director Annual Report (EDAR) and the Gender Action Plan Board Report, UNICEF's official accountability documents for the past year.

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Aydoudate Abdoulaye, 15, fled with her parents and four siblings from eastern Mali to the Mangaize refugee camp in the Niger in 2012. Aydoudate attended school in Mali and was able to continue her education at the camp through UNICEF-supported schools; she is now in the sixth grade. While many girls in her community marry young, according to Aydoudate, "If a girl of my age gets married, it's not good. I have a different perspective: Going to school doesn't spoil a girl; quite the contrary." Aydoudate's older sister attends university in France.

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EXECUTIVE SUMMARY

Promoting gender equality and empowering women and girls is central to UNICEF's mandate and mission and a core aspect of its focus on equity. As the only United Nations agency with the rights of all girls and boys at the heart of its mandate, and with a strong field presence and scope of work across multiple sectors, UNICEF is well positioned to foster gender-equitable child outcomes as a catalyst to a more just and equal world – not only today, but also in the long term. It does so by supporting girls and boys to realize their full potential and helping societies to redefine gender roles and power relations for the women and men of tomorrow.

The Sustainable Development Goals (SDGs) reaffirmed and invigorated UNICEF's work on gender equality, especially around the rights and empowerment of adolescent girls. The SDG targets and indicators resonate with UNICEF's work, especially those 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 and AIDS), Goal 4 on education (with its target 4.5: eliminate gender disparities in education) and Goal 6 on water, sanitation and hygiene (with specific mention of the needs of women and girls).

While notable progress has been made in advancing gender equality over past decades – such as rising school enrolment rates for girls and reductions in maternal mortality – important challenges remain. Though the prevalence of child marriage is starting to decline, more than 25 per cent of girls are still married before they turn 18, and 20 per cent become mothers before that age. In 2015, 250,000 adolescents (15–19 years) were newly infected with HIV, 60 per cent of them girls. Girls living in poverty, especially in sub-Saharan Africa and South Asia, still struggle to reach or complete secondary schooling. Gender-based violence (GBV) is endemic in family and intimate partner relationships, and girls and women in emergency settings face even greater risk of many forms of GBV. Menstrual hygiene management remains a taboo issue, and in many places an impediment to girls' education and an unrealized right for millions of girls around the world.

UNICEF's approach and results on gender equality

UNICEF's commitment and approach to advancing gender equality and the empowerment of girls and women is encapsulated in its Strategic Plan 2014–2017 and Gender

Action Plan (GAP) 2014–2017. The GAP 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. The GAP specifies three areas for UNICEF's work on gender equality: (1) empowering adolescent girls with a focus on four targeted priorities; (2) mainstreaming gender equality across UNICEF's seven outcome areas; and (3) institutional strengthening by investing in "doing gender" better.

Programme Area 1: Empowering adolescent girls with a focus on four targeted priorities

UNICEF focuses on four targeted priorities with the aim of contributing to a transformative shift in gender relations and life trajectories for disadvantaged adolescent girls before negative patterns and expectations become irrevocably cemented and carry into adulthood. The four priorities – ending child marriage, advancing girls' secondary education, promoting gender-responsive adolescent health and addressing gender-based violence in emergencies – complement and reinforce each other to deliver stronger results for adolescent girls in more than one aspect of their life.

Adolescence is a pivotal stage that, while bringing new opportunities and new risks for both girls and boys, intensifies many gender inequalities, resulting in lifelong negative consequences for adolescent girls. What's more, advancing adolescent girls' empowerment at scale remains a significant challenge for the global community as most programmes in this area have historically been small-scale, with limited resources and few pathways to sustainability.

In 2016, UNICEF built on programming and advocacy progress on the four interlinked issues of ending child marriage, advancing girls' secondary education, promoting gender-responsive adolescent health and addressing gender-based violence in emergencies, endeavouring to shift global and national efforts towards addressing the needs of millions, rather than a few thousand girls.

Building on collaborative efforts with a range of national and international partners over previous years, in 2016, UNICEF and the United Nations Population Fund (UNFPA) officially launched the Global Programme to Accelerate Action to End Child Marriage, focusing on 12 high-prevalence/high-burden countries. With growing momentum and commitment to addressing child marriage, UNICEF is currently supporting 60 country programmes to reduce child marriage rates and address the needs of married girls. During the year, the Global Programme reached more than one million girls and almost 1.7 million community members in Africa, the Middle East and South Asia with services and messages related to ending child marriage. With UNICEF support and input, the indicator for SDG target 5.3 on child marriage was finalized in 2016, and as the United Nations agency serving as custodian of this indicator, UNICEF has begun tracking progress across 120 countries.

UNICEF supported the most marginalized girls to transition to and complete secondary education in 60 countries in 2016 through supportive targeted strategies, among them addressing school-related gender-based violence and making school curricula more gender equitable and free of harmful stereotypes that pigeonhole girls and perpetuate restrictive gender norms. UNICEF supported life skills education in schools to facilitate the development of the psychosocial skills required to deal with the demands and challenges of everyday life. Addressing an important impediment to girls' attendance, UNICEF supported menstrual hygiene management efforts in schools in 14 countries. As the host of the United Nations Girls' Education Initiative (UNGEI) Secretariat, UNICEF continued to lead worldwide advocacy efforts on gender equality in primary and secondary education.

The scale and visibility of major humanitarian crises has brought unprecedented attention to gender-based violence in emergencies. In 2016, UNICEF provided 4.6 million girls, women and boys in humanitarian situations across 53 countries with a package of risk mitigation, prevention and response services to address gender-based violence. This more than doubles the number reported in 2015, itself a doubling of the 2014 number. UNICEF also played a central role in ensuring that gender-based violence in emergency settings, especially against girls, remained a core priority among humanitarian response actors, including through its leadership of the new International Organizations Group of the Call to Action.

In 2016, UNICEF supported countries to address the manifold critical issues that constitute gender-responsive adolescent health. This included helping countries reach targets for antenatal care and skilled birth attendance for adolescent girls and to adopt and deploy national HIV and AIDS strategies with proven, high impact, evidence-based interventions targeting adolescents. In a breakthrough, two countries in the UNFPA-UNICEF Joint Programme



Jhuma Akhter, 14, studies under a streetlamp in Khulna, Bangladesh, and performs at the top of her class. Jhuma left school at the age of 8 to work as a household servant in exchange for the promise that when the time came for her to marry, her employer would pay her dowry. After three years with no schooling, no wages and in an abusive situation, Jhuma's mother agreed for her to return home. Once home again, Jhuma begged for rice and carried water to local businesses for US\$7 a month. Spotted by a community volunteer, the young girl was enrolled in a UNICEF-supported programme that provides cash grants to families, conditional on children staying in school. Now Jhuma pictures a future that does not revolve around marriage. "I want to be a doctor," she says, "and provide care for everybody."

on FGM/C – Egypt and Sudan – are now showing a decline of 10 per cent or more in girls 0–14 years of age undergoing FGM/C. UNICEF continued to play leadership, convening and advocacy roles in international mechanisms and partnerships dedicated to advancing adolescent girls' health, including contributing technical guidance on adolescent health to the United Nations Secretary General's 'Every Woman Every Child' movement.

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

To mainstream gender across its seven outcome areas (education, health, nutrition, water and sanitation, HIV and AIDS, social inclusion and child protection), UNICEF prioritized vital issues for which it is best positioned to make a significant impact on advancing gender equality and the rights and well-being of children. By integrating gender into their work, each sector seeks to strengthen its programmes so they can better achieve results for children and at the same time serve women and girls and advance equitable male-female relationships.

In 2016, 80 per cent of live births were accompanied by skilled birth attendance in 100 UNICEF programme countries, far surpassing the target of 60 countries. UNICEF supported gender analysis of nutrition policies in 25 countries. UNICEF helped reduce mother-to-child transmission of HIV in 10 of 21 high priority countries. In these 10 countries, the target of providing lifelong antiretroviral therapy to at least 80 per cent of pregnant women living with HIV was exceeded. UNICEF continued its steady progress towards increasing the percentage of women receiving treatment to prevent mother-to-child transmission of HIV in humanitarian situations, reaching 62 per cent within UNICEF coverage areas.

UNICEF conducted advocacy and interventions to position breastfeeding as a socio-economic issue for women, rather than only as a health issue for infants. Partnering with government and the private sector, UNICEF helped create workplaces that support lactating women in five countries on three continents, facilitating the continued labour force participation and economic empowerment of women with children. UNICEF's target of 40 countries with a 50 per cent or higher exclusive breastfeeding rate among children 0–5 months old was achieved ahead of schedule in 2016.

UNICEF water and sanitation programmes reached over one million women and girls of reproductive age across 31 emergency-affected contexts with menstrual hygiene management materials and messaging. UNICEF supported the development and expansion of cash transfer programmes in more than 70 countries.

Programme Area 3: Institutional strengthening by investing in 'doing gender' better

Beyond programming, UNICEF is committed to becoming an institution ever more fit and positioned to deliver high-quality gender equality results. Gender expertise among staff is critical to this goal. In 2016, UNICEF fully met staffing targets for senior-level dedicated gender experts

at headquarters and regional levels. In particular, this was the first year that all seven regional offices were staffed with a Regional Gender Advisor dedicated to supporting country offices to implement gender programming. Fourteen country offices have dedicated gender specialists (double the number from 2015), and gender focal points were formalized in 76 country offices.

Through its advocacy and communication efforts, UNICEF continued to be a leading global voice for the rights and empowerment of girls and women. The Executive Director championed the critical need to step up investments for girls at the 2016 Women Deliver Conference – the world's largest gathering dedicated to the rights of women and girls. As lead of the United Nation's annual International Day of the Girl, in 2016, UNICEF promoted the theme 'Girls' Progress = Goals' Progress' calling attention to how fulfilling the rights and needs of girls is not only the right thing to do, but is an essential condition to achieving all other global development objectives.

UNICEF is advancing efforts to collect and utilize data and measurement on critical gender issues, especially those related to girls. *Harnessing the Power of Data for Girls: Taking stock and looking ahead to 2030* was an important report released in 2016. It showcased that of the 44 SDG indicators most relevant to girls' advancement, only 14 currently have data available for tracking progress. The report also released, for the first time, new data on girls' unequal burden of household chores compared to boys across 65 countries, finding that young girls spend 30 per cent more time than boys on domestic duties – a figure that rises to 50 per cent in early adolescence. This overburden of unpaid household work leads girls to sacrifice important opportunities to learn, grow and enjoy childhood, while perpetuating gender stereotypes and the double-burden on women and girls across generations.

Looking ahead

UNICEF will build on progress and momentum to broaden and deepen its impact on empowering adolescent girls and advancing gender equality for girls and boys and women and men more broadly. Forging new partnerships, including with the private sector, UNICEF plans to take its work to scale and invest in innovation and technology to reach girls and women with new solutions, creative pathways to learning, amplified participation and enhanced access to relevant health information and services. Protection from violence and early marriage will remain top priorities, supporting girls to steer the course of their own lives and unlock their full potential.

Building on recent investments in gender staffing and capacity, in 2017 UNICEF will launch GenderPro, which aims to set new professional standards for expertise in gender programming within and beyond UNICEF. Focus will also be on data collection and analysis of critical issues for which disaggregation by sex remains a challenge, such as learning levels for girls versus boys or the proportion of male and female teachers or health workers serving children's needs. As UNICEF transitions to a new organizational Strategic Plan 2018–2021 and phase two of its Gender Action Plan, it will build on lessons learned to scale up gender programming and improve institutional systems to make high-impact, sustainable changes in the lives of girls, women, families and communities.



Boys and girls at a primary school in Bandundu, the Democratic Republic of the Congo, celebrate their victory after a soccer match organized with equipment provided by a non-governmental partner of UNICEF.

STRATEGIC CONTEXT

In 2016, UNICEF set the theme for the United Nations International Day of the Girl Child as: 'Girls' Progress = Goals' Progress.' The theme encompasses an understanding of UNICEF and many key partners around the globe that achieving the Sustainable Development Goals (SDGs) by 2030 will be impossible without achieving equality for the half of the world's population that is female. This is especially urgent for the current generation of girls, the largest the world has ever known.

The SDGs, adopted in 2015, reflect this urgency and provide a global road map of historically ambitious proportions towards achievement of equality, poverty reduction and environmental sustainability. The fifth SDG puts gender equality and the empowerment of women and girls front and centre of this agenda, with benchmarks for ending gender-based discrimination and violence against women and girls and harmful practices, such as child marriage and female genital mutilation. Gender equality and empowerment of women and girls also appear in targets across the 16 other goals, including in health (maternal mortality, sexual and reproductive health, HIV and AIDS), sanitation and hygiene (focusing on the specific needs of girls and women in this area) and education (gender disparities in primary school and beyond, quality of education in vocational and employable-skills training).

The 2030 Agenda for Sustainable Development reflects the priorities in UNICEF's Gender Action Plan (GAP) and Strategic Plan and reaffirms UNICEF's mission to champion gender equality, empower women and girls and promote better and more equitable outcomes for all girls, boys and families. As the United Nations agency mandated to work closely with governments and other partners to promote health, education, and the well-being and protection of all girls and boys, UNICEF is well positioned to help deliver results that dismantle gender-related barriers and transform girls' vulnerabilities – particularly the unique vulnerabilities of adolescent girls – into opportunities. Investing in adolescent girls is not only essential for empowering them to steer the course of their own lives, but also for advancing the well-being and rights of the next generation, and the growth and prosperity of families, communities and nations.

Even as the 2030 Agenda provides momentum and support for global, national and local actors to advance gender equality, many important challenges lie ahead on the road to progress towards effective action in achieving gender equitable results and the empowerment of women and girls.

- **A dearth of key data.** In 2016, UNICEF undertook analysis of 44 SDG indicators relevant to progress for girls across a range of goals. Quality data on girls is available for only 14 of the indicators. For over half of the indicators, fewer than 50 per cent of the world's countries have recent, comparable data on girls. Without quality data to track progress on issues critical to girls, we cannot see the effects of policies and interventions or hold actors accountable for results. And where data do exist, they are not always made available or used effectively to analyse progress or identify emerging issues.
- **Challenging environments and competing priorities.** Political and economic shifts in many contexts are increasingly placing girls' and women's rights in precarious, often regressive positions, requiring vigilance and concerted action. Even when equality is prioritized, gender differences and disadvantages easily get lost under a range of other equity concerns, obscuring the fact that it is women and girls who most face the multiple disadvantages of sexism, poverty and racial or ethnic discrimination.
- **Limited financial resources.** Financing remains a huge challenge for gender results most relevant for UNICEF. Even while international commitments to girls' and women's rights are increasing, national and international financing for them is still very limited. Funding cuts in overseas development assistance, limited national financial resources and non-supportive policy shifts in some contexts limit and compromise the ability of UNICEF and partners to deliver meaningful gender programming in many situations.
- **Growing humanitarian crises.** Girls and women in emergency contexts face heightened challenges to realizing their rights and well-being. The everyday risks of gender-based violence spike during conflict and displacement. Quality services for health, including reproductive health and menstrual hygiene management, are often scarce or non-existent. Girls are 2.5 times more likely to be out of school in conflict situations than boys. As 2016 has been considered one of the worst years in history in terms of humanitarian crises, with no signs of abatement, extra efforts to address the particular risks of girls and women in emergencies have never been more critical.

Looking at global trends, gender inequality continues to be manifest across a number of key measures. A deeper look at existing data around gender equality shows there are still 29 million girls out of school at the lower secondary level, and fewer than half of countries have achieved parity in secondary education. Adolescent girls account for nearly two in three new HIV infections in their age group and are not being adequately reached with prevention and treatment options. Around one in three girls aged 15–19 has undergone female genital mutilation/cutting (FGM/C) in the countries where it is practised. Despite declining rates, one in four girls is still married before she turns 18, and one in five girls still becomes a mother before she reaches that age. Millions of girls and women lack access to products and facilities to manage their monthly menstrual cycle with dignity. Globally, adolescent girls (10–14) do 550 million hours of household chores per day – 50 per cent more than their male counterparts. This unequal burden of responsibilities can pose challenges to girls’ ability to study and to play, and reinforces gender stereotypes about girls’ and women’s place in the home versus the workforce.

In the face of these many challenges, UNICEF takes inspiration from progress that has been made toward gender equality in recent decades. After stagnating for many years, child marriage rates have begun to decline, down to 25 per cent of young women alive today having been married in childhood, versus 33 per cent in the early 1980s. Globally, the annual number of maternal deaths has decreased from approximately 532,000 in 1990 to an estimated 303,000 in 2015. Coverage of HIV-positive pregnant women targeted by UNICEF in humanitarian situations for treatment to prevent mother-to-child-transmission of HIV improved from 54 per cent in 2013 to 62 per cent in 2016, and mother-to-child transmission of has been reduced by almost half since 2008. Between 1999 and 2012, the number of girls enrolled in primary school for every 100 boys rose from 92 to 97 and in secondary school from 91 to 97. These are all areas in which further progress is possible, and indeed, imperative.

Investments needed in gender data, innovations, scaling up and gender expertise

As the global community intensifies its commitments to investing in women and girls, significant challenges remain in conceiving and implementing viable solutions that match the scale and scope of the challenge. Even champions of gender equality find it difficult to move beyond small interventions, and few programmes for the rights of women – and especially girls – are brought to scale in the way that is necessary to finally move the needle and dismantle barriers to their ability to live equal to boys and men and flourish in all aspects of life.

The capacity gap in human resources and expertise to undertake effective, evidence-based and results-oriented programming to achieve gender-equitable results remains large. An explicit focus on collecting and analysing girl-



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“Welcome to my life,” says 18-year-old Azhar Khalil, from inside the 3-by-3 metre container she shares with her mother and four siblings in the Skaramangas refugee camp in Greece. Looking at the clock, she counts: “We left Syria exactly 29 months, 19 days and four hours ago.”

The family’s lives have been suspended since their trip to unite with relatives in Germany was cut short when a new agreement stopped the flow of refugees from Syria to Europe.

Having managed to finish her exams in Aleppo despite bombing and threats, Azhar carried her treasured diploma with her when she and her family fled their country. In the refugee camp, Azhar teaches Arabic, math and English to young girls and boys in UNICEF-supported makeshift schools. “The sense of being needed gives me purpose and hope,” she says.

focused, girl-relevant and sex- and age-disaggregated data, including data that captures male perceptions of women’s issues, and using these data to inform policy and programme decisions is a priority in order to effectively track progress towards our commitments to girls and gender equality. UNICEF’s investments in smart, innovative solutions that harness technology, data, social programmes and policy have started to yield demonstrable results on promoting gender equality. Sustained investment in innovative, practical and actionable solutions are required to achieve the ambitious goals and targets for gender equality laid out in the SDGs.

RESULTS BY PROGRAMME AREA

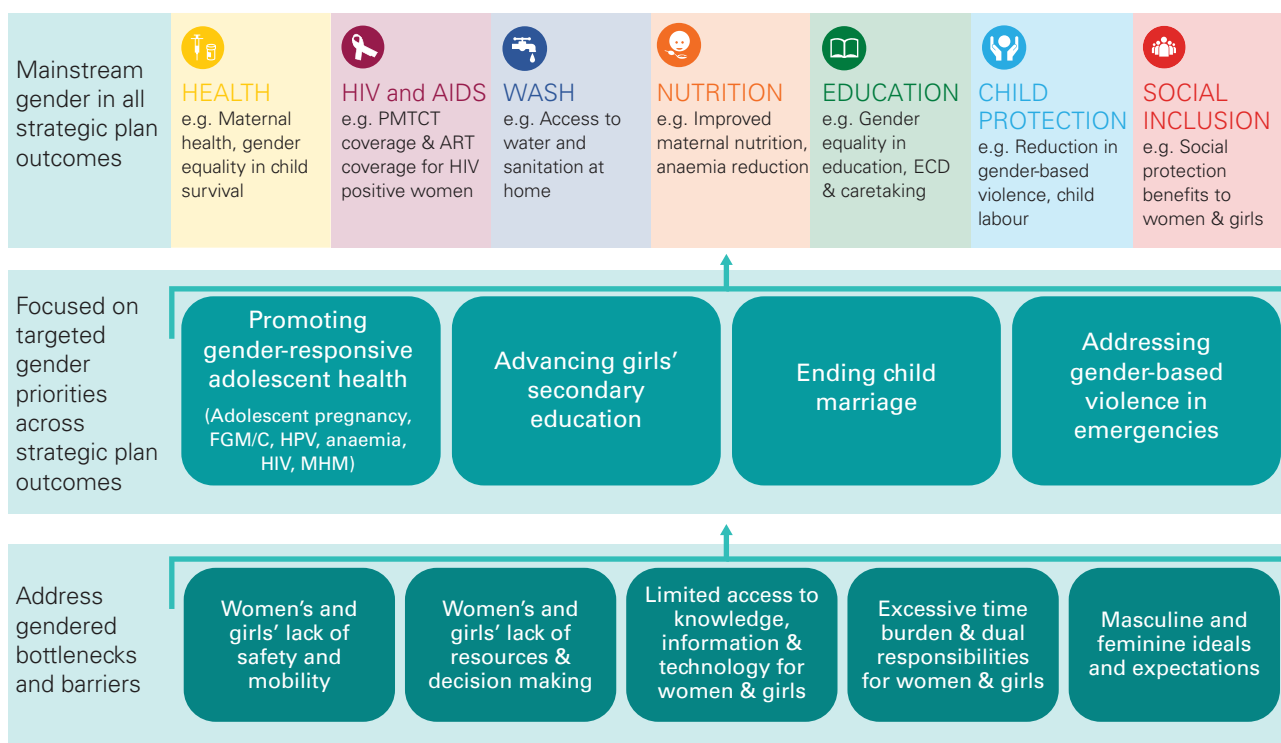
UNICEF’s Gender Action Plan 2014–2017 maps an agenda for advancing gender equality and the empowerment of women and girls, in alignment with UNICEF’s Strategic Plan 2014–2017. Instead of focusing only on the question of *why* gender equality is important for preparing the next generation for an equitable and sustainable future, the GAP focuses on *what* concrete actions can be taken and *how* to enact them where they are most needed.

The GAP provides a practical, results-oriented approach to delivering evidence-based programmes at scale, with

a focus on where UNICEF is best positioned to make the most meaningful and substantial contribution. The GAP is divided into three programme areas that build upon one another to create a greater overall impact (see Figure 1).

The GAP provides an analytic and programmatic framework for country offices to both assess how gender inequality impedes their efforts to advance women’s, girls’ and boys’ rights and well-being and then plan and implement effective, evidence-based, scalable responses.

FIGURE 1
Gender Action Plan: Programmatic focus



Source: UNICEF.

PROGRAMME AREA 1: EMPOWERING ADOLESCENT GIRLS WITH A FOCUS ON FOUR TARGETED PRIORITIES

UNICEF's four targeted priorities highlight gender issues that cut across sectors and focus primarily on adolescent girls. By empowering adolescent girls in particular, UNICEF aims to reach them when they are most at risk of gender discrimination and stereotypes and when they are also poised to reach their full potential. The four targeted priorities are:

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

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

Through its sectoral work in health; HIV and AIDS; water, sanitation and hygiene (WASH); nutrition; education; child protection and social inclusion, UNICEF routinely addresses critical gender issues faced by women, girls and boys. These include:

- Promoting maternal health and nutrition;
- Reducing gender differentials in child survival and care;
- Reducing mother-to-child transmission of HIV and AIDS;
- Promoting water, sanitation and hygiene services that meet the needs of girls and women;
- Achieving gender equality in primary school completion and learning;
- Reducing the gender barriers to birth registration of all girls and boys; and
- Supporting effective childcare.

PROGRAMME AREA 3: INSTITUTIONAL STRENGTHENING BY INVESTING IN 'DOING GENDER' BETTER

UNICEF is strengthening its institutional capacity and systems to deliver gender results. Gender expertise is being enhanced and capacity built at various levels within the organization, and efforts are under way to ensure that gender-related work is financially well-resourced. A gender lens is being integrated into the design and implementation of country programmes and in the defining, tracking and reporting of results. Knowledge management, communications and evaluations related to gender programming are also being strengthened to provide a more robust evidence base on the most critical issues affecting girls and the most effective, proven programming approaches.

PROGRAMME AREA 1: EMPOWERING ADOLESCENT GIRLS WITH A FOCUS ON FOUR TARGETED PRIORITIES

As noted by UNICEF and partners during the 2016 International Day of the Girl, the SDGs cannot be successful without investing in girls. Progress across the four targeted gender priorities – ending child marriage, advancing girls' secondary education, promoting gender-responsive adolescent health and addressing gender-based violence – furthers UNICEF's results across its entire body of work. Improving the situation of girls during the critical life transitions that occur within the adolescent years equips them to lead safer, more productive and fulfilling lives. It also has wider family, community and intergenerational positive effects.



Mamta, 17, and Vinita, 16, study karate under a programme that empowers girls to protect themselves and build their confidence. The district in which they live, Giridih, has one of the highest child marriage rates in India; 6 of 10 girls are married before the age of 18. UNICEF partnered with the Jago Foundation to conduct a pilot programme making 65 villages in this district child marriage free. Over 500 adolescent girls are being trained and 70 adolescent boy and girl groups formed in the villages. The programme engages with religious and caste leaders, generates awareness through folk media and street theatre, forms village child protection committees, earns pledges from parents and conducts orientation for stakeholders, including school teachers.

UNICEF's four targeted gender priorities around adolescent girls are closely interlinked. Girls with secondary school education are six times less likely to marry as children; thus, educating girls reduces the rate of early marriage. Girls who marry later in life are less likely to have a first pregnancy during adolescence, have reduced incidence of sexually transmitted infections and are less likely to be a victim of intimate-partner violence. Likewise, a woman's education has a huge effect on the health and social situation of her children. The more educated the mother, the more likely her children will be spaced apart, reducing child mortality, and the higher level of education her children will likely attain. Furthermore, evidence shows that the return to a year of secondary education for girls correlates to a 25 per cent increase in wages later in life.

Focusing on adolescent girls

The intimate linkages between the four targeted gender priorities enable UNICEF to design and implement multisectoral interventions to address structural barriers to adolescent girls' empowerment across UNICEF's seven outcome areas. These interventions across sectors in turn advance results on all four targeted gender priorities (see *Figure 2*). Through a focus on adolescent girls, progress is supported in the areas below.

A reduction in the proportion of girls who:

- Marry as children;
- Become mothers during adolescence;
- Acquire HIV and/or die from AIDS;
- Suffer from anaemia and malnutrition; and
- Are subjected to female genital mutilation/cutting.

Increases the proportion of girls who:

- Complete secondary school and learn key skills;
- Receive access to menstrual hygiene management supplies and facilities;
- Receive human papillomavirus (HPV) vaccination to prevent cervical cancer; and
- Receive quality antenatal, delivery and postnatal care in pregnancy.

Progress in 2016

UNICEF has identified eight output-level indicators that are tracked on an annual basis to assess progress on the four targeted gender priorities (see *Table 1*).

