unicef 🅒

for every child

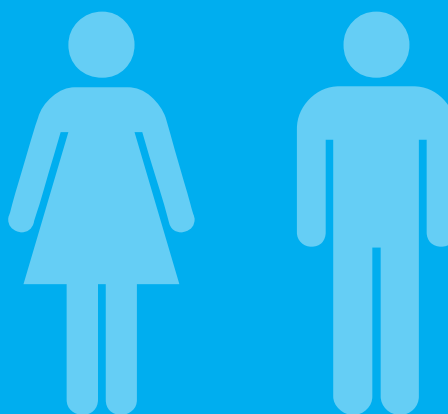Annual Results Report
2017
Gender Equality

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 in 2017 and reviews the impact of these accomplishments on children and the communities where they live. This is one of nine reports on the results of efforts during the past year, encompassing gender equality and humanitarian action as well as each of the seven Strategic Plan outcome areas – health, HIV and AIDS, WASH, nutrition, education, child protection and social inclusion. It complements the 2017 Executive Director Annual Report (EDAR), UNICEF's official accountability document for the past year.

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EXECUTIVE SUMMARY

Advancing gender equality and the empowerment of girls and women is at the heart of UNICEF's mandate and mission to realize the rights and well-being of all children, especially the most disadvantaged. With a field presence in over 150 countries, including many affected by humanitarian emergencies, and expertise across a range of sectors – such as health, education, child protection and social policy – UNICEF is well-positioned to work with partners, families and communities to foster equal outcomes for girls and boys today, laying the foundation for more just and equitable societies tomorrow.

In recent years, the world has seen many positive developments in key areas that affect the lives of girls and women. Global child marriage rates are beginning to decline, rates of female genital mutilation (FGM) have fallen in several countries, gender parity has been achieved in primary education, and more girls than ever are attending secondary school.

Yet the scale of discrimination and disadvantage that diminishes the prospects for girls and women remains alarming. Millions of adolescent girls are still married every year, and one in five becomes a mother while still a child herself. Despite global advances in HIV prevention, rates remain stubborn among adolescents, with girls and young women disproportionately vulnerable to new infection. Fifteen million adolescent girls have been victims of sexual violence. Harassment and abuse – at home, at work, at school and in public places – continue to harm girls and women, and limit their freedom and life options.

The good news is that gender equality has become a central priority for many international agencies and organizations, governments and donors. Nothing makes this more evident than the myriad targets focused on the most pressing needs of girls and women in the Sustainable Development Goals (SDGs), many of which align with UNICEF's gender priorities. UNICEF is harnessing this global momentum and leveraging its comparative advantage as a multisectoral organization with global reach and deep relationships with international and national partners to bring large-scale, sustainable change to the lives of women, girls, boys and their families and communities.

UNICEF's work and key results

Over the last four years, UNICEF's work on gender equality has been guided by its Gender Action Plan (GAP) 2014–2017, which is closely aligned with the UNICEF Strategic Plan, 2014–2017. The GAP defines the organization's priorities related to gender equality and girls' and women's empowerment. It takes a practical, results-oriented approach, providing a road map for country offices to

identify where gender inequalities create barriers that limit the well-being and rights of girls, boys and women, as a basis for delivering effective responses.

The GAP specifies three programme areas for UNICEF's work on gender equality: (1) empowering adolescent girls through four targeted priorities; (2) mainstreaming gender equality across UNICEF's seven outcome areas; and (3) institutional strengthening by investing in 'doing gender better'.

This report reflects overall trends in UNICEF's successes and challenges in advancing gender equality, with emphasis on achievements in 2017 and a view to the future.

Programme Area 1: Empowering adolescent girls through four targeted priorities

For millions of adolescent girls in low- and middle-income countries, gender inequality combines with poverty and other forms of discrimination and disadvantage to curb freedom of choice and access to resources. Promoting their empowerment and well-being reflects a recognition that, within UNICEF's mandate to advance children's rights, adolescent girls are both a special responsibility and an opportunity for transformational change.

The four targeted priorities – ending child marriage, advancing girls' secondary education, promoting gender-responsive adolescent health, and addressing gender-based violence (GBV) in emergencies – confront some the most pressing, complex and interconnected challenges for adolescent girls today. As success in one of these priority areas pushes progress in others, UNICEF takes an integrated approach to programming that generates multiplier effects for a stronger, more sustainable, large-scale impact.

In the last four years, collaborative efforts with UNICEF and international and national partners have started to yield great progress in touching the lives and communities of large numbers of the most vulnerable adolescent girls.

Ending child marriage: The United Nations Population Fund (UNFPA)-UNICEF Global Programme to Accelerate Action to End Child Marriage, launched in 2016, has been instrumental in galvanizing action in the 12 high-burden/high-prevalence countries it focuses on, while also sharing knowledge and best practices with countries outside of the programme to bolster their efforts to reduce child marriage. UNICEF and partners have supported governments to develop and fund national action plans to strengthen health, education and child protection systems to better deliver

quality services, information and options to adolescent girls in order to prevent child marriage or support girls already in unions. From 2014–2017, the number of UNICEF country programmes that prioritized ending child marriage rose from 20 to 64. Eleven of these countries have seen at least a five per cent decline in the prevalence of this harmful practice over the last decade. From 2016–2017, over 2 million adolescent girls received life skills and educational support in the form of cash transfers, school materials and payment of transport expenses, to help them stay in school and pursue alternatives to early marriage.

Advancing girls' secondary education: Research shows the clear links between keeping girls in school and preventing child marriage, as well as a host of other benefits, including increased future earnings and healthier, better educated children. By 2017, fifty-eight UNICEF country programmes prioritized advancing girls' secondary education (compared to 30 in 2014), using a range of multisectoral strategies: tackling school-related GBV, dissolving financial barriers through cash transfers, and supporting 50,000 schools to build girl-friendly sanitation facilities. UNICEF also focused on countering the gender stereotypes that keep girls from school, and increased its attention to gender-equitable skills development to equip adolescent girls to transition from education to decent work.

Promoting gender-responsive adolescent health: UNICEF supports work on the manifold issues at the heart of gender-responsive adolescent health, including prevention of adolescent pregnancy and provision of maternity care for pregnant adolescent girls, prevention of HIV/AIDS and FGM, and improved access to dignified menstrual health and hygiene. In 2017, 101 UNICEF-supported countries reported budgeted adolescent pregnancy prevention plans, compared to 83 in 2014. UNICEF also worked with governments to reach girls, their peers and families with information about menstruation; support girls' access to menstrual hygiene supplies; and combat stigma.

Addressing gender-based violence in emergencies: As the number of humanitarian crises has grown, UNICEF has intensified its efforts to respond to gender-based violence in emergencies (GBViE). From 2014–2017, UNICEF reached about 10 million women, girls and boys with services to prevent and respond to GBV in crises, including establishing safe spaces, and providing specialized psychological support, and health and legal services.

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

Achieving optimal results for all children requires dismantling the gender-related barriers that impede progress for girls, boys and women. In the last four years, UNICEF turned a 'gender lens' on all its sectoral programming areas – health, nutrition, HIV/AIDS, water, sanitation and hygiene (WASH), education, child protection, and social inclusion – to analyse gender-related bottlenecks that hinder results for children of all ages, and develop solutions to specifically address them. Since the well-being of women is closely tied to the well-being of children, this includes tackling the disadvantages and inequalities women face at home and in their communities.

A particular highlight of UNICEF's gender mainstreaming success has been in the area of maternal health. In 2017, ninety-eight programme countries reported at least 80 per cent of live births with skilled attendance, almost double the number in 2014 (51), and far exceeding the target of 60 countries. Fifty-two countries achieved at least 80 per cent antenatal care coverage (up from 18 countries in 2013), exceeding the target of 25 countries. For pregnant women living with HIV, 11 UNICEF-supported countries surpassed 80 per cent coverage of lifelong antiretroviral therapy in 2017 (up from one country in 2013).

UNICEF has also begun to focus on the strategic use of innovation to catalyse new ideas to address stubborn gender inequalities, leading to the launch of the Gender Innovation Challenge in 2017. Under the Challenge, technical and financial support were provided to country offices to develop creative approaches to advancing gender equality across a range of programme areas. Among the resulting portfolio of sixteen projects from around the globe is one in the East Asia and Pacific region, where girls are working with digital developers to create a mobile period tracker app that not only helps them to predict their menstrual cycle, but also offers important information on menstruation and related health concerns and counters misconceptions and taboos.

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

Under the GAP, UNICEF has made great strides in becoming an institution increasingly better-equipped to deliver relevant, sustainable, large-scale results on gender equality. From 2014–2017, UNICEF built a robust 'gender architecture' of dedicated expertise, especially at headquarters and regional levels of the organization. To support ongoing capacity building, especially in field offices, UNICEF launched GenderPro in 2017. This ground-breaking capacity-building and credentialing initiative equips professionals in UNICEF and partner organizations with the knowledge and expertise to design, implement and evaluate results-oriented gender programming. GenderPro aims to bring greater professionalization to the gender and development field and improve the quality and impact of programming – and the lives of women and girls – worldwide.

Looking ahead

Development of the new phase of UNICEF's GAP 2018–2021, in close alignment with the new UNICEF Strategic Plan, 2018–2021, and its adoption by the Executive Board, was a strong focus for the organization's work on gender equality in 2017. The 'GAP 2.0' builds on the successes and lessons learned in the last four years, positioning UNICEF to accelerate and scale up quality gender programming for greater reach and impact, and deepen the institutional capacity to deliver results.

Based on the continued relevance of UNICEF's gender priority issues and the traction they have gained, the GAP will retain a twin-track programmatic focus on

(1) targeted priorities for adolescent girls' well-being and empowerment, and (2) integrating gender across programming areas, with results for girls and boys from birth to adolescence, and women.

In particular, UNICEF will scale up its successful interlinked programming for adolescent girls, with increased attention to dignified menstrual health and hygiene and supporting girls to develop twenty-first century job skills, especially in science, technology, engineering and mathematics (STEM). The gender mainstreaming, or 'gender integration' track, will include a cross-cutting priority on 'positive gender socialization'. Through this area of work, UNICEF aims to counter the negative ways in which harmful gender norms and stereotypes become ingrained in girls and boys from an early age, including by employing social and behaviour change communication strategies.

The new GAP and strategic plan place even greater emphasis on institutional strengthening, with a focus on capacity-building, supporting country offices to undertake stronger evidence-based analysis to illuminate the gender-inequitable outcomes in their contexts, improving the scope and quality of gender data and measurement, and mobilizing greater resources to bring new solutions to gender challenges.

Finally, in the years ahead, UNICEF will build on its strong track record of successful partnerships with UN agencies, governments, the private sector and civil society to reach the most vulnerable girls and boys. UNICEF is seeking a broad range of partners, including corporate partners, philanthropists and foundations, ready to leverage their resources, influence, reach or business expertise to shape and deliver innovative solutions that will empower and transform the lives of millions of women and girls, supporting them to live to their fullest potential.

CASE STUDY 1: INDIA: TAKING APART GENDER STEREOTYPES

Sixteen-year-old Kitty is outraged that her parents want to marry her off at her age. She publicly confronts the matchmaker asked by her parents to find a husband for her, and then finds evidence to expose him as a fraud. This is just one of the storylines in the TV show *AdhaFULL* (Half Full) that tackles the challenges girls face across India. In another, Kitty's classmate Teju attempts to become a running champion but passes out from malnourishment.

In 2017, over 120 million people followed the adventures of Kitty and her friends as they solved a new mystery in their small town while also dealing with issues such as child marriage, domestic violence and sexual harassment. A collaboration between UNICEF and BBC Media Action, the show aimed to confront gender stereotypes and spark intergenerational dialogue. After each episode, viewers could tune into the radio show *Full-on-Nikki* to find out more about the issues raised in the TV episodes. They could also download and play the tie-in game *Nugget* on their smartphones to learn how to identify and fight gender stereotypes. Developed by UNICEF, *Nugget* was downloaded more than 1,000 times in the week that it launched.

©BBC Media Action/2016

According to an independent assessment, boys who watched the show were more likely to encourage their sisters to talk to adults if they experienced discrimination, and both female and male viewers were more likely to encourage telling parents about harassment and to support girls' access to smartphones.

AdhaFULL (Half Full) is a TV drama broadcast in India, telling the stories of three young people: Kitty, Tara, and Adrak (left to right). The drama aims to challenge harmful stereotypes and promote positive, gender-equitable norms and attitudes.

STRATEGIC CONTEXT

Over the past two decades, there have been considerable advancements towards a more level playing field for women and girls. The global maternal mortality rate has been halved since the 1990s, gender equity in school enrolment has increased, and global child marriage rates are in decline – with recent estimates by UNICEF revealing that 25 million child marriages were averted in the past decade. This progress is owed in part to increasing awareness of the harmful effects of gender inequality on girls, women, families and economies, concerted government action, the work of women and girls themselves, and the strong support and commitment of resources from a range of development partners, including UNICEF.

These achievements, however, are tempered by persistent, large-scale gender-based inequities that violate the rights and limit the possibilities for girls and women. Despite declines, 12 million girls are still married every year, and in countries where it is practised, around a third of girls between 15 and 19 have undergone female genital mutilation (FGM). Millions of women and girls lack basic access to products and facilities to properly manage their menstrual cycles – an affront to their dignity, safety and empowerment. Girls continue to bear a disproportionate burden of household chores and caregiving, robbing them of time to study and play, and reinforcing gender stereotypes. In humanitarian crises, which grow in frequency and scope from year to year, women and girls face heightened risks, especially of experiencing gender-based violence (GBV).

The global community is making efforts to rise to these persistent challenges. The United Nations Sustainable Development Agenda 2030 reflects stakeholder momentum around the rights and empowerment of girls and women, recognizing these as human rights principles as well as prerequisites to development progress across the board.