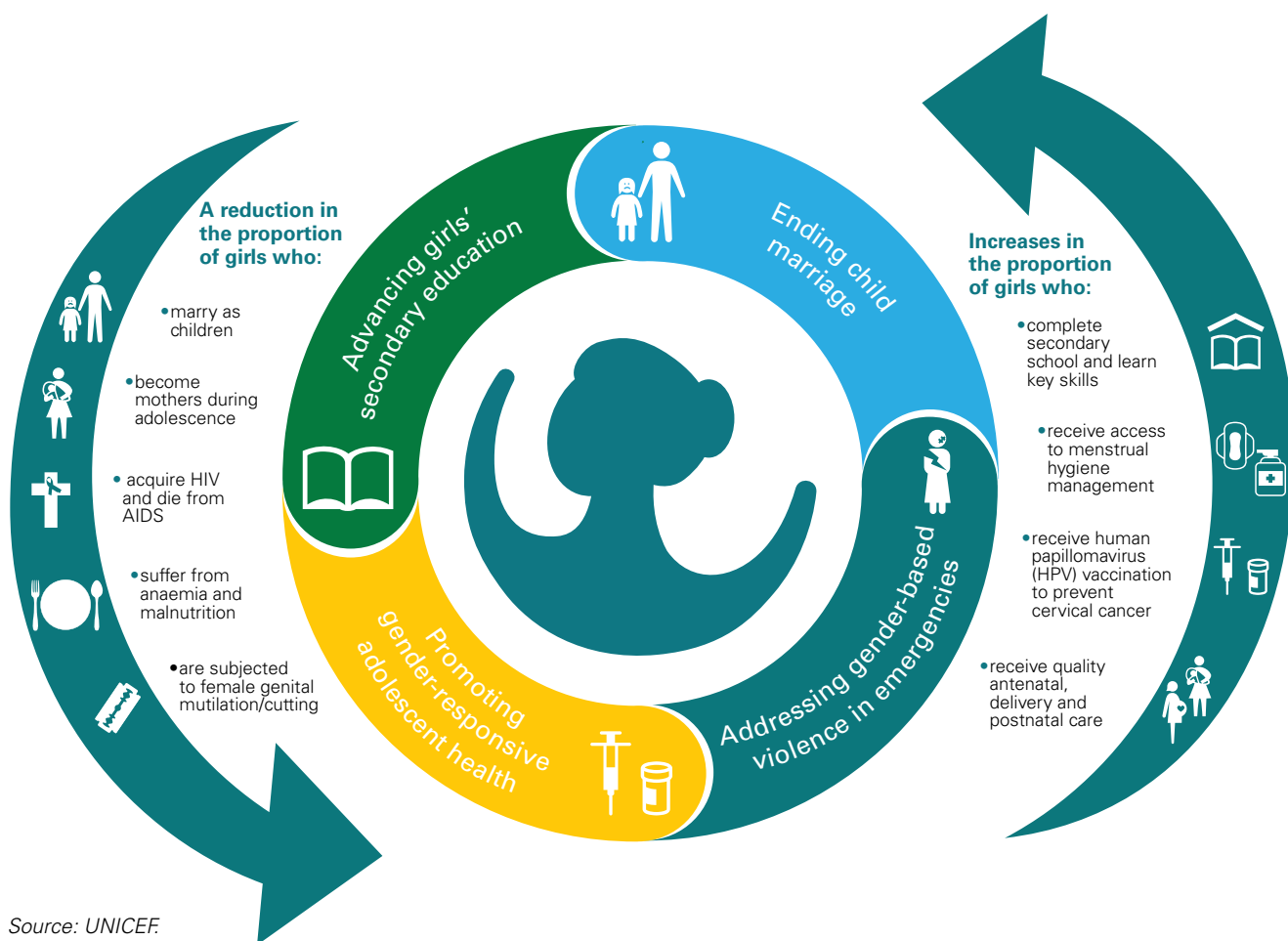
TABLE 1

Progress on output indicators for targeted priorities in 2016

UNICEF targeted gender priorities	Output indicator	Baseline	2014	2015	2016	Target (2017)
Ending child marriage	Number of countries with costed national strategies or plans on child marriage from countries with prevalence of 25 per cent or more	1	2	5	11	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%	20%	22%	25%	32%
Promoting gender-responsive adolescent girls' health	Number of countries with costed plans to reduce adolescent pregnancy	83	83	84	91	93
	Number of countries with policies or plans targeting anaemia reduction among girls	Women: 70 Girls: 27	Women: 74 Girls: 34	Women: 91 Girls: 49	Women: 79 Girls: 41	Women: 100 Girls: 50
	Number of countries with national HIV and AIDS strategies that include proven high-impact evidence-based interventions to address HIV among adolescent girls and boys	...	26	31	33	38
	Number of countries that included menstrual hygiene management targets in WASH in School strategies and operational plans	22	22	29	30	48
Addressing gender-based violence in emergencies	Countries in humanitarian action with a subcluster coordination mechanism for a) child protection and b) gender-based violence that meets Core Commitments for Children in Humanitarian Action standards for coordination	a) 74% b) 50%	a) 74% b) 50%	a) 76% b) Data not available	a) 93% b) Data not available	100%
	UNICEF-targeted girls and boys and women in humanitarian situations who experienced or were at risk of experiencing sexual violence and received at least one kind of multisectoral support service (health, psychosocial, legal, safe space, dignity kit, etc.)	...	432,757	1,958,663	4,614,221	...

FIGURE 2

Interlinked components of adolescent girls' empowerment



Ending child marriage

Globally, more than 700 million girls and women alive today were married as children – more than one in three of these (about 250 million) before the age of 15. Despite an overall decline in this trend, up to 280 million girls alive today are at risk of child marriage. This number could approach 320 million by 2050. In more than 60 countries across all regions of the world, child marriage prevalence reaches rates of 20 per cent or higher.

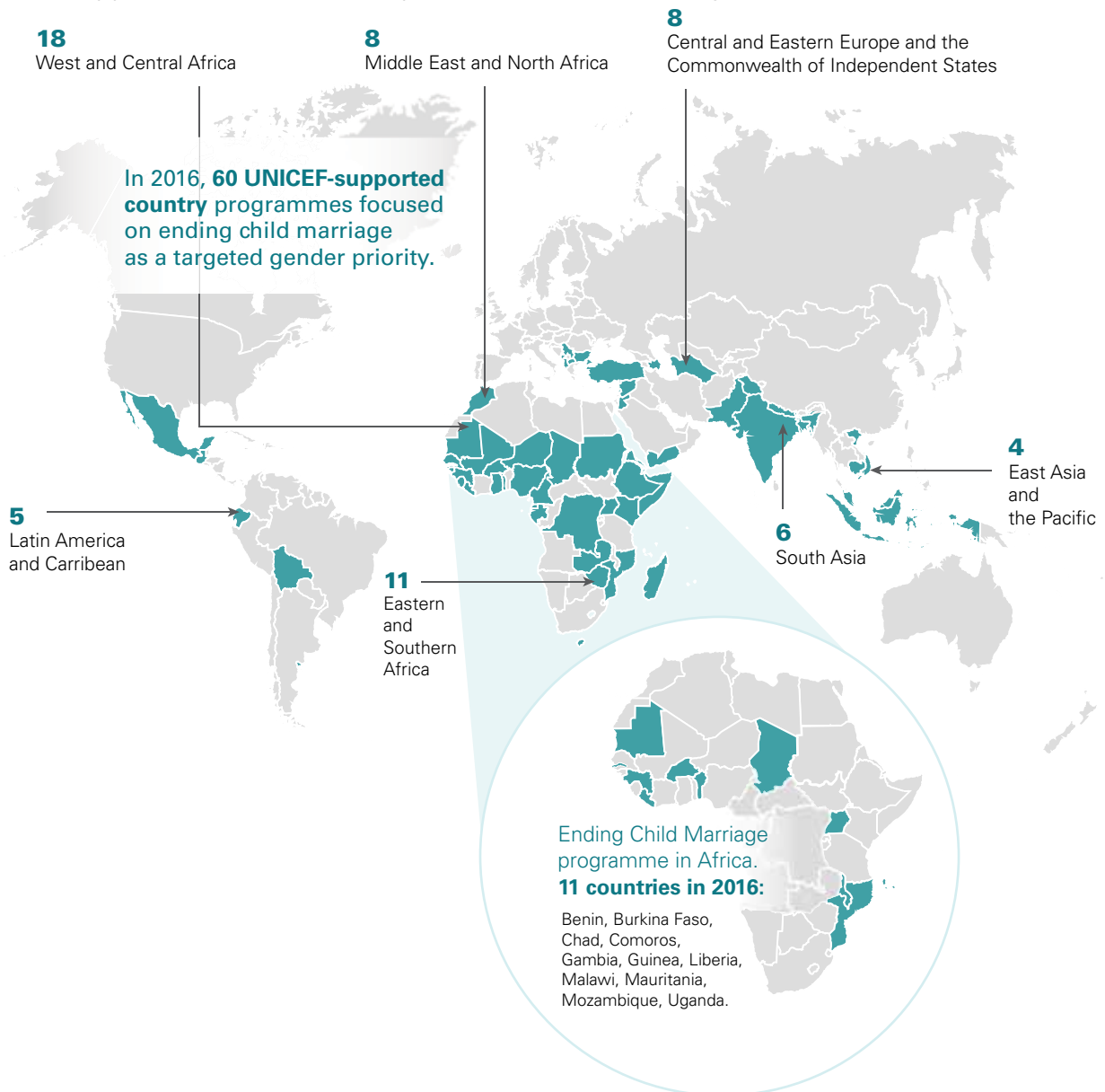
Child marriage robs girls of their childhood, denies them the chance to determine their own future and poses grave threats to their health. It often ends their education, limits

their opportunities and exposes them to risks of early pregnancy, complications from child birth and sexually transmitted infections, including HIV. Girls married young are also vulnerable to domestic violence. Child marriage has negative intergenerational consequences: babies born to adolescent mothers are more likely to be born premature, have low birthweight and die as infants.

Girls from the poorest countries and households, in rural areas and marginalized communities, are most at risk of child marriage. Girls in humanitarian crises – conflict, natural disaster and displacement – face special risks: families who no longer feel capable of ensuring girls' safety and security may marry them off in hopes of increasing their protection.

FIGURE 3

UNICEF support for national action plans to end child marriage in 2016



Leading the way in ending child marriage

In partnership with the United Nations Population Fund (UNFPA), national governments and civil society organizations, UNICEF continues to be among the global leaders in efforts to accelerate the end of child marriage and provide support and services to girls who are already married or are in a union. UNICEF is custodian of SDG indicator 5.3.1 on child marriage: proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18. In 2015, with UNICEF input and support, the indicator was finalized and adopted as a global benchmark, and UNICEF is tracking rates of child marriage across 120 countries to inform progress on the SDGs. UNICEF also contributed to General Assembly Resolution 71/175 on child, early and forced marriage, adopted on 19 December 2016,¹ which articulates a shared global understanding of child marriage and what must be done to combat it and support the girls affected by it.

In 2016, with support from multiple partners and building upon initial efforts over the prior two years, UNFPA-UNICEF officially launched the Global Programme to Accelerate Action to End Child Marriage. The Global Programme focuses on 12 countries² with high to medium prevalence and burden of child marriage, aiming to reach 2.5 million girls at risk of child marriage or already in union by 2019. Through partnerships and technical support at the local, national and regional levels, the Global Programme supports the scaling up of multisectoral interventions to address child marriage, including advancement of national strategies, costed national plans, improved schooling and health options for girls, life skills training, community mobilization and the generation of quality data and evidence.

Initiatives in the 12 Global Programme countries also inform the other 48 UNICEF country programmes engaged in ending child marriage, where similar strategies are being quickly adapted to local contexts. This means that in 2016, 60 UNICEF-supported country programmes focused on ending child marriage as a targeted gender priority, compared with 52 in 2015 and 44 in 2014 (see Figure 3). Three UNICEF Regional Offices (Eastern and Southern Africa, South Asia and West and Central Africa) prioritized the issue in their regional results.

Reaching girls and communities

In 2016, more than 1 million girls were reached by the Global Programme with one or more services related to skills, information, schooling, or health. A total of 420,000 girls received life skills training and 210,000 adolescent girls received educational support, through interventions including school materials, bursary support, coverage of transportation expenses and cash transfers.

Community outreach and advocacy aimed at shifting gender norms and involving community leadership are primary strategies for creating societal demand to end child

marriage and addressing the underlying gender inequalities that make this harmful practice possible. In 2016, the Global Programme reached 1.7 million individuals through community-based behaviour change and sensitization activities, including community dialogues, media, interactive folk theatre, and partnerships and advocacy with faith-based organizations and traditional leaders.

In Mali, UNICEF supported the implementation of the flagship cash transfer programme known as Jigisemejri, for raising awareness and enhancing community dialogue around eradicating child marriage and FGM/C, targeting nearly 60,700 households. Inter-generational dialogues were conducted in Nepal, with the fathers playing the role of key influencer. In Uganda, community dialogues used theatre to formulate agreed actions and translate them into pledges to prevent child marriage and teenage pregnancy.

Many countries that are not part of the Global Programme also implemented similar interventions. In Indonesia, for example, UNICEF worked through an inter-ministerial partnership to create training for local leaders that improved knowledge, attitudes and practices in communities to help girls make informed decisions about marriage.

Supporting policies, plans and commitments on child marriage

By the end of 2016, 11 UNICEF-supported countries had budgeted national strategies to address child marriage, compared to five countries in 2015 and one in 2014 – exceeding the 2017 target of 10 countries (see Table 1). In addition, 7 of the 12 Global Programme countries have also developed national strategies to end child marriage, three of which (Burkina Faso, Mozambique and Uganda) are costed, and one of which (Uganda) is budgeted and being implementing at the district level.

In Mozambique, the Global Programme supported the development of a National Strategy for School Health for Adolescents and Youth, including the provision of adolescent-friendly health services and information in schools. The plan will be implemented through a multisectoral committee composed of the Ministries of Health, Youth and Sports, Education and Human Development and civil society actors.

At the regional level, UNICEF supported the African Union to develop a report on the status of child marriage in the region, contributing recommendations for the next phase of the Coalition for Ending Child Marriage and supporting the African Union Secretariat and its member states to measure the campaign's impact.

Strengthening systems to help end child marriage

UNICEF and partners support governments to improve systems that deliver quality services, information and options at scale to girls to either prevent child marriage

or to mitigate its consequences. Keeping girls in schools is shown to be effective in reducing child marriage rates – with secondary schooling, girls are up to six times less likely to marry as children compared with girls who have little or no education.³ Building on this evidence, UNICEF supported systems strengthening for girls' education as a strategy to combat child marriage. Eight UNICEF-supported countries invested in supply-side interventions to keep girls in school. In 2016, 7,551 schools were supported to improve quality of education for adolescent girls through improvements in physical infrastructure, WASH, menstrual hygiene management, teacher training, gender-responsive teaching curricula and textbook reform.

CASE STUDY: ENDING CHILD MARRIAGE THROUGH BEHAVIOUR AND SOCIAL CHANGE IN GHANA

UNICEF Ghana supports interventions that address harmful practices, such as child marriage, through behaviour and social change initiatives. In 2016, a Community Facilitation Toolkit prominently featuring child marriage and teenage pregnancy was introduced to stimulate communal reflection and encourage local action against harmful practices and work towards gender equality among boys and girls.

More than 400 community facilitators from government and non-governmental organizations (NGOs) were trained on use of the toolkit. Subsequently, more than 800 communities across the country were reached, representing at least 400,000 people.

Reports indicate that the toolkit has been powerful in helping to break the silence around sensitive issues such as child marriage. Individual testimonies confirm changes are occurring in beliefs and practices, including an increased awareness and willingness to address child marriage and teen pregnancy within targeted communities.

Using Communication for Development approaches, such as personal home visits and community road shows, an estimated 2 million more individuals were reached in five regions across the country with behaviour and social change materials. Several collective actions were triggered by these efforts, such as development of community action plans, declarations and community laws aimed at addressing adolescent girls' vulnerabilities, investing in girls' education and delaying marriage and pregnancy.



Zahara Abdu, 17, was admitted to the UNICEF-supported Semera Girls' Boarding School in the Afar Region of Ethiopia after she was discovered sleeping in the open air in the desert. She joined several other girls at the school who had, like her, run away from home to avoid forced marriages to older men. In remote pastoralist communities, it is not uncommon for girls to be married young. Zahara did not want to defy her father's wishes and undergo hardships on the run, but for her it was unthinkable to forgo education. "I know my potential, and I can't let anyone ruin the future I believe I can have," she says. Living in the dorms, away from heavy household chores and pressure to marry, allows the girls to focus entirely on their studies. Zahara completed at the top of her class two years in a row.

Other highlights include a policy decision by the Minister of Education in Burkina Faso to train 43,000 primary school teachers on the Quality Child Friendly Schools approach to improve educational quality. In the Niger, the Local Alliances for Girls' Education was supported to diagnose why girls are not going to school, identify relevant actions and elaborate and implement a costed action plan to increase girls' enrolment and retention rates.

To obtain stronger results, UNICEF works simultaneously on eliminating child marriage and preventing early pregnancies. For instance, in Uganda in 2016, a National Strategy to End Child Marriage and Teenage Pregnancy was implemented in 30 districts. In addition, 51 districts with Child Marriage Action Plans allocated funds in their budgets towards activities to end child marriage. In Ghana, Uganda and Zambia, support was provided to include comprehensive sexuality education and adolescent pregnancy prevention in school curricula.

Advancing girls' secondary education

Girls' secondary education can be a powerful and transformative force, for girls themselves and for entire

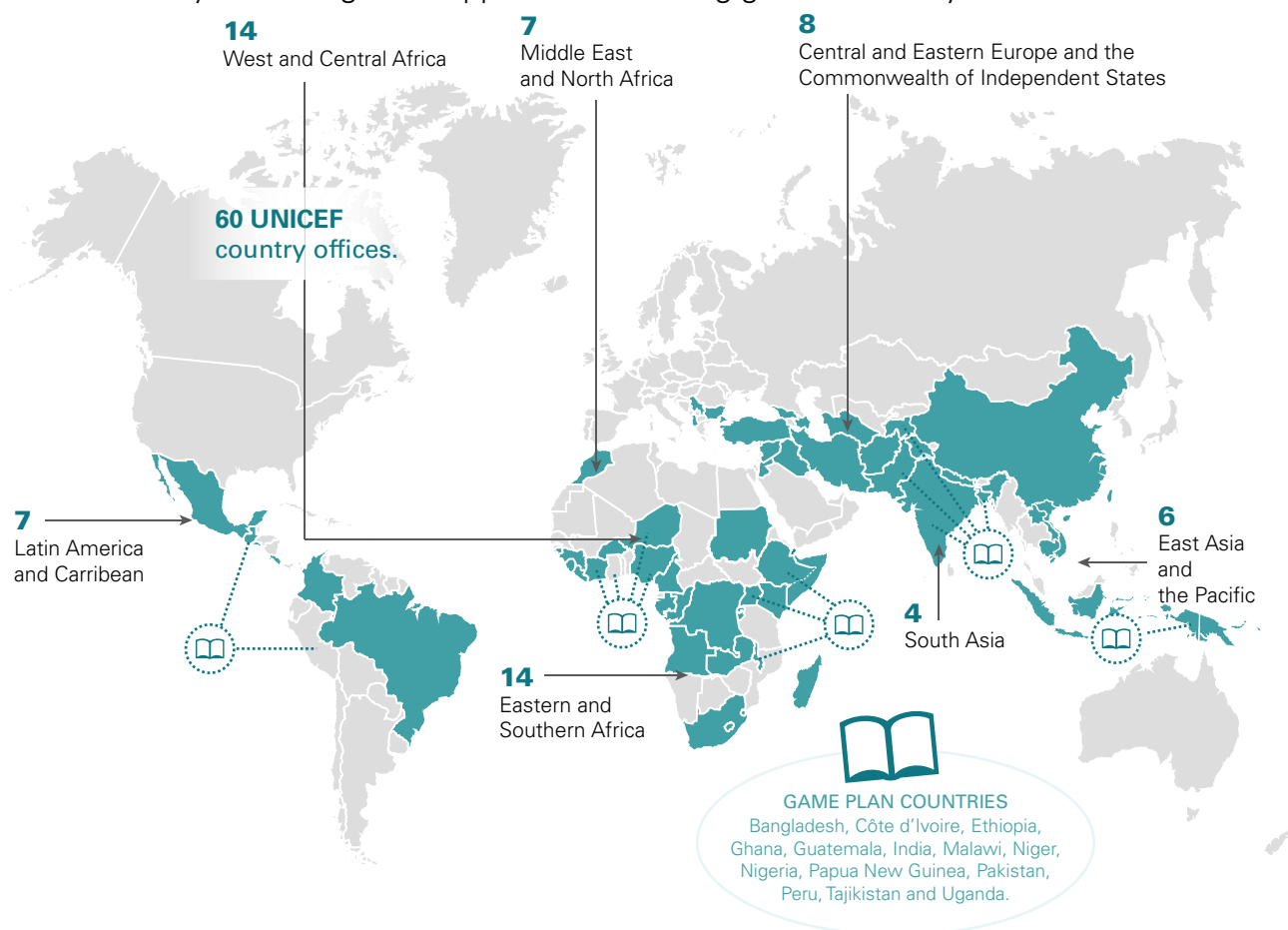
societies. Girls' education – especially at the secondary level – can contribute to higher wages, reduced poverty and equitable growth, lower rates of child and maternal mortality, and positive changes in social norms. However, the many benefits of girls' education, such as delayed marriage, lower fertility rates and greater civic engagement, are only fully realized when girls are able to not only enrol but also complete primary and secondary education with meaningful learning outcomes and skills that equip them for a brighter future.

Impressive gains have been made in gender parity, yet the poorest girls still miss out on completing primary and therefore never reach secondary schooling. There are 29 million girls of lower secondary school age who are not in school. Where secondary school enrolment remains low, girls are more likely than boys to be disadvantaged. In countries where girls are lagging behind, poorer girls are significantly less likely to enter and complete primary or secondary education.

Traditional gender roles and discrimination can hamper girls' school attendance and completion. For example, child marriage is associated with higher school dropout rates.

FIGURE 4

UNICEF country office targeted support for advancing girls' secondary education in 2016



Gender norms for daughters are different than for sons – girls are expected to marry and have children while boys will get a job and become breadwinners – making girls’ education a lower priority. Girls also bear an unequal burden of household chores – such as taking care of younger siblings, cooking and collecting water and firewood – that can leave them with little time for school or study. In many settings, the longer distances often required to travel to a secondary school and the sexual violence and harassment many girls face both en route and at school itself are additional deterrents to girls’ transition to and completion of secondary school. Even when girls do complete secondary education, they are frequently encouraged towards fields of study that do not prepare them for the labour force. Girls in humanitarian emergencies face even greater barriers in achieving a quality education.

UNICEF works with governments and partners to reduce the number of adolescent girls out of school, increase the number of marginalized girls completing secondary education and equip adolescent girls with the skills and knowledge needed for continued learning, employment and livelihoods.

Important progress and commitment towards gender parity in secondary education

In 2016, 60 UNICEF country offices worked toward the targeted priority of advancing girls’ secondary education, with 33 per cent of countries having it as a targeted and budgeted priority, compared with only 27 per cent in 2015 (see *Figure 4*). The South Asian region in particular has shown great commitment, where girls’ secondary education is a targeted, budgeted priority in 60 per cent of countries. Fourteen country programmes⁴ prioritize this area as part of a UNICEF ‘Game Plan’ for advancing girls’ secondary education in conjunction with their efforts to reduce child marriage and adolescent pregnancies. In addition, in 2016 six Country Offices (Côte d’Ivoire, Ghana, Malawi, Ethiopia, India and Peru) applied UNICEF’s Girls’ Education Review Tool to analyse their education programming and identify opportunities to improve responses to barriers to girls’ primary and secondary education completion and learning.

The percentage of countries with national plans to address school-related gender-based violence reached 25 per cent, short of the 2017 32 per cent target (see *Table 1*). However, the number of UNICEF country offices that reported working on this issue has increased from 105 to 129 between 2013 and 2016.

UNICEF’s efforts have contributed towards demonstrable results in girls’ enrolment in lower secondary education. Globally, gender parity has been achieved in lower

secondary completion, though these figures mask regional and country-level disparities. For example, the Gender Parity Index is 0.86 for sub-Saharan Africa versus 1.07 for Latin American and the Caribbean.

The percentage of countries in which girls are disadvantaged at lower secondary fell to 36 per cent in 2016; the percentage of countries in which boys are disadvantaged increased to 28 per cent in 2016; thus, the percentage of countries with gender parity at the lower secondary level has remained at 38 per cent, short of the 47 per cent target.

Dismantling barriers to girls’ secondary education

UNICEF adopts and supports a variety of evidence-based, multisectoral strategies at system and community levels to expand affordability and access to secondary education for girls and to create gender-responsive schools that meet the needs of adolescent girls. The aim is to improve the overall quality of education, engage communities to challenge stereotypes and generate demand for girls’ education. A number of country-specific successes were seen in this area in 2016.

- In Honduras, UNICEF worked with the Ministry of Education to formulate a strategy and a school management model for violence prevention in schools, particularly sexual violence against adolescent girls. UNICEF validated the model in 15 schools, reaching almost 12,000 girls and boys, to inform a national rollout.
- UNICEF supported life skills education for more than 32,000 girls in the State of Rajasthan, India, and life skills content was integrated in the curriculum for all 4,085 secondary schools in the State of Assam and 3,500 schools in the State of Madhya Pradesh.
- In Papua New Guinea, UNICEF trained Provincial Education Directors and teachers to develop lesson plans free of gender stereotypes, improving gender equity in education for 18,000 girls and boys in three provinces. This effort was brought to scale through integration in the national curriculum for girls and boys 9–14 years old.
- UNICEF worked in three districts of Tajikistan to improve girls’ academic success in upper secondary school using adolescent peer groups and community mobilization to overcome sociocultural barriers to continuing girls’ education. As a result, 96 per cent of girls who had pledged to continue their education enrolled in upper secondary (Grade 10), a 10 per cent increase in the transition rate at UNICEF-supported schools.



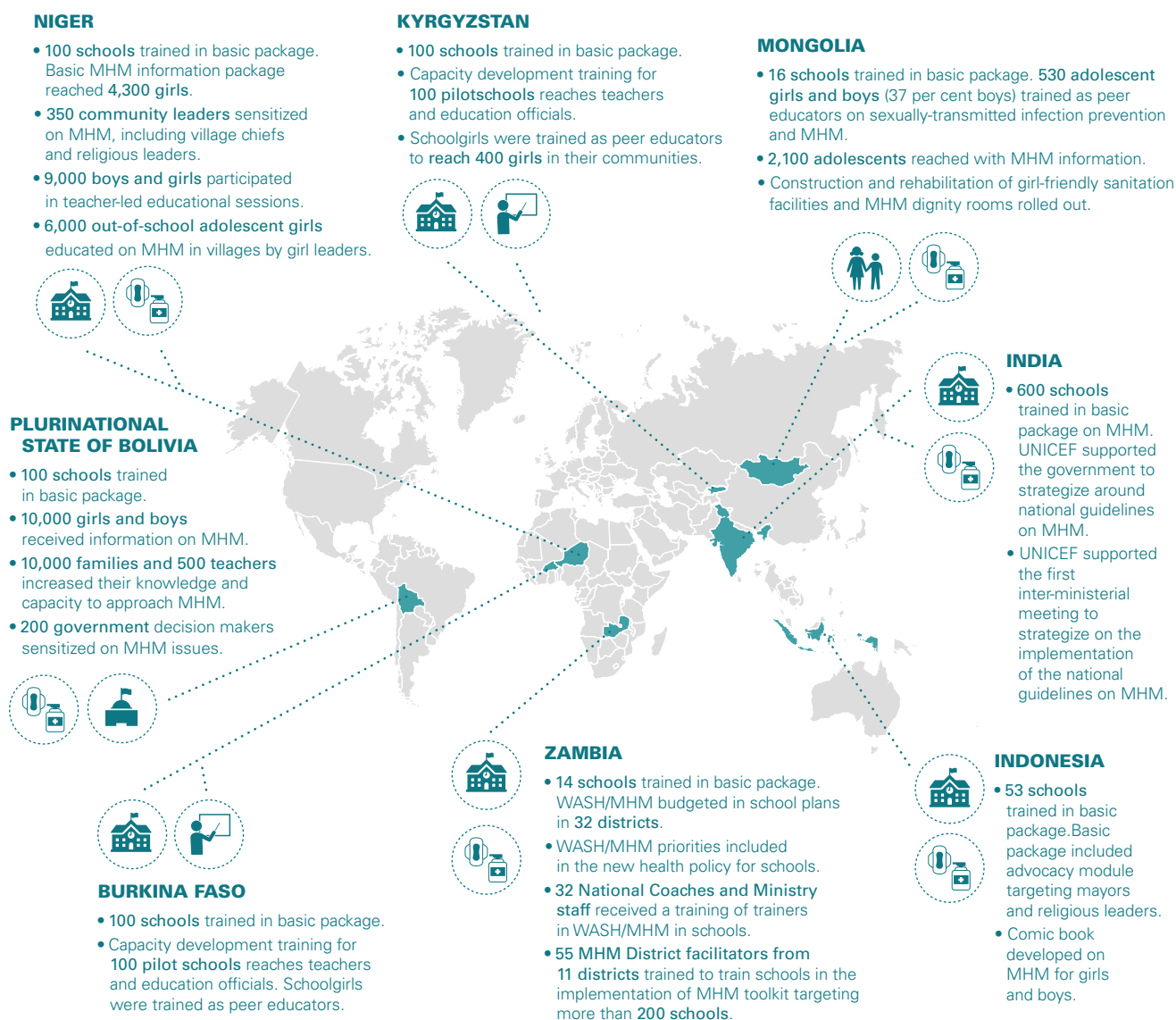
Mariatu Bangora, 18, prepares for school in Rokupr, a small town in northern Sierra Leone. Mariatu lives with her grandmother, who cares for Mariatu's infant son (background) while she attends Kubra Agricultural Secondary School. Through a UNICEF-supported effort, Mariatu returned to school after taking free, remedial classes for girls who became pregnant or gave birth during the Ebola outbreak. The school's owner gave Mariatu her uniform and helps with her fees. Mariatu sells slippers and vegetables to care for her son and help with household expenses. After completing her schooling, Mariatu plans to become a nurse.

During 2016, UNICEF's cash transfer programmes that deliver small, predictable amounts of money to vulnerable families also contributed to improving the rate of marginalized girls attending and completing secondary education in a number of countries. In India, conditional cash transfers derived from the state budget supported secondary education and non-formal education for 62,000 adolescent girls in West Bengal. In Madagascar and the Niger, UNICEF combined cash transfers with improvements in the quality of lower secondary education, improving learning outcomes. In Nigeria, 24,000 girls across two states benefited from cash transfers to improve the affordability of school, increasing the transition rate of girls from primary to lower secondary school by 2 per cent in 2016.

UNICEF's work in menstrual hygiene management (MHM) is another crucial strategy for furthering girls' education and gender equality outcomes. UNICEF directly supported MHM in targeted schools in 14 countries (see *Figure 5*). Success with this strategy can be seen in Ethiopia, where UNICEF developed a package of support – including life-skills training, support for MHM and educational materials – to make schools more responsive to the needs of adolescent girls. This enabled nearly 24,000 disadvantaged adolescent girls to be retained in lower secondary level education.

FIGURE 5

Menstrual health management initiatives gather steam in 2016



Building the evidence base

UNICEF continued to host the United Nations Girls' Education Initiative (UNGEI) Secretariat, an advocacy partnership committed to gender equality in primary and secondary education. At the Girls' Education Forum in July 2016 (hosted by the United Kingdom's Department for International Development, Global Citizen and Chime for Change), UNICEF and UNGEI played an important role in drafting a 'Statement of Action' to galvanize collective and coordinated action around improving education outcomes for marginalized girls.

Efforts to build the evidence base were strengthened through UNGEI's continued support to the Global Education Monitoring Report team. The 2016 Gender

Review, published in partnership with the Global Education Monitoring Report team, was downloaded 9,000 times in the first month and is available in five languages. The Gender Review notes that girls and women, because they are disadvantaged disproportionately overall, face greater challenges than boys do in and beyond education, though gender disadvantages can also be experienced by boys and men, and that the solutions to gender equality involve engaging both girls and women as well as men and boys.

UNICEF and UNGEI also partnered with the Global Partnership for Education on a three-year research initiative to generate evidence on promising approaches to end school-related gender-based violence in Côte d'Ivoire, Ethiopia, Togo and Zambia.

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

Gender and adolescent health issues are addressed across several outcomes of UNICEF's Strategic Plan and in line with UNICEF's Strategy for Health 2016–2030, in the following areas:

- Adolescent pregnancy;
- Adolescent anaemia;

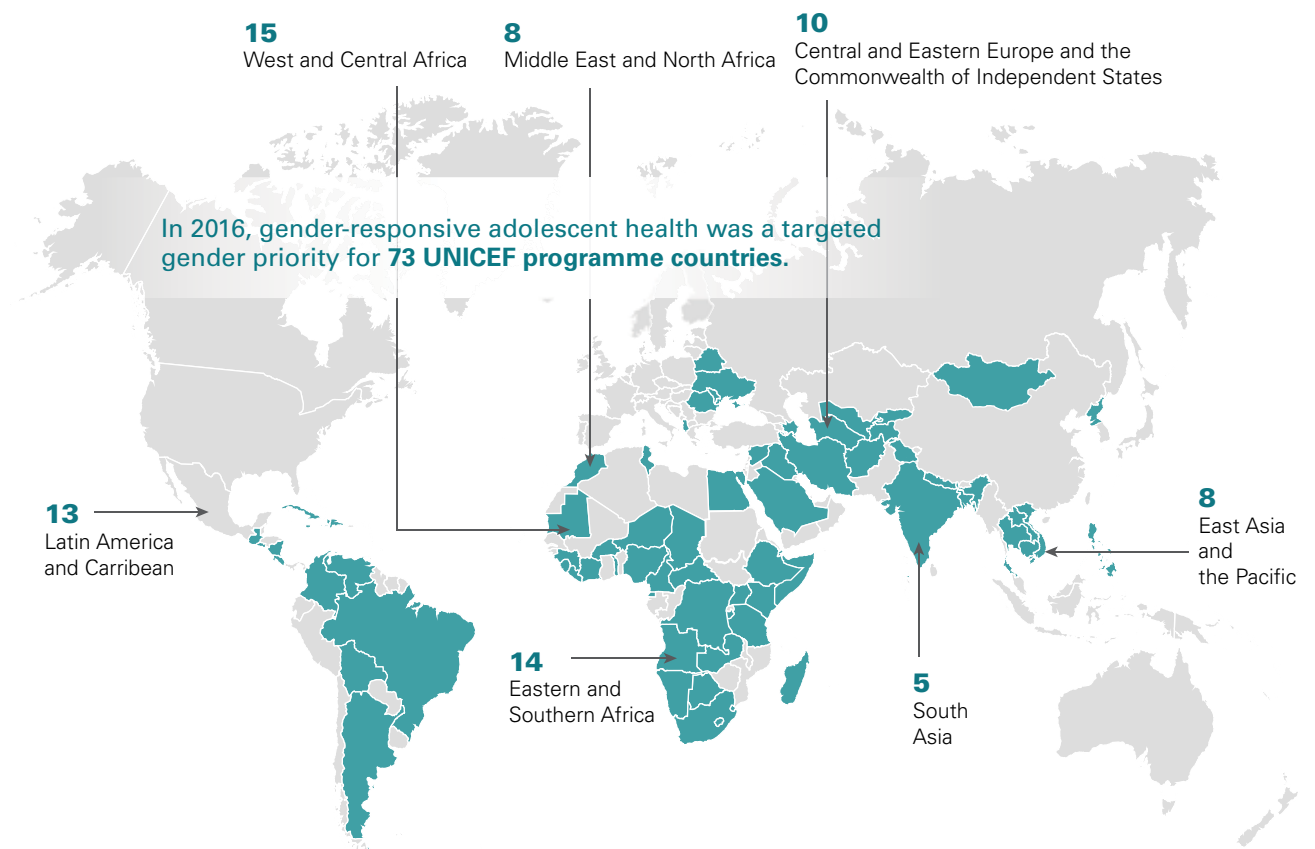
- HIV and AIDS prevention;
- Menstrual hygiene management;
- Prevention of female genital mutilation/cutting; and
- Human papillomavirus (HPV) prevention.

The consolidation of these health risks and rights violations under the gender-responsive adolescent health umbrella allows for a more integrated response in addressing the various issues adolescent girls and boys face.

A growing number of UNICEF country programmes focus on gender-responsive adolescent health. In 2016, gender-responsive adolescent health was a targeted gender priority for 73 UNICEF programme countries, compared to 63 in 2014 (see Figure 6).

FIGURE 6

UNICEF support to gender-responsive adolescent girls' health



Global leadership and partnerships

UNICEF's commitment to gender-responsive adolescent health is reflected in its global leadership and partnerships on this issue. UNICEF actively engaged in developing the monitoring framework that will help track the progress of the United Nations Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). By aligning 34 framework indicators with the SDGs, UNICEF and partners aim to minimize the reporting burden placed on national governments, heeding the call from countries to streamline the global health architecture while maintaining quality and actionable data.

In 2016, UNICEF contributed to shaping a landmark publication, *Our Future: A Lancet commission on adolescent health and well-being*, arguing that there are both threats and unrealized opportunities for the health and well-being of young people that national and global efforts must address.

Through partnerships, such as the Global Health Partnership H6⁵ and Every Woman Every Child, UNICEF is increasing its financing, strategies and tools to strengthen the ability of health and education systems to deliver for adolescent girls and boys. In 2016, UNICEF contributed to Every Woman Every Child's technical guidance on

adolescent health, specifically on required investments and the shaping of national plans.

UNICEF, in conjunction with the World Health Organization (WHO) and partners, developed the Accelerated Action for Health of Adolescents framework. UNICEF developed adolescent health country profiles for 14 flagship countries and case studies on Bangladesh and Mongolia to help governments with adolescent programming. A Global Early Adolescent Health study was produced with UNICEF country office support to Argentina, Malawi, Mongolia and Uzbekistan, and a seminar on adolescent health was conducted in collaboration with the Bill & Melinda Gates Foundation.

Preventing and responding to adolescent pregnancy

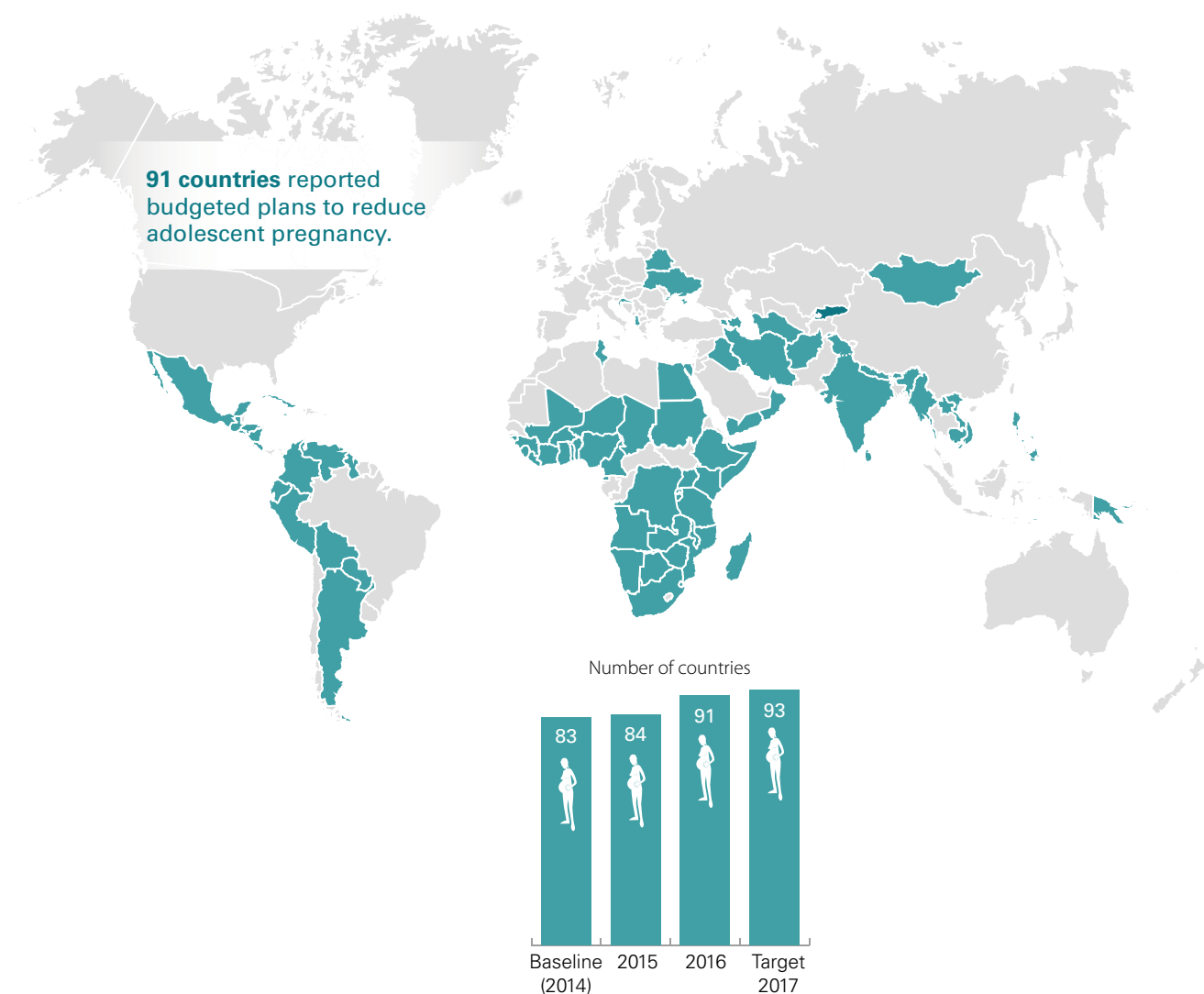
One of the most pressing health risks facing adolescent girls is pregnancy, which may put the life and health of the mother and the baby at risk. Adolescent pregnancy also poses challenges to a successful future by limiting girls' ability to complete schooling. UNICEF works in partnership with other United Nations agencies, governments and civil society to prevent and respond to this issue.



Two 14-year-old girls receive family planning advice via a mobile health team in Mapai District, Gaza Province, Mozambique.

FIGURE 7

Countries with budget allocations to reduce adolescent pregnancy



About 16 million girls aged 15–19 give birth each year.⁶ Ninety-five per cent of these births occur in low- and middle-income countries. In low-income countries, the rates of adolescent births are a staggering five times higher than in high-income countries. While adolescent girls account for 11 per cent of all births worldwide, they account for 23 per cent of the overall burden of disease (measured in disability-adjusted life years) due to pregnancy and childbirth. Complications related to pregnancy and childbirth are the leading cause of death in adolescent girls 15–19 years of age.

UNICEF has been supporting countries to specifically plan and budget for addressing adolescent pregnancies as part of their national health plans. In 2016, 91 countries reported budgeted plans to reduce adolescent pregnancy, approaching the target of 93 countries by 2017, up from 83

countries in 2014 (see Figure 7). UNICEF's West and Central Africa Regional Office elevated the ending of adolescent pregnancy to a regional priority with considerable efforts made in communication for development and gender initiatives addressing this issue.

Another area of success has been in providing antenatal care to adolescent girls during pregnancy. In 2016, the target of 25 countries showing at least 80 per cent antenatal care coverage for adolescent girls aged 15–19 was surpassed, with 32 countries providing coverage for 80 per cent of pregnant girls. Moreover, higher proportions of pregnant adolescent girls, and in a larger number of countries, are now delivering with the support of skilled birth attendants: 80 per cent or more births are now attended by a skilled provider in 54 countries, up from 39 in 2013, and approaching the target of 60 by 2017.



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At rural boarding schools in Mongolia, children of semi-nomadic herding families stay for up to nine months of the year in the dormitories. Outdoor latrines, combined with extremely cold winter weather, make practicing proper sanitation and hygiene difficult for girls. In recognition of the positive impact on girls' education, UNICEF-supported initiatives in Mongolia and around the world are addressing adolescent girls' menstrual hygiene management needs in coordination with ongoing efforts to improve water, sanitation and hygiene facilities and services in schools.

Reducing adolescent anaemia

Anaemia, mainly caused by iron deficiency, is an aspect of nutritional health that disproportionately affects adolescent girls in developing countries. This is of particular concern for adolescent girls as their nutritional status not only affects their health during pregnancy, but also their ability to learn in school and function fully in society. In 2016, 41 UNICEF supported countries had anaemia reduction plans for girls, compared to 27 in 2013. In India, UNICEF partnered with national and state governments to provide iron and folic acid (IFA) supplements to 85 million girls and boys and an additional 23 million out-of-school adolescent girls. UNICEF provided more than 600,000 adolescent girls in 10 provinces in Afghanistan with IFA supplements.

Delivering HIV and AIDS prevention and support

Gender and other social and economic inequalities heighten the vulnerability of adolescent girls to HIV and AIDS. In sub-Saharan Africa AIDS is the leading cause of death among adolescent girls and boys, with girls accounting for three out of every four new infections among adolescents aged 15–19.⁷ In 2015, 450,000 new infections occurred among adolescent girls and young women aged 15 to 24 years, which translates into approximately 8,600 new infections per week,⁸ the vast majority of them in southern Africa. The persistent patterns that characterize the epidemic in adolescent girls and boys – 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.

UNICEF accelerated efforts to support countries to address HIV prevalence and prevention among adolescent girls and boys. HIV and AIDS programming for adolescent girls and boys was bolstered through adoption and scale-up of national HIV and AIDS strategies that include proven, high impact, evidence-based interventions (increasing from 26 countries in 2014 to 33 in 2016). This includes the roll-out of adolescent-relevant policies that focus on prevention, such as school-based life skills education. Available data on HIV knowledge and antiretroviral use indicate that most countries are not reaching the target of 80 per cent coverage among adolescent girls and boys. Similarly, for most countries, the target of 60 per cent coverage of condom use has been difficult to attain, especially among females. One reason for the slow progress has been the challenges in bringing these strategies to scale, particularly for the adolescent girl population.

In 2016, UNICEF worked in target countries to disseminate information, education and testing related to HIV and AIDS. In partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNICEF supported Swaziland's roll-out of its life skills curriculum in 255 secondary schools, raising the awareness of 48,000 girls on HIV and adolescent sexual and reproductive health. In China, a national youth safe sex campaign was launched with a youth-driven survey that generated more than 30,000 responses, and community outreach activities to discuss safe sex and self-protection reached 50,000 adolescent girls and boys. In Lesotho, UNICEF worked with WHO to update the Adolescent Health Service Delivery Guidelines and, with several partners, helped to create greater demand for HIV testing.

In Thailand, UNICEF helped boost knowledge of healthy lifestyles and safe sex behaviour among girls and boys, including increasing their understanding of how gender inequalities in relationships can increase risk of HIV. In Ukraine, health and HIV prevention, care, and support services for adolescent girls and boys were integrated into existing community-based services. The *All In* mobilization campaign in Ukraine led to an increase in HIV-positive adolescent girls' and boys' participation in decision making at local and central levels and undertaking peer-to-peer training in their communities.

In Zimbabwe, UNICEF made use of the country's flagship programme Harmonized Social Cash Transfer, to raise awareness of HIV prevention, especially among children, adolescent girls and boys and pregnant women. In addition, UNICEF promoted the effective referral of cash transfer beneficiaries to other specialized HIV-related care and support services offered by health and social workers.

Strengthened menstrual hygiene management programming and service delivery

Menstrual hygiene management is a critical issue that affects girls in adolescence, spanning the health, education and social aspects of their lives. UNICEF is committed to seeking innovative solutions to infrastructure, product and cultural barriers that hamper girls' ability to manage their monthly cycle with dignity.

In October 2016, UNICEF co-hosted the 5th Annual Virtual Conference on Menstrual Hygiene Management in Schools, in partnership with Columbia University's Mailman School of Public Health. The conference captured girls' voices globally on MHM barriers and proposed solutions to guide political commitment and action.

On the ground, UNICEF's MHM programming focused on service provision, puberty education and social norm change, emphasizing girls' need for dignity, privacy, safety and health while at school. For example:

- **China:** The issues of MHM and gender-segregated latrines were addressed by national and county-level training and the need for separate girls' toilets was integrated into infrastructure planning in targeted schools.
- **Ethiopia:** Nearly 24,000 adolescent girls were reached with MHM supplies and messages to support them to stay in school.
- **Nigeria:** Female WASH community management members distributed almost 100,000 WASH kits, including reusable menstrual hygiene pads, and sensitized women and girls on their use for personal hygiene.

UNICEF addresses the stigma, misinformation and bullying associated with menstruation that can cause social anxiety and limit girls' freedom and activity. UNICEF partnered with the Indonesian Council of Islamic Scholars on the production and roll-out of MHM communication materials targeting girls (to increase knowledge) and boys (to reduce harassment of girls) in schools (*see the box on page 25*).



Online video about menstruation targeting boys.



Flip-side menstrual hygiene management comic book for boys and girls

In 2016, UNICEF Indonesia created a video (screen shot, left) and a 30-page comic book (excerpt, right) on menstrual hygiene management. The double-sided comic book tells the story of an adolescent girl's first menstruation on one side and shares the story of an adolescent boy learning about menstruation on the flip side. Biological processes, psychological impacts and use of sanitary pads are explained. The book dispels common misconceptions and guides boys on how to support girls when they have their period.

The comic book has been reported on by news outlets, including National Public Radio (United States) and its affiliates around the world.

In Mongolia, a situation analysis of adolescent girls and boys was undertaken, leading to improved knowledge around gender norms and expectations of adolescent girls and boys. A website on MHM (www.namuu.mn) was launched to promote change in MHM-related practices and behaviour, and learning packages were produced, including a video and leaflets for girls, teachers, headmasters and school dormitory caretakers. This work was coordinated by a multi-stakeholder group involving the Ministry of Education, the Ministry of Health, academic institutions and NGOs.

UNICEF also supported MHM in emergencies, providing MHM materials to girls and women in emergency situations in 31 countries, reaching almost 1 million women and girls (nearly double the planned target of 640,613 women).

Eliminating and responding to female genital mutilation

Female genital mutilation/cutting is a practice that involves altering or injuring the female genitalia for non-medical reasons. At least 200 million girls and women in 30 countries have been subjected to some form of FGM/C, which is linked to serious mental and physical health risks, including complications at child birth, maternal death, infertility, urinary incontinence, infection and tetanus. While the practice is declining in many countries where it once was prevalent, most of these countries are also

experiencing a high population growth rate, which will yield an increase in the absolute number of girls who undergo FGM/C if elimination efforts are not significantly scaled up.

FGM/C is recognized in the Sustainable Development Goals, under target 5.3, calling for the elimination of all harmful practices. UNFPA and UNICEF lead the largest global Joint Programme to accelerate the abandonment of FGM/C. The programme focuses on 17 African countries and supports regional and global initiatives.

In 2016, UNICEF worked in 25 countries at national and community levels on the abandonment of FGM/C. Public declarations of abandonment of FGM/C were made in 2,900 communities across the 17 UNFPA-UNICEF Joint Programme countries, reaching a total of 8.5 million people. In a breakthrough, two countries in the UNFPA-UNICEF Joint Programme - Egypt and Sudan - showed a 10 per cent or more reduction in the proportion of girls 0–14 years undergoing female genital mutilation/cutting, meeting the target set for 2017 (*see Table 1*).

Access to prevention, protection and treatment services around FGM/C were provided for 728,000 survivors and girls and women at risk in 2016. FGM/C-related budget lines were introduced in Eritrea, Mauritania, Nigeria and Uganda, raising the total number of countries with FGM/C-related budgetary allocations to 13. In Mali, 760,000 people, including 450,000 women and 90,000 girls, participated in dialogues promoting the abandonment of FGM/C and other forms of gender-based violence, and 129 villages signed

agreements to abandon FGM/C and child marriage and established monitoring committees to promote compliance.

UNICEF was active in several FGM/C elimination partnerships in 2016. The Guardian Global Media Campaign to End FGM, sponsored by the British newspaper *The Guardian*, worked with UNICEF and prominent media groups across Africa to make ending FGM/C a priority. In Nigeria, the campaign helped grassroots activists – including youth, journalists and religious leaders from 13 states – to implement an anti-FGM/C media campaign. The Italian Association for Women in Development also worked with UNICEF on social and communications outreach in countries such as Burkina Faso and Kenya.

UNICEF, along with UNPFA, UN WOMEN and WHO, drafted a statement published in the *Journal of Medical Ethics* in April 2016, calling for the complete abandonment of FGM/C. The statement was written in response to an article published in the journal defending a lesser form of the harmful practice in medical settings. UNICEF supported a

General Assembly resolution on 'Intensifying Global Efforts for the Elimination of Female Genital Mutilation' that called upon the international community to strongly endorse, including through increased financial support, a third phase of the Joint Programme on FGM/C.

Protecting girls against cervical cancer

UNICEF, in conjunction with the Gavi Vaccine Alliance and other partners, supported governments to introduce the HPV vaccine to help protect young girls against cervical cancer. UNICEF procured approximately 2,650,000 HPV vaccine doses for Gavi-eligible countries in 2016. This relatively low number of doses suggests that progress under HPV immunization programmes has been slow and constrained. High costs are a barrier to implementation and national scale-up; despite proven effects, this vaccination is not yet systematically integrated within routine immunizations systems.



Ali Mohamed Abdi, 42, resides in the Shabelle camp for internally displaced people, and does not support the practice of female genital mutilation. None of his six daughters has undergone the practice and he says neither they nor his granddaughters will. "We need to change attitudes towards it. We need to set our girls free," explains Ali.

Addressing gender-based violence in emergencies

Humanitarian crises often intensify the gender-based violence that women and girls already face in public and private spheres even in times of peace and stability, including intimate partner violence and other forms of violence. Emergencies can also introduce new manifestations of gender-based violence that are directly or indirectly linked to conflict or disaster. Insufficient security and a collapse of social order in camps and other emergency settings put women and girls at higher risk of sexual assault, and, in some cases, human trafficking. These risks can escalate for girls when they are engaged in gendered tasks, such as collecting water and firewood. The poverty, displacement and increased dependency that can come about from conflict or disaster may compel women and girls to engage in sex in return for food, shelter, safe passage or other resources.

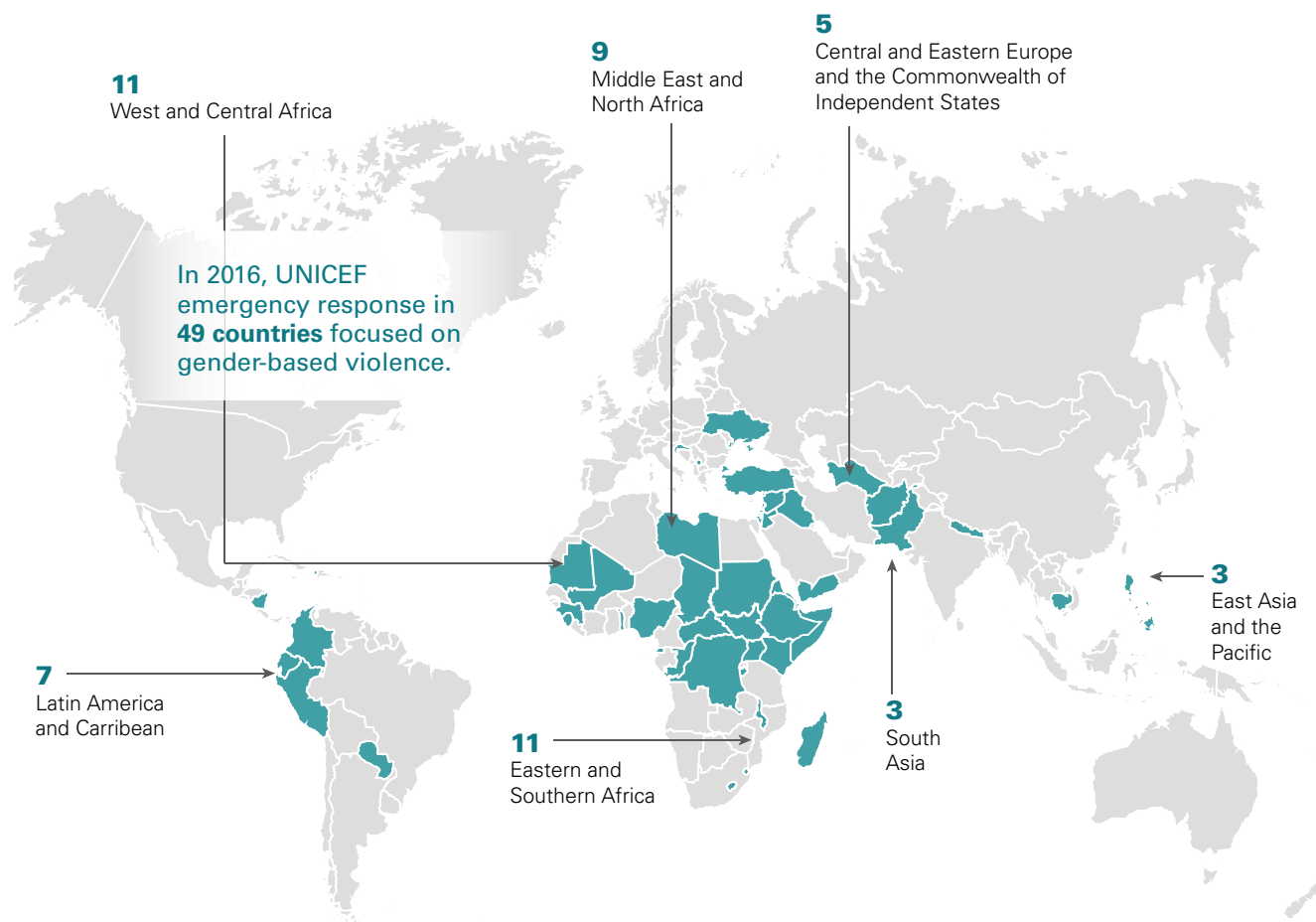
The scale and visibility of major humanitarian crises such as the situation in the Syrian Arab Republic, and the emergence of new crises, such as the migrant and refugee crisis in Europe, are bringing unprecedented attention to gender-based violence in emergencies as a widespread, life-threatening violation of the rights of women and children that requires a robust response.

UNICEF plays a leading role in addressing gender-based violence in emergencies

UNICEF plays a lead role in coordinating and collaborating with actors in emergency response to put gender-based violence at the forefront of emergency work. For example, as a follow-up to the October 2015 launch of the Call to Action on Protection from Gender-Based Violence in Emergencies Road Map, UNICEF now co-chairs the International Organizations Group of the Call to Action that supports implementation.

FIGURE 8

UNICEF support to countries addressing gender-based violence in emergencies



A notable action in 2016 was the establishment of a Real-Time Accountability Partnership between the International Rescue Committee, the United Nations Office for the Coordination of Humanitarian Affairs, the United Nations High Commissioner for Refugees (UNHCR), UNFPA and UNICEF. This partnership addresses prioritization and accountability in gender-based violence prevention and response in emergencies by focusing on strategic actions that fall within the responsibility and mandate of humanitarian actors during each phase of the Humanitarian Programme Cycle.

Reaching girls and women, and boys, in emergencies to prevent and respond to gender-based violence

UNICEF's gender-based violence in emergencies (GBViE) interventions are implemented across sectors and address a range of issues, with a focus on both gender-based violence prevention and response for women, girls and boys. In 2016, 4.6 million girls, women and boys in humanitarian situations across 53 countries received elements of an expanded package of risk mitigation, prevention and response to address GBV. This more than doubled the number of people helped in 2015, which itself doubled from 2014. Reflecting the increased number of humanitarian crises that UNICEF responded to in 2016, the number of country offices focusing on gender-based violence in emergencies increased from 41 in 2014 to 49 in 2016 (*see Figure 8*).

UNICEF's approach to addressing GBViE includes mitigating risk by equipping latrines and bathing facilities with locks and lighting. This addresses women and girls' consistent citing of substandard WASH facilities as high-risk areas for GBV, particularly sexual violence. In 2016, over 3.2 million women and girls received improved hygiene and sanitation facilities in emergency settings. In the Syrian Arab Republic, the WASH programme reduced the risks of GBViE associated with women and children collecting water from communal water points by increasing WASH services at the household level.