@UNICEF/UN0187938/Soares

Madalena (16) is a high school student in the remote island of Atauro in Timor-Leste. She dreams of becoming a marine biologist and opening the first library in her hometown. "Every day I help my mother at home, my responsibility is cleaning a house, washing dishes, because we are living on the island our life is depending on the ocean. Every day before school, I go diving with my spear gun looking for some fish for lunch, after that I wash myself, lunch and then go to school." UNICEF partners with the government and other partners to improve learning and teaching quality so that students like Madalena are able to thrive and reach their full potential.

Despite this strong show of commitment, two years into the SDGs, UNICEF and partners face several significant challenges to continued progress toward gender equality, which must be addressed to meet the targets by 2030.

- Lack of quality data: Despite increasing attention to gender statistics, the limited availability of quality, timely, sex- and age-disaggregated data on key issues, including issues specific to girls and women, hampers national and global efforts to fully grasp the scale and scope of priority gender challenges, and hinders the ability to track progress towards the SDGs. For example, younger adolescent girls (10–14), a vulnerable subset of the population under UNICEF's mandate, are often overlooked in national surveys and databases, leaving many of them invisible or unreached with programmes and services.

- Global shortfall in professional capacity: UNICEF's efforts to fill important gender roles across the organization have been hindered by a shortage of development and humanitarian professionals with the substantive knowledge and technical expertise to lead gender-responsive programming. UNICEF is not alone – discussions with partners reveal a global deficit of qualified personnel, creating a bottleneck to successful implementation of gender strategies with measurable results.

- Limited resources: Despite diverse stakeholders rallying for greater gender equality, it remains a challenge to secure resources commensurate with the scale and scope of the problems. Competing priorities, cuts in development aid, and unsupportive policy shifts in some contexts limit the ability to effectively and sustainably address the world's most pressing gender challenges.

The next four years

The GAP 2018–2021 has been shaped to accelerate progress in UNICEF's priority areas, including by addressing the important bottlenecks in the global context.

To improve the *availability of data on girls*, UNICEF will create new measures for girls' empowerment and gender equality and integrate them into large-scale national surveys, while also strengthening national capacities to collect and use sex- and age-disaggregated data.

UNICEF will *scale up its capacity-building for gender professionals* – for UNICEF personnel as well as development and humanitarian partners worldwide. UNICEF's GenderPro initiative will support professionals to improve their substantive knowledge and technical expertise to implement better gender programming. This will set new, field-wide standards for gender competency through an independent credentialing system that will formally evaluate and recognize professionals for their gender expertise.

Finally, all of UNICEF's efforts will require *deepened and expanded partnerships and investment*. This entails improving coordination among long-standing partners, including within the United Nations system, and also exploring new partnerships, particularly with the private sector. Investing in UNICEF's efforts presents an unparalleled opportunity to make a tangible global impact, and create meaningful change for millions of vulnerable and marginalized girls around the world. In this respect, UNICEF's Gender Thematic Fund has been invaluable. As pooled resources dedicated to driving gender-equality outcomes, the fund has been an important catalyst in fostering integrated programming, spurring innovation and raising the visibility of the importance of gender equality to outcomes for all children – and will be critical support for reaching more girls, boys and women in the years ahead.

RESULTS BY PROGRAMME AREA

Over the last four years, UNICEF's work on gender equality has sought to level the playing field for girls and boys, while also addressing the gender-based disadvantages women face that undermine progress for all children. UNICEF's work is predicated on the recognition that enabling *all* children to survive and thrive requires interventions that specifically challenge, mitigate and transform the effects of gender discrimination on girls, boys, their families and their communities.

The Gender Action Plan (GAP) 2014–2017 promoted a practical, results-oriented approach to delivering evidence-based programming at a large scale, emphasizing where

UNICEF adds the best value. Critically, the GAP went beyond answering *why* gender equality is key to an equitable and sustainable future, and focused on *what* concrete actions were needed and *how* to enact them where most needed. This report provides overall trends in UNICEF's successes and challenges in advancing gender equality during the 2014–2017 period, with emphasis on achievements in 2017 and a view to the future.

The GAP programmatic framework consists of three areas that build on and inform one another: empowering adolescent girls, mainstreaming gender across all programme areas and institutional strengthening.

FIGURE 1: Gender Action Plan, 2014–2017: Programmatic focus
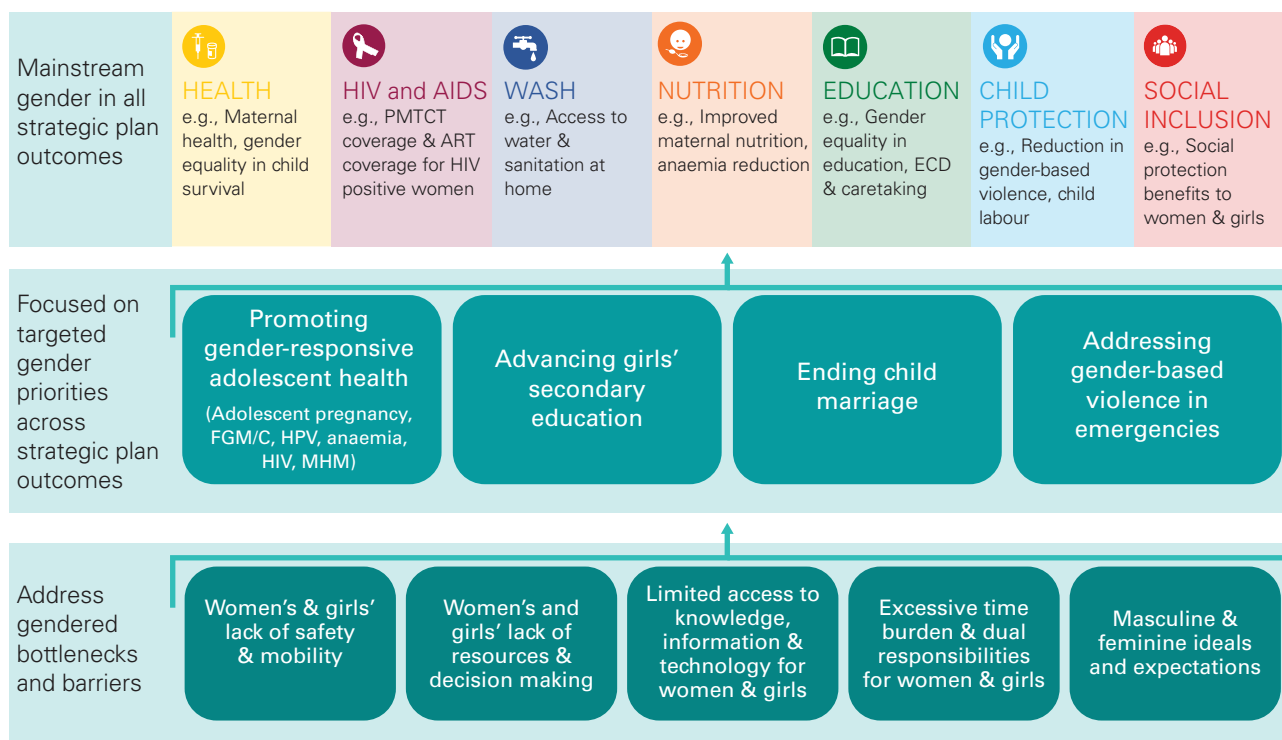
Source: UNICEF.

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 gender priorities

Adolescence is a period of great transition, and can be a challenging time for girls and boys as they adjust to new responsibilities while demanding greater independence and experimenting with different ways of doing things. It is a period when gender norms and societal expectations can increase risks and limit opportunities, especially for girls. In many societies, puberty signals a curbing of girls' movements, schooling, social networks, life exposure and sexuality, while the opposite is often true for boys. Adolescent girls often deal with the burden of domestic work and caregiving, heightened vulnerability to sexual and other forms of violence, and expectations to be married or sexually active – with the likelihood of becoming pregnant. These dynamics and their outcomes confine many adolescent girls to a tightly circumscribed existence, lacking in choice and opportunity, with few options for the future.

The four priorities in the GAP 2014–2017 – ending child marriage, advancing girls' secondary education, promoting gender-responsive adolescent health, and addressing GBV in emergencies – focus on dismantling these restrictions and empowering girls to reach their potential, by addressing some of the most consequential challenges facing girls worldwide. By applying multisectoral solutions to these complex, interconnected issues, UNICEF's work has fostered synergies and efficiencies across more than one outcome, leading to greater convergence in its programming, with more robust results for girls.

UNICEF's work to support girls to complete secondary school, for example, can make them six times less likely to marry in childhood, less likely to become pregnant in adolescence, better able to delay childbearing, and can also help reduce their exposure to HIV. Likewise, interventions to support girls' health can empower them to avoid pregnancy and thus increase their chances of staying in school. Tackling these areas together can, in addition to setting girls on a safer, healthier, more self-directed path towards adulthood, also pave the way for them to raise healthier, better educated families themselves.

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Adolescents at Matthayom Than Bin Kamphaeng Saen School in Nakhon Prathom province of Thailand are chatting in their free time. UNICEF supports adolescents by promoting more gender-equitable outcomes, including in education, and fostering positive gender socialization.

Progress over the 2014–2017 period

Over the past four years, UNICEF's work on empowering adolescent girls has led to progress in the following areas.
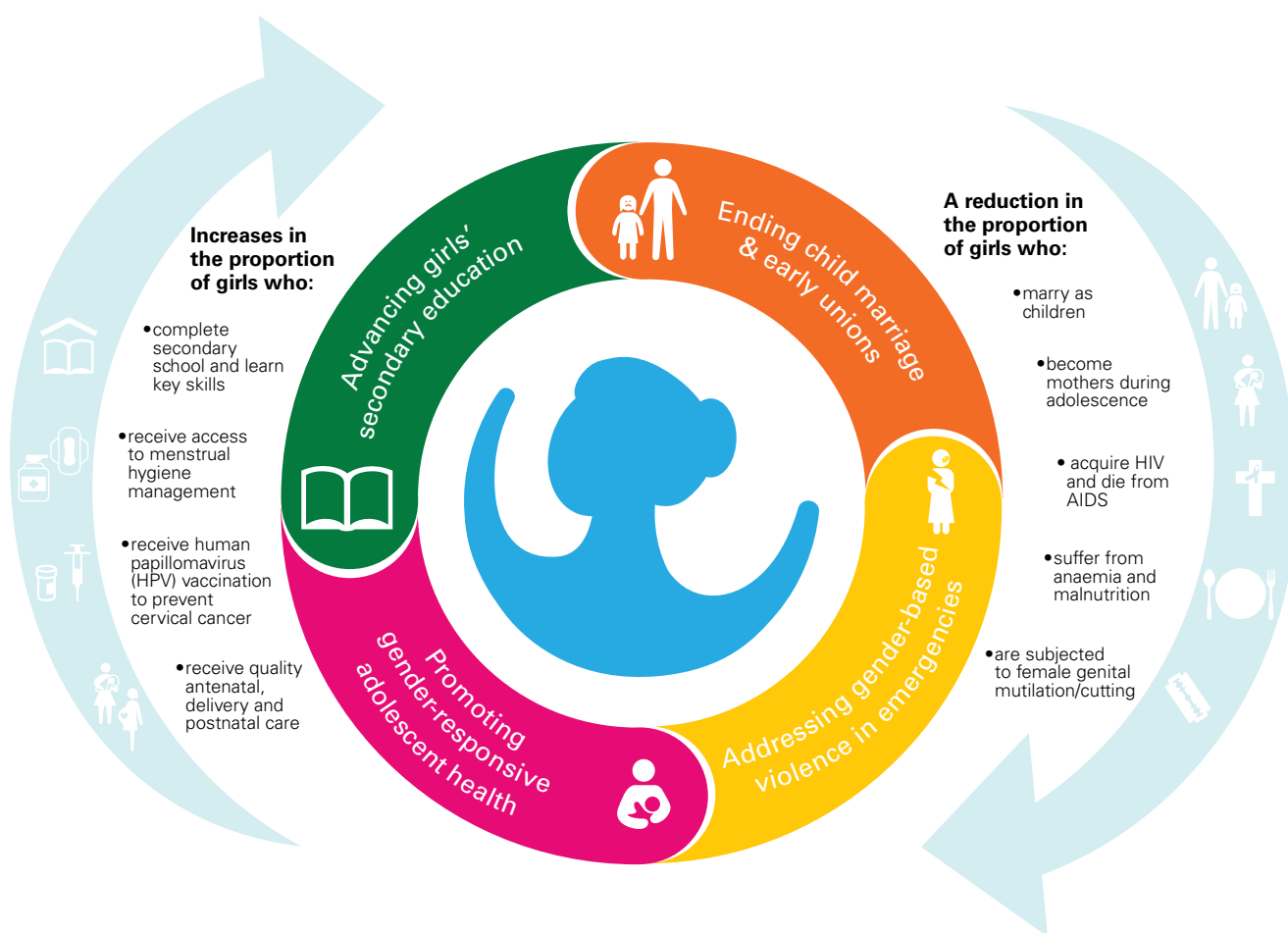
Reductions in the proportion of girls:

- Married as children;
- Becoming mothers during adolescence;
- Acquiring HIV and/or dying from AIDS;
- Suffering from anaemia and malnutrition; and
- Being subjected to female genital mutilation.

Increases in the proportion of girls:

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

Figure 2 illustrates how these outcomes are interconnected, reinforcing that advances in one area can achieve results in others across the entire body of UNICEF's work.

FIGURE 2: Empowerment of adolescent girls

Increases in the proportion of girls who:

- complete secondary school and learn key skills
- receive access to menstrual hygiene management
- receive human papillomavirus (HPV) vaccination to prevent cervical cancer
- receive quality antenatal, delivery and postnatal care

Advancing girls' secondary education

Ending child marriage & early unions

Promoting gender-responsive adolescent health

Addressing gender-based violence in emergencies

A reduction in the proportion of girls who:

- marry as children
- become mothers during adolescence
- acquire HIV and die from AIDS
- suffer from anaemia and malnutrition
- are subjected to female genital mutilation/cutting

From 2014 to 2017, eight output-level indicators tracked annual progress against the four priorities *(see Table 1)*. Advances were progressively made in all areas, with results approaching or exceeding targets by the end of 2017. UNICEF has contributed to marked improvements in women's and adolescents' maternal and pregnancy care, access to water, sanitation and hygiene (WASH) – including menstrual hygiene – and access to protection and services against violence, especially during emergencies. UNICEF programming has also been an important contributory force to accelerating the declines in child marriage rates, the

emerging declines in FGM rates and the improvements in adolescent girls' nutrition.