In Iraq, UNICEF-initiated GBV programming reached 2,660 women and 2,000 girls with age-appropriate case management and psychosocial support services. Woman- and child-friendly safe spaces were established to provide psychosocial support, socioeconomic programming, case management, clinical management of rape services, referral services and awareness-raising activities for GBV survivors and those at risk. In Lebanon, such spaces helped reach 61,570 women and girls, 36 per cent of which were adolescent girls.

UNICEF's response to GBViE in Myanmar was strengthened through the expansion of a government-led case management system to 40 townships and the expansion of NGO-led case management services in Kachin internally displaced persons camps and northern townships of Rakhine. UNICEF helped provide safe spaces for 130,000 adolescent girls and 125,000 boys in conflict-affected communities.

In Nigeria, UNICEF worked with partners International Alert and local NGOs to help reintegrate 2,000 girls and women who had been forcibly abducted, raped and forcibly married by Boko Haram, by addressing social perceptions such as fear and stigma.

In Turkey, which currently hosts the largest number of refugees in the world with nearly 2.8 million Syrian refugees, UNICEF supported the prevention and mitigation of GBViE through the inclusion of gender equality content in a parenting programme that reached over 40,000 Syrian parents and 25,000 girls and boys. Psychosocial support programmes around GBViE reached 167,000 Syrian girls and boys. In the Central African Republic, approximately 9,000 survivors of GBV (including 7,120 women and 1,100 girls) received health and psychosocial support services.

Bolstering data, evaluations and evidence

In 2016, UNICEF's GBViE programmes were evaluated, with in-depth looks at the Central African Republic, Jordan, Lebanon, Nepal, Pakistan, Somalia and South Sudan. The evaluation confirmed that UNICEF has played a leading global role in developing the GBViE sector. The evaluation also informed the development of a GBViE Resource Pack, with guidance on assessments, design and implementing of GBV programmes that will be rolled out in 2017.

UNICEF continued in 2016 to play a principal role in the Gender-Based Violence Information Management System (GBVIMS) operational in 14 countries.⁹ The GBVIMS harmonizes data on GBV in humanitarian settings, bringing together collection, storage and analysis of this data, and enabling the safe and ethical sharing of reported GBV incident data. UNICEF is a member of the GBVIMS Steering Committee, along with UNFPA, UNHCR, the International Rescue Committee and the International Medical Corps.

CASE STUDY: DIGNITY KITS FOR SYRIAN GIRLS AND WOMEN IN LEBANON

After a massive inflow of refugees to Lebanon following the outbreak of the Syrian civil war, UNICEF and other United Nations agencies recognized the need to address gender-based violence as a priority within the emergency response. Almost one third of the Lebanon country programme's budget for child protection was dedicated to GBV interventions. Together with sister agencies and international and national partners, UNICEF's response included service delivery for those at risk and survivors of GBV of all ages and nationalities.

An age-appropriate suite of services was delivered through both mobile and static safe spaces to more than 22,300 girls and 43,500 women in 2016. The safe spaces provided an opportunity to rebuild social networks and for the girls and women to learn about their rights, health issues and the services available to them. Psychosocial support, life skills, skills-building activities, case management and specialized services, such as legal help and medical referral, were also provided. An invaluable service of the safe spaces was making dignity kits available; more than 8,000 dignity kits were distributed to girls and women (760 adolescent girls of reproductive age and 7,320 to women).

What is a dignity kit?

Dignity kits target the specific needs of displaced women and girls and include basic necessities for maintaining feminine hygiene and upholding dignity in girls' and women's daily lives. Dignity kits include sanitary towels, underwear, basic clothing, soap and items aimed at reinforcing the safety, protection and mobility of girls and women, such as flashlights, whistles and headscarves. Through formative research, the content of these kits was determined by girls and women themselves.

One kit, multiple impacts

The dignity kits have had a broad impact on the lives of displaced girls and women by:

- Contributing to the psychological well-being, security and mobility of girls and women;
- Serving as an entry point for other protection and health interventions, such as GBV, reproductive and mental health; psychosocial support, life skills courses, recreational activities and legal counselling;
- Stimulating economic benefits for women and their families, as some items in the kits were produced by girls and women as part of safe space economic activities; and
- Allowing budget substitution for families to purchase other critical items, such as food.



Tailored to specific situations, dignity kits put basic necessities in the hands of girls and women so they can maintain feminine hygiene with dignity and respect. The kits not only support the psychological well-being of girls and women, but also allow families to spend their resources on other critical items such as food, help females with security and mobility, and provide a good entry point for delivering services. In 2016, hygiene and dignity items were added to UNICEF's central Emergency Supply List to be in stock at all times.

CASE STUDY: SERVICES FOR GENDER-BASED VIOLENCE SURVIVORS IN SOMALIA

Gender-based violence is widespread in Somalia, with domestic violence and rape reported in large numbers, high rates of both female genital mutilation and child marriage, and systematic denial of resources to girls and women. Within the context of multiple emergencies in Somalia – armed conflict, terrorist activity, weak government control and famine – UNICEF designed and implemented a programme tackling gender-based violence in emergencies (GBViE).

Needs assessments were conducted to assess the scope of the problem and better understand GBV-related risks for girls and women. Capacity was built to effectively respond to the needs of survivors. In partnership with NGOs, sister agencies and donors, including the governments of Belgium, Japan, the Netherlands and Switzerland, UNICEF established a minimum package of services for GBViE survivors, as described below.

Medical care: UNICEF supported the clinical management of rape in government and NGO centres, identifying partners and supporting training based on WHO Clinical Management of Rape Guidelines and the International Rescue Committee's Clinical Care for Sexual Assault Survivors, adapted to the Somali context. A number of NGOs established one-stop centres that offer basic medical and case management services, with referrals to health centres when needed. Post-exposure prophylaxis and emergency contraception were also provided.

Psychosocial support: Rather than a one-size-fits-all model, partners used different models to provide psychosocial support in different contexts, including health centres and safe houses. UNICEF focused on standardizing quality of care and clarifying roles for staff in those contexts, including community outreach workers, case workers, case managers, social workers and psychologists.

Safety: UNICEF partners offered three options to support the safety of survivors: safe houses, with temporary accommodation for women experiencing violence and their children; foster families, who received training and hosted survivors and their families; and relocation services, including transport, material support to set up a household and follow-up case management



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In December 2016, two girls, ages 15 and 17, relay their appalling experiences – including rape and the murder of members of their families – as captives of Boko Haram, an extremist terrorist group in north-eastern Nigeria.

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

Gender mainstreaming – integrating gender routinely into each sector to address how gender impacts programme architecture, functions and outcomes – is a broad, institution-wide process. Through this process, each sector seeks to strengthen its programmes to better serve women and girls and advance equitable male-female relationships. This requires an assessment of shortfalls in outcomes and exploration of the associated gendered systematic barriers. UNICEF especially emphasizes a strong gender analysis for the strategically prioritized sector results.

The second programme area focuses upon UNICEF's mainstreaming of gender equality throughout the seven outcome areas of the UNICEF Strategic Plan 2014–2017:

health; HIV and AIDS; WASH; nutrition; education; child protection; and, social inclusion. This includes addressing the critical gender issues faced by women and children, such as improving 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 learning and completion, reducing gender barriers to birth registration and supporting quality childcare (see Figure 10).

In 2016, UNICEF continued to show its increasing commitment to integrating a gender focus in all its work, with 80 per cent of UNICEF-supported country programmes including one or more gender mainstreaming result across the seven outcome areas (see Figure 9). In step with this increased institutional commitment, progress has also been made in achieving gender mainstreaming results – though this progress is sometimes uneven.

FIGURE 9

Gender mainstreaming priorities comparison and trend by region, 2014–2016

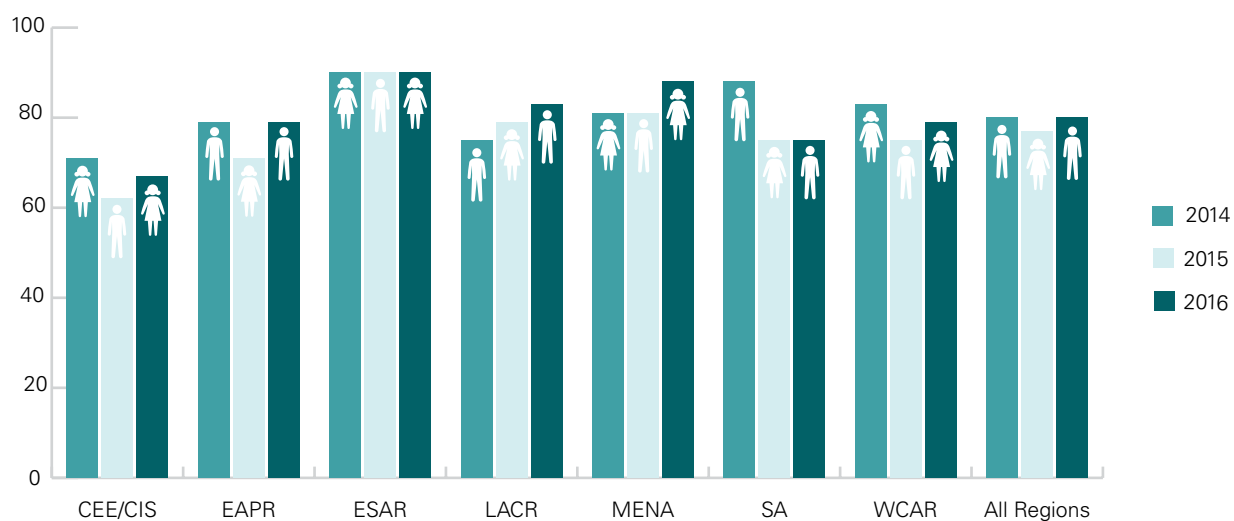


FIGURE 10

Highlights of results in mainstreaming gender equality during 2016 across UNICEF's seven sectors of work


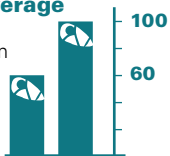


















Sector	Select mainstreaming theme	Select gender mainstreaming results
 HEALTH	Promotion of maternal health, & child survival	<p>At least 80% coverage of live births by skilled birth attendants reached in 100 countries in which UNICEF works [exceeds target of 60 countries].</p>  <p>Approx. 162 million people reached with Zika prevention messaging 31,000 pregnant women reached by UNICEF interventions to prevent Zika virus infections.</p> 
 HIV & AIDS	Coverage of PMTCT & ART	<p>At least 80% coverage of lifelong ART for all pregnant women living with HIV in 10 countries prioritized for elimination of mother-to-child transmission (EMTCT) – [exceeds target of 9 countries].</p>  <p>62% of HIV-positive pregnant women targeted by UNICEF in humanitarian situations received treatment to prevent mother-to-child transmission of HIV.</p> 
 WASH	Access to water and sanitation at home and schools	<p>With UNICEF support to improved WASH services in 7,100 schools, 1.3 million girls gained access to WASH facilities in schools during the year.</p>  <p>In 20 emergency-affected contexts, 822,400 women & girls of reproductive age were reached with menstrual hygiene management materials and messaging.</p> 
 NUTRITION	Improved maternal nutrition for mothers and children	<p>40 countries with a 50% or higher exclusive breastfeeding rate among children 0-5 months old [met target of 40 countries].</p>  <p>25 gender reviews of national nutrition policies were undertaken with UNICEF support.</p> 
 EDUCATION	Gender equality in education	<p>5.6 million girls (and 6.1 million boys) were supported with basic education in humanitarian situations.</p>  <p>UNICEF spent \$39 million on girls' education.</p> 
 CHILD PROTECTION	Reduce gender-based violence, child labour	<p>Psychosocial support and family reunification services provided to 96,000 girls & boys in 5 countries in Europe.</p>  <p>UNICEF supported the revision of child protection-related policies based on gender analysis in 42 countries.</p> 
 SOCIAL INCLUSION	Social protection benefits to women & girls	<p>Expansion of cash transfers to women in more than 70 countries.</p> 

TABLE 2

Progress on GAP output indicators for gender mainstreaming

Sector	Output indicator	Baseline (2013)	2014	2015	2016	Target (2017)
Health	Number of countries that produced an analysis of sex-differentiated infant and child mortality estimates	42	42	44	42	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%	54%	59%	62%	80%
	Number of countries that undertook a gender review of the HIV policy/strategy of the current national development plan, with UNICEF support	18	10	13	12	38
	Number of countries with national policies to implement sexuality or life skills-based HIV education in upper primary schools	28	32	34	34	38
Water, sanitation and hygiene	Proportion of countries implementing a national strategy to eliminate open defecation	Baseline updated in 2014	63%	57%	65%	70%
	Number of countries with at least 50 per cent of primary schools having access to adequate sanitation facilities for girls	...	32	37	40	65
Nutrition	Number of countries with policies or plans targeting anaemia reduction among women	Women: 70 Girls: 27	Women: 74 Girls: 34	Women: 91 Girls: 49	Women: 79 Girls: 41	Women: 100 Girls: 50
	Number of countries that have undertaken a gender review of the nutrition policy/strategy in the current national development plan cycle	16	22	21	25	40
Child protection	Number of countries that revised or improved their child protection policies on the basis of a gender review supported by UNICEF	33	23	28	42	70
Social inclusion	Number of countries with revised domestic legislation and administrative guidance in line with the concluding observations of the Convention on the Elimination of All Forms of Discrimination against Women	55	82	89	77	110

Health

Maternal health is recognized as an important dimension of gender equality, affirming women's right to bear children when they want, safely, with dignity and without

endangering their lives. While progress has been made, many women in developing countries and emergency settings are still deprived of quality maternal health services, and a large number continue to suffer poor health or death as a result.

CASE STUDY: GENDER-RESPONSIVE MESSAGING ON ZIKA PREVENTION

Affecting at least 75 countries in Africa, Asia and Latin America and the Caribbean, the Zika virus outbreak threatened the well-being of women and children and was responsible for an increase in congenital and neurological conditions in newborns.

UNICEF responded by increasing access to health services, especially for teens, pregnant women and women of child-bearing age. An estimated 162 million people were reached with Zika prevention messaging via mass, social and digital media campaigns and 31,000 pregnant women were reached by UNICEF interventions to prevent Zika virus infections.¹⁰

UNICEF engaged communities in Brazil, including the most affected areas, to control proliferation of the mosquito *Aedes aegypti* that transmits the Zika virus and other diseases. UNICEF worked in close coordination with the Brazilian Ministry of Health and other partners on developing an innovative and sustainable 'Network for Inclusion' to improve the quality of health services offered for affected families and the care of their babies.

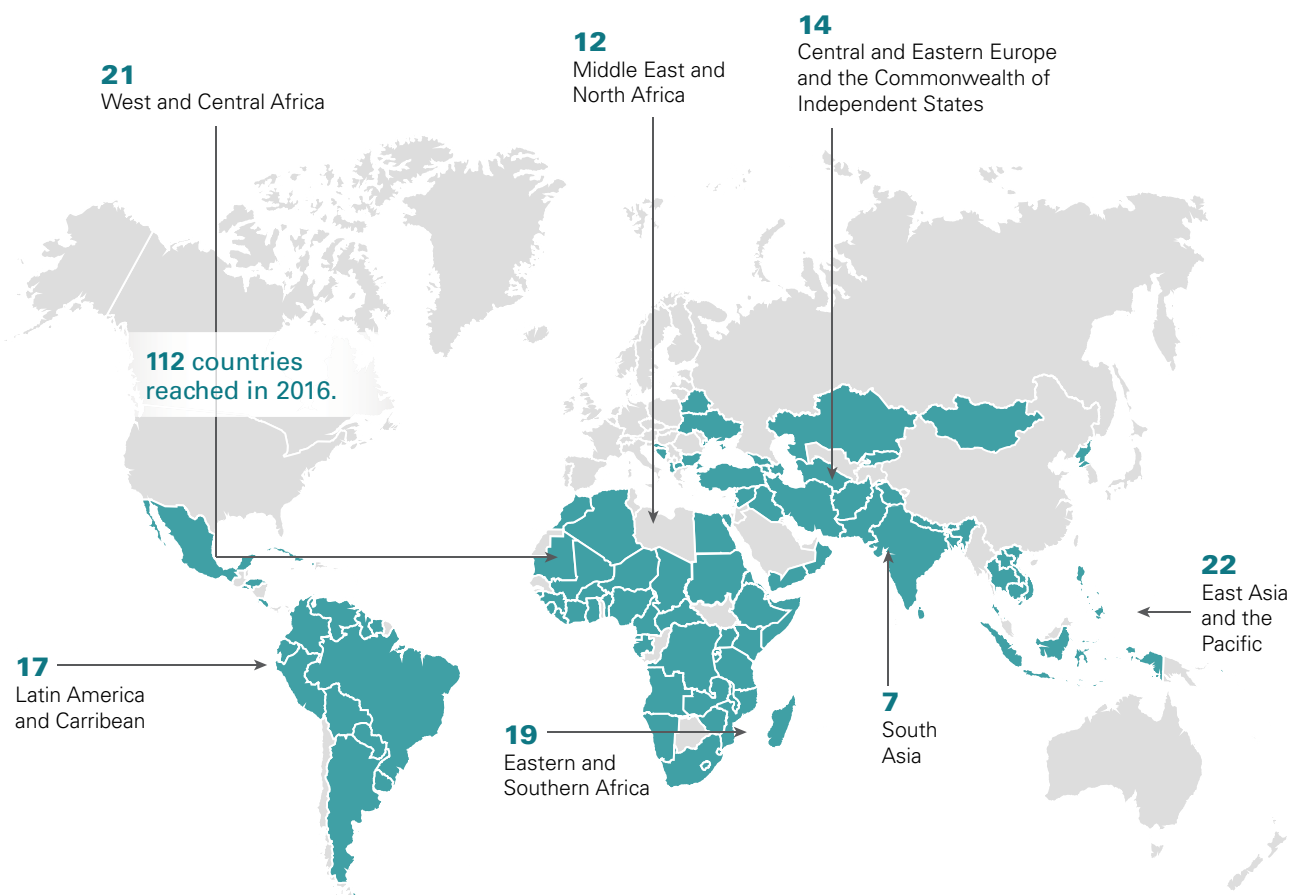


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Germana Soares plays with her eight-month-old son, Guilherme, at a therapy centre in Recife, Brazil. Born with microcephaly, Guilherme requires physiotherapy, occupational therapy and speech therapy five days a week. While in the hospital for an examination, Germana met another woman whose daughter was also born with microcephaly; the two women started a WhatsApp group to share information on therapies and medical consultations. Their group expanded rapidly, and within months the women founded an organization called the Union of Mothers of Angels (União de Mães de Anjos). They now help 300 women and families in Pernambuco State to access quality services for their children.

FIGURE 11

Countries with a national maternal, neonatal and child health implementation plans costed in 2016



Welcome strides towards improved maternal care were made in 2016. Notably, the number of UNICEF programme countries where at least 80 per cent of live births are accompanied by skilled birth attendants continued to rise, reaching 100 countries, far surpassing the target of 60. High levels of antenatal care coverage (at least 80 per cent of pregnant women) were achieved in 53 countries, more than double the target of 25.

UNICEF programming is effective in reaching these outcomes in part by supporting national efforts to develop, cost and implement strong plans for maternal, newborn and child health. The number of countries with costed implementation plans for maternal, newborn and child health care increased notably from 64 in 2015 to 112 in 2016 (see Figure 11). Another indicator of success

is women's improved access to emergency obstetric services, which has also shown dramatic improvements. Compared with 43 countries in 2015, 69 countries reported in 2016 that 100 per cent of their basic emergency obstetric and neonatal care facilities operate 24 hours a day, seven days a week. Progress was also made on maternal and neonatal tetanus, one of the most common life-threatening consequences of unclean delivery and umbilical cord care practices: 41 of the 59 countries set to eliminate maternal and neonatal tetanus reached that goal during 2016.

UNICEF boosted the capacity of maternal health care service providers to create safe and quality places for pregnant women to deliver in areas where services were most lacking. For example, in partnership with governments and others, UNICEF expanded the pool



Lakshmi Devi, 19, receives a tetanus vaccine during her monthly prenatal check up. This primary health centre in Danapur, India, is improving the quality and coverage of antenatal care, diagnostics and counselling services for adolescent girls and women in the area.

of female community health workers and midwives who provide maternal and child health (MCH) services to women and adolescent girls and who provide health promotion and care-seeking advice at community-level in both non-humanitarian and humanitarian settings. Some of the year's results in MCH, by location, are shared below.

- **Argentina:** the UNICEF Safe and Family Centered Maternity initiative was redesigned based on results of an external evaluation and reached 69,000 mothers and newborns in six provinces.
- **Cuba:** UNICEF and the Ministry of Health held workshops to foster a more integrated approach to the management of high-risk pregnancies. Synergies between the health, agriculture and sports sectors seek to strengthen linkages to improve community-based nutritional factors and promote better physical activity in preparation for birth. Health professionals, in conjunction with other institutions, such as agriculture and sports, were reached; they now have enhanced skills to improve the quality of services in institutions that deliver maternity care.
- **Kiribati:** UNICEF assisted the Ministry of Health and Medical Services to strengthen linkages with communities by training 1,200 youth health volunteers in 13 villages on how to counsel pregnant women and caregivers of sick children to seek timely health services, contributing to women's and children's increased attendance at antenatal and child health clinics.
- **Lebanon:** Through a network of primary health-care centres of the United Nations Relief and Works Agency for Palestine Refugees in the Near East, MCH services were provided in all Palestinian refugee camps, reaching 85 per cent of all pregnant women.
- **Pakistan:** Community-based MCH workers, known as Lady Health Workers, used portable projectors to facilitate discussions and reach women with critical health information, in three provinces with a catchment population of 3.2 million.
- **Tajikistan:** Working closely with the Ministry of Health and Social Protection, UNICEF delivered essential Integrated Management of Childhood Illness drugs, vaccines and micronutrients to a total of nearly 100,000 pregnant women in 35 districts.
- **Yemen:** Community midwives displaced during the ongoing conflict were equipped so they could continue their work during emergency conditions and provide home-based care to pregnant and lactating women. More than 26,000 pregnant and lactating women accessed maternal services through these mobile teams; 147,000 accessed care through integrated outreach services.

HIV and AIDS

In 2016, gender mainstreaming activities in the HIV sector focused on the first decade of life, with particular attention to the needs of pregnant women, mothers and their infants. A significant challenge is to diminish the persistent inequities that affect pregnant women, thus improving their access to and retention in both HIV and maternal, newborn and child health services. Efforts also emphasized overcoming substantial and persistent gaps in adolescent boys' and girls' knowledge about HIV, through sexuality education and other efforts to increase awareness and use of available services, including HIV testing.

A major achievement was that by June 2016 all 21 priority countries in sub-Saharan Africa fully transitioned to providing antiretroviral therapy (ART) for life for all pregnant women living with HIV. An equally important result in 2016 was the achievement of over 90 per cent coverage on

prevention of mother-to-child transmission of HIV (PMTCT) and antiretroviral therapy coverage in seven countries¹¹.

In ten priority countries for elimination of mother-to-child transmission of HIV, UNICEF supported the provision of lifelong antiretroviral therapy for 80 per cent of pregnant women living with HIV, exceeding the target of nine priority countries. The percentage of HIV-positive pregnant women in humanitarian situations receiving treatment from UNICEF to prevent mother-to-child-transmission of HIV also rose from 54 per cent in 2013 to 62 per cent in 2016.

UNICEF also supported a number of countries to improve their HIV strategies, plans and guidelines. During 2016, 12 countries undertook gender reviews of the HIV policy strategies in their national development plans. In the Pacific Islands, the test and start approach was incorporated into the most recent Prevention of Parent to Child Transmission guidelines.



Young people play an HIV knowledge board game at a UNICEF-supported event to promote safe sexual and reproductive health among adolescent girls and boys in China.

UNICEF predicts a 60 per cent rise globally in the number of HIV-positive adolescent girls and boys by 2030, unless there is an increase in funding to accelerate prevention efforts.¹²



Babintu Balla, 12, fetches water daily at a camp for displaced persons in the city of Maiduguri, north-eastern Nigeria, where she and her family sought refuge after being forced from their village by Boko Haram attackers. The girl's experience was harrowing. Armed men packed all the family's belongings into her father's car and drove away. During the flight from their village, the family was stopped by Boko Haram insurgents and even as her uncle was being tortured, Babintu managed to escape, reuniting later with her family at the camp. "I will go back to my village when people start returning; that means it is safe if people start going back," said the young girl.

In 2016, an estimated 2.6 million people were displaced in north-eastern Nigeria and the Lake Chad Region. UNICEF provides water and sanitation in camps for the displaced and supports medical, nutrition and education interventions.

Water, sanitation and hygiene

The burden of fetching drinking water from outdoor sources and the responsibility for maintaining a clean home environment fall disproportionately on girls and women. Surveys from 45 developing countries show that in almost two thirds of households without a drinking water source on the premises, it is women and girls who collect water. In the 12 per cent of households where children collect water, girls are twice as likely as boys to be responsible.¹³ The lack of access to safe water and sanitation facilities therefore affects women and girls most acutely.

In 2016, UNICEF's efforts improved the gender-responsive nature of water, sanitation and hygiene facilities in households, communities, schools and health facilities, yielding positive results for girls and women. In 123

countries, 75 per cent or more of households now have access to an improved source of drinking water, only two countries short of the 2017 target. Similarly, the number of countries where a third or more of the population practices open defecation fell from 23 in 2013 to 17 in 2016, again two short of the 2017 target; the percentage of countries implementing national strategies to eliminate open defecation increased to 65 per cent in 2016. Countries where at least half of the population has an improved sanitation facility rose to 103 in 2016.

UNICEF prioritized establishing and improving gender-responsive WASH facilities in schools and health centres in 2016. It expanded its support for WASH services and programmes to 7,100 new schools, bringing the total number of schools supported since 2014 to 43,000, resulting in 1.3 million additional girls gaining access

to WASH facilities in schools in 2016. In Iraq alone, rehabilitation of WASH facilities in primary schools benefited 350,000 boys and girls in 482 schools. Technical and financial support was also provided to equip 1,650 health care facilities in 45 countries with WASH facilities.

UNICEF supported women's participation and management of WASH facilities in many countries, including in emergency contexts. Engaging women in community-level sanitation programmes led to greater inclusion of the needs of women and girls and better monitoring of outcomes.

Some highlights of girls' and women's participation and leadership in community WASH efforts are described below.

- **Ghana:** 362 gender-sensitive community WASH teams were constituted. Women working as hand pump mechanics and serving as chairs of WASH committees is becoming increasingly common, and the positive impact of their increased representation is leading to more gender-sensitive actions, such as siting of new facilities in ways that take into account the needs and risks of women and girls.
- **Libya:** Gender considerations were incorporated in all UNICEF Libya's WASH interventions in 2016, while ensuring equal participation and culturally appropriate gender-based standards for service provision. Engagement of women in WASH committees and involving both women and men in all cycles of the projects, from planning and assessment to implementation and evaluation, made this possible.
- **Myanmar:** 98,000 women increased their skills and awareness of good hygiene practices, environmental sanitation and how to sustain the open defecation-free status of their communities.
- **Nigeria:** Female WASH committee members distributed 100,000 WASH kits, including reusable menstrual hygiene pads, and women were educated on their use. Even in camps set up in Boko Haram-affected areas, 50 per cent female membership on these committees was achieved.

CASE STUDY: CONNECTING PROGRAMMING ON GENDER-BASED VIOLENCE AND WASH CREATES BETTER OUTCOMES FOR WOMEN AND GIRLS IN SOUTH SUDAN

Of the 2.3 million South Sudanese who have fled their homes due to conflict since 2013, about 185,000 have sought refuge in United Nations Protection of Civilians sites, such as the Malakal protected zone. Gender-based violence, already pervasive in South Sudan, greatly intensified during the conflict, and even in protected areas girls and women remain at risk of such violence.

In UNICEF's first programme of its kind, a joint gender-based violence and water, sanitation and hygiene programme successfully brought together expertise from both fields in the Malakal protected zone. The result has been an increase in safety, security and dignity for girls and women, while improving their access to water and sanitation facilities.

Beginning in 2014, the GBV team helped WASH colleagues understand how their interventions had a direct impact on the safety of women and girls, and how WASH programming and outcomes could be improved by integrating activities to mitigate against gender-based violence. The teams developed practical strategies to address GBV risks, particularly around latrine structure and placement, and safety monitoring. For instance, to ensure that latrines were gender-segregated, they used different colours of sheeting for the walls – blue for males and white for females, making it easy to identify from a distance. When solid doors and locks were unavailable, a simple nail and rope closure was devised to maintain privacy.

The collaboration between the GBV and WASH teams was scaled up nationally throughout 2016.

In 2016, UNICEF helped disseminate the updated Inter-Agency Standing Committee *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action* across the country by introducing the guidelines to national and field-level camp staff. Cross-sector workshops were held in Wau and Malakal to reinforce the guidelines and formulate steps to be taken.

UNICEF's gender team trained 111 workers from the WASH, education, health and camp management and coordination units on gender-based violence issues. The gender team supported these sectors to adapt global guidance into practical and relevant tools for the South Sudan context, including adopting camp safety audit tools, a minimum standard checklist for latrine safety and a simplified checklist for monitoring clinical management of rape drugs.

TINJU TINJA unicef

The Effect of OPEN DEFECTION for Women

Talking about Sanitation, means talking about empowering and empowerment for women, which is a basis for the growth and the progress of a country.

Women and girls living without toilets spend **97 billion hours a year** walking to unhygienic and sometimes private locations to defecate.

Many girls face challenges during menstruation, at school and out of school, when there is a lack of adequate sanitation facilities.

1 out of 3 women worldwide risk chronic harassment and even attack because the bus route is safe to go to the toilet.

The time burden imposed upon those who lack access to a safe water supply at home are well documented, girls and women spend disproportionately high amounts of time fetching water.

Gender balance is essential in the design, implementation, management and maintenance of water & sanitation programs.

In Indonesia, a UNICEF creative communications campaign used social media to raise awareness about the harm caused by open defecation and its effect on women in particular. Called Punch the Poo (Tinju Tinja; www.tinjutinja.com), the effort enlisted youth as agents of social change.

A video featured Melanie Subono, an Indonesian rock star, in a boxing ring battling with a Ninja Tinja. The campaign touched on the sensitive issues of menstrual hygiene management and gender-based violence, tackling the taboo nature of these topics and breaking barriers so that women's needs are not overlooked.

Nutrition

In 2016, gender mainstreaming activities in the nutrition sector focused on supportive workplace policies for breastfeeding, providing nutritional supplements to girls and women and strengthening systems to generate and utilize sex-disaggregated and gender-specific data in programme design and implementation.

In a number of settings, UNICEF successfully supported the scaling up of efforts to administer iron and folic acid (IFA) to women and girls in need. In Nepal, 130,700 pregnant and lactating women in 14 earthquake districts, 26,000 of whom were identified as acutely malnourished, received IFA tablets. In the Democratic People's Republic of Korea, 270,000 pregnant women received IFA supplements and 360,000 pregnant and lactating women received at least two months' supply of multi-micronutrient tablets during pregnancy and at least one month's supply during lactation.

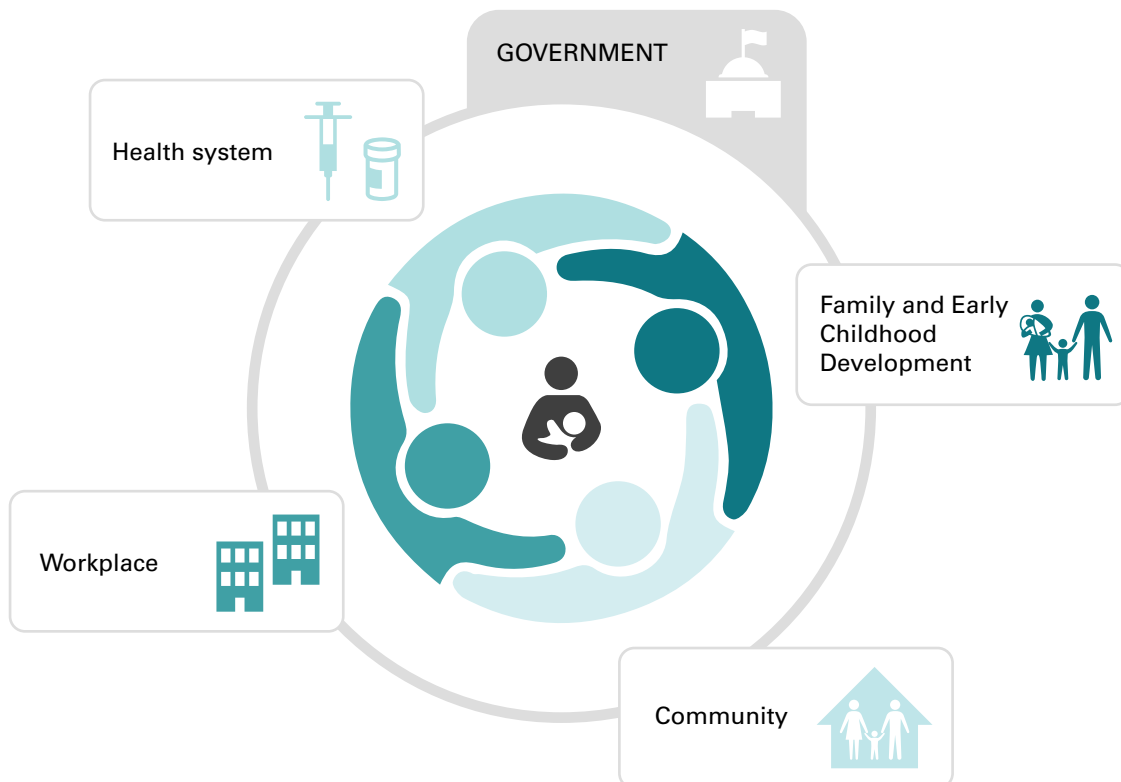
UNICEF continued interventions and advocacy to foster breastfeeding among mothers through supportive workplace policies and by drawing attention to breastfeeding as a socio-economic and personal issue affecting women, and not just a health issue affecting babies. The messaging emphasized that a gender-responsive focus requires support for women to maintain their jobs while bearing and raising children. Thus, supportive policies, such as maternity leave and breastfeeding support, are a prerequisite for gender-equitable workplaces (see Figure 12). This perspective was highlighted at the *Women Deliver* conference in 2016, where UNICEF strengthened its partnerships around breastfeeding with organizations engaged in women's health and rights.

Such UNICEF interventions are contributing to increased breastfeeding rates in a number of countries and the target of 40 countries with a 50 per cent or higher rate of exclusive breastfeeding rate among of girls and boys 0–5 months old was achieved ahead of schedule in 2016.

FIGURE 12

Breastfeeding is not just a one-woman job

It requires government leadership and support from families, communities, workplaces and the health system to really make it work.



A selection of gender-responsive breastfeeding initiatives that took place during the year are highlighted below.

- **Bangladesh:** UNICEF established a public-private partnership with two garment enterprises to strengthen provisions for working mothers to breastfeed at their place of work. The programme targets 7,000 women workers and 760 infants and children under two. A baseline assessment conducted in the garment factories revealed poor knowledge on breastfeeding and appropriate infant and young child feeding practices among both employers and workers. UNICEF held a workshop to design and formalize an intervention package to support women in formal workplaces through maternity protection and breastfeeding support.
- **Cuba:** The UNICEF-supported Human Breast Milk Banks reached 94 per cent of girls and boys in neonatal departments. To complement this initiative and ensure its sustainability, UNICEF worked with the National Centre for Breastfeeding Training in 111 municipalities to build the capacity of health professionals.
- **Guatemala:** UNICEF adopted an innovative approach to supporting breastfeeding mothers

in the private and public sectors. The first Baby-Friendly Company was certified in July 2016. In addition, four government institutions, including the Ministry of Interior and the National Civil Police, participated in the initiative and created mother-baby-friendly spaces within their workplaces. A group of 350 midwives are being trained as 'breastfeeding promoters'.

- **Kenya:** In partnership with the Kenya Private Sector Alliance, UNICEF supported the training of 32 senior-level managers on breastfeeding support in the workplace, maternity protection and the national Breast Milk Substitute Regulation and Control Act, 2012. Participants included Ministry of Health officials, NGOs, the Central Organization of Trade Union Officials and the Federation of Kenyan Employers.

Twenty-five gender reviews of national nutrition policies were undertaken with UNICEF support, up from 16 in 2013. UNICEF also helped to strengthen systems to generate and use sex-disaggregated and gender-specific data in design and implementation of nutrition programmes.



Health extension worker, Elsiebeth Aklilu, takes a break from counselling women on nutrition and sanitation best practices to breastfeed her own 10-month-old son at the health post in the village of Maderia, in Oromia Region, Ethiopia. She helps dispel myths like the local belief that pregnant women should eat very little during their third trimester so the baby does not grow too large and become difficult to deliver. "I want to serve my community," says Elsiebeth. "I want to see the changes."

Education

While there has been significant global progress towards gender parity in primary education, girls are still more likely than boys to remain out of school: 32 million primary-school-age girls are out of school, compared to 29 million boys. Although in some countries boys are more likely to be out of school than girls, in countries with severe gender disparity, it is generally girls that are most disadvantaged, particularly in Africa, the Middle East and South Asia. In South Sudan, for example, 66 girls are enrolled in primary school for every 100 boys.¹⁴ And although increasing numbers of girls and boys are attending school worldwide, we are still short of the UNICEF target of only 18 million girls and boys out of school by 2017. Moreover, even when boys and girls are able to finish primary school, many fail to meet minimum standards of learning.

In 2016, UNICEF's gender mainstreaming priorities in education included reaching the most vulnerable out-of-school girls with education programmes and services, making education systems more gender-responsive and reducing school-related GBV, a major deterrent to girls' continued education.

Accelerated learning programmes were used as a strategy to improve access to education for out-of-school girls, particularly in contexts with weak education systems, including humanitarian settings. For example, in Afghanistan, where lack of security can keep girls from school, UNICEF doubled the number of new Community-Based Education Centres to 5,180, reaching a total of 71,500 girls in 18 provinces. In Malawi, UNICEF supported government efforts to create community-based alternate learning pathways for 40,000 adolescent girls who had never enrolled in or had dropped out of primary school. This included 5,100 young mothers who were enabled to develop functional literacy and other skills.

Globally, UNICEF worked with partners to deliver education services to girls in humanitarian contexts, which was an opportunity for girls to learn and also receive psychosocial support. In Iraq, where girls' school participation lags behind boys', UNICEF's direct action enabled at least 335,000 more girls to access education.

UNICEF strengthened gender-responsive education systems at the national, subnational and school levels in a range of countries in 2016. In Afghanistan, the number of female teachers in rural areas increased through the enrolment of almost 900 female students in satellite teacher training centres. UNICEF also increased the capacity of teachers to tackle gender inequities in education, for example through the development of gender-responsive curricula in Honduras and Burundi and conducting teacher training on gender-sensitive methodologies in Cameroon. With UNICEF coordination this past year, Jordan's Education Sector Working Group undertook an Education Sector Gender Analysis.

Progress on addressing school-related GBV has been positive, albeit slow. As of 2016, 25 per cent of countries had an education sector policy or plan that specifies GBV prevention and response mechanisms in and around schools. UNICEF's steadfast commitment to GBV is evident by the steady rise of UNICEF country offices working with Ministries of Education on this issue: 129 in 2016, up from 122 in 2015 and 105 in 2013.

UNICEF strengthened data, evidence and innovation on gender and education over the year. In Ethiopia, UNICEF data and research led to the inclusion of school-related GBV data in the 2016–2017 Education Management Information System that will inform tracking and future policies. UNICEF research conducted as part of the Out-of-School-Children Initiative was used by governments to inform policy responses to gendered barriers to education in several countries (Cambodia, the Lao People's Democratic Republic, Mexico, Papua New Guinea, the State of Palestine, Thailand and Timor-Leste), often with a focus on bringing girls back to school or starting school at the right age.

CASE STUDY: IN AFGHANISTAN, TAKING EDUCATION TO THE PEOPLE MAKES LEARNING FOR WOMEN AND GIRLS MOVE FROM DREAM TO REALITY

UNICEF supports the Ministry of Education at central, provincial and district levels to establish Accelerated Learning Centres in 13 provinces across Afghanistan. Located primarily in the country's remote and rugged regions, the centres are part of UNICEF-supported community-based education programmes that give boys, and especially girls, in underserved communities a second chance at education.

Deep-rooted traditions and cultural barriers have long impeded girls from receiving an education in Afghanistan. Additionally, girls are expected to continue helping with household chores even if they are in school, making class attendance and finding time to study difficult for them. The centres serve girls and boys up to the age of 15 who have been unable to attend school for reasons such as conflict and insecurity, long distances to formal schools, lack of resources or shortage of female teachers – problems that are more acute for girls.

Formal schools are few and far between in many isolated areas of the country. Where schools exist, girls and boys often must travel many kilometres over difficult and sometimes insecure terrain to access them. Distance and, more critically, safety are critical deciding factors when parents debate whether to send their children – daughters in particular – to school. Even where formal schools exist in Afghanistan, they typically lack boundary walls and 60 per cent have no sanitation facilities, which is an impediment for girls to attend school.

The Accelerated Learning Centres are situated at a safe and reasonable walking distance, giving girls in particular a second chance at education by bringing learning closer to home at an accelerated pace. Classes take place year-round, and forgoing long school holidays, students are able to catch up and subsequently reintegrate into the formal education system.

Community support is paramount to the success of the centres. The community, represented by school management councils, helps to establish and maintain the centres by promoting education and school attendance, especially for girls, and providing an appropriate safe physical space for learning with toilet facilities and safe drinking water. By the end of 2016, nearly 1,700 Accelerated Learning Centres had been established.

"I never could have dreamed that one day I would be able to support these communities to establish classes for girls' education," said Golsom Shojae, a Ministry of Education employee who monitors the programme in her mountainous province. "It is my dream that all girls in the country can one day receive an education."



"I have bigger dreams now," said Zohra, 17, who transferred two years earlier from an Accelerated Learning Centre to a formal high school in Panjshir Province. UNICEF-supported community-based education programmes give girls and boys in underserved areas a second chance at education.



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The deadly Category 4 Hurricane Matthew that struck Haiti in October 2016 affected more than 600,000¹⁵ girls and boys. UNICEF set up child-friendly spaces¹⁶ where girls and boys could talk with trauma counsellors and also play games and sing songs.

Pre-positioned emergency supplies allowed UNICEF to quickly dispatch water, sanitation and other emergency supplies to most affected areas. A cholera vaccination campaign in November 2016 reached more than 309,000 girls and boys.

Child protection

Many of the major results on gender and child protection were achieved through the GAP's targeted programme priorities (child marriage, FGM/C and GBViE) described under Programme Area 1. For its work on gender mainstreaming in child protection, UNICEF focused especially on addressing GBV among children and women in emergency settings, gender equitable legal support for girls and boys, achieving gender parity in birth registration and improving overall registration rates, combatting the gender dimensions of child labour, and family reunification and protection from abuse by armed forces in conflict settings. UNICEF also supported the integration of gender dimensions of child protection-related policies in 42 countries in 2016, up from 33 countries in 2013.

During 2016, UNICEF supported police officers and magistrates in Papua New Guinea to provide gender-

sensitive services to young people who come into contact with the law. New recruits were trained on gender-related topics and how to work effectively and respectfully with all young people. UNICEF also supported Papua New Guinea's National Department of Health to train 64 health workers from 52 health facilities in two regions to provide emergency medical care, psychosocial first aid and referral services for survivors of family and sexual violence, who are disproportionately women and children, in particular girls.

In Cambodia, UNICEF supported the reintegration of 9,400 children (46 per cent girls) vulnerable to violence, exploitation, trafficking and substance abuse through targeted life skills, vocational training, career advice and business development skills to reintegrate back into formal education.

Recognizing the importance of birth registration as a fundamental right and a conduit to important services and life transitions, in Indonesia, UNICEF helped address the discrimination unmarried mothers face in securing this right for their children. This effort contributed to an increase in birth registration rates from 68 per cent to 79 per cent of children in nine districts. In East Java Province, birth certification of children doubled after UNICEF pioneered solutions to bottlenecks in birth registration, including facilitating access to free certification services. UNICEF also engaged with the General Administration for Palestinian Arab Refugees to reach Palestinian refugee women to provide services, such as family counselling, legal advice and documentation support for marriages and births.

In humanitarian settings, UNICEF played an important role in reunifying children with their families, critical to protecting girls against exploitation and abuse. Psychosocial support and family reunification services were provided to 96,000 girls and boys in five countries in Europe.

Social inclusion

In 2016, 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. Concerned with the critical effects that social and economic policy issues have on girls and women, UNICEF also supported efforts to adopt non-gender-discriminatory legislation, gender accountability and normative frameworks in countries, including ratification of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the revision of domestic legislation in line with its concluding observations.

While there has been good progress in the number of countries that have ratified CEDAW (189 in 2016), the number of countries with national legislation and policies aligned with the concluding observations of CEDAW has risen slowly, from 55 in 2013 to 77 in 2016.



Maiya Ramtel, 26, receives a cash grant the government provides for her four-year-old daughter. UNICEF worked closely with the government to support marginalized Dalit communities in Nepal following the 2015 earthquake through the Emergency Top-up Cash Transfer Project. Social mobilizers travelled from village to village to ensure that no one was left behind in collecting their allowance.

By the first quarter of 2016, UNICEF had provided cash grants to more than 430,000¹⁷ vulnerable Nepalese (widows, senior citizens, highly marginalized indigenous groups, persons with disabilities and Dalit children under 5 years of age) to top up their regular social assistance grants and help them to meet the costs of food, medicine and other basic needs.

CASE STUDY: IN BANGLADESH, CASH TRANSFERS SUPPORT VULNERABLE CHILDREN AND REDUCE CHILD MARRIAGE

In Bangladesh, UNICEF supports cash transfer programmes for children and adolescent girls and boys as both immediate relief when needed and as opportunities to empower them and their caregivers to reduce vulnerabilities in the long-run, including susceptibility to child marriage. The programmes deliver both conditional cash transfers and stipends.

Conditional cash transfers are made available to families with children aged 6 to 16, and include referrals to a minimum package of social protection services across the child protection, health and education sectors. Eligibility for the cash transfers requires enrolment in school, no marriage under the age of 18, and no child labour that hampers physical, mental and spiritual development. The initial duration of the programme is 18 months, which may be extended based on vulnerability.

Stipends are provided for adolescent girls and boys aged 14 to 18 to improve their access to viable and innovative income earning ventures and to strengthen adolescent girls' and boys' life skills. The stipend can be used for income generation activities, civic engagement and personal development. Eligibility is based on a ratio of 30 to 70 for in-school and out-of-school youth. Parents of in-school adolescent girls and boys agree to continue the education of their children and refrain from marrying them off. Adolescent girls and boys must be active members of an adolescent group or club for at least a year, making a nominal donation to the venture, and they must complete life skills-based training. Finally, vulnerable households, headed by females, grandparents or adolescent girls and boys and children are eligible, as are families who are landless. The stipend is a one-time grant.

A critical effort for fostering gender-responsive social inclusion is the expansion of cash transfers to women. UNICEF supported the development and expansion of cash transfer programmes in more than 70 countries. In 2016, UNICEF, in partnership with the Food and Agriculture Organization of the United Nations and Save the Children, published the findings of a series of impact evaluations in eight African countries that demonstrated the importance of cash transfer programmes for women. Programmes that transfer the cash directly to women in the household often contribute to greater investments in children and diversification of household economic activities.

Evaluation results in Kenya, South Africa and Zimbabwe show important benefits of cash transfer programmes for girls, especially in the form of delayed sexual debut and reduced adolescent pregnancies, generally achieved by helping girls to stay in school, thus reducing the need to engage in transactional sex to pay for their daily needs. In Kenya, the programme has resulted in an 8 per cent reduction in early sexual debut and a 5 per cent reduction in adolescent pregnancy since 2004; in South Africa, it led to an 11 per cent reduction in early sexual debut as well as reduced numbers of sexual partners and adolescent pregnancies since 2010 and in Zimbabwe it postponed sexual debut by 13 per cent and increased the likelihood of condom use at first sex.

Such findings inform policy dialogue and spur further action on other gender-responsive national social protection plans, connecting women who receive cash with other services, like low interest microcredit and vocational training. For example, in the Democratic Republic of the Congo, UNICEF supported nearly 20,000 women to gain access to microfinance.

CASE STUDY: INNOVATION AND GENDER

In 2016, UNICEF expanded its use of innovation and technology to advance gender equality and outcomes for all children.

Mobile tools strengthen health services and outcomes for girls and women

In Mexico, UNICEF expanded its Prospera Digital initiative to use Short Message Service (SMS) to reach more than 3,000 pregnant women in 326 health clinics with 529,000 messages on: healthy habits during pregnancy and the post-partum period; the importance of breastfeeding; how to prevent Zika virus transmission; identifying red flags in their pregnancy or baby's health; and reminders to attend check-ups and complete immunization schemes. Likewise, in Zambia, UNICEF supported the MomConnect helpdesk to reach more than 1 million pregnant women with similar information via SMS. In Cambodia, mobile phones were also used to send health and nutrition messages to women of reproductive age.

Engaging and empowering adolescent girls and boys through U-Report

U-Report is a social messaging tool created by UNICEF that allows anyone from anywhere in the world respond to polls, voice social concerns and work as positive agents of change. Results of U-Report's polls and findings are then made public: <https://ureport.in/>. U-Report's real-time information reached tens of thousands of people in 2016, a large portion of whom were adolescent girls.

In Guatemala, U-Report's adolescent-friendly messaging served as a social audit tool for youth on national policies on issues such as child marriage and adolescent pregnancy. Mozambique had more than 60,000 registered U-Report users in 2016, through which polls were conducted among young people on a range of issues, including violence against girls. The poll results are used to inform country programming.

Low-tech innovation in humanitarian settings

In the Syrian Arab Republic, the No Lost Generation initiative engaged more than 700,000 10-24 year olds, of which 54 per cent were female, to help mitigate the disruption of school in the face of ongoing violence. Youth received life skills education and community-based vocational training courses in fields such as information technology, nursing, home electronics and photography, as well as English-language training. Some 261 participants, 52 per cent of whom were girls, participated in entrepreneurship innovation boot camp training and Sport for Development, which targeted the most vulnerable, including young people with disabilities. About 5,000 young people engaged in peer education and community mobilization, including on issues such as child labour, child marriage and sanitation and hygiene.



Syrian refugee girls at Za'atari camp in Jordan gather near a solar kiosk to use their cellphones and tablets. The UNICEF-supported kiosk has a charging station and serves as an e-learning centre for children and youth in the camp. More than half of the 80,000 people sheltering in 2016 in the Za'atari camp were children.

PROGRAMME AREA 3: INSTITUTIONAL STRENGTHENING BY INVESTING IN 'DOING GENDER' BETTER

Progress in promoting gender equality and the empowerment of women and girls requires internal accountability for results and investments in strengthening UNICEF's capacity for undertaking quality, meaningful gender programming. The Gender Action Plan prioritizes improvements in: gender-related staffing and capacity; 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. There is also a focus on measurement and evaluation of gender results. In 2016, continued efforts to strengthen systems and capacity moved benchmarks in most of these areas in a positive direction.

Gender staffing: Enhancing capacity and parity

As adequate numbers of gender specialists and staff with gender-related expertise are at the heart of UNICEF's ability to deliver on gender results, enhancing staff quantity and capacity in gender was an important focus for 2016. This marked the first year that all seven Regional Gender Advisors were functioning in their posts and supporting the country offices in their regions.

The strengthened gender capacity at headquarters and in regional offices has been a catalyst for an increased focus on gender across UNICEF programming at global and country levels. Moreover, concerted efforts led to the doubling of gender expertise in country offices during the year; 14 country offices now have full-time, dedicated gender specialists, with recruitment plans under way in an additional 13 offices. While this is good progress, UNICEF will fall considerably short of the target of 50 dedicated gender specialists in country offices by 2017. However, country offices have made progress in staffing other gender roles; there are 16 sectoral gender specialists, an increase from 12 in 2015, and gender focal points have now been formalized in 76 country offices.

Gender parity gains at the senior levels within UNICEF have been maintained, with 46 per cent of all positions at the P-5 level or above held by women, the same as in 2015. Women represented 43 per cent of senior staff D-2 and D-1 appointments in 2016, a 2 per cent increase from 2015. While talent and excellence remain the overarching criteria for staff selection within UNICEF, 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.

In 2016, to address the global challenge of ensuring adequate staff with gender expertise at UNICEF and partner organizations, UNICEF began developing GenderPro, an applied gender capacity-building and credentialing initiative for development and humanitarian professionals. UNICEF, in broad consultation with a range of experts and by adapting existing materials and models and generating new content, will guide the development of a robust gender training and credentialing system, for an updated, applied approach to capacity-building on gender.

Accountability for gender equality results in country programmes

An important measure of institutionalizing gender in UNICEF systems is the extent to which country offices build in accountability, staffing and resources on gender in their management plans. There has been steady progress on this measure over the last three years, and in 2016, 76 per cent of Country Programme Management Plans included specific accountabilities with respect to gender results and GAP implementation. This is a substantial increase of nearly 18 per cent since 2014, with all regions reporting a positive trend in 2016.

Quality assurance and technical assistance from Regional Gender Advisors have been major factors in improved gender results and accountabilities at the country level, including support in applying specific tools to improve gender programming. For example, there was a systematic roll-out of the Gender Programmatic Review Tool in 2016, which supports country offices to undertake robust gender reviews in conjunction with their Country Programme development processes. Several countries that have gone through the Gender Programmatic Review process have subsequently incorporated gender results and accountabilities in their Annual Workplans and will update their Country Programme Management Plans to reflect gender in their upcoming Country Programme cycle.

Knowledge sharing and communication

UNICEF is steadily building an internal community of experts and practice on gender equality, with a strong core team of senior gender staff at headquarters and in regional offices serving as a support and knowledge exchange mechanism. UNICEF's second Gender Network Meeting, convened in June 2016, served to broaden the network of gender specialists and focal points at UNICEF, establishing collaborative mechanisms and strong linkages with sectoral staff.

In 2016, the theme of innovation and data in relationship to gender, especially as linked to adolescent girls, was a special focus of advocacy efforts. On the International Day of the Girl, 11 October 2016, UNICEF launched the report *Harnessing the Power of Data for Girls: Taking stock and looking ahead to 2030*. The document made two important contributions to work on girls' empowerment. First, it assessed the available data on 44 SDG indicators most relevant to girls and flagged significant gaps in the global community's ability to track progress in these areas due to a lack of high-quality, timely data. Secondly, it revealed new data on girls' unequal burden of household chores: Adolescent girls spend 50 per cent more time on chores than boys, curtailing their time for other activities and reinforcing gender stereotypes about girls' and boys' roles in society. Several major media outlets published articles based on the report, and the associated #DayoftheGirl social media hashtag was mentioned 322,000 times, with related twitter posts reaching up to 4 billion people and engaging 2.3 million people.

UNICEF co-sponsored the three-day 2016 Women Deliver Conference in London and participated in this important global event with a large delegation of senior staff and management. The Executive Director spoke at a high-level panel on 'Investing in girls and women: Everybody wins' where he emphasized the power and potential of adolescent girls. The Deputy Executive Director (Programmes) and a number of technical leads spoke on such issues as women's perspective on breastfeeding, education rights for girls with disabilities, gender and cervical cancer, health system strengthening and quality of maternal care.

UNICEF was also well represented at the sixtieth session of the Commission on the Status of Women in March 2016, collaborating on side events on child marriage, gender-based violence, empowering girls through education and the role of gender in peacebuilding. The UNICEF Deputy Executive Director (Management) spoke at an event on the International Day on Eliminating Violence Against Women and Girls in November, hosted by UN Women at the United Nations Secretariat. The event drew attention to the gaps in global funding to meet SDG targets on eliminating child marriage and FGM/C.

Collaboration on gender with sister agencies was furthered through United Nations-wide efforts in knowledge exchange, accountability and advocacy through a variety of mechanisms, such as the United Nations Development Group Task Team on Gender Equality, submission of annual reports on the United Nations System-wide Action Plan (UN-SWAP) on Gender Equality and the Empowerment of Women, and UNICEF's hosting of UNGEI.

Measuring and evaluating results

UNICEF has been increasing its commitment to knowledge-generation related to gender programming, supporting the organization to become more learning-focused and well-networked on gender issues. An important achievement towards this end in 2016 was the creation and roll-out of accountability tools for GAP results. These included monitoring tools, such as the Gender Dashboard and Gender Tags for in-house Results Assessment Module indicators, and a gender guidance note for Country Office Annual Reporting. A package of standards and guidance on gender staffing was developed and shared with all business units and through senior management.

Harnessing the Power of Data for Girls

Taking stock and looking ahead to 2030



CROSS-CUTTING AREAS

Human rights-based programming is UNICEF's primary frame of reference for everything it does. Equity cannot be effectively pursued outside of a human rights framework, just as human rights cannot be realized so long as inequity persists. The rights of girls and women to dignity and full participation in the political, social and economic development of their communities are at the core of UNICEF's gender initiatives.

In addition to the information below, specific progress made in the following cross-cutting areas has been woven throughout the preceding sections of this report.

Humanitarian action and gender

UNICEF works to ensure that its humanitarian action – from preparedness to response, including early recovery – protects the rights and responds to the distinct needs and capacities of girls, boys, women and men. From empowering adolescent girls and boys to help rebuild their destroyed communities, to providing targeted education, health and nutrition services to meet the needs of different population groups, gender equality is a fundamental principle in all UNICEF's actions. The humanitarian work of UNICEF strategically addressed gender issues over the past year, as noted throughout this report and below.