Importantly, the GAP catalysed greater organizational commitment and learning on how to apply a gender lens to work with adolescents, and achieved organization-wide 'buy-in' of gender equality as a cornerstone of UNICEF's mandate. As a sign of greater recognition of the interlinkages between gender priorities focusing on adolescent girls, the number of countries that focused on two or more priorities in their programmes rose from 59 in 2014 to 80 in 2017.

FIGURE 3: Highlights of progress on targeted priorities for adolescent girls

38%

In 2017, 38% of countries had education policies that address school-related gender-based violence – nearly double the number in 2014.

12

By 2017, 12 countries with high rates of child marriage had costed national strategies to reduce the harmful practice – up from 2 countries in 2014.

31

By 2017, 31 UNICEF-supported countries had evidence-based strategies to prevent HIV and AIDS among adolescent girls and boys.

1.7M

In 2017, UNICEF supported 1,690,186 girls, women and boys in humanitarian crises with services to prevent and respond to sexual violence.
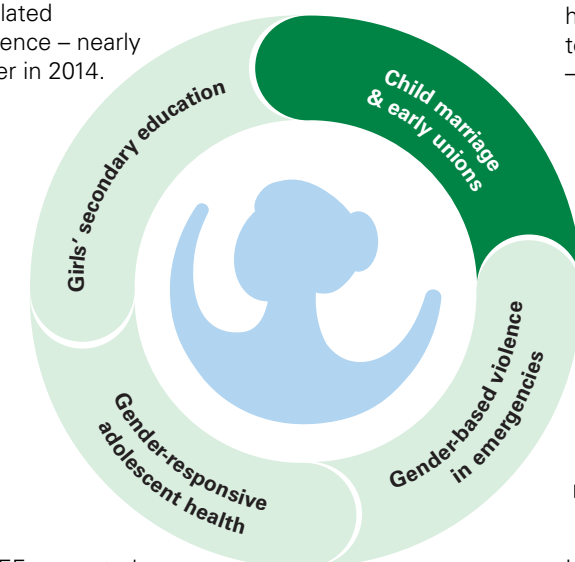
Average achievement of indicators for this priority is at or above 100 per cent

Average achievement of indicators for this priority is between 60 and 99 per cent

TABLE 1: Progress on output indicators for targeted priorities, from baseline to 2017
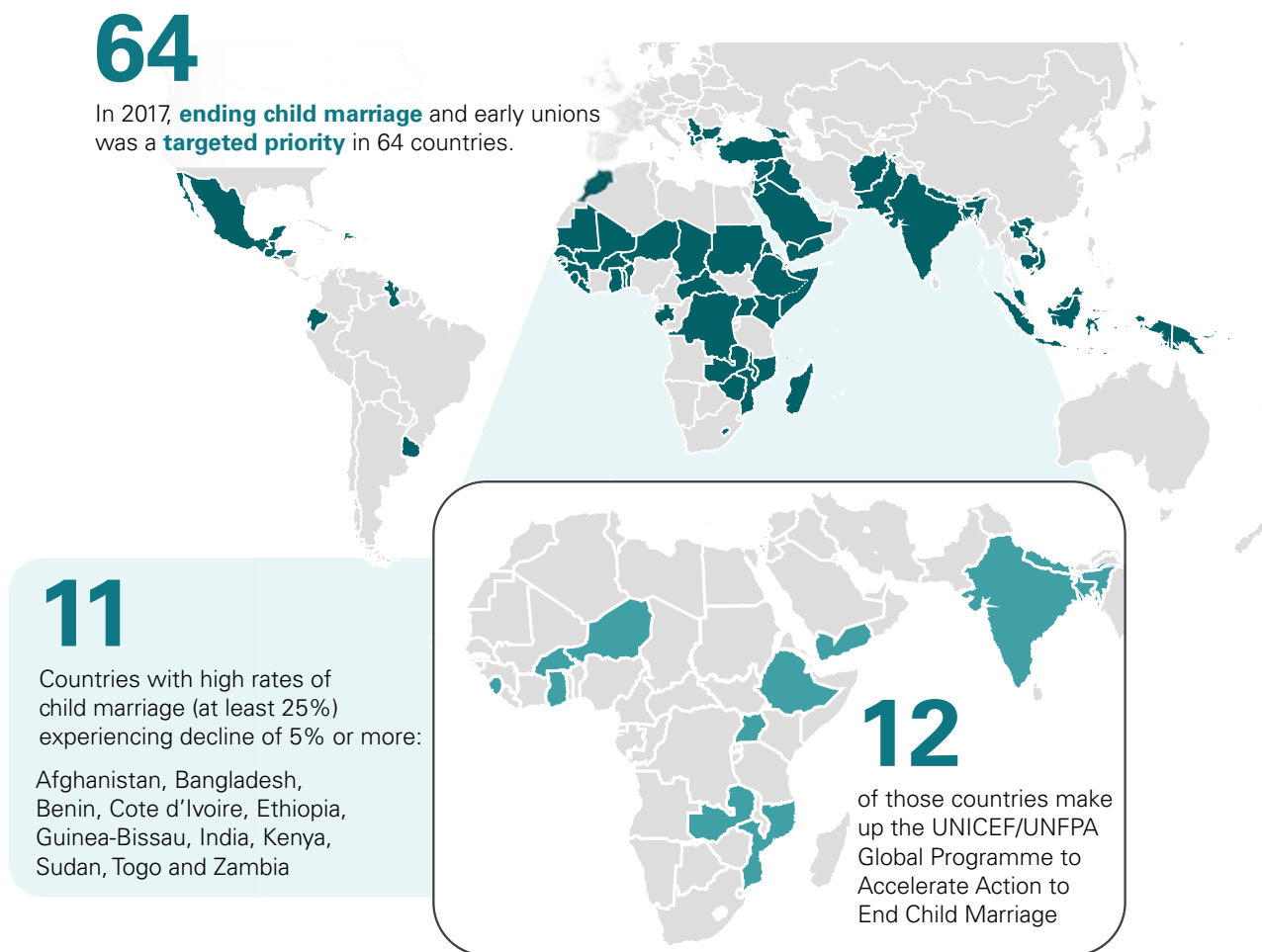
UNICEF targeted gender priorities	Output indicator	Baseline	2014	2017 value	2017 target
Ending child marriage	Countries (of those in which child marriage prevalence is 25% or higher) with national strategies or plans on child marriage with a budget	1 (2013)	2	12	12
Advancing girls' secondary education	Proportion of countries with an education-sector policy or plan that specifies prevention and response mechanisms to address gender-based violence in and around schools	28% (2013)	20%	38%	32%
Promoting gender-responsive adolescent girls' health	Countries that have plans with budgets allocated to reduce adolescent pregnancy	83 (2014)	83	101	93
	Countries with a policy or plan targeting anaemia reduction in girls	27 (2013)	34	56	50
	Countries with national HIV/AIDS strategies that include proven high-impact evidence-based interventions to address HIV among adolescents	26 (2014)	26	33	38
	Countries implementing menstrual hygiene management in WASH in Schools programmes	22 (2014)	22	44	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% (2014)	a) 74% b) 50%	a) 85% b) Data not available	100%
	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) *Note: While the baseline and target figures are in percentages, the indicator measures actual numbers of children and women.*	79% (2014)	432,757 (79.2%)	1,690,186	100%

ENDING CHILD MARRIAGE

Occurring in a wide range of countries, child marriage carries immediate and lifelong negative consequences for girls and societies. Girls are denied a childhood, their education is disrupted and their opportunities limited. Their risks of early pregnancy, complications from childbirth and of contracting sexually transmitted infections, including HIV, increase dramatically. They are more vulnerable to domestic violence, and more likely to have babies that do not survive past the neonatal period. The equity dimension is also clear: girls from the poorest countries and households, and girls living in rural areas and marginalized communities, are more likely to be married as children than their counterparts in higher-income households and urban areas. Further, in humanitarian crises, girls are at special risk – families who no longer feel able to take care of them may marry them off in the hope of ensuring their safety and security.

While global child marriage numbers continue to be alarming – an estimated 650 million women alive today were married as children – over the last decade, sustained collaboration and leadership by UNICEF, United Nations Population Fund (UNFPA), national actors and other partners, greater resources and concerted action at global and national levels are finally beginning to make a dent. New figures indicate that the prevalence of child marriage is decreasing globally: the proportion of women who were married as children decreased by 15 per cent in the last decade, from 1 in 4 to around 1 in 5, or 12 million per year.[1] This amounts to 25 million child marriages averted. Still, in order to end the practice by 2030 – the target set out in the SDGs – progress must be significantly accelerated. If not, more than 150 million additional girls will marry before their 18th birthday by 2030.

FIGURE 4: UNICEF support to ending child marriage and early unions

64

In 2017, **ending child marriage** and early unions was a **targeted priority** in 64 countries.

11

Countries with high rates of child marriage (at least 25%) experiencing decline of 5% or more:

Afghanistan, Bangladesh, Benin, Cote d'Ivoire, Ethiopia, Guinea-Bissau, India, Kenya, Sudan, Togo and Zambia

12

of those countries make up the UNICEF/UNFPA Global Programme to Accelerate Action to End Child Marriage

Major strides in ending child marriage

In the past four years, UNICEF has played a leadership and collaborative role in global, regional and national partnerships to bring greater attention, resources and accelerated action on child marriage. Encouragingly, rates of child marriage are beginning to decline at a faster pace in countries that have large numbers of girls at risk, and where national actors, UNICEF, UNFPA and other partners have been building an increased momentum over many years. Eleven countries in which UNICEF works, including the high-burden countries of Bangladesh, Ethiopia and India, have seen at least a five per cent decline in prevalence.[2] In the last 10 years, in India, progress has meant that a girl's risk of marrying before she turns 18 has dropped from nearly 50 per cent to 30 per cent; and in Ethiopia, it has dropped from around 60 per cent to 40 per cent. Reasons for the shift in prevalence rates include proactive government investments in adolescent girls, increasing rates of girls' education, and strong public messaging around the illegality of child marriage and the harm it causes.

In 2017, sixty-four UNICEF country programmes included ending child marriage as a targeted priority, 20 more than in 2014. Interventions these countries are implementing include the development and costing of national plans and strategies; and improved schooling and health options for girls, including for example, addressing adolescent pregnancy reduction in concert with education access and completion. Interventions have also emphasized community mobilization, the generation of quality data and evidence, and provision of life skills training for girls on entrepreneurship, financial skills, knowledge on sexual and reproductive health issues, and digital literacy, to help them pursue alternatives to early marriage. Signalling intensified national ownership and effort, 37 of these UNICEF-supported countries now have approved national action plans to address child marriage, compared with only 18 in 2014. By the end of 2017, twelve countries had costed and budgeted plans, compared with two in 2014, meeting the overall target.

The 2016 launch of the UNICEF-UNFPA Global Programme to Accelerate Action to End Child Marriage has been a catalytic force in UNICEF's efforts with partners to reduce child marriage and early unions and to support girls already married. It focuses on 12 countries – chosen from among the wider number of UNICEF-supported countries which prioritize ending child marriage – with medium to high prevalence and burden of child marriage in the Middle East,

South Asia and Sub-Saharan Africa.[3] The Global Programme has become a hallmark for demonstrating a multisectoral approach to scaling up national and local programming, and the learnings from its progress have been shared to support efforts in other countries. In 2017 in Turkey for example, a joint programme between UNICEF, UNFPA, UN Women and the International Organization for Migration was developed to strengthen the policy environment and local institutional capacities to end child marriage, including through addressing the link to negative social norms that sustain and perpetuate the practice. The programme is being rolled out in 12 (out of 26) provinces in 2018. In addition, new regional initiatives have also emerged, including a UNICEF-UNFPA joint programme in the Latin America and Caribbean region, and the development of a Regional Accountability Framework in the Middle East and North Africa region.

Supporting policies, plans and commitments for ending child marriage

UNICEF advocacy and technical support contributed to several national legislative and policy advances to end child marriage, including the development and implementation of national action plans. In 2017, with support from the Global Programme, Nepal developed its national action plan with a costing and monitoring and evaluation framework, Zambia launched a costed national plan, and Ghana launched its first national strategy on ending child marriage. In Bangladesh, in collaboration with the Ministry of Finance and Ministry of Women and Children, the Global Programme supported a budget allocation scoping analysis, which allowed the government to identify ways to resource its national plan, paving the way for improved targeting and increased investments to end child marriage.

UNICEF's efforts resulted in policy changes in countries outside the Global Programme as well. In Honduras, for instance, after sustained advocacy efforts in 2016 by UNICEF, Plan International, UNFPA and other partners, a law was passed in 2017 to ban early marriage. Similar advocacy efforts in the Dominican Republic to raise the minimum legal marriage age to 18 years were bolstered by a soap opera-style public campaign, *La Peor Novela* (The Worst), broadcast to 23 million people to shift society's perceptions on child marriage. Proposed legislation is pending review in the country's senate.

La Peor Novela, a soap opera that aired in the Dominican Republic, followed the story of 16-year-old Paola – the character shown in the photograph. Her story represents the decisions of many adolescents who enter child marriage or early union as a response to lack of other options or choices in their life.

At the regional level, both the South Asian Association for Regional Cooperation and the African Union have established plans of action to end child marriage. In 2017, UNICEF and UNFPA partnered with the African Union to launch the first-ever Africa-wide campaign to end child marriage. Encouraged by this, 19 African countries[4] have since stepped up their national commitments to end child marriage.

Reaching girls and communities

Increasing girls' opportunities to acquire education, life skills, health services and information not only serves to prevent child marriage but also helps to mitigate its negative consequences for girls already married. In 2016–2017, UNICEF programming led to over 2 million adolescent girls receiving life skills and educational support in the form of cash transfers, school materials and payment of transport expenses. UNICEF and its partners also supported governments to strengthen health, education and child protection systems to better deliver quality services, information and options to adolescent girls to either prevent child marriage or mitigate its effects.