Gender-based violence in emergencies: *(See 'Addressing gender-based violence in emergencies' on page 27).*

Water and sanitation in emergencies: Women and girls consistently cite that ablution and water facilities are high-risk areas for GBV. UNICEF sanitation and hygiene programmes in emergency settings improved hygiene and sanitation facilities and, in some places, brought WASH services closer to households, reducing the risks of violence for girls and women. A major achievement in 2016 was the provision of menstrual hygiene management materials and messaging that reached female refugees and migrants in Europe as well as women and girls in other difficult humanitarian situations, including Haiti and Iraq. In total, UNICEF provided MHM materials to girls and women in emergency situations in 31 countries, reaching almost 1 million women and girls (nearly double the planned target of 640,613 women). In 2016, hygiene and dignity items were among supplies newly added to UNICEF's central Emergency Supply List (items that must be stocked at all times).

Maternal health in emergencies: In 2016, the number of female community health workers and midwives that provide maternal and child health services to women and adolescent girls in humanitarian settings increased.

Girls' education in emergencies: As UNICEF responded to diverse crises around the world, girls were assisted to gain greater access to education in emergency settings. This included access to psychosocial support, life skills, accelerated learning programmes, peer education and community-based alternative learning. UNICEF provided 11.7 million girls and boys in humanitarian situations with basic education in 2016.

Children with disabilities and gender

Girls and boys with disabilities are among the most marginalized people in the world. Girls and boys living in poverty are among the least likely to attend their local school or clinic, but those who live in poverty and also have a disability are even less likely to do so. Gender is a further marginalizing factor, as girls with disabilities are less likely than boys to receive food and care, in addition to the other gender-specific challenges girls face.

During 2016, UNICEF's work to improve education opportunities for girls and boys with disabilities focused on strengthening the availability of data, increasing awareness and dialogue around inclusive education and reinforcing the capacity of schools to accommodate needs. In Ethiopia, UNICEF leveraged Community Wash Funds to make water, sanitation and hygiene facilities gender- and disability-friendly. In Swaziland, UNICEF partnered with the Swaziland Olympic and Commonwealth Games and the Ministry of Education and Training to implement the Sport for Development initiative, which focuses on HIV prevention among vulnerable adolescent girls and boys, with an emphasis on unlocking opportunities for girls. For example, the initiative enables girls to participate in sporting activities traditionally reserved for boys, such as soccer.

In Jordan, UNICEF developed national standards for WASH in schools in consultation with several ministries (Education, Health and Water and Irrigation) and sector partners. The standards provide guidance on menstrual hygiene management and access for girls and boys with disabilities. Schools in the United Republic of Tanzania were provided with safe water, improved toilets, handwashing stations and separate toilet blocks for boys and girls. One toilet in each block was designed to serve girls and boys with disabilities, and the girls' blocks include a room for menstrual hygiene management.

CASE STUDY: ANALYSIS OF ACCESSIBILITY OF WASH FACILITIES IN SCHOOLS IN CAMBODIA

In 2016, UNICEF collaborated with WaterAid to assess water, sanitation and hygiene facilities in schools in Cambodia. The assessment looked at accessibility, safety, privacy and MHM-friendliness of WASH facilities in nine schools in rural and peri-urban areas. A policy review and desk review were conducted of WASH designs. The assessment also involved:

- Training for principals, teachers, provincial authorities and organizations for disabled persons on conducting audits of accessibility, safety and gender-friendliness;
- Participatory audits in each school with teachers, students, persons with disabilities to identify barriers to accessing WASH for a range of users, including students with disabilities;
- Observations using checklists for assessing accessibility, safety, privacy, cleanliness and MHM good practices in the schools;
- Key informant interviews with school principals, teachers and mothers; and
- Separate focus group discussions with boys and girls.

The assessment found that the school WASH facilities were mostly inaccessible. While some had accessibility features, often the surrounding environment and other features failed to meet universal design standards. In some cases, it was perceived that the presence of a ramp made the toilets fully accessible, while other features remained inaccessible (such as toilet seats, handrails and circulation space). Teachers and principals had positive attitudes towards girls and boys with disabilities, but had limited understanding of the barriers they face to attend school.



Bathrooms for girls and boys at the Mercedes Mendoza Briones School in Jama, Ecuador, were renovated during UNICEF's emergency response to the earthquake (magnitude 7.8) that struck the north-west of the country in April 2016.

Early childhood development and gender

Early learning programmes have proven, wide-reaching effects on a child's success at school, with benefits that continue into adulthood, such as higher employment rates and earning potential, better health and lower rates of welfare dependence and crime than those who don't have these early opportunities.

In 2016, UNICEF finalized a systematic review on a parenting programme that underscores the importance of parenting that is shared between mothers and fathers. The review highlights important principles of gender equality and of nurturing care, stimulation and protection as critical elements to promote holistic development in early childhood. Co-parenting has positive outcomes not only for girls and boys, but also for the whole family, resulting in higher engagement of fathers and mothers as well as improvement in spousal relationships and reduction in violence.

Climate change and gender

Longer and more frequent droughts can create food shortages and, when severe, lead to widespread hunger, famine and migration. Usually it is the poorest families that cannot afford rising food prices and the cost of water. In many areas affected by drought and water stress, children – most often girls – must walk long distances to fetch water. In some places, the journey can take up to eight hours a day, leaving little time or energy for them to attend school or be with family and friends. The long walks for water leave children, especially girls, vulnerable to violence.

UNICEF prepared a written submission to the Committee on the Rights of the Child for the Day of General Discussion on 'Children's Rights and the Environment', 23 September 2016. The paper called for debate, analysis and urgent action in relation to the effects of environmental harm on girls and boys and described how State parties can and should fulfil their human rights obligations in this regard. The disproportionate burden on girls related to climate change was noted. The submission also highlighted the heightened threat to girls in the wake of disasters, including increased incidence of trafficking, child marriage and prostitution when parents are forced to compensate for lost sources of income.

Sustainable Development Goals

In the Sustainable Development Goals, gender equality is recognized both as an essential development goal on its own (Goal 5) and as vital to accelerating sustainable development overall. Building on its close involvement throughout the global process of defining the SDGs and indicators, following the launch of the Global Goals campaign in January 2016, UNICEF focused its public advocacy on the SDGs on Goal 5 – gender equality. The campaign invited advocates for women and girls and decision makers in politics, business and media to use the Global Goals as a unifying, rallying call for commitments at prominent events relating to gender equality. Pledges and commitments made over the course of the year were catalogued and presented at Global Goals Day in September at the United Nations General Assembly.

The Global Goals Campaign for Girls and Women, led by Project Everyone with UNICEF as a lead partner, was officially launched at the Davos Summit to some of the world's most influential members of business, technology, political communities and NGOs. The campaign encourages girls to be vocal about their needs; it aims to make the SDGs "famous" and to ensure that international development programmes are financed and focused on girls.

UNICEF is a co-founding partner of the World's Largest Lesson, which aims to bring the messages of the SDGs to girls and boys in the classroom through lesson plans, animations, comics and other educational and entertainment materials. The World's Largest Lesson focused its 2016 headline material on SDG 5 and collaborated with UN Women Ambassador Emma Watson to launch a special lesson plan and related data project. The lesson plan featured an interactive 'Where I Stand' survey in which students answered questions regarding the gender of their head of government, town mayor, the principal of their school, their family doctor, etc. This data helped students understand the gender dynamics in their community and country and facilitated dialogue on power dynamics and where gaps in equality exist. More than 42,000 students from classrooms in over 100 countries participated.

TRACKING PROGRESS FOR GIRLS IS OBLIGATORY TO TRACK PROGRESS ON THE 2030 AGENDA AND THE SDGS



The UNICEF report *Harnessing the Power of Data for Girls: Taking stock and looking ahead to 2030*, released during the 2016 observation of the International Day of the Girl, shined a spotlight on existing gaps in data on girls and young women and noted that these gaps must be addressed to achieve the SDGs. Or, as the theme of the International Day of the Girl put it, 'Girls' Progress = Goals' Progress: What counts for girls'.

The report noted that a lack of systematic analysis and the limited use of the data that does exist significantly constrains the ability to advance, monitor and communicate the well-being and progress of women and girls. To address these gaps, UNICEF called for increased investments to:

- **Enhance national capacity and systems** to collect, analyse and disseminate gender data across the age spectrum to improve statistics on gender-based violence, adolescent pregnancy and reproductive health, informal employment, entrepreneurship, unpaid work and other priorities for girls and young women;
- **Disaggregate data on boys and girls** and along other dimensions, such as ethnicity, age, income-level, disability, location and migration status, to better understand exactly which children and adolescent girls and boys are most disadvantaged;
- **Improve data collection efforts for undercounted groups**, such as data on sexual violence against younger adolescent girls, aged 10–14;
- **Harness 'big data' and technology** – including through analysis of girls' opinions on development issues on social media – to close the gender data gaps in areas in which progress for girls is often difficult to measure due to issue sensitivity or the huge data volume required;
- **Remedy the gender bias in existing measurement tools**, particularly biases that exclude the most vulnerable; improved data collection tools can, for example, curb under-reporting of violence against girls and undercounting of their births and deaths; and
- **Pilot and scale up innovative real-time data platforms** to monitor and adapt programming for girls, to ensure that girls are active participants in programme design and that programmes achieve the most impactful results.



Adriana Almeida Santos, 15, lives with her family in one of the poorest neighbourhoods in the outskirts of Belem, Brazil. Born with cerebral palsy, Adriana faced the prognosis that she might never walk. Today, she is a Paralympic champion, holding a gold medal in the long jump and a silver medal in shot put. Every afternoon, the teen walks to school, dreaming about the future medals she will win.

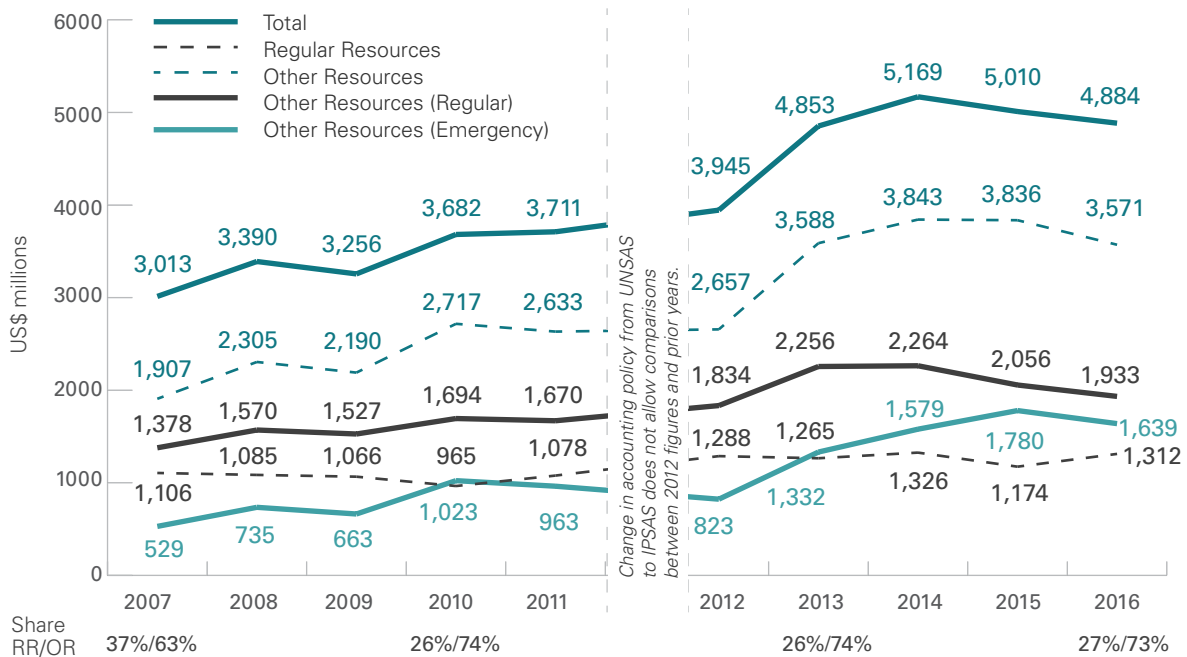
FINANCIAL ANALYSIS

The 2030 Agenda for Sustainable Development envisions a world that invests in its children, recognizing the need to mobilize financial resources and commitments from partners for the achievement of its goals.

For UNICEF specifically, the SDGs have highlighted the increasing importance – and volatility – of its flexible funding models. Regular resources (unearmarked, unrestricted funds allocated to deliver programmes on the basis of formulas and appeals prescribed by the Executive Board) play a vital role in maintaining programme continuity in inequitable and fragile contexts, as well as building

preparedness and resilience to future shocks. Of the close to US\$4.9 billion that UNICEF received in 2016, US\$1.3 billion (27 per cent) were regular resources. This represents a 12 per cent increase in regular resources from 2015, which was due to growth in contributions from individual giving (US\$629 million, compared with US\$530 million in 2015), as well as a sizeable one-time increase from the Government of Sweden, which contributed US\$117 million, 87 per cent more than the previous year. This contribution was second only to the United States, which contributed US\$132.5 million.¹⁸

FIGURE 13
Regular resources share by resource category, 2007–2016*



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

* All revenue data as of 3 April 2017.

Contributions made by donors earmarked for a specific programme or thematic area, including multi-year funding, decreased by 7 per cent from US\$3.8 billion in 2015 to US\$3.6 billion in 2016. Contributions to the nine thematic funding pools dropped to US\$326 million, a 16 per cent decrease from the previous year. Of the thematic funding pools, funds softly earmarked for humanitarian action against appeals were US\$145.4 million, a 29 per cent decrease from 2015, despite growing humanitarian needs. This specific funding mechanism is a vital complement to regular resources often used to address inequities that the allocation of regular resources is not able to address. Thematic funding is also used to build capacities of countries, partners and UNICEF to mitigate the impact of, and respond to, current and future emergencies, bridging development and humanitarian work.

Regular resources: Un-earmarked funds that are foundational to deliver results across the Strategic Plan.

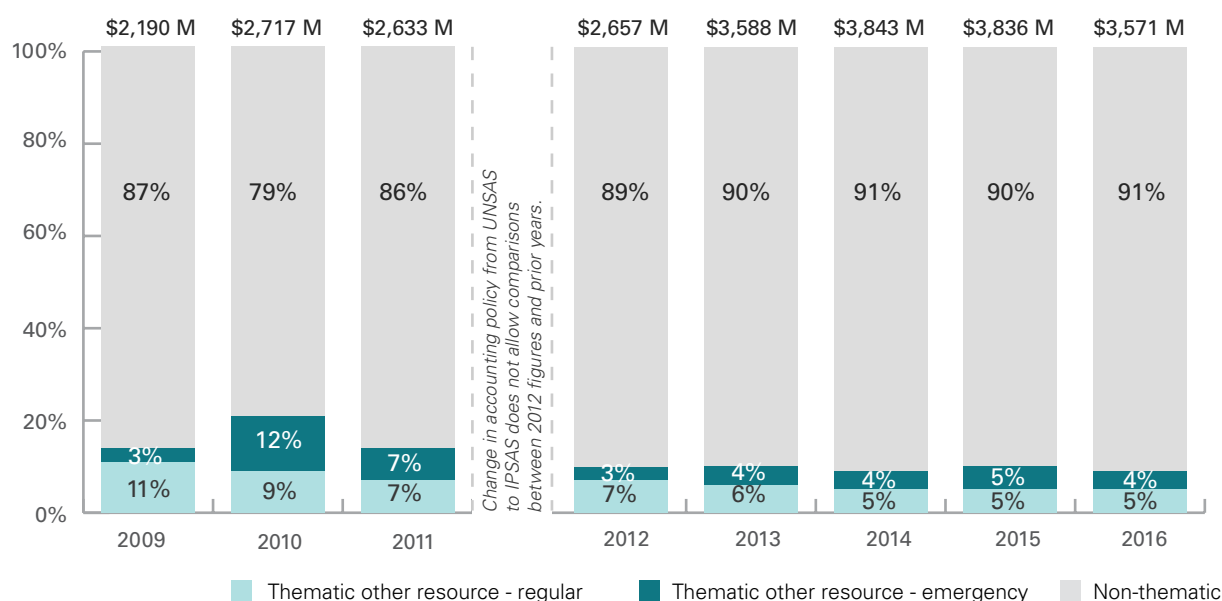
Other resources: Earmarked contributions for programmes; supplementary to regular resources and made for a specific purpose, such as an emergency response or a specific programme in a country/region.

Other resources – regular: Funds for specific, nonemergency programme purposes and strategic priorities.

Other resources – emergency: Earmarked funds for specific humanitarian

FIGURE 14

Other resources revenue, 2009-2016: Thematic versus non-thematic (US\$)



In 2016, UNICEF received US\$6.64 million in other resources for gender work. The top five resource partners in this area of UNICEF's work included the Government of the United Kingdom, UN Women, the United States Fund for UNICEF, the United Kingdom Committee for UNICEF and the Government of Luxembourg (see Table 3). The largest single contribution was received from UN Women for the grant 'Women's Engagement in Peace and Security in Nigeria,' followed by the Government of the United Kingdom's support to the Global Girl Research Initiative and for prevention and response to gender-based violence in Iraq, and the United States Fund for UNICEF's support to work in gender capacity and credentialing (see Table 4).

TABLE 3

Top 10 resource partners for gender, 2016*

Rank	Resource partners	Total (US\$)
1	The United Kingdom	2,556,887
2	UN Women	1,514,632
3	United States Fund for UNICEF	1,002,751
4	United Kingdom Committee for UNICEF	506,025
5	Luxembourg	453,515
6	Turkish Committee for UNICEF	246,864
7	Australia	111,917
8	Norwegian Committee for UNICEF	54,552
9	Japan Committee for UNICEF	45,810
10	Australian Committee for UNICEF	22,405

* Figures include financial adjustments.

TABLE 4

Top 10 contributions to Gender, 2016*

Rank	Resource partners	Grant description	Total (US\$)
1	UN Women	Women's Engagement in Peace and Security, Nigeria	1,514,632
2	United Kingdom	Global Girls Research Initiative: What works to transform girls	1,306,923
3	The United Kingdom	Prevention and Response to Gender Based Violence for Women and Girls, Iraq	1,249,964
4	United States Fund for UNICEF	Gender Credentialing at UNICEF	1,002,751
5	Luxembourg	Gender, Global Thematic Funding	453,515
6	United Kingdom Committee for UNICEF	Preventing Gender-based Violence in Conflict, Somalia	350,591
7	Turkish Committee for UNICEF	Gender Equality, Turkey	246,864
8	United States of America	Support Today's Girls, Tomorrow's Women Project, Brazil	198,000
9	United Kingdom Committee for UNICEF	Adolescent Health and Female Empowerment: Investing in Next Generation, Jamaica	155,434
10	Australia	Gender-Based Violence in Emergencies Area of Responsibility	111,917

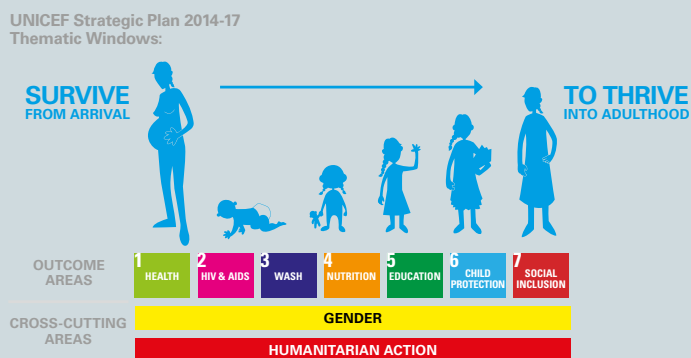
* Figures include financial adjustments.

Global thematic funds remain the most flexible source of funding for UNICEF, after regular resources. The allocation and spending of thematic contributions can be monitored on UNICEF's transparency portal, open.unicef.org, and results against Executive Board-approved targets and indicators at country, regional and

global levels are consolidated and shared via the suite of Annual Results Reports. Specific reporting for country and regional thematic contributions is provided separately for partners providing flexible multi-year thematic funding at those levels.

THE VALUE OF THEMATIC FUNDING

While regular resources remain the most flexible contributions for UNICEF, thematic resources 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 2014–2017 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

Luxembourg has been supporting UNICEF's policies and actions for a long time, recognizing the agency's unique focus and expertise for enhancing the condition of children worldwide. UNICEF's action is particularly essential for addressing the needs of the most disadvantaged and deprived by raising awareness and fostering inclusive measures to tackle inequalities.

During the Luxembourg Presidency of the Council of the European Union in 2015, an EU gender action plan was successfully adopted. Concerning the negotiations of the 2030 Agenda, we have likewise insisted that SDG 5 is critical for ending poverty and leaving no one behind. It remains a sad truth that women and girls are among the foremost affected by poverty, climate change, lack of healthcare and violence.

The 2030 Agenda for Sustainable Development has highlighted, among other things, that the gender gap remains a potent issue in this context. Ensuring equal treatment and opportunities for girls is a basic right that UNICEF's programmes help to implement globally, even when facing adverse circumstances.

Luxembourg is therefore proud to figure among the very first contributors to UNICEF's gender fund and will continue to be a strong advocate for girls' and women's rights in international forums.

Romain Schneider
Minister for Development Cooperation and Humanitarian Affairs, Luxembourg

Follow the ‘flow’ of funds from contribution to programming by visiting <http://open.unicef.org>



Notably, during the year, the first-ever global thematic funding for gender was contributed by the Government of Luxembourg (see Table 5). Additional thematic contributions were received from the National Committees of Norway (earmarked at the regional level for Bhutan), Japan (for Nepal) and Australia (for the East Asia and the Pacific region) (see Figure 15). These flexible, multi-year funds play a critical role in programming areas for which resources are more difficult to mobilize.

This pool of softly earmarked gender contributions allows UNICEF to develop, implement and showcase large-scale, actionable solutions to gender-related issues that can

serve as models for other gender programming. Thematic funding allows UNICEF to support work on gender that is linked across sectors – for example, addressing girls’ empowerment through projects not only on child marriage, but also on girls’ education and reduction of violence. With more thematic funding, UNICEF could also strengthen data and measurement on gender – for example, by setting up data collection and analysis by sex on critical issues 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.

TABLE 5

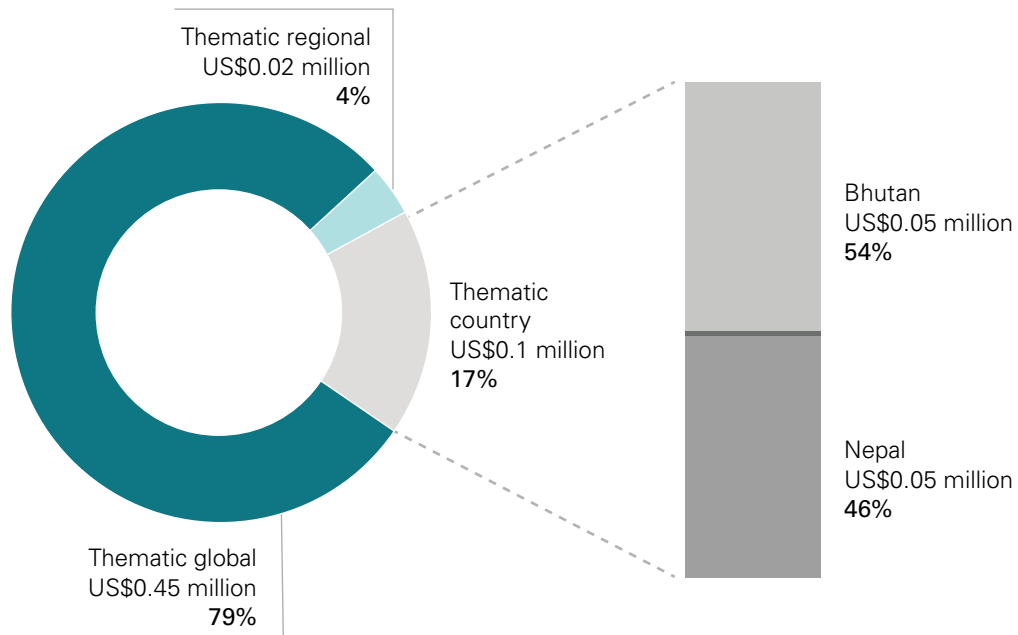
Top 10 global thematic resource partners for gender, 2016*

Resource partner type	Resource partner	Total (US\$)	Percentage
Governments (79%)	Luxembourg (SC1499080001)	453,515	78.70%
	Norwegian Committee for UNICEF (SC1499080002)	54,552	9.47%
National committees (21%)	Japan Committee for UNICEF (SC1499080004)	45,810	7.95%
	Australian Committee for UNICEF (SC1499080003)	22,405	3.89%
Grand Total		576,282	100.00%

* Figures include financial adjustments. Grant numbers are provided for International Aid Transparency Initiative (IATI) compliance.

FIGURE 15

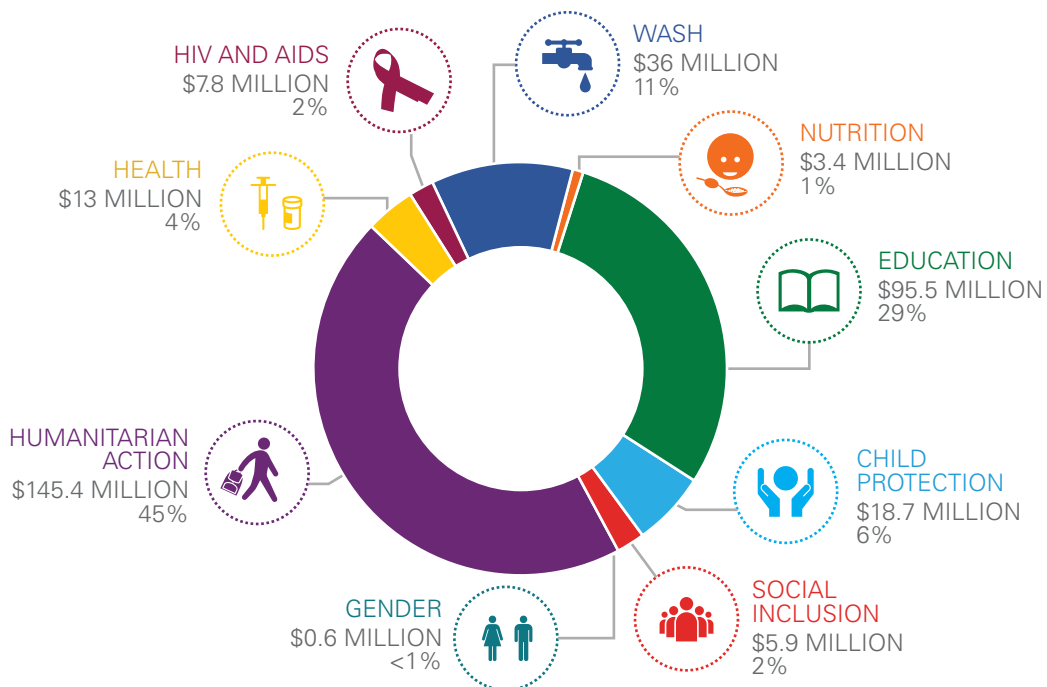
Thematic funding breakdown for gender, 2016: US\$576,282*



* Figures include financial adjustments.

FIGURE 16

Thematic revenue share by outcome area and humanitarian action, 2016: US\$326.3 million



Note: Expenses are higher than the income received because expenses comprise total allotments from regular resources and other resource (including balances carried over from prior years) to the outcome areas, while income reflects only earmarked contributions from 2016 to the same.

In line with the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women, UNICEF has set a benchmark of ensuring that 15 per cent of programme expense is goes toward advancing gender equality by 2017. This applies to programme expenses supported by both regular resources and other resources and includes development and humanitarian programmes. In 2016, expenses for gender from all three fund types (other resources – emergency, other resources – regular, and regular resources) increased from 2015. However, funding for gender programming from regular resources in 2016 remained lower than in 2014. Table 6 shows that 38.1 per cent of gender expenses were from other resources – emergency, 50.5 per cent were from other resources – regular, and 11.4 per cent were from regular resources.

In 2016, US\$452 million of UNICEF’s total US\$5.1 billion programme expense – or 8.9 per cent – was used for programmes to advance gender equality (see Figure 17). The rate of increase is slower than desired for reaching the 15 per cent target by 2017. Preliminary analysis suggests that while programmatic shifts are indeed taking place, the current expenditure coding system and quality assurance may not be sufficiently capturing these shifts and their revision will need to be prioritized in the next Strategic Plan.

UNICEF is seeking to broaden and diversify its funding base for gender so that existing actionable solutions for women and girls can be brought to scale and new solutions developed and implemented. UNICEF gender programming not only serves UNICEF, but acts as an incubator of good ideas and concepts serving as a model in development and humanitarian work more broadly. A larger pool of softly earmarked funding for gender-specific programming, such as the flexible support afforded through thematic funding, has started to seed greater innovation, such as exploring public-private partnerships that advance girls’ access to technology and strengthening gender data initiatives. Continued investments are needed for scaling up these initiatives and deliver large-scale, innovative solutions to empower adolescent girls.