UNICEF and partners emphasized the scaling up of interconnected and cross-sectoral programmes that could achieve more than one outcome for girls. For instance, UNICEF, UNFPA and the Pan American Health Organization worked jointly in 2017 to support the development of Guatemala's National Plan to Prevent Adolescent Pregnancy, which recognizes the linkages between teen pregnancy and early marriage. The plan targets reductions in teen pregnancy through interventions on improving education access, comprehensive sexuality education in schools and communities, gender-responsive adolescent health, and adolescent participation.

CASE STUDY 2: ETHIOPIA – NURTURING GIRLS' SCHOOL CLUBS TO END CHILD MARRIAGE

When Mestawet Mekurya learned about the harms of child marriage at a meeting of the girls' club at her school, she immediately told her parents she did not want to get married. What she wanted was to become a doctor or a teacher. But they didn't listen to her. That's when 14-year-old Mestawet ran to the police station in her Ethiopian village. The police intervened and her marriage was called off.

The region where Mestawet is from, Amhara, has the second highest rate of child marriage in Ethiopia. But school clubs like Mestawet's offer a unique opportunity to reach girls who are at risk, raise their awareness, and inform them about their rights and the services available to help them. The clubs also provide girls with information on sexual and reproductive health, as well as training in critical skills such as financial literacy.

This is why UNICEF, along with its partner UNFPA, is integrating efforts to end child marriage with school-based programmes that empower girls and give them viable alternatives to marriage. These programmes take place in 12 countries where child marriage remains prevalent, including Ethiopia, where some 1,200 unmarried girls in three high-risk localities have been reached. In Uganda, where UNICEF worked closely with the government to develop a national strategy to end child marriage, awareness-raising programmes in schools have reached almost 75,000 adolescents.

These programmes have a multiplier effect, turning many of the girls who participate into activists who promote change in their communities. "Child marriage is a harmful practice, and I want girls to continue with their education like me," says Mestawet. "I always tell my friends in my village about child marriage, and I will continue to do so in others."

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Mestawet Mekurya, 14, 7th grade student at Ayti Primary School, Zigem, Amhara region.

Communication for Development (C4D) activities such as community outreach and advocacy have proven to be instrumental in shifting gender norms and attitudes and mobilizing action to end child marriage. From 2014–2017, UNICEF reached 11.6 million people in 66 countries through community-based behavioural change programmes with messaging on the negative consequences of child marriage, notably through community dialogues, interactive theatre, mass media activities, and partnerships with faith-based and traditional leaders. For example, in 2017,

interactive theatre was used in Yemen to reach more than 33,000 people (more than half of them women and girls) with messages on child marriage and GBV. Also in 2017, Bihar, one of India's high-prevalence states, launched the first ever large-scale, multi-agency initiative in the country to end child marriage, reaching over 600,000 government officials, an estimated 10.4 million adolescents, and some 24 million people overall through sustained media and community mobilization.

COMMUNICATION FOR DEVELOPMENT

UNICEF employs Communication for Development (C4D) strategies to foster an enabling environment for its multisectoral interventions to improve the wellbeing, self-efficacy and agency of the most disadvantaged women, girls and boys. C4D is an evidence-based process that uses a mix of communication tools, channels and approaches to facilitate participation and engagement with children, families, communities, and networks to promote positive social and behaviour change in both development and humanitarian contexts. It forms an integral part of UNICEF's approach to gender equality.

Community dialogues are an important C4D intervention. Here, volunteer Elizabeth Lemoyog (wearing white) speaks during a women's public gathering and dialogue in Kiltamany village located in Samburu County, Kenya. The gathering was facilitated by UNICEF and Pastoralist Child Foundation to mobilize women to take a stand against FGM and child marriage.
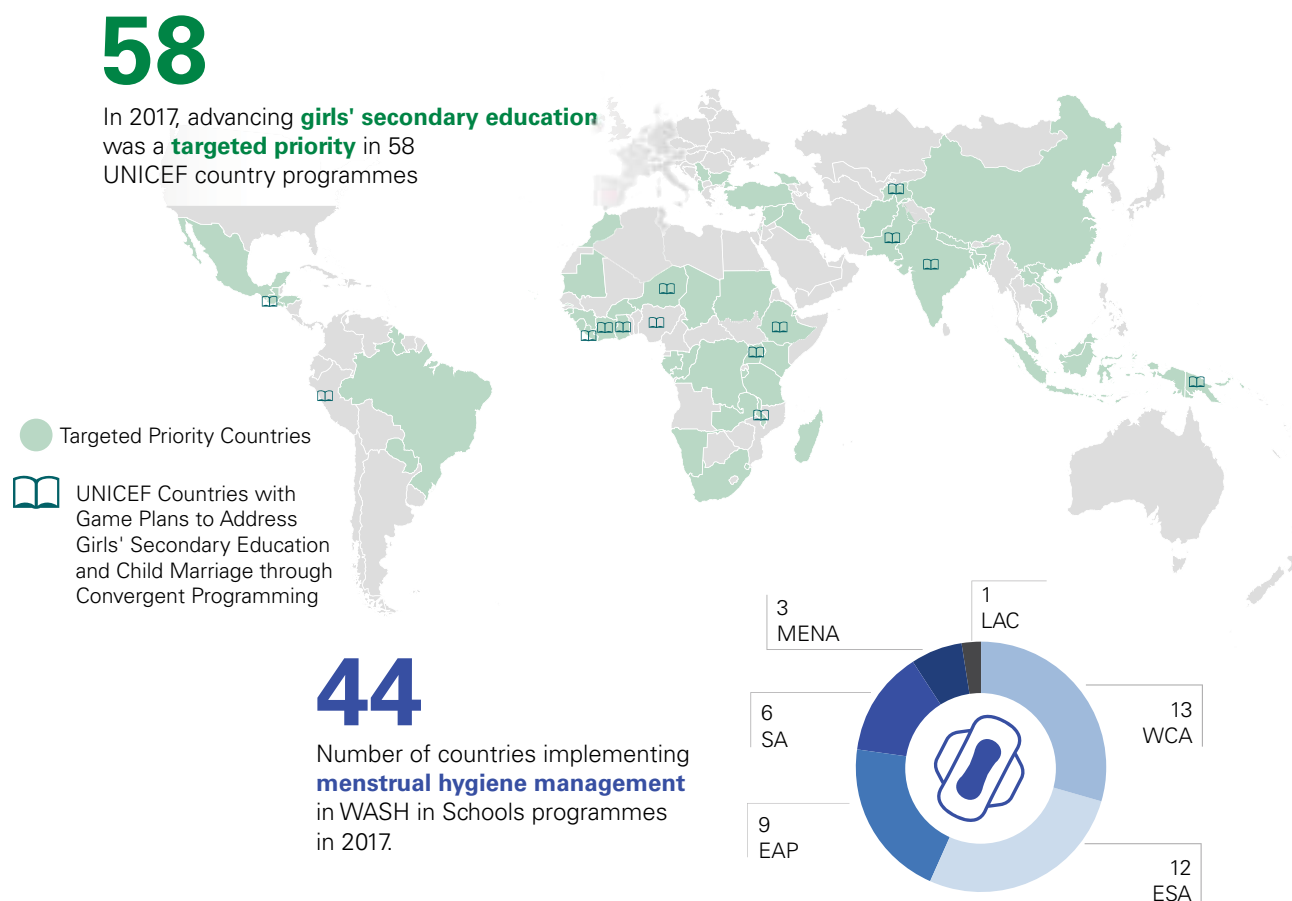
ADVANCING GIRLS' SECONDARY EDUCATION

In many countries, particularly in the Middle East and North Africa, South Asia and sub-Saharan Africa, gender-based disadvantages in education for girls – especially those who are poor, living in rural areas, from ethnic minority groups or living with disabilities – widen as they approach secondary school age. Even where girls do have high rates of secondary school completion, traditional gender-based expectations – such as that girls will marry while boys will get a job – can negatively affect girls' self-confidence and ability to acquire the knowledge and skills needed to seize employment opportunities and compete effectively in the marketplace, as well as to participate in civic life. At the same time, there is overwhelming evidence that completion of secondary education can be a powerful, transformative force for girls and entire societies, especially when coupled with opportunities for girls to develop capabilities for personal and social advancement, and transition from education to employment. The benefits are innumerable, ranging from the potential for dramatically increased lifetime earnings and national growth rates, to reductions in child marriage, maternal and child mortality, adolescent pregnancy rates and poverty.

Over the last four years, there has been global progress on girls' secondary education. Lower secondary school enrolment among girls has been increasing, with the percentage of countries in which girls are disadvantaged falling from 41 per cent in 2014 to 36 per cent in 2017. At the same time, a number of challenges around effective, transformative strategies that can be scaled up remain. For example, the proportion of countries with gender parity in access to secondary schooling has declined little, from 40 per cent in 2014 to 35 per cent in 2017 – a marker of the complexity of progress on gender equality in education.[5]

FIGURE 5: UNICEF support to advancing girls' secondary education

58

In 2017, advancing **girls' secondary education** was a **targeted priority** in 58 UNICEF country programmes

● Targeted Priority Countries

📖 UNICEF Countries with Game Plans to Address Girls' Secondary Education and Child Marriage through Convergent Programming

44

Number of countries implementing **menstrual hygiene management** in WASH in Schools programmes in 2017.

3 MENA

1 LAC

6 SA

13 WCA

9 EAP

12 ESA

Notes: EAP, East Asia and Pacific; ESA, Eastern and Southern Africa; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa.

Government commitment to girls' secondary education has increased over the period of the GAP. The number of countries where girls' secondary education is a budgeted government priority increased from 27 per cent in 2014 to 35 per cent in 2017. Some 58 UNICEF country programmes now implement actions to advance girls' secondary education results, compared with 30 in 2014.

In addition, from 2014–2017, fourteen countries across five regions – the UNICEF 'Game Plan' countries[6] – formed a coordinated effort to accelerate progress on girls' secondary education results, through new partnerships, the use of robust evidence, C4D strategies to address social norms, and cross-sectoral programming that also targeted reducing child marriage and adolescent

pregnancies. For example, in 2017, UNICEF designed a school-based integrated development model for female indigenous adolescents in the Ucayali region of Peru. The model brings together schools, health and protection services, communities and adolescents to identify, monitor and remove barriers that prevent indigenous adolescents from completing their secondary education, including early pregnancies, early relationships and GBV. In the Niger, national-level advocacy resulted in a Presidential Decree in December 2017 to raise the compulsory age of schooling for girls to 16 years. This is an important step not only because over 90 per cent of the poorest girls of lower secondary school age are out of school, but also because of its potential impact on reducing child marriage in the country.

Florence, a 14-year-old student at the Hope Secondary School, in Kinshasa, Democratic Republic of the Congo, is answering questions about what she thinks of child marriage and education: "My step-mother wanted to marry me off to a man when I was 13. I refused since I was still a little girl and I wanted to study. So, she took me to the market and abandoned me there. I didn't come back; it was a good decision. Now, I'm currently in the last year of school continuing with my studies. I want to go to high school and then become a tradeswoman".

Dismantling barriers to girls' secondary education

UNICEF has been working with governments and partners to support a range of evidence-based, multisectoral strategies that contribute to removing bottlenecks that continue to keep adolescent girls out of school.

Boosting financial access: In several countries, UNICEF contributed to overcoming financial barriers to educational access through cash transfer schemes to enable girls to stay in primary school, and transition to and remain in secondary school. In Nigeria, an impact evaluation of a UNICEF-supported cash transfer scheme in the states of Niger and Sokoto showed a net increase of 30 per cent in girls' enrolment. The 'Let Us Learn' programme in Madagascar provided cash transfers to more than 100,000

girls in seven regions, enabling over 21,000 out-of-school girls to access catch-up classes and re-enter formal schooling, including almost 5,000 at the lower secondary education level.

Addressing school-related gender-based violence: School-related gender-based violence (SRGBV) remains a formidable obstacle to girls' access to and retention in school in many countries. Secondary schools are often further away than primary schools, and the lack of safe transportation and the risk of sexual violence can deter parents from sending girls to schools that are not within their community. In many settings, the sexual violence and harassment experienced by adolescent girls at school is also a deterrent to their completing higher grades of schooling.

During the GAP period, UNICEF country programmes intensified efforts to prevent and mitigate SRGBV, including through supporting its inclusion as a priority issue in national education strategies. In 2017, thirty-eight per cent of countries reported a national education sector plan that specified prevention and response mechanisms to address GBV in and around schools, an 18 per cent increase from 2014.

UNICEF research in Côte d'Ivoire, Ethiopia, Togo and Zambia has helped shape recommendations for national actions on SRGBV that are now being tested in several countries. In Ethiopia, for example, the research led to the inclusion of SRGBV data within the 2016–2017 Education Management Information System. This resulted in improved documentation and reporting of SRGBV incidents – from 478 schools tracking and reporting this information in 2016 to 580 schools doing so in 2017.

In Sierra Leone, UNICEF worked with the Ministry of Education, Science and Technology in 2017 to develop and pilot a national school safety guide in 924 junior secondary schools, focused on training school principals, teachers and student mentors, and improving school safety measures.

Confronting underlying gender norms: UNICEF programming also tackled socio-cultural barriers to girls' education, including through more gender-responsive school curricula, social and behaviour change communication, and community-level advocacy. UNICEF advocacy with the Burkina Faso Government led, for instance, to the development in 2017 of teaching modules for secondary schools to raise awareness about gender norms around child marriage, sexual and reproductive health, and FGM. In Morocco, UNICEF and its partners piloted a programme to maintain girls at school in the Chichaoua district, where the rate of girls' dropout was the highest in the country. Family awareness sessions and visits to the nearest Dar Taliba campus – an all-girls boarding school programme – were organized with local authorities to encourage parents to allow their girls to attend and complete secondary school. There has already been an immediate positive effect – the transition rate of girls from school to college in this district has increased from 35 per cent in 2016/2017 to 54 per cent in 2017/2018.

Encouraging girls' participation in sports can be invaluable not only in terms of empowering them to overcome gender-related barriers, but also to challenge wider community gender norms that consider girls as weak, or that treat sports, and competition, as solely the domain of men and boys. In Bhutan, for example, where child marriage rates remain high, and girls' school enrolment drops off dramatically at higher secondary levels, UNICEF partnered with the Bhutan Cricket Council Board in 2017 to organize the first-ever Women's Cricket T20 Championship, with 84 adolescent girls from across the country competing. These girls engaged with more than 1,500

of their female peers to encourage them to participate in sports. In Ukraine, UNICEF's partnership with the Football Federation continues, resulting in two sporting events in 2017, including the Empower Girls tournament. The events – which aimed to promote gender equality, social inclusion, social cohesion and team building – involved nearly 7,000 boys and girls from almost 400 schools from conflict-affected regions of the country. In addition, a Volleyball Cup tournament was also held with specific messaging around girls' empowerment, in which 300 mixed school teams participated.

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Nabaa, 17 (holding basketball), plays in a basketball game at Al-Yaqatha High School in the Arafa district of Kirkuk in Iraq. UNICEF fosters girls' empowerment and positive gender socialization by supporting girls' participation in sports.

Reaching girls through knowledge and skills development

UNICEF supported girls to learn relevant skills, while also supporting governments to improve gender-equitable skills development, providing adolescent girls with opportunities to transition from education to decent work. Life skills interventions, depending on the country context, have ranged from financial and market-based skills training, digital literacy, and adolescent sexual and reproductive health knowledge, to critical thinking, problem-solving, and social skills to encourage civic participation. Programmes have expanded in scope and reach during 2014–2017, and while targeting both boys and girls, have progressively emphasized stronger participation by girls.

In 2017, in Nepal, 34,000 adolescents – more than half of whom were girls – were empowered with social and financial skills education and access to spaces to expand their social network, increasing their employability. Through the UNICEF-supported Zambia Girls 2030 programme, in 2017, 200 schools offered career guidance, and internship placement with private sector mentors, to encourage secondary school retention and completion. The programme also offered life skills and entrepreneurship training, and established 50 Student Alliance for Equality clubs, where peer educators reached over 20,000 adolescents with knowledge to make more informed decisions about their rights.

CASE STUDY 3: LEBANON – CLOSING THE GENDER GAP IN STEM FIELDS

"I thought only men could learn robotics – now I am able to construct a robot!" Those were the words of one Lebanese teenage girl after she had completed a day-long Girls Got IT training, an initiative that UNICEF supports in Lebanon through its Youth Innovation Lab.

The day had started early, with talks by entrepreneurs from Lebanon's start-up companies urging 400 girls to pursue studies and careers in science, technology, engineering and mathematics (STEM). The girls went to hands-on workshops, where, with 'Girl on Fire' by Alicia Keys playing on the sound system, they developed websites and mobile applications, experimented with virtual reality and graphic design, and, yes, built robots.

STEM careers are poised to be the jobs of the future, but discrimination and restrictive gender norms prevent many girls from entering those fields of study. The risk is that girls and women will remain marginalized in the global economy. Closing the gender gap in education is not going to be enough to achieve gender equality – we also need to close the gender gap in STEM education.

This is precisely the goal of Girls Got IT. Over the course of 2017, the initiative trained 18,550 girls from across Lebanon. It targets 15- to 17-year-old girls from marginalized and disadvantaged communities, including Syrian refugees – girls least likely to be exposed to STEM right at the time when they are planning their future careers and deciding whether to pursue higher education.

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Girls Got IT is a joint collaboration between five local non-governmental organizations (NGOs) – led by the Lebanese League for Women in Business (LLWB) – UNICEF, and the Lebanese Ministry of Education. "Working women is the name of the game worldwide," says Asmahan Zein, president of LLWB. "Through Girls Got IT, we wanted to reach the girls in 10th and 11th grades to introduce them to future STEM skills that are highly in demand in the workplace."

Lebanese and Syrian teenage girls build an architectural model from cut-out cardboard during the "Introduction to Architecture" workshop at the fourth edition of the Girls Got IT event at the University of Balamand in northern Lebanon.

## PROMOTING GENDER-RESPONSIVE ADOLESCENT GIRLS' HEALTH

As girls and boys transition to adolescence and undergo puberty, gender disparities in health status and outcomes often become starker. Especially for girls, gender norms and inequalities can heighten health risks and rights violations, impacting their ability to access and benefit from services to meet their specific needs. Pregnancy, higher risks of HIV and HPV infection and of cervical cancer, and inadequate nutrition are some of the greatest health challenges adolescent girls face, with potentially lifelong consequences.

The challenges are also interlinked. The combination of poverty and gender norms can restrict girls' access to nutritious foods, making them more vulnerable to malnutrition, including anaemia – which already disproportionately impacts adolescent girls in developing countries, impeding girls' ability to focus and learn, and leading to particular complications in the case of pregnancy. Pregnancy, childbirth and lactation exact an enormous toll on adolescent girls' bodies, putting them at higher risk of injury, illness and death. Likewise, the practice of FGM can cause severe physical and mental health problems, with pronounced reproductive health challenges in the longer term when girls begin to menstruate, become sexually active, become pregnant and give birth. In addition, new HIV infections are rising disproportionately among adolescent girls, the only group for which AIDS-related deaths are increasing.

FIGURE 6: UNICEF support to gender-responsive adolescent health

90

In 2017, **advancing gender-responsive adolescent health** was a **targeted priority** in 90 UNICEF country programmes

Targeted Priority Countries
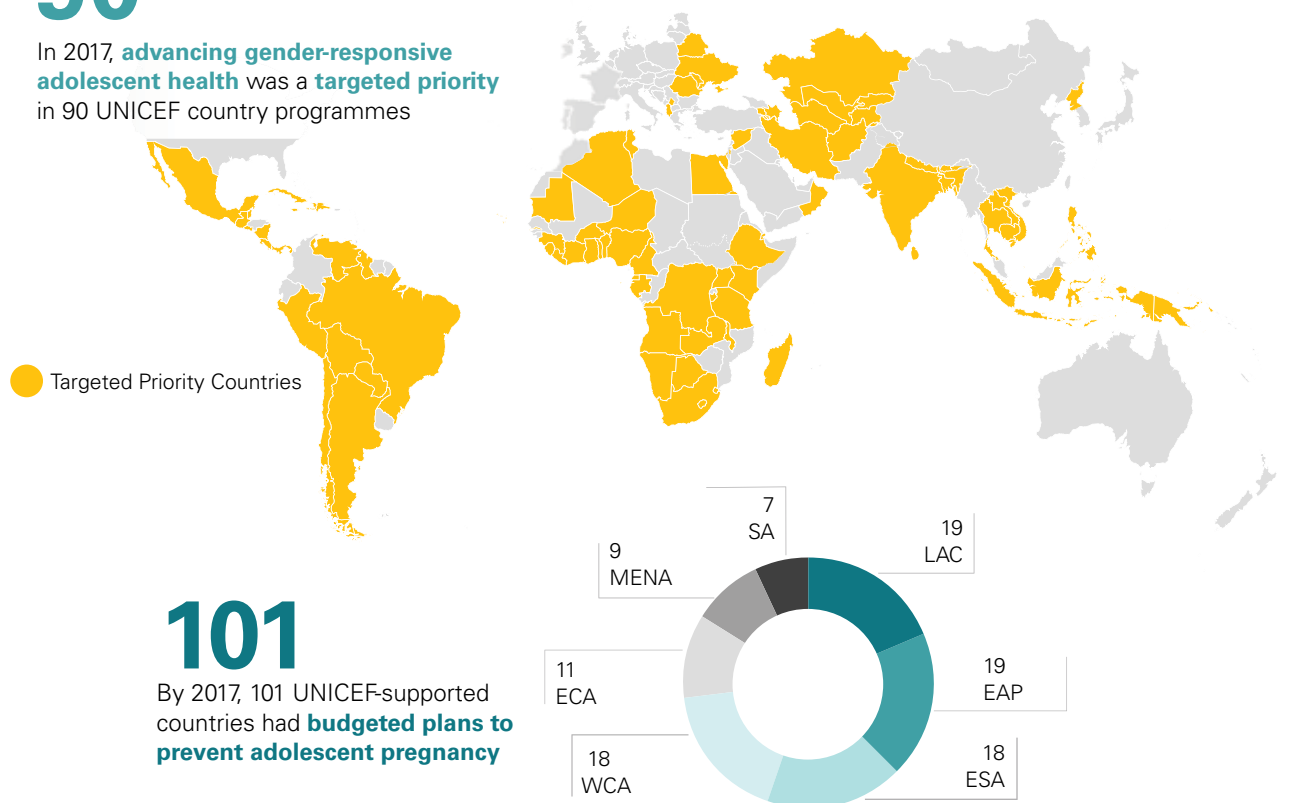
101

By 2017, 101 UNICEF-supported countries had **budgeted plans to prevent adolescent pregnancy**

7 SA
9 MENA
19 LAC
19 EAP
18 ESA
11 ECA
18 WCA

Notes: EAP, East Asia and Pacific; ECA, Europe and Central Asia, ESA, Eastern and Southern Africa; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa.

The GAP 2014–2017 frames gender-responsive adolescent health as a multi-component concept that includes adolescent pregnancy but also other essential aspects of puberty and reproductive health for girls, including anaemia reduction, menstrual hygiene management (MHM), and prevention of HIV/AIDS and FGM. UNICEF country offices have progressively welcomed this approach, with 90 UNICEF programme countries prioritizing gender-responsive adolescent health in 2017, compared with 62 in 2014.

These intensifying efforts, alongside stronger global and national partnerships, and concerted action in recent years, have translated into important gains on some key health outcomes for adolescent girls. An important area of progress is adolescent pregnancy. The number of countries where 80 per cent or more of adolescent girls aged 15–19 years are receiving skilled birth attendance during delivery has jumped significantly, from 47 countries in 2014 to 71 countries in 2017. There is improvement also on antenatal care coverage, with 35 UNICEF-supported country programmes reporting at least 80 per cent coverage for adolescent girls aged 15–19 years in 2017, compared with only 26 countries in 2014. Given that one in five adolescent girls still becomes a mother, these tangible improvements in pregnancy care are an important component of the basic right to reproductive health for girls. UNICEF has also been supporting countries to develop and implement plans to reduce adolescent pregnancies, with 101 countries reporting budgeted plans, up from 83 in 2014.

Global partnerships and national strategies

From 2014–2017, UNICEF was part of a movement to place gender-responsive adolescent health more prominently on global and national agendas and financing, in order to advance services, information and access tailored to the needs of adolescents, and girls in particular. UNICEF played a central role in the new focus on adolescents in reproductive, maternal, newborn, child and adolescent health as part of Agenda 2030 and the Every Woman, Every Child strategy.[7] UNICEF is a key member of the H6 partnership, and in May 2017, launched the Global Accelerated Action for the Health of Adolescents (AA-HA!) guidance to support country implementation. UNICEF has also continually participated in and provided expertise on gender to *The Lancet* commission on adolescent health and wellbeing.

In line with its multi-component approach, during the GAP period, UNICEF increased its support to countries to develop and implement national frameworks through evidence-based studies, cost analyses and policy dialogues. For instance, through UNICEF support, in 2017, Thailand launched its first-ever comprehensive gender-responsive framework promoting adolescent health and participation, while Uganda finalized its Multisectoral Strategic Framework for Adolescent Girls, addressing a combination of HIV/AIDS, teenage pregnancy and violence against children. Argentina's National Plan to Reduce Adolescent Unintended Pregnancies incorporated findings from adolescents' views on pregnancy, suicide and sexual abuse, establishing policies and health protocols relevant to their needs. In 2017, the National Plan provided health advisory services in 64 secondary schools (reaching almost 16,000 adolescents) with plans to scale up to 3,000 schools in 2018.

Engaging adolescents

In 2017, UNICEF increased support for adolescent participation in their own health-related decisions. For example, in UNICEF programming, digital platforms on gender-responsive adolescent health are expanding in number and scope, helping young girls and boys to play a direct role in their own health care, as well as promoting community engagement at a large scale. In Argentina, UNICEF launched an online platform called *Hablemos de Todo* (Let's Talk about Everything) to promote awareness among adolescents on sexual and reproductive health, gender, violence, suicide and substance abuse. In just six months, there were more than 120,000 site visits, and a chat function responded to more than 1,300 queries. Similarly, the Shout Out for Health project was rolled out in South Africa in 2017 through UNICEF's partners – the Children's Radio Foundation and Molo Songololo – reaching over 700,000 young people through broadcasts on 17 community radio stations focused on gender equality, violence and reproductive health rights.

Menstrual hygiene management

Delivering quality resources and information for menstrual hygiene management (MHM) is critical to building confidence and protecting the dignity and freedom of girls during adolescence. Millions of girls in low-resource and humanitarian contexts continue to lack access to adequate MHM supplies and facilities, giving rise to stigma and social exclusion, and leading to the forgoing of important educational, social and economic opportunities. UNICEF's efforts in this area have centred on innovative, scalable solutions around service provision, puberty education and social norm change, and emphasizing girls' needs and rights to dignity, privacy, safety and health, including while at school.

Over the GAP period, MHM programming has grown significantly with an increasing number of countries linking outcomes around MHM to girls' access and completion of education, reduction of GBV in schools, puberty and sexuality education, and change in community gender norms. From 2014–2017, the number of countries implementing MHM in WASH in Schools programmes has doubled from 22 to 44.

CASE STUDY 4: THAILAND – GIVING GIRLS THE FACTS ON AVOIDING TEEN PREGNANCY

A teenage girl starts to spend more and more time with a boy she likes. They begin a sexual relationship and she becomes pregnant. She ends up taking care of the child on her own. This is a storyline of the Thai cartoon *Teen Mom* – and one that many girls in Thailand can relate to. The pressure on them to engage in unsafe sexual behaviour is higher than ever, yet sexuality education in Thai schools has failed to provide them with the information and tools they need to protect themselves. Unsurprisingly, both teenage pregnancy and sexually transmitted infections are on the rise among young people.