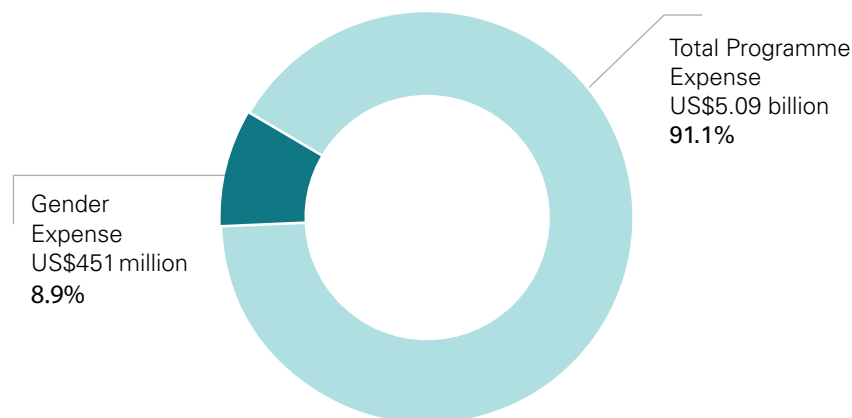
TABLE 6
Fund sub-categories of gender expenses, 2016

Fund Category	Amount (US\$)	Percent (%)
Other resources – emergency	171,828,191	38
Other resources – regular	227,911,694	51
Regular resources	51,643,005	11
Total	451,382,890	100

Expenses versus expenditure

Expenses are recorded according to IPSAS standards and are accrual-based. These are used for official financial reporting. Expenditures are recorded on a modified cash basis. They are used for budget reporting since they are aligned with cash disbursements and goods receipts (the way budgets are consumed).

FIGURE 17
Programme expenses for gender, 2016 (US\$)





Ajnesh Kumar delivers a math lesson to students in seventh and eighth grades in a UNICEF-supported temporary classroom. More than 40 per cent of girls and boys in Fiji were affected by Cyclone Winston at the start of the 2016 school year.

FUTURE WORKPLAN

Over the past three years, UNICEF has made tangible contributions towards the achievement of the gender equitable results defined in its Strategic Plan 2014–2017 and its Gender Action Plan 2014–2017. The results demonstrate that quality gender programming, supported by strategic institutional investments in gender capacity, can yield clear progress, even within a short time frame. Important ingredients to this success include strong visibility of gender in the Strategic Plan, a management team committed to providing resources, leadership and accountability, and institution-wide strengthening of gender expertise.

UNICEF recognizes that deepening and broadening these efforts within the organization is a long-term process. To that end, the organization is committed to staying the course and implementing a second phase of the GAP in conjunction with the Strategic Plan for 2018–2021. To support this effort, an internal review was conducted in 2016 to document lessons learned, and an external literature review of the GAP commissioned by the UNICEF Evaluation Office will be available in 2017.

The internal review suggests that aligning the GAP with UNICEF's Strategic Plan has been effective in embedding gender programming into the organization's core business, a strategy that will continue in the next phase. The Strategic Plan 2018–2021 is again being shaped with gender results embedded and prominent in each goal area. Moving ahead, a dedicated emphasis on nurturing gender equity across global, regional, national and community levels of programming is required.

The attention brought to specific gender issues through the GAP's targeted priorities has been successful in achieving results, especially around crucial interlinked issues for

adolescent girls. Thus, the dual approach of targeted and mainstreamed priorities will continue in the next phase of the GAP. This second GAP will contain a clearer articulation of and accountability for gender mainstreaming results in UNICEF's programme sectors, as these have tended to penetrate country, regional and global programming more slowly than the targeted priorities.

UNICEF's journey to strengthen gender programming – and the requisite institutional systems and investments for achieving gender equitable results – will continue through the last year of the present GAP and beyond. Building on recent investments in gender staffing and capacity, in 2017 UNICEF is launching GenderPro, which sets professional standards for gender expertise. This pioneering initiative will equip professionals, not only at UNICEF but across the development and humanitarian field, with substantive knowledge and technical skills to design and implement gender programming commensurate with current results-oriented approaches. Work will advance on data collection and analysis on critical issues that are yet to be disaggregated, such as learning levels for girls versus boys, to enhance understanding of barriers to girls' development and growth.

In the last year of the GAP 2014–2017 and into GAP 2018–2021, UNICEF will continue to leverage its comparative advantage of having a multisectoral mandate and expertise, its field presence in more than 150 countries and its mission and normative role to deliver quality, at-scale results that advance gender equality and the empowerment of women and girls for the benefit of all children and societies.



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In Bangladesh, students listen to their teachers stories with delight at a programme for out-of-school children from a community of snake charmers on the bank of River Surma. UNICEF supports NGOs to conduct such education initiatives.

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 2016. It is the support of our 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. We especially would like to thank the Government of Luxembourg and the UNICEF National Committees of Australia, Japan and Norway for being the first contributors to the Gender Thematic Fund.

ABBREVIATIONS AND ACRONYMS

ART	antiretroviral therapy	MHM	menstrual hygiene management
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women	NGO	non-governmental organization
CEE/CIS	Central and Eastern Europe and the Commonwealth of Independent States	PMTCT	prevention of mother-to-child transmission (of HIV)
EAP	East Asia and the Pacific	SA	South Asia
ECD	early childhood development	SDGs	Sustainable Development Goals
ESA	Eastern and Southern Africa	UNDP	United Nations Development Programme
FGM/C	female genital mutilation/cutting	UNESCO	United Nations Educational, Scientific and Cultural Organization
GAP	Gender Action Plan	UNGEI	United Nations Girls' Education Initiative
GBV	gender-based violence	UNHCR	United Nations High Commissioner for Refugees
GBViE	UNFPA's Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies	UNICEF	United Nations Children's Fund
GBVIMS	Gender-Based Violence Information Management System	UNFPA	United Nations Population Fund
HPV	human papillomavirus	UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
IFA	iron and folic acid	WASH	water, sanitation and hygiene
LAC	Latin America and the Caribbean	WCA	West and Central Africa
MENA	Middle East and North Africa	WHO	World Health Organization
MCH	maternal and child health		

ENDNOTES

1. On 19 December 2016, at the seventy-first session of the General Assembly, a second resolution on child, early and forced marriage was adopted, co-sponsored by Canada and Zambia, with sponsorship from more than 100 Member States. The resolution expressed concern about the continued prevalence of child, early and forced marriage worldwide. The first General Assembly resolution on child, early and forced marriage (69/156) was adopted on 18 December 2014.
2. The 12 focus countries of the UNFPA-UNICEF Joint Global Programme to Accelerate Action to End Child Marriage are Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Mozambique, Nepal, the Niger, Sierra Leone, Uganda, Yemen and Zambia.
3. United Nations Educational, Scientific and Cultural Organization, 'New UNESCO Data Proves Education Transforms Development', UNESCO Press Release, 18 September 2013.
4. UNICEF Game Plan for advancing girls' secondary education: Côte d'Ivoire, Ethiopia, Ghana, Guatemala, India, Liberia, Malawi, the Niger, Nigeria, Pakistan, Papua New Guinea, Peru, Tajikistan and Uganda.
5. Global Health Partnership H6 agencies (UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank Group) provide coordinated technical support to high-burden countries in their efforts to implement the United Nations Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health 2016–2030 and reach the targets of the health-related Sustainable Development Goals.
6. WHO, Media Centre, 'Adolescent Pregnancy', Fact Sheet, September 2014.
7. UNICEF, 'World AIDS Day 2016: Urgent action needed for adolescents', page updated 1 December 2016. <www.unicef.org/health/index_93540.html>.
8. 450,000 [380,000-530,000].
9. GBVIMS operational in: The Central African Republic, Chad, Côte d'Ivoire, the Democratic Republic of Congo, Ethiopia, Iraq, Kenya, Mali, Nepal, the Niger, Nigeria, Pakistan, Thailand and the United Republic of Tanzania.
10. UNICEF, 'Zika Global Response', page updated 24 January 2017, <www.unicef.org/appeals/zika_response.html>.
11. Countries with over 90% coverage PMTCT: Botswana, Burundi, Mozambique, Namibia, South Africa, Swaziland and Uganda.
12. VOA, Jessica Berman, 'UNICEF: More funds needed to fight teen HIV', updated 1 December 2016, <www.voanews.com/a/unicef-leap-in-teen-hiv-cases-by-2030/3618500.html>.
13. UNICEF Eastern and Southern Africa, 'Gender and Water, Sanitation and Hygiene (WASH)' page, <www.unicef.org/esaro/7310_Gender_and_WASH.htm>.
14. UNICEF, 'Rapid Acceleration of Progress is Needed to Achieve Universal Primary Education,' page updated September 2016, <<https://data.unicef.org/topic/education/primary-education>>.
15. UNICEF, 'Hurricane Matthew: What is the situation for children and how is UNICEF helping?' 2016, <www.unicef.org.uk/hurricane-matthew-haiti-caribbean-children>.
16. Michelle Marrion, 'In Haiti, An 8-Year-Old Orphan Is Trying to Heal From Hurricane Matthew', *Forbes*, 7 March 2017. <www.forbes.com/sites/unicefusa/2017/03/07/in-haiti-an-8-year-old-orphan-is-trying-to-heal-from-hurricane-matthew/#3d1fa2f13a37>.
17. UNICEF Nepal, *Nepal Earthquakes: One Year Later Moving On*, 25 April 2016.
18. For more details on regular resources revenue, refer to the UNICEF *2016 Regular Resources Report*, <<https://www.unicef.org/publications/>>.

ANNEX: DATA COMPANION

Computation of achievement rates

Assessment of the performance of UNICEF is done at the output level, taking into consideration annual milestones defined in the revised results framework of the Strategic Plan, 2014-2017.

The result of each output indicator is compared to the corresponding annual milestone, thereby calculating the percentage of the milestone actually achieved.

Visualizing achievements

Each achievement is expressed as a percentage and visualized through colour coding:



Green

Indicator level

Achievement of the indicator is at or above 100% of the milestone



Amber

Indicator level

Achievement of the indicator is between 60% and 99% of the milestone



Red

Indicator level

Achievement of the indicator is less than 60% of the milestone

Targeted gender priorities

Impact and outcome indicator	Baseline*	2017 Target	2016 Update**
Promoting gender-responsive adolescent health			
P1.1 Countries with at least 80% of live births attended by skilled health personnel (doctor, nurse, midwife or auxiliary midwife) [disaggregated for the 15-19 age group]	39 out of 78 UNICEF programme countries with age-disaggregated data (2010-2013)	–	54 out of 95 UNICEF programme countries with age-disaggregated data (2010-2015)
P1.2 Countries with at least 80% of women attended at least four times during their pregnancy by any provider (skilled or unskilled) for reasons related to the pregnancy [disaggregated for the 15-19 age group]	21 out of 71 UNICEF programme countries with age-disaggregated data (2010-2013)	–	32 out of 94 UNICEF programme countries with age-disaggregated data (2010-2015)
P2.1 Countries with at least 80% coverage of ART among all children aged 0-14 years and adolescent girls and boys aged 10-19 years living with HIV	0-14 years old: 0 (2012)	9 UNAIDS priority countries	0-14 years old: 6 out of 38 UNAIDS High Impact countries (2015)
	10-19 years old: data not available (2012)		10-19 years old: data not available (2015)
P2.4 Countries with at least 60% coverage in condom use at last sexual encounter among adolescents aged 15-19 years reporting multiple partners in past year, disaggregated by sex	Males: 10 out of 14	38 UNAIDS priority countries	Male: 10 out of 19 UNAIDS priority countries with data (2009-2016)
	Females: 1 out of 13		Female: 1 out of 19 UNAIDS priority countries with data (2009-2016)
P6.4 Countries with a 10% or more reduction in the proportion of girls aged 0-14 years undergoing female genital mutilation/cutting	Out of 17 countries with UNFPA/UNICEF Joint Programme (2000-2012)	5	Data not available
Advancing girls' secondary education			
P5.1 Countries with primary/lower secondary-school-age out-of-school rate below 5%, disaggregated by sex	Primary T = 44% F = 36% M = 41%	Primary T = 57% F = 50% M = 50%	Primary T = 43% F = 42% M = 38%
	L. Secondary T = 24% F = 21% M = 22% (2008-2013)	L. Secondary T = 27% F = 27% M = 27%	L. Secondary T = 27% F = 26% M = 21% (2011-2016)
P3.3 Countries in which more than 50% of primary schools have water, sanitation and hygiene (WASH) facilities meeting national standards	26 (2014)	100	33 (2016)
Ending child marriage			
6a. Percentage of women 20-24 who were married or in a union by age 18	27% (2005-2012) for the world	24% for the world	27% (2005-2016) for the world
P6.7 Countries with a 5% reduction in the proportion of women aged 20-24 years married by age 18 years, in countries with a prevalence of at least 25%	50 (2010-2012)	8	Prevalence of at least 25%: 46 out of 96 UNICEF programme countries with data (2010-2016)***

*2013 unless otherwise indicated. **or data from the most recent year available. *** update for 2017.

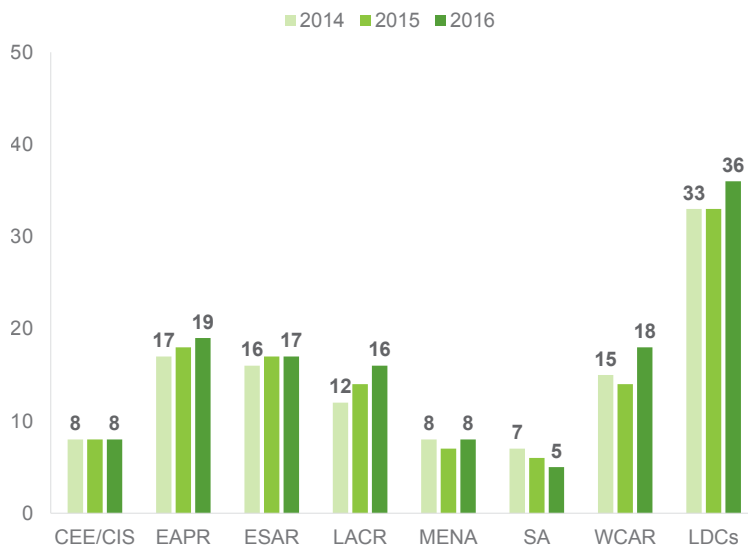
Promoting gender-responsive adolescent health

P1.e.1

Countries that have plans with budgets allocated to reduce adolescent pregnancy

2014 Baseline	83
2015 Result	84
2016 Result	91
2016 Milestone	89
2017 Target	93

Achievement 102%

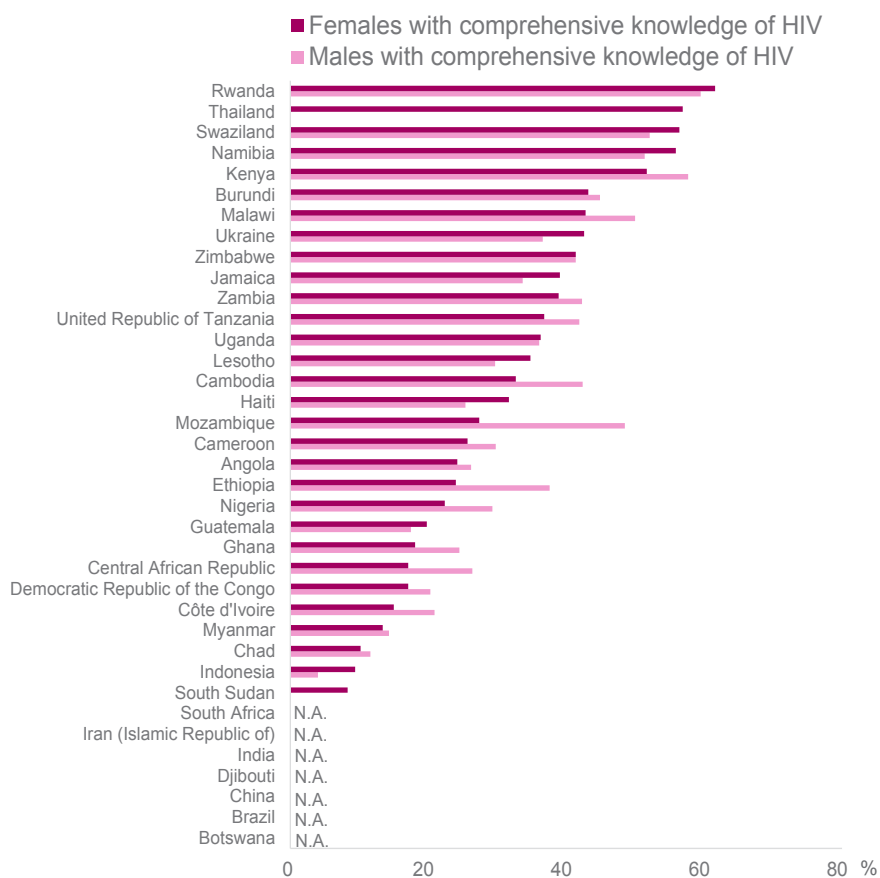


P2.a.2

Countries in which at least 80% of adolescent females and males aged 15-19 years have comprehensive knowledge about HIV and AIDS

2013 Baseline	0
2014 Result	0
2015 Result	0
2016 Result	0
2016 Milestone	3
2017 Target	6

Achievement 0%



P2.c.1

Countries reporting age- and sex-disaggregated data on HIV testing and counselling among adolescents 15-19 years

2013 Baseline	18
2014 Result	24
2015 Result	23
2016 Result	23
2016 Milestone	33
2017 Target	38

Achievement 70%



Disaggregated data available

Burundi
Cambodia
Cameroon
Central African Republic
Chad
Côte d'Ivoire
Democratic Republic of the Congo
Ethiopia
Ghana
Haiti
Kenya
Lesotho
Malawi
Mozambique
Namibia
Nigeria
Rwanda
Swaziland
Uganda
Ukraine
United Republic of Tanzania
Zambia
Zimbabwe

Disaggregated data not available

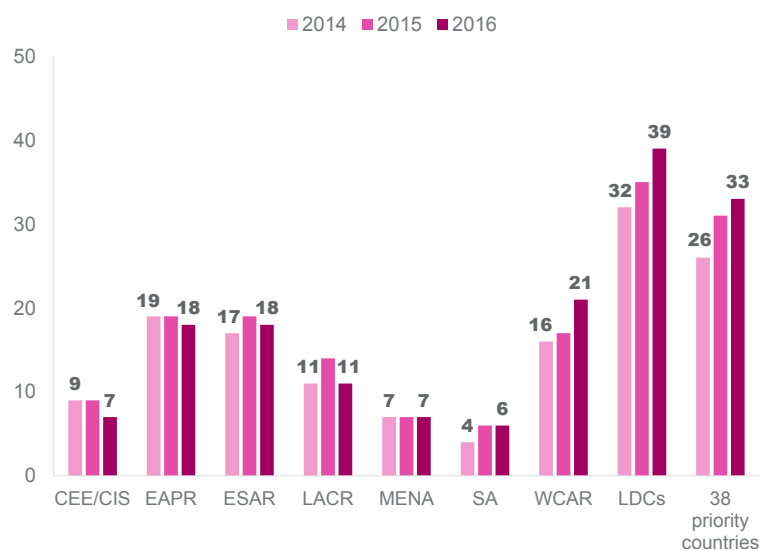
Angola
Botswana
Brazil
China
Djibouti
Guatemala
India
Indonesia
Iran (Islamic Republic of)
Jamaica
Myanmar
South Africa
South Sudan
Thailand

P2.c.2

Countries with national HIV/AIDS strategies that include proven high-impact evidence-based interventions to address HIV among adolescents

2014 Baseline	26
2015 Result	31
2016 Result	33
2016 Milestone	34
2017 Target	38

Achievement 97%

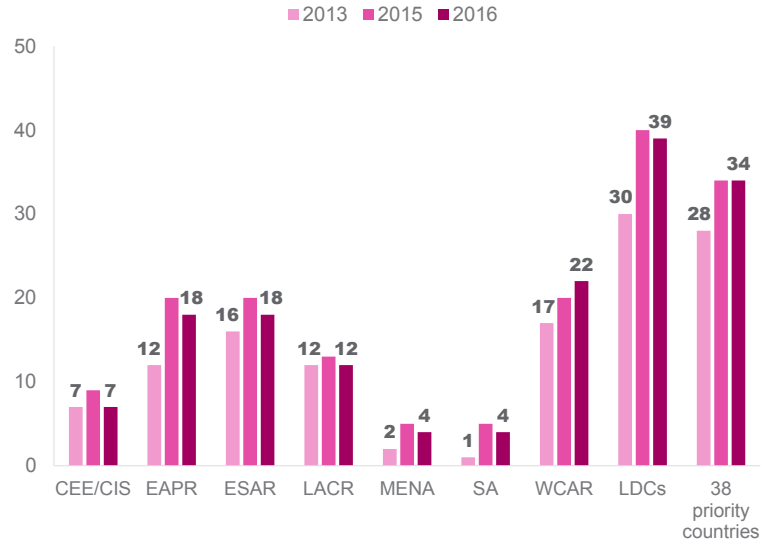


P2.c.3

Countries with national policies to implement sexuality or life skills-based HIV education in upper primary schools

2013 Baseline	28
2014 Result	32
2015 Result	34
2016 Result	34
2016 Milestone	36
2017 Target	38

Achievement 94%

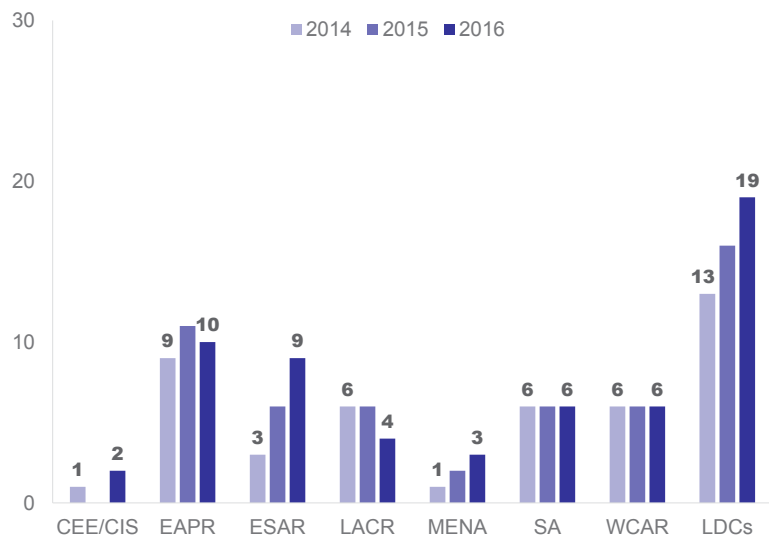


P3.b.3

Countries with at least 50% of primary schools having access to adequate sanitation facilities for girls

2014 Baseline	32
2015 Result	37
2016 Result	40
2016 Milestone	60
2017 Target	65

Achievement 67%

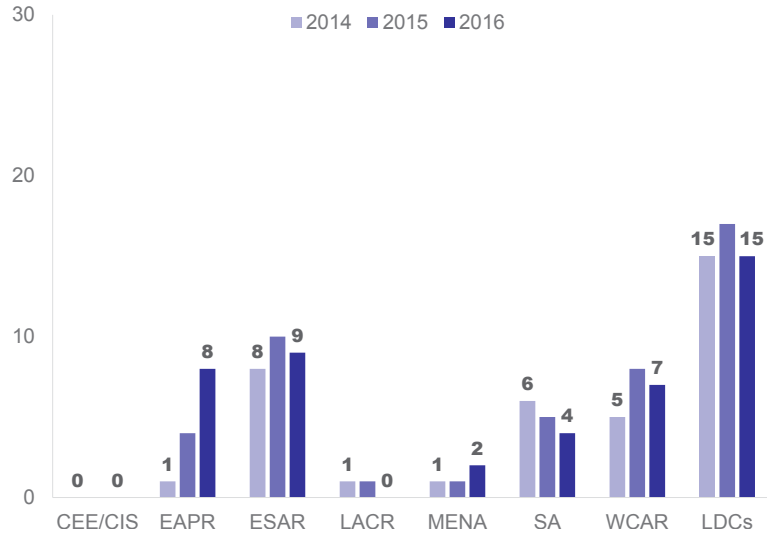


P3.e.2

Countries implementing menstrual hygiene management in WASH in Schools programmes

2014 Baseline	22
2015 Result	29
2016 Result	30
2016 Milestone	43
2017 Target	48

Achievement 70%

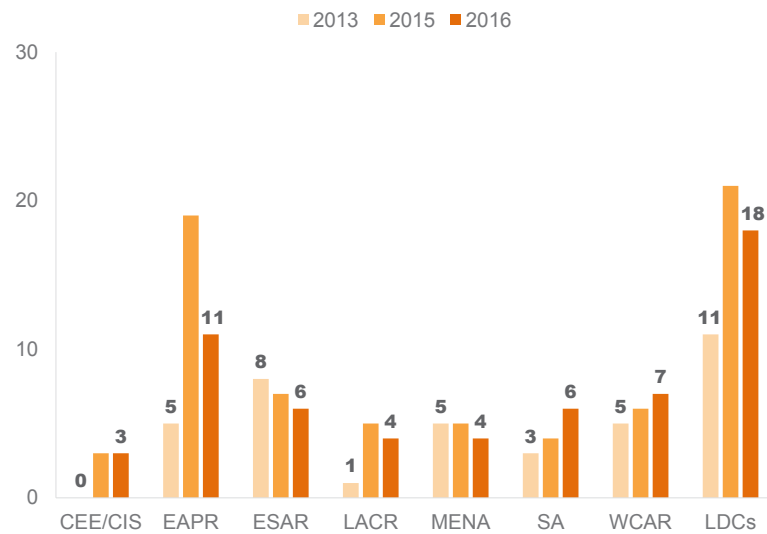


P4.c.2 (b)

Countries with a policy or plan targeting anaemia reduction in girls

2013 Baseline	27
2014 Result	34
2015 Result	49
2016 Result	41
2016 Milestone	44
2017 Target	50

Achievement 93%



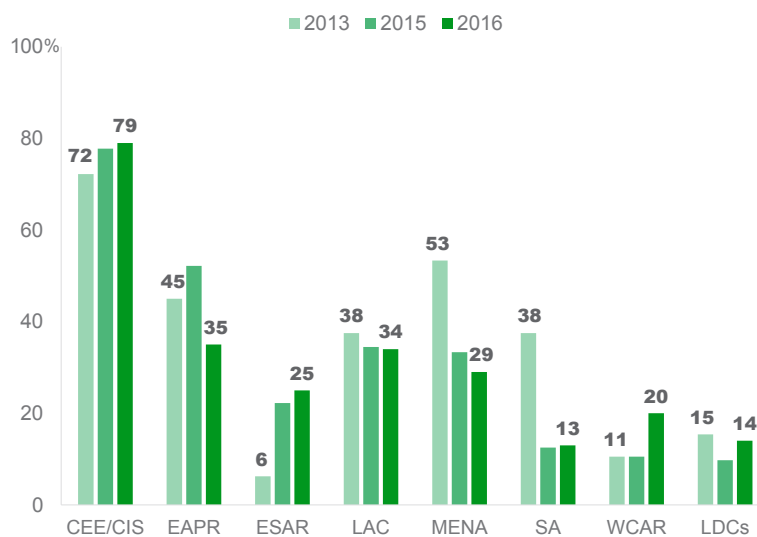
Advancing girls' secondary education

P5.e.1

Countries with gender parity (between 0.97 and 1.03) in lower secondary education

2013 Baseline	38%
2014 Result	40%
2015 Result	37%
2016 Result	35%
2016 Milestone	45%
2017 Target	47%

Achievement 78%

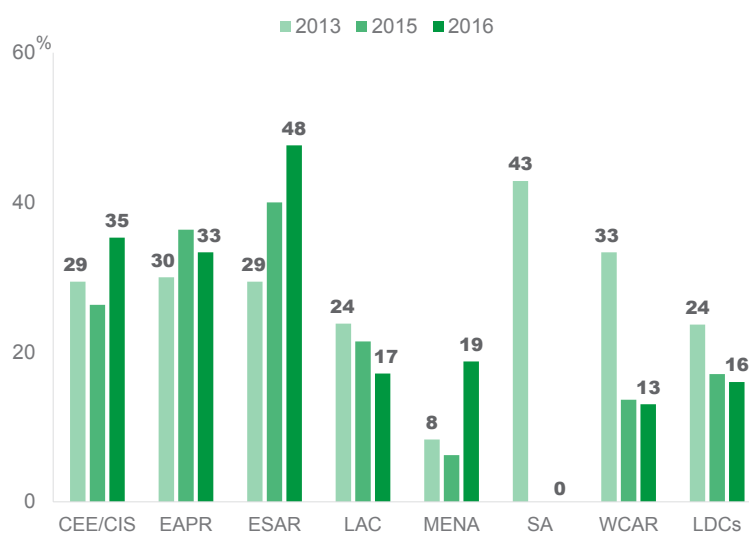


P5.e.4

Countries with an education sector policy or plan that specifies prevention and response mechanisms to address gender-based violence in and around schools

2013 Baseline	28%
2014 Result	20%
2015 Result	22%
2016 Result	25%
2016 Milestone	31%
2017 Target	32%

Achievement 81%



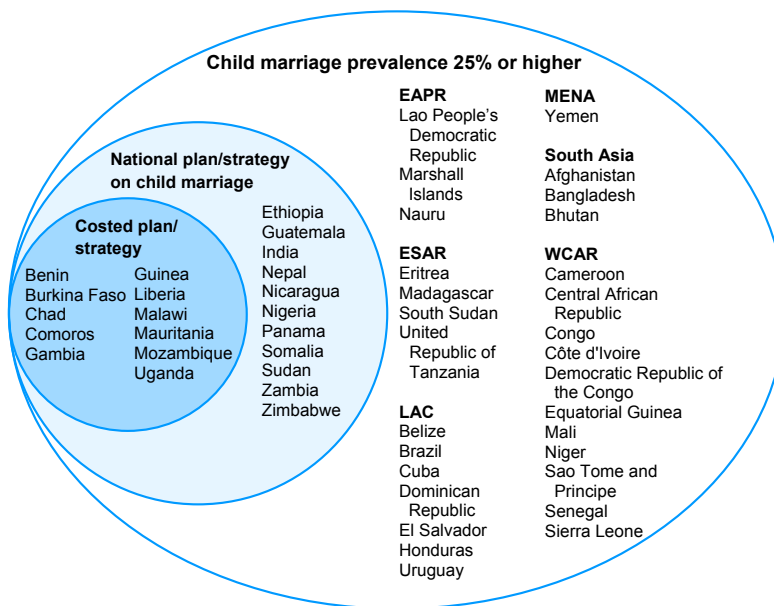
Ending child marriage

P6.b.4

Countries (of those in which child marriage prevalence is 25% or higher) with national strategies or plans on child marriage with a budget

2013 Baseline	1
2014 Result	2
2015 Result	5
2016 Result	11
2016 Milestone	6
2017 Target	12

Achievement 183%

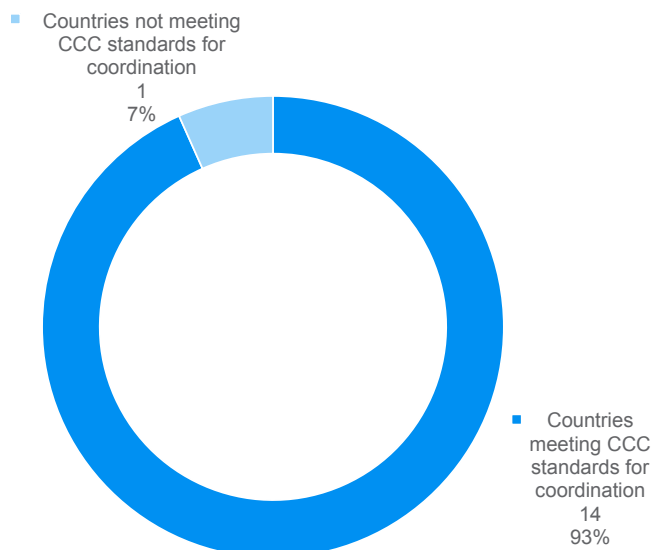


Gender-based violence in emergencies

P6.d.2

Countries in humanitarian action in which the country subcluster coordination mechanism for (a) child protection and (b) gender-based violence meets CCC standards for coordination

2014 Baseline	(a) 74%	(b) 50%
2015 Result	(a) 76%	(b) -
2016 Result	(a) 93%	(b) -
2016 Milestone	(a) 100%	(b) 100%
2017 Target	(a) 100%	(b) 100%



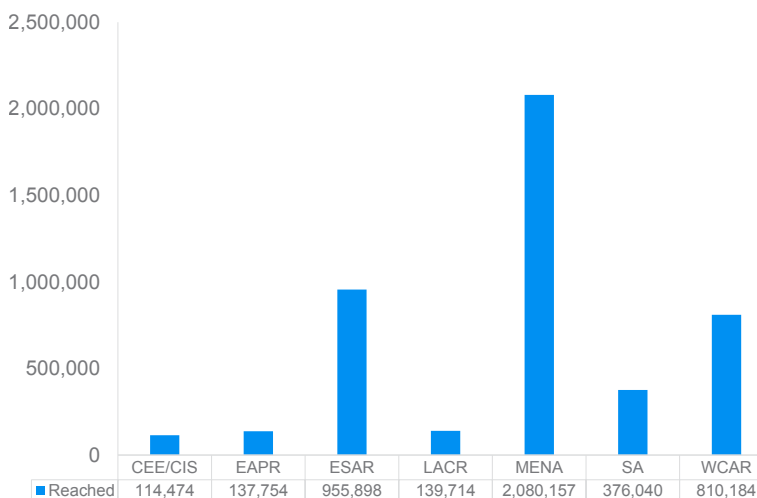
Achievement 93%

Note: 2016 result for gender-based violence is not yet available.