This is where *Teen Mom* comes in. A collaboration between UNICEF and the global digital comics platform LINE WEBTOON, the cartoon series gives girls the facts about contraception and safe sexual practices. A teenage girl who has questions about the risks of unprotected sex after watching *Teen Mom* can turn to Lovecare Station – an online counselling service, run by the NGO Path2Health, that is mentioned in the cartoon – for advice on relationships or birth control methods.

The cartoon was viewed 2.3 million times within one month, and led to a 35 per cent increase in visits to Lovecare Station. Some 150,000 adolescents obtained gender-sensitive information about sexual and reproductive health through the website, and 2,500 of them received counselling services. With this information in hand, adolescent girls can also become health advocates by participating in national forums and telling government officials what kind of policies are needed to make sure girls can avoid early pregnancy and enjoy healthy futures.

©LINE WEBTOON/The Term/2017.

Images from the digital comic "Line Webtoon"

In 2017 alone, UNICEF directly supported 7,800 schools with girl-friendly WASH programmes, bringing the total number of schools covered from 2014–2017 to more than 50,000. For example, UNICEF supported the construction of 196 separate toilets for girls and boys, alongside MHM education that has reached 39,000 girls in five counties in Kenya. Similarly, gender-segregated toilets and MHM facilities were provided in 104 primary schools in Zambia, benefiting an estimated 19,000 girls, while in Sierra Leone, WASH programmes in 226 primary schools constructed latrines with specific menstrual hygiene spaces for access by almost 24,000 adolescents (about 21,000 girls).

UNICEF also worked with governments to develop teaching and learning materials on MHM to prepare girls for menstruation and remove the stigma associated with it. A partnership with the National Union of Eritrean Women and the Government of Eritrea provided 110,000 adolescent girls with MHM materials and information in 2017. Likewise, in Burkina Faso, information on MHM was used in 100 schools in three regions to improve the knowledge of more than 30,000 children (half of them girls), as well as teachers and community members. In Afghanistan, UNICEF supported curriculum changes in schools to introduce MHM at a much earlier age to prepare girls for menstruation, after a study revealed that over 50 per cent of adolescent girls were completely unaware of what menstruation was, and that during their period, 30 per cent of girls did not attend school and over 70 per cent did not shower. UNICEF also supported the development of a graphic storybook on MHM specifically for adolescents, and guidelines for teachers containing messaging from a prominent Islamic scholar targeted at men and boys to dispel misconceptions and encourage male participation in removing stigma around menstruation.

CASE STUDY 5: INNOVATIONS TO INFORM AND MOBILIZE YOUNG GIRLS AND BOYS

"I have really bad period pains. What can I do to make it better?"

"What should I do if a stranger comes and grabs me?"

"How can boys help end harassment of girls in schools?"

These are some of the questions on the minds of young girls and boys around the world. Answering these and other questions inspired promising country and regional solutions to the 2017 Gender Innovation Challenge. Designed by UNICEF's Gender Section in partnership with the Office of Innovation, the Challenge led to 16 diverse projects with an overall budget of almost US$1.7 million that aims to catalyse progress towards gender equality and girls' empowerment. These projects build on a larger programming portfolio of innovative solutions for girls' empowerment of UNICEF country offices around the world, including teaching girls' digital skills and linking them to new pathways of employability. They all share one thing in common: smart and creative use of technology that engages girls, boys and their caregivers in tackling some of the most pressing issues of gender equity across UNICEF's programming to achieve results at scale.

Menstrual health and hygiene is still too often associated with shame and stigma. In East Asia and the Pacific, girls are working with digital developers to create a mobile period tracker app. This provides girls with relevant information about their menstrual periods and related health concerns, challenges longstanding taboos, and helps them to track and predict their cycle via their smart and simple phones. The girl-centred design ensures that the period tracker will reflect girls' specific needs, circumstances and wishes. In Pakistan, UNICEF receives so many questions from young girls about menstrual and reproductive health that it developed Chukti U-Bot, a chatbot to provide girls real-time answers to their questions. This chatbot is ready to be scaled out to three other countries in 2018, complementing other programming efforts to increase access to valid information and dignified services and supplies.

At the global level, UNICEF – in collaboration with Plan International, CARE, UN Women, and the Girl Guides – piloted a chatbot shaped by young girls and boys on GBV. Over 250 ideas were received from young people, including their efforts to end violence against girls (EVAG) in their communities. The EVAG U-Bot will be released in 2018 in four languages – Bengali, English, French and Spanish – to an initial audience of 600,000 young people. The youth-driven content will also be shared with other partners to use in digital and non-digital programming to end violence against girls.

Both chatbots leverage UNICEF's U-Report platform, which enables more than 4.9 million girls, boys and adults worldwide to receive critical information and engage in conversation through short message service (SMS) and social media. Globally, the gender user profile of U-Report is 38 per cent female, 62 per cent male. As part of their Challenge solutions, Côte d'Ivoire and Mozambique focused on identifying and implementing intentional recruitment to increase girl 'U-Reporters'. Marie Christine, an 18-year-old girl, joined Côte d'Ivoire's U-Report platform as a result of such targeted recruitment efforts, and says she, "joined U-Report to join a community of change. U-Report helped me with listening skills and to open my mind." In Mozambique, where only 30 per cent of girls have access to the internet, UNICEF introduced a Girl-to-Girl Invite feature that encouraged existing girl U-Reporters to act as trusted recruiters. In less than 72 hours 8,600 additional girls registered on the platform – an overall increase of 4 per cent and an improved ratio of 44:56 between females and males.

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Young U-Reporters from Abidjan, Côte d'Ivoire.

Anaemia in adolescent girls

Anaemia reduction among adolescent girls is also a growing priority among UNICEF-supported countries. Countries that had plans targeting anaemia reduction for girls numbered 56 in 2017, up from 34 countries in 2014. Nutritional interventions in several countries are reaching adolescent girls on a wide scale. In 2017, UNICEF supported Afghanistan and India to escalate efforts to provide weekly iron and folic acid supplementation to adolescent girls. In India, 36 million adolescent girls and boys were reached, 7 million more than in 2016. The programme in Afghanistan achieved 97 per cent coverage, reaching about 1.6 million adolescent girls in 33 provinces, compared to about 984,400 girls in 10 provinces the previous year. The programme is delivered in schools, and reach was expanded in part due to UNICEF's capacity-building efforts with teachers, school management *shuras* (consultative councils), religious leaders and academic supervisors. Ghana launched its Girls Iron Folate Tablet Supplementation programme in October 2017, aiming to cover in its first phase four out of ten regions, reaching 600,000 adolescent girls aged 10–19 years weekly through school and health facilities.

Female genital mutilation

At least 200 million girls and women alive today have undergone some form of female genital mutilation (FGM) in 30 countries in Africa, Asia and the Middle East. Around a third of girls aged 15–19 years today in countries where FGM is practised have been cut. An overall decline in prevalence rates mean that an adolescent girl today is approximately a third less likely to be cut as compared to 30 years ago. In countries such as Kenya and Liberia, prevalence rates have fallen significantly among girls aged 15 to 19, from 41 per cent in 1984 to 11 per cent in 2014 in Kenya, and from 72 per cent in 1983 to 31 per cent in 2013 in Liberia.[8]

Yet, the pace of decline, where it exists, has been uneven, and if FGM continues at current levels in the 25 countries where data are available and it is routinely practised, an estimated 68 million girls will be at risk of being cut between 2015 and 2030. A compounding factor is where there are high population growth rates – if elimination efforts are not significantly accelerated in countries experiencing this, the number of girls subject to FGM will only increase in tandem.

The UNFPA-UNICEF Joint Programme to Eliminate Female Genital Mutilation, the largest global initiative on FGM to date, focuses on 17 African countries[9] and supports regional and global interventions. It has recorded notable progress at country level, especially through community-based strategies. Thirteen out of the 17 global programme countries now have comprehensive legal and policy frameworks that address FGM, and 12 countries have allocated budget lines for implementation. From 2014–2017, over 3.2 million girls and women at risk of or affected by FGM received FGM-related services in the health, education, welfare and legal sectors. UNICEF-supported interventions contributed to an estimated 24.5 million people in almost 9,000 communities making public declarations of FGM abandonment.

In 2017 alone, in the joint programme countries, UNICEF provided preventive and protection services to 870,000 girls and women at risk of or affected by FGM, and 6.1 million individuals in 2,960 communities made public declarations of FGM abandonment due to sustained grass-roots engagement through education, dialogue and consensus-building. For example, in Burkina Faso, UNICEF-supported community dialogues reached about 64,500 people (more than half women and girls), and 1,200 religious/traditional leaders who became favourable to ending child marriage and FGM. In addition, media campaigns and empowerment activities reached an estimated 1.6 million people. In Guinea, about 5,800 girls were protected from FGM after almost 17,000 community dialogues led to 198 villages making public declarations to abandon the practice. Partnerships with NGOs on community dialogues in Egypt reached over 9,000 community members, mobilized over 1,000 adolescents and youths through peer educators, and nearly 7,000 families made public declarations in support of FGM abandonment. As a result, nearly 20,000 girls received services and were prevented from harm.

CASE STUDY 6: NIGERIA – COMMUNITIES TAKE A COLLECTIVE STAND AGAINST FGM

Njideka, Nnedinma and Chimaobi arrived at St. Paul's Anglican Church in their Igbeagu village in south-eastern Nigeria desperately seeking refuge. Their parents had just told them to prepare for the *akpoekwu*, a traditional rite of passage to womanhood in the Izzi culture that involves female genital mutilation (FGM). Nigeria has the highest prevalence of FGM in the world, and they did not want their daughters to be ostracized by the rest of the community. But the girls did not want to be cut, and so they fled. The church's pastors knew what to do: they contacted the UNICEF-supported and trained Child Protection Network, which promptly employed C4D strategies to sensitize and engage community members on the consequences of FGM until they made a collective decision to abandon the harmful practice. They were part of the 953 communities in Nigeria – representing almost 3.5 million individuals – that publicly renounced FGM in 2017 through community declarations.

While FGM is on the decline in Nigeria as a whole, it remains prevalent in certain parts of the country, particularly in the south-east and south-west. Mobilizing local communities in these regions to abandon the practice is a key goal of the UNICEF-UNFPA Joint Programme to Eliminate FGM. In 2017, C4D and educational activities equipped young people and women with the tools to initiate household and community-wide inter-generational discussions on the issue. Film screenings and community theatre further encouraged families and communities to take collective action. A radio drama series, *Pim Pim Pim* (Cut Cut Cut), helped to shift public debates and social norms. Four radio stations are now reading short messages on FGM before, during and after their major news bulletins. UNICEF also trained 75 social media activists to facilitate discussions on the topic. A social media campaign on six different platforms reached 3.4 million people, and a separate 'tweetathon' reached 182,000.

"Based on the knowledge I have acquired now, and from what I have seen, I think we really need to do something," says Dan Nnabuo, a secondary school teacher in Umuaka. "I will go home and start spreading the message, because I now know the essence of stopping this practice, that what we have been doing in the past is on the negative side."

UNICEF and UNFPA work together with communities to end female genital mutilation/cutting practice.

HIV/AIDS prevention and support

While the global response to HIV has been remarkable in the last decade, progress has not been consistent across all populations, lagging particularly among adolescents. Rates of new infections have not gone down as they have for other groups, such as pregnant women and their infants. As a result, an estimated 2.1 million adolescents aged 10–19 years were living with HIV worldwide in 2016, a 30 per cent increase from 2005. Furthermore, far too few HIV-positive adolescents are on treatment, often because they are unaware of their status. AIDS remains the leading cause of death among adolescents in Africa and the second highest cause of death among adolescents globally. For adolescent girls, gender and other social and economic inequalities heighten their risk of infection – child marriage, devalued girls' education, lacking opportunities for income generation, and patriarchal social and legal systems are just some of the factors fuelling their disproportionate vulnerability to the infection. Globally, 390,000 adolescent girls and young women are infected every year, and in sub-Saharan Africa, girls account for 75 per cent of new annual HIV infections among adolescents.[10]

Progress in UNICEF programme countries on HIV/AIDS among adolescent girls has been mixed, not least because of the mounting challenges associated with prevention. In 2017, thirty-one countries reported sex-disaggregated data on HIV testing and counselling among adolescents, up from 24 in 2014. Progress was slower elsewhere. The number of countries with national policies to implement sexuality or life skills-based HIV education in upper primary schools increased from 32 in 2014 to 35 in 2017; and the number of countries with national strategies that include proven high-impact evidence-based interventions to address HIV among adolescents rose from 26 countries in 2014 to 33 in 2017.

UNICEF's approach to support the development and implementation of multi-linked programming is yielding promising results in a number of countries. The National AIDS Strategic Framework and the Adolescent Health Strategy (2017–2021) were launched as complementary initiatives in Zambia in 2017, with UNICEF providing support to ensure that high-impact intervention targets for adolescents were prioritized, including HIV testing and counselling, condoms and antiretroviral therapy. In South Africa, UNICEF contributed to the government-led 'She Conquers' campaign. This is a three-year campaign (2016–2019) focusing on adolescent girls and young women aged 15–24 years, aiming to prevent new HIV infections, reduce teenage pregnancy, keep girls in school, address GBV and create economic opportunities.

Under the next GAP, UNICEF's partnership with UNAIDS in the 'All In! End Adolescent AIDS' collaborative[11] will be an important vehicle for greater and more focused attention to sex-disaggregated data collection, data-driven advocacy and delivery of packages of combination HIV prevention interventions directly tailored to adolescent girls' needs. In 2017, UNICEF and the U.S. President's Emergency Plan for AIDS Relief began working on the 'Stayfree' initiative, connected to the All In! programme, which specifically tackles HIV prevention among adolescent girls in 18 high-burden countries in sub-Saharan Africa.

FIGURE 7: The 'face' of investing in adolescent girls – highlights from West Africa

In 2017, UNICEF's West and Central Africa Regional Office launched an adolescent girls' 'business case' - showcasing the broader economic and intergenerational returns to investing in girls' empowerment. UNICEF never forgets the girls at the heart of its business case, however. Here are some stories of girls supported by donor investments.

Sara, Liberia

Sara's parents sent her to live in Monrovia with her aunt so that she could continue her education and take advantage of opportunities they never had. But when her aunt put her to work instead of enrolling her in school, 14-year-old Sara rebelled and began to engage in sex work. Then a UNICEF-backed program helped her transform her life through vocational training and life skills education.

Sara finished high school and became a community leader who helped stop the spread of the Ebola virus.

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Note: this photo is representative and not of the girl in the story.

Adjaratou, Burkina Faso

Adjaratou was 11 when she was married to a 37-year-old man. She had been the top student in her class, but her husband wanted her to take care of the house and forbade her to continue her education. UNICEF's Child Protection Network stepped in and helped Adjaratou, now 14 years old, go back to school so she can gain the skills she needs to have more say in her life and a brighter future.

©UNICEF/Burkina Faso/2015/Tarpilga

Niger

Burkina Faso

Côte d'Ivoire

Ghana

Liberia

Saratou, Niger

13-year-old Saratou was set to marry a powerful village businessman until her big brother Ilia stepped in and stopped the marriage from taking place. Ilia had participated in a community program supported by UNICEF that encouraged villagers to identify practices that were harmful to children and commit to abandoning them. As a result, Saratou is able to keep going to school and pursue her dream of becoming a midwife.

©UNICEF Niger / 2015/ Sam Phelps

Salimata, Cote d'Ivoire

When Salimata became pregnant at 17, she headed to a UNICEF-supported clinic expecting a routine check-up. Instead, she found out she was HIV-positive. Salimata was devastated by the news, and her partner left her as soon as he found out. But she found critical support at the clinic, where health workers convinced her that the diagnosis was not a death sentence. They helped her get medicine to prevent transmission to her child, and she delivered a healthy baby.

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Esther, Ghana

Going to school gave Esther a way to resist pressure from her family to marry early. But when she didn't get good enough grades to continue past secondary school, her grandparents insisted that she marry a man from her village who had courted her. Esther was still able to say no, thanks to a UNICEF-supported program that gives girls who are at risk of early and child marriage a second shot at school. The program is helping Esther prepare to retake her exams.
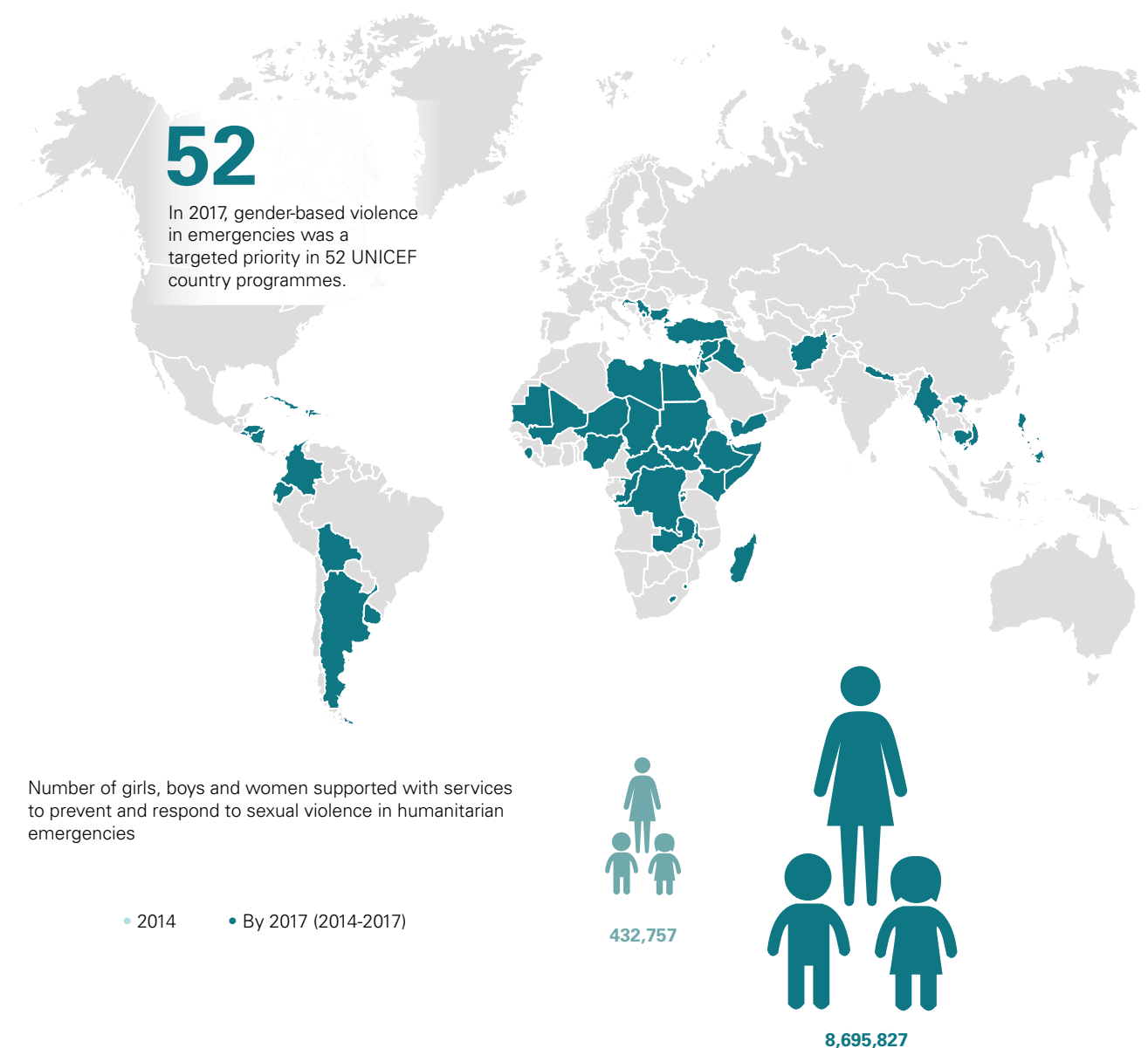
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ADDRESSING GENDER-BASED VIOLENCE IN EMERGENCIES

Conflict and disaster situations, and the resulting displacement of people, can aggravate the various forms of GBV that girls and women already endure in times of peace and stability. Heightened insecurity and collapse of the social order in emergency settings vastly increase the risk to women and girls of sexual assault and human trafficking, while poverty and increased dependency due to displacement may force them into engaging in sex in return for food, shelter and safe passage. Further, in emergencies, availability and access to health and other services for survivors tend to be severely curtailed.

The increasing scale of humanitarian crises has compelled UNICEF to step up its preparedness and response to gender-based violence in emergencies (GBViE). In 2017, fifty-two country offices included GBViE as a targeted priority, 11 more than in 2014. About 10 million women and children in humanitarian situations were provided with risk mitigation, response and prevention services to address GBV from 2014–2017. This number was 3.6 million women and children in 2017.

FIGURE 8: UNICEF support for addressing gender-based violence in emergencies

52

In 2017, gender-based violence in emergencies was a targeted priority in 52 UNICEF country programmes.

Number of girls, boys and women supported with services to prevent and respond to sexual violence in humanitarian emergencies

• 2014   • By 2017 (2014-2017)

432,757

8,695,827

UNICEF's leadership role

In 2017, UNICEF continued to provide leadership on GBViE with a focus both on global partnerships and building field capacity. UNICEF is a member of numerous global steering committees, including the European Union-led Call to Action on Protection from Gender-Based Violence in Emergencies, the Real-Time Accountability Partnership on GBViE, the Gender Standby Capacity Project and the UN Action Network Against Sexual Violence in Armed Conflict. Capacity-building support in the field was accelerated through, for example, the launch of the GBViE Helpdesk, run in partnership with Social Development Direct. The Helpdesk provides additional support to GBV specialists

and non-specialists from UNICEF and its partners, with rapid response to queries as well as access to literature reviews, annotated bibliographies and evidence digests.

Capacity was also scaled up in 16 high-risk countries to prevent and respond to sexual exploitation and abuse. For instance, UNICEF continued development and support of safe spaces for women and children. In 2017, nearly 62,000 women and girls accessed safe spaces in Lebanon, and over 11,500 survivors accessed services in Iraq. In rural Damascus in the Syrian Arab Republic, UNICEF and UNFPA have set up a safe house for women and children survivors of violence and abuse, which includes temporary protected accommodation, specialized psychological support, health and legal services, and access to education.

RESPONDING TO GENDER-BASED VIOLENCE IN ONGOING CRISES

In Bulgaria, Greece and Serbia, countries dealing with an ongoing migrant and refugee crisis, UNICEF coordinated life-saving multisectoral services for survivors of GBV. This has included integrating them into broader child protection programming, updating and expanding referral mechanisms, engaging with key stakeholders to improve safety and security, and carrying out risk mitigation activities. Over 500 women and children at risk have received dedicated preventive and response services in safe spaces, and child and family support hubs. Three hundred and fifty front-line workers have received specialized training, and 8,500 refugees and migrants have increased their knowledge of gender-based violence.

In the Central African Republic, UNICEF expanded its support for children's protection services in response to the ongoing conflict. As a result, more than 3,000 children, including 865 girls, were released from armed forces and groups in 2017. Almost 149,000 children received psychosocial support. In addition, 359 women and children were identified as survivors of sexual violence and provided with comprehensive medical and psychological support services.

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Sixteen-year-old Asunta stands outside the small bakery she runs on the grounds of St. Mary's cathedral, which is host to thousands of internally displaced persons living in Western Bahr el Ghazal, South Sudan. Two million people are displaced country-wide, and another two million have fled the country. With no end to the conflict in sight, their lives in the camps, where gender-based violence is pervasive, looks ever more permanent.

Strengthening systems to better reach vulnerable women, girls and boys

Strengthening systems to improve core service provision is an essential part of GBViE programming. In 2017, more than 1.6 million women and children who experienced or were at risk of experiencing sexual violence received multisectoral support services. Service provider trainings covered clinical management of rape, GBV case management, working with child survivors, undertaking safe referrals and prevention of sexual exploitation and abuse. In Bulgaria, training on GBViE was held for representatives from the State Agency for Refugees, including all six reception and registration centres and NGOs, while in Croatia, UNICEF integrated GBViE into a larger extensive emergency preparedness training for Red Cross front-line staff. In Iraq, mobile teams were trained on GBV case management, and in collaboration with UNFPA, UNICEF successfully advocated for the government to endorse protocols for clinical management of rape. In Jordan, UNICEF supported a quality upgrade of services provided to girls and women who have survived violence, in compliance with international standards and national protocols.

Including women's participation in WASH response

Working with the WASH sector continues as a priority, specifically with regard to MHM, dignity kits and barriers to access, and including women in the design of interventions. In 2017, UNICEF and its partners successfully promoted the adoption of national MHM guidelines in Ethiopia, while in camps for internally displaced persons and refugees in the Syrian Arab Republic, women highlighted their concerns about accessing sanitation facilities safely at night in the absence of adequate lighting, leading to UNICEF procurement of solar lighting systems for latrines, and distribution of portable lamps to women and girls.

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"Smile", that's what Marie's bracelet reminds her to do. For someone who has been through such levels of violence, the reminder is a pertinent one. Marie was a member of the community Kamuina Nsapu militia in the Democratic Republic of the Congo. She was forced into battle where she led young boys into combat against heavily armed soldiers with rockets and machine guns. Marie was subjected to extreme levels of sexual violence.

She is home now with a new family at the centre in Kananga, with other girls who have been through similar ordeals. She dreams of getting into fashion and opening up her own shop one day. The focus on the future is helping her recover.

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

'Mainstreaming gender' – or integrating it strategically across UNICEF's programmes – is an institution-wide process undertaken by each programming sector – health, nutrition, HIV and AIDS, WASH, education, child protection and social inclusion – to address critical gender issues that affect child outcomes, from birth to adolescence. Gender mainstreaming requires analysing the gender gaps and shortcomings in child outcomes, discovering the barriers and the root causes, and then developing tailored programming responses to advance equitable male-female results. This most often implies improving the situation of girls and women. Under the GAP, UNICEF's approach to gender mainstreaming has emphasized quality over quantity, focusing on 'doing gender well' in a limited number of strategically selected sector priorities to obtain the most meaningful results.

Overall, efforts to mainstream gender across UNICEF's programming have been uneven, especially in the early years of GAP implementation, when country offices and sectoral staff were not always clear on the meaning of mainstreaming, and how to sufficiently integrate gender in their country programmes. This challenge was evident both in programming and in reporting on results. The concept of gender mainstreaming remains a challenge to define in concrete, programmable terms and will be an important area of focus for UNICEF as it moves into its next GAP phase.

Nevertheless, what has been encouraging, especially in 2017, are clear signs that almost all UNICEF programme sectors and country offices are starting to consider the scope and quality of gender programming in more definable and tangible ways, whether through a focus on quality in maternal care, the gendered barriers to women's access to health- and social-protection services for themselves or their children, or the important links between women's well-being and that of children (including the connection between violence against children and violence against women). Equally, the role of women as caretakers of children at home and as professionals in health, child care, social service and teaching is also gaining recognition as an important space within which gender equality can be advanced – to the benefit of all women and children. Programming around these gender issues is now being developed in some countries and some sectors, and will constitute a crucial part of UNICEF's mainstreaming efforts ahead.

Progress over the 2014–2017 period

Table 2 illustrates progress made on output indicators for gender mainstreaming from 2014–2017. While there is general, overall progress through 2017, some areas have seen exceptional advances, while others have lagged. UNICEF has contributed to impressive gains in maternal and neonatal health care for instance, including HIV-related outcomes in maternal health. Nutrition outcomes, especially in terms of reductions in girls' anaemia rates, are also showing positive trends, as are results on improving water, sanitation and hygiene facilities and services, including MHM. Where progress has been slower is in the area of gender-related data and analysis, and in the examination of gender discriminatory practices.