P6.d.3

UNICEF-targeted children and women in humanitarian situations who experience or are at risk of experiencing sexual violence and receive at least one kind of multisectoral support service (e.g., health, psychosocial (can include access to a dignity kit or safe space), livelihood/economic strengthening or justice service or activity)

2014 Baseline	79%
2015 Result	-%
2016 Result	-%
2016 Milestone	100%
2017 Target	100%



Note: 2016 result in percentage is not available. To be reported in 2018.

Gender mainstreaming in programming

Impact and outcome indicator	Baseline*	2017 Target	2016 Update**
Gender equality in child survival			
P4.1 Countries with a current exclusive breastfeeding rate among children 0-5 months old \geq 50% and no recent significant decline	27 (2007-2013)	40	30 out of 104 UNICEF programme countries (2010-2016)
Improved maternal and neonatal health			
P1.1 Countries with at least 80% of live births attended by skilled health personnel (doctor, nurse, midwife or auxiliary midwife)	51 (2010-2013)	At least 60	100 out of 142 UNICEF programme countries with data (2010-2016)
P1.2 Countries with at least 80% of women attended at least four times during their pregnancy by any provider (skilled or unskilled) for reasons related to the pregnancy	18 (2010-2013)	At least 25	53 out of 117 UNICEF programme countries with data (2010-2016)
P1.7 Countries with at least 80% of boys and girls aged 0-59 months with symptoms of pneumonia taken to an appropriate health provider (disaggregated by gender)	7 (2010-2013)	20	18 out of 96 UNICEF programme countries with data (2010-2016)
	Boys: 7 out of 53 UNICEF programme countries with sex-disaggregated data (2010-2013)		Boys: 9 out of 73 UNICEF programme countries with sex-disaggregated data (2010-2016)
	Girls: 8 out of 53 UNICEF programme countries with sex-disaggregated data (2010-2013)		Girls: 10 out of 73 UNICEF programme countries with sex-disaggregated data (2010-2016)
	Both boys and girls: 5 out of 53 UNICEF programme countries with sex-disaggregated data (2010-2013)		Both boys and girls: 5 out of 73 UNICEF programme countries with sex-disaggregated data (2010-2016)
P2.2 Countries providing at least 80% coverage of lifelong ART for all pregnant women living with HIV	0 (2012)***	9 Global Plan for EMTCT priority countries	11 out of 22 Global Plan for EMTCT priority countries (2015)
4b. Percentage of women of reproductive age with anaemia	38% pregnant, 29% non-pregnant (1995-2011)	50% reduction of anaemia in women of reproductive age	Updated data not available

*2013 unless otherwise indicated. **or data from the most recent year available. *** update for 2017.

Impact and outcome indicator	Baseline*	2017 Target	2016 Update**
Access to water and sanitation at home			
P3.1 Countries in which more than 75% of households have an improved source of drinking water	115 (2011)	131	123 (2015)
P3.2 Countries in which more than 50% of the population has an improved sanitation facility	105 (2011)	120	103 (2015)
P3.5 Countries in which more than 33% of the population practises open defecation	21 (2011)	8	17 (2015)
Gender equality in education			
5a. Number of primary school-age children out of school and related gender parity index (GPI)	T= 57.8 million F = 30.5 million M = 27.3 million GPI = 0.89 (2012)	T= 35.6 million F = 17.8 million M = 17.8 million GPI = 1.00	T= 60.9 million F = 32.1 million M = 28.9 million GPI = 0.90 (2014)
5b. Primary completion rate (expressed as gross intake ratio in the last grade of primary) and related GPI	T = 92% F = 91% M = 93% GPI = 0.98 (2012)	T = 98% F = 98% M = 98% GPI = 1.00	T = 90% F = 90% M = 91% GPI = 0.99 (2014)
Reduction in gender-based violence			
P6.1 Countries with a 10% reduction in the proportion of girls aged 15-17 years who have ever experienced sexual violence (forced to have sexual intercourse or perform any other sexual act against one's will), in countries with a prevalence of at least 5%	Out of 24 countries with data and prevalence of >5%	2	Prevalence of at least 5%: 27 out of 45 UNICEF programme countries with data (2005-2016)****
Gender-responsive legislation and policies			
7b. Countries that have ratified the Convention on the Elimination of All Forms of Discrimination against Women	186	193	189

*2013 unless otherwise indicated. **or data from the most recent year available. ***revised based on the latest estimate. ****update for 2017.

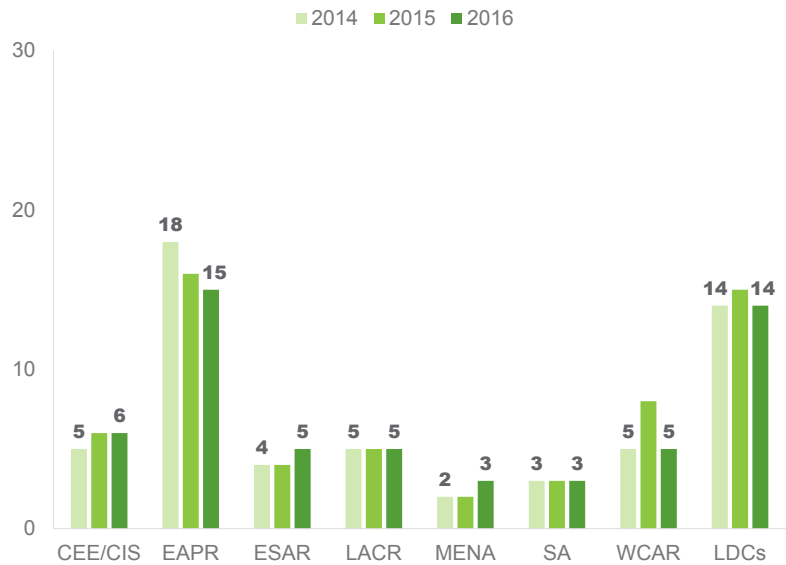
Gender equality in child survival

P1.e.2

Countries that produce an analysis of sex-differentiated infant and child mortality estimates

2014 Baseline	42
2015 Result	44
2016 Result	42
2016 Milestone	55
2017 Target	62

Achievement 76%

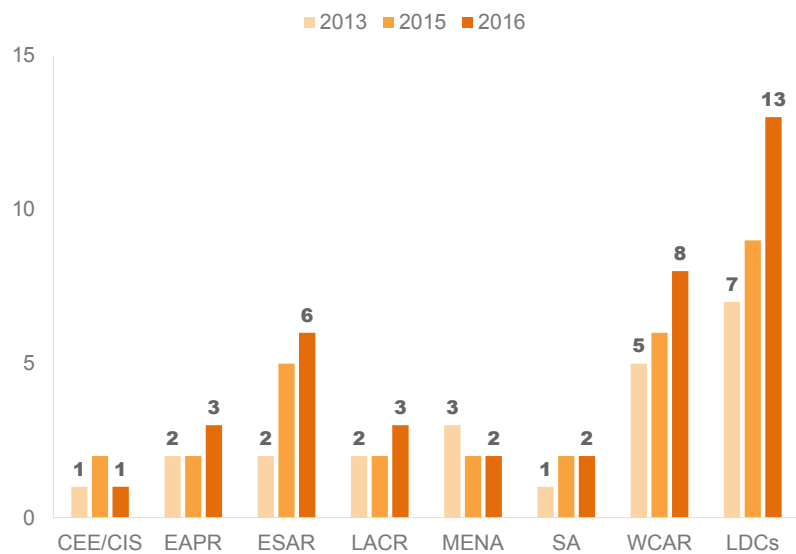


P4.e.2

Countries that have undertaken a gender review of the nutrition policy/strategy in the current national development plan cycle with UNICEF support

2013 Baseline	16
2014 Result	22
2015 Result	21
2016 Result	25
2016 Milestone	34
2017 Target	40

Achievement 74%



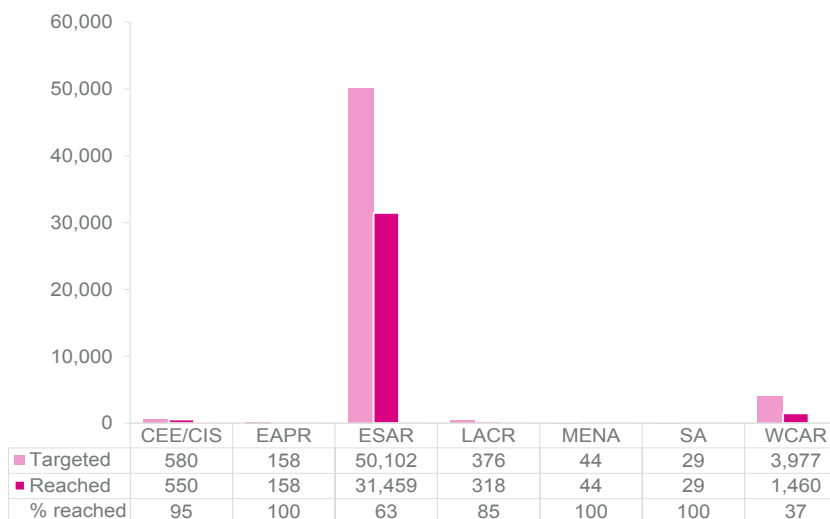
Improved maternal and neonatal health

P2.d.1

HIV-positive pregnant women (out of those targeted by UNICEF) in humanitarian situations who receive treatment (either initiated or continuing) to prevent mother-to-child-transmission of HIV

2014 Baseline	54%
2015 Result	59%
2016 Result	62%
2016 Milestone	70%
2017 Target	80%

Achievement 88%



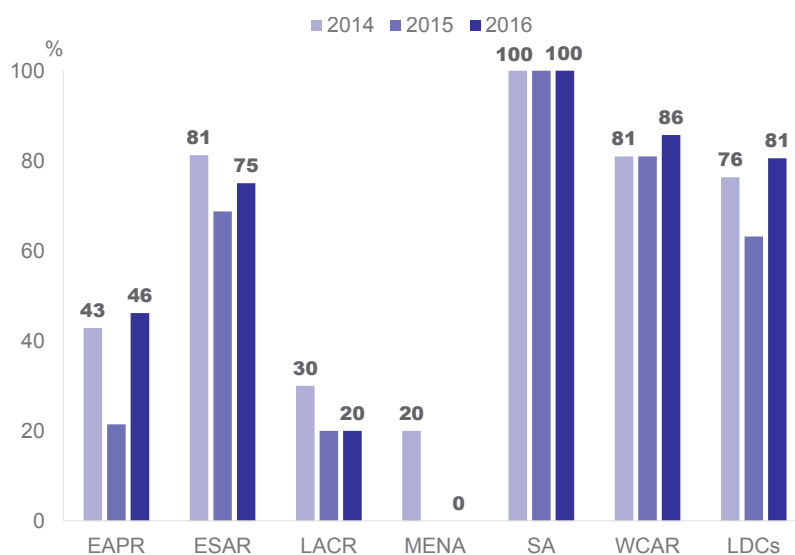
Access to water and sanitation at home

P3.b.2

Countries implementing a national strategy to eliminate open defecation

2014 Baseline	63%
2015 Result	57%
2016 Result	65%
2016 Milestone	67%
2017 Target	70%

Achievement 97%



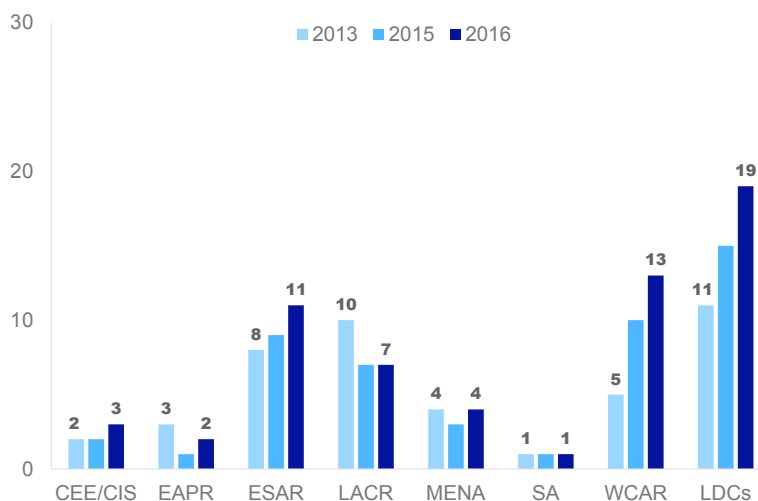
Gender-responsive legislation and policies

P6.e.2

Countries that have revised or improved child protection policies on the basis of a gender review supported by UNICEF

2013 Baseline	33
2014 Result	23
2015 Result	33
2016 Result	42
2016 Milestone	53
2017 Target	70

Achievement 79%

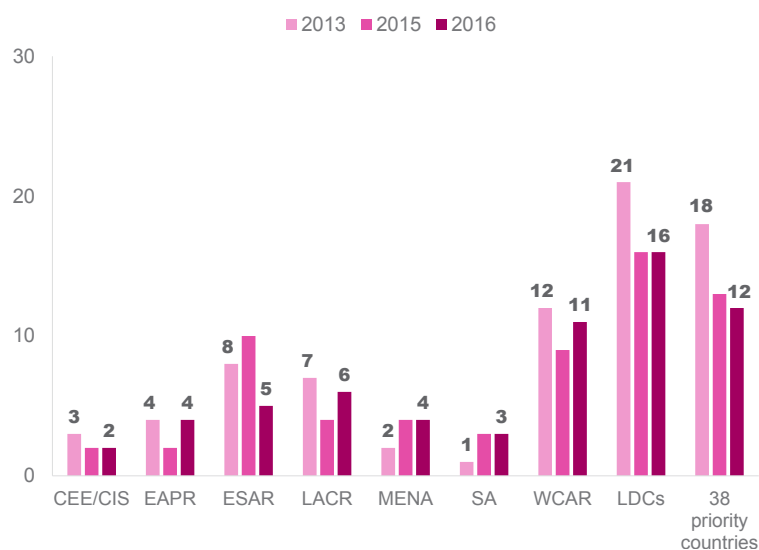


P2.e.2

Countries that have undertaken a gender review of the HIV policy/strategy of the current national development plan with UNICEF support

2013 Baseline	18
2014 Result	10
2015 Result	13
2016 Result	12
2016 Milestone	25
2017 Target	38

Achievement 48%

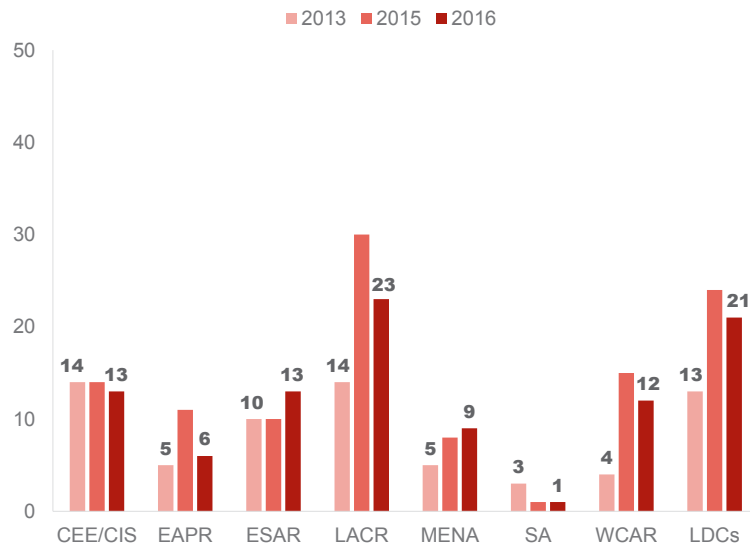


P7.e.1 (b)

Countries that have revised domestic legislation and administrative guidance in line with the concluding observations of the CEDAW Committee

2013 Baseline	55
2014 Result	82
2015 Result	89
2016 Result	77
2016 Milestone	100
2017 Target	110

Achievement 77%

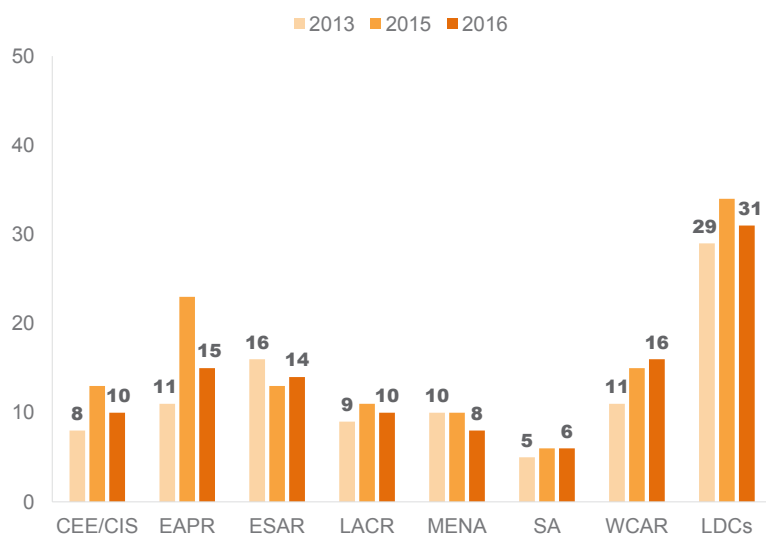


P4.c.2 (a)

Countries with a policy or plan targeting anaemia reduction in women

2013 Baseline	70
2014 Result	74
2015 Result	91
2016 Result	79
2016 Milestone	93
2017 Target	100

Achievement 85%

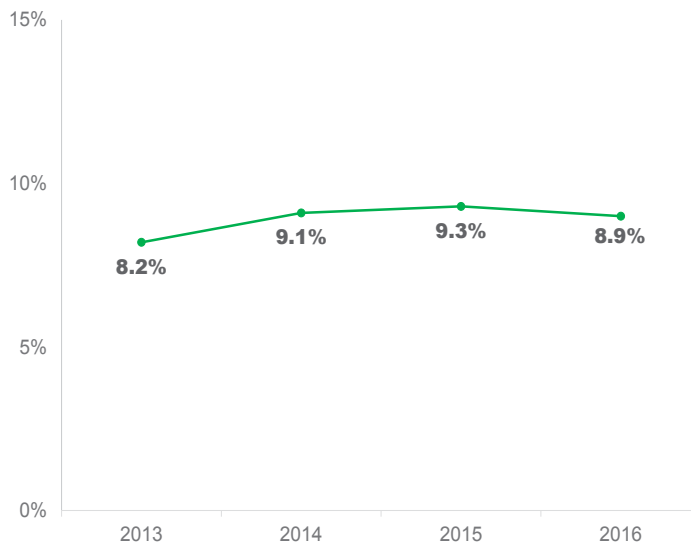


Performance benchmarks

Programme expenditures on gender results

Progress towards financial target on programme expenditures

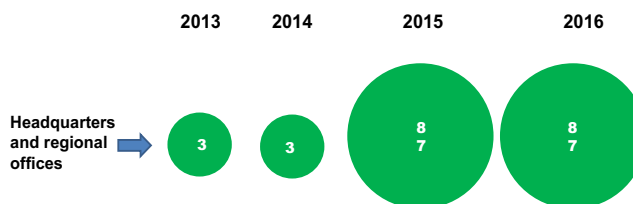
2013 Baseline	8.2%
2014 Result	9.1%
2015 Result	9.3%
2016 Result	8.9%
2017 Target	15.0%



Gender staffing and capacity across the organization

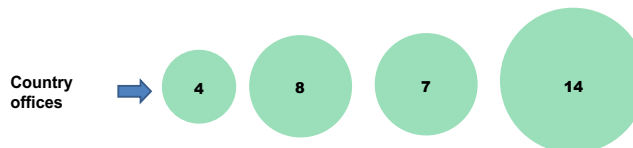
Progress on number of dedicated gender experts in headquarters and regions

2013 Baseline	3
2014 Result	3
2015 Result	15
2016 Result	15
2017 Target	14



Progress on number of dedicated gender experts in country offices

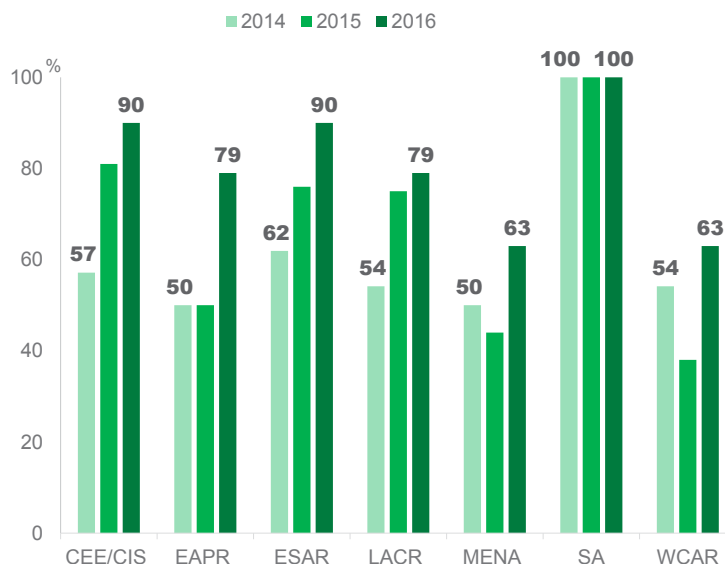
2013 Baseline	4
2014 Result	8
2015 Result	7
2016 Result	14
2017 Target	50



Gender performance of country programme management plans

Proportion of country programme management plans (CPMPs) with budget lines appropriate to the gender results

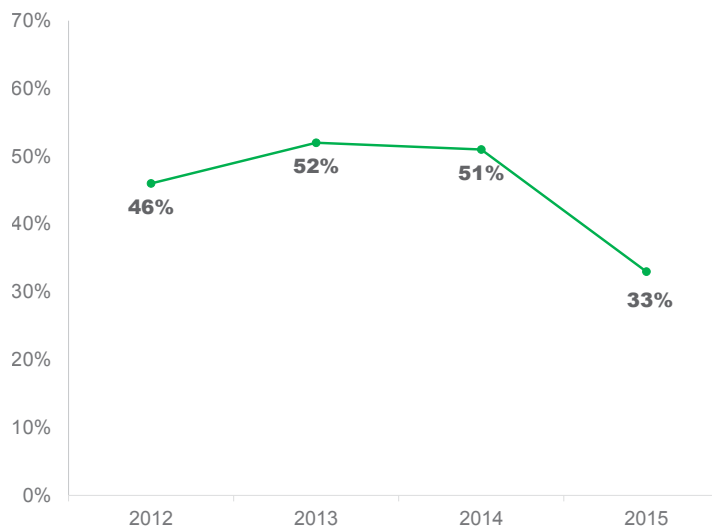
2014 Result	58%
2015 Result	64%
2016 Result	<79%
2017 Target	100%



Gender performance on evaluations of UNICEF programmes

Proportion of evaluations being rated outstanding and highly satisfactory on incorporating gender by the UNICEF Global Evaluation Reports Oversight System (GEROS)

2012 Baseline	46%
2013 Result	52%
2014 Result	51%
2015 Result	33%
2017 Target	70%



Note: Evaluations completed in 2016 are being rated. The result for 2016 will be reported in 2018.

Effective knowledge-sharing and communications for promoting gender equality

Annual gender network meeting held

2013 Baseline	0
2014 Result	1
2015 Result	2
2016 Result	3
2017 Target	4
(cumulative)	

Functioning GAP team site on UNICEF intranet

2013 Baseline	No
2014 Result	No
2015 Result	Yes
2016 Result	Yes
2017 Target	Yes

2016 achievements in effective knowledge-sharing and communications

- On the International Day of the Girl, 11 October 2016, UNICEF launched the report *Harnessing the Power of Data for Girls: Taking stock and looking ahead to 2030*. The report assessed the available data on 44 Sustainable Development Goal indicators most relevant to girls.
- The #DayoftheGirl social media hashtag was mentioned 322,000 times during the week of the Day of the Girl (6-12 October 2016), and since then has reached up to 4 billion people and engaged 2.3 million people.
- UNICEF co-sponsored the 2016 Women Deliver conference, which focused on how to implement the Sustainable Development Goals so that they matter most for girls and women.
- Participation by UNICEF at the sixtieth session of the Commission on the Status of Women, with a focus on priority issues including child marriage, gender-based violence, empowering girls through education, and the role of gender in peacebuilding.
- The UNICEF Deputy Executive Director (Management) participated in an UN-Women-hosted event on the International Day for the Elimination of Violence against Women, and drew attention to the gaps in funding to meet the Sustainable Development Goal targets on eliminating child marriage and female genital mutilation/cutting.
- Collaboration on gender with sister agencies was furthered through United Nations-wide efforts in knowledge exchange, accountability and advocacy through a variety of mechanisms, such as the United Nations Development Group Task Team on Gender Equality, submission of annual reports on the United Nations System-wide Action Plan (UN-SWAP) on Gender Equality and the Empowerment of Women, and hosting of the UNGEI secretariat by UNICEF.



United Nations Children's Fund

3 United Nations Plaza
New York, NY 10017, USA

www.unicef.org

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