TABLE 2: Progress on GAP output indicators for gender mainstreaming, from baseline to 2017

Sector	Output indicator	Baseline	2014	2017 value	2017 target
Health	Countries that produce an analysis of sex-differentiated infant and child mortality estimates	42 (2013)	42	42	62
HIV and AIDS	HIV-positive pregnant women (out of those targeted by UNICEF) in humanitarian situations who received treatment (either initiated or continuing) to prevent mother-to-child transmission of HIV	54% (2014)	54%	81%	80%
	Countries that have undertaken a gender review of the HIV policy/strategy of the current national development plan with UNICEF support	18 (2013)	10	12	38
	Countries with national policies to implement sexuality or life skills-based HIV education in upper primary schools	28 (2013)	32	35	38
Water, sanitation and hygiene	Countries implementing a national strategy to eliminate open defaecation	63% (2014)	63%	75%	70%
	Countries with at least 50 per cent of primary schools having access to adequate sanitation facilities for girls	32 (2014)	32	43	65
Nutrition	Countries with a policy or plan targeting anaemia reduction in women	70 (2013)	74	91	100
	Countries that have undertaken a gender review of the nutrition policy/strategy in the current national development plan cycle with UNICEF support	16 (2013)	22	28	40
Child protection	Countries that have revised or improved child protection policies on the basis of a gender review supported by UNICEF	33 (2013)	23	51	70
Social inclusion	Countries that have revised domestic legislation and administrative guidance in line with the concluding observations of the CEDAW Committee	55 (2013)	82	91	110

HEALTH, NUTRITION AND HIV/AIDS

At the core of UNICEF's gender mainstreaming efforts in the area of health is the improvement of maternal and child health outcomes from the prenatal period through adolescence. Maternal health is widely recognized both as a critical dimension of gender equality and an important barometer of development, and yet in too many countries, women's right to bear children when they want, safely, with dignity and without endangering their lives is consistently undermined. Women continue to face barriers to quality maternal care, which have both immediate and long-term consequences for their health and wellbeing, and that of their children. Gender discrimination, which may prevent women from accessing information and services, can directly affect the mortality of their children. Likewise, children who lose their mothers at birth are significantly less likely to survive and thrive. Gender differentials in child health and survival also cannot be overlooked, as 'son preference', which manifests in both overt and subtle discriminatory practices against girls, persists in many parts of the world – and growing evidence is revealing patterns of differential care that negatively impact girls' survival, health and well-being throughout their lives.

During the 2014–2017 period, UNICEF focused on addressing child survival gaps between girls and boys and the spectrum of needs of expectant mothers and their newborn children. This has included interventions to address nutritional deficiencies, and to improve skilled delivery and emergency obstetric care; accessible, good-quality pre- and antenatal care; and access to knowledge and information on maternal and newborn health. Importantly, programming has increasingly centred on the value placed on a mother's life and well-being, by promoting respect for the dignity of women, and their active participation in influencing and determining better health outcomes for themselves and their children.

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Amina Shallangwa (wearing white), a UNICEF-supported midwife, talks to a group of mothers about good hygiene practices at Muna Garage internally displaced persons' camp, in northeast Nigeria.
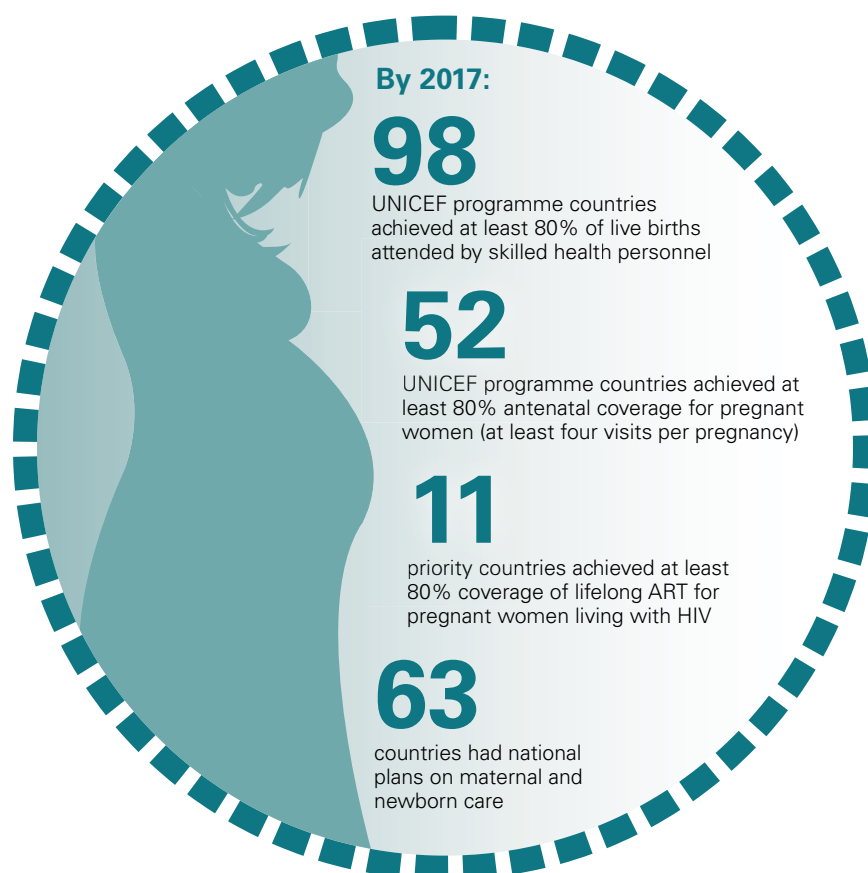
In the last four years, UNICEF has contributed to steady global progress on better policies, plans and coverage for key services such as antenatal care, skilled delivery, maternal and neonatal tetanus (MNT), and prevention of mother-to-child transmission of HIV. When assessed against GAP indicators, even though policies and plans have not always been in line with set targets, actual coverage on critical indicators has shown major improvements, exceeding targets. For example, the number of countries with national plans on maternal and newborn care increased from 52 in 2013 to 63 in 2017, short of the target of 75 countries. However, 98 programme countries reported at least 80 per cent of live births with skilled attendance in 2017, almost double the number in 2014 (51), and far exceeding the target of 60 countries. Similarly, antenatal care coverage of 80 per cent or more for pregnant women was achieved in 52 countries, up from 18 countries in 2013, and exceeding the target of 25. There was also progress on MNT elimination. Three more countries – Ethiopia, Haiti and the Philippines – eliminated MNT, bringing the total number of countries to 44 in 2017, against the target of 59 countries by 2020.

HIV-related outcomes in maternal health are also a cause for optimism. The number of countries providing at least 80 per cent coverage of lifelong antiretroviral therapy for all pregnant women living with HIV has increased dramatically from only 1 in 2013 to 11 in 2017. In humanitarian settings, prevention of mother-to-child transmission of HIV increased from 54 per cent coverage in 2014 to 81 per cent in 2017.

Progress has been somewhat slower in the area of nutrition. For example, while the number of countries with a policy on anaemia reduction in women has grown from 70 in 2013 to 89 in 2017, the target of achieving a 50 per cent reduction in anaemia rates has not been met. Further, UNICEF has advanced only marginally in supporting gender reviews of countries' nutrition policies, or strengthening national management information systems to disaggregate data on nutrition by sex. From 2014–2017, the number of countries that conducted a gender review of nutrition strategies increased from 22 to 28 while the number of countries that reported systems with sex- disaggregated data on nutrition increased from 92 in 2014, to 96 in 2017, short of the target of 100 countries.

FIGURE 9: UNICEF's contribution to improving quality maternal care

By 2017:

98 UNICEF programme countries achieved at least 80% of live births attended by skilled health personnel

52 UNICEF programme countries achieved at least 80% antenatal coverage for pregnant women (at least four visits per pregnancy)

11 priority countries achieved at least 80% coverage of lifelong ART for pregnant women living with HIV

63 countries had national plans on maternal and newborn care

A girl getting a dose of Vitamin A at a UNICEF-supported health center in the Punjab Province of Pakistan.

Still, coverage of nutritional interventions for women and girls is increasing among UNICEF country programmes, particularly in scaling up interventions around iron and folic acid supplementation to combat anaemia. In the United Republic of Tanzania, for instance, UNICEF supported the scaling up of capacity-building trainings for community health workers to counsel on anaemia prevention. The trainings were expanded from 460 villages in 2016 to more than 1,950 villages in 2017. As a result, there are now more than 4,000 community health workers providing counselling to pregnant and lactating women on anaemia prevention.

Over the GAP period, a number of areas have stood out as persistently challenging in terms of applying a gender perspective across results. These include the quality of maternal care, particularly as it relates to promoting the dignity of women; and the specific barriers women face in seeking health care for themselves and/or their children. Sex-disaggregation of child health and survival data and the examination of gender discriminatory practices are other important areas. What is encouraging however, is how, over the last two years, these key gender dimensions have begun gaining traction as important programming principles for UNICEF's work on health.

One of the most promising developments has been the 'Every Mother, Every Newborn' quality-improvement initiative around maternal and newborn care that UNICEF began implementing in health facilities in Bangladesh, Ghana and the United Republic of Tanzania in 2015. The approach includes respectful maternity care that prioritizes the dignity of mothers by improving the interpersonal communication skills of service providers and increasing the availability of functional toilet and hand-washing facilities. Periodic client exit interviews and suggestion boxes provide feedback to the facility quality improvement team for corrective actions. The success of the effort in these countries led to its expansion to eight additional countries in 2017: Côte d'Ivoire, Ethiopia, India, Indonesia, Malawi, Nigeria, Pakistan and Uganda. Also, in Bangladesh, UNICEF supported more mother-centred maternal care efforts, by assisting the Ministry of Health to implement women-friendly hospital initiatives in 27 district hospitals, providing emergency obstetric services 24 hours a day 7 days a week, and gender-responsive health services that were accessed by almost 500,000 mothers in 2017.

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CASE STUDY 7: BUILDING SUPPORT FOR BREASTFEEDING IN WORKPLACES

In many parts of the world, a new mother returning to work may encounter barriers to breastfeeding that seem insurmountable. She may not be allowed enough breaks or have access to a private space where she can breastfeed or express breastmilk. She may not know techniques for safely storing and transporting breastmilk, or fully understand the health benefits of breastfeeding for her baby and herself. Barriers such as these complicate women's efforts to balance work and family life and can limit their ability to fully participate in social and economic life.

UNICEF, with support from the Bill & Melinda Gates Foundation, is tackling this problem with two country-level initiatives to remove the barriers for working mothers to breastfeed. One initiative is taking place at a tea estate in Kericho County, Kenya and the others at garment factory sites in Bangladesh. In both instances, UNICEF employs C4D strategies to increase acceptance of, and demand for, workplace breastfeeding programmes.

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The first step is to find out what motivates women to keep breastfeeding. The second is to craft and share messages that make a convincing case for breastfeeding to mothers, their families, employers and co-workers.

Also in Bangladesh, UNICEF developed resources to inform new mothers about the benefits of breastfeeding while also addressing the external obstacles women face in balancing breastfeeding with their economic and professional lives, such as unsupportive employers. In Kenya, UNICEF mobilized 90 community-based volunteers to reach out to new mothers with counselling cards on maternal, infant and young child nutrition. Forty-eight short videos on positive practices, produced by Helsinki University, will be aired in 2018 in appropriate social and management gatherings.

A unique component of the programme in Bangladesh is the Mother Mentor Initiative, whereby experienced working mothers act as mentors to pregnant women and new mothers in the workforce. UNICEF Bangladesh will expand the Mothers@Work programme to 25 additional factory sites by the end of 2018.

An employee of the DBL Group garment factory in Bangladesh is breastfeeding her child in a specially designated breastfeeding space established as part of a collaboration between UNICEF and the DBL group.

Another promising development has been the growing attention paid to removing financial and mobility barriers for women, while simultaneously increasing their participation in managing their own, and their children's, health-care needs and outcomes. Here, mobile health teams help, for instance, to bring much-needed services closer to communities, greatly benefiting women who may not be able to travel for such services for various reasons, including social restrictions on their movement, and the cost or absence of transport. Such teams are also able to combine various health services, thereby increasing the efficiency of service-delivery and reaching more people. UNICEF's support to mobile health teams in Afghanistan, to implement polio immunization, nutrition, and antenatal and postnatal health services, reached more than 17,000 newborns, 23,000 children under five years of age and 42,000 women in 2017. In Kazakhstan, a UNICEF-supported evaluation of the country's Early Child Development system found notable improvements in early start of lactation and proper feeding of infants and young children among mothers guided by home-visiting nurses on breast-feeding, supplemental feeding, and child interaction and stimulation. More children under 6 months old were exclusively breastfed, especially in rural areas (from 46 per cent of children in 2016 to 58 per cent in 2017).

Cash transfers are also a valuable means of removing barriers to access. The *Imarisha Afya ya Mama na Mtoto* (Enrich Mother and Child Health) programme, initiated in 2014 in Kenya's Kakamega County, delivers cash payments for over two years to vulnerable pregnant and lactating women to encourage them to use maternal and child health services. With UNICEF support, the programme to date has reached more than 30,000 mothers through 25 health facilities. In tandem, UNICEF also supported the crucial passage of the Kakamega County Maternal and Neonatal Child Health Bill, securing 3 per cent of its annual health budget for the cash transfers and at least 1.5 per cent to pay community health volunteers, who are largely female.

Sittu Awod washes her hands before feeding her 10-month-old daughter Ilham. She is attending a mother-to-mother support group held at a UNICEF-supported health post in Ashura, in the remote Benishangul-Gumuz region of Ethiopia.

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In terms of child health and survival, the number of countries that analyse sex-differentiated infant and child mortality estimates has remained static at 42 since 2014, well short of the target of 62. This is mitigated somewhat by intensifying efforts to address the gender dimensions of newborn mortality and care in countries with significant sex differentials in these areas. In Bangladesh and India, for example, UNICEF support to strengthen newborn care units revealed large gender disparities in newborn admission rates, with a 20–25 per cent higher admission rate for male babies, pointing to pervasive 'son preference' practices in South Asia. In India, the under-five mortality rate is 11 per cent lower for boys than girls. This contrasts starkly with the global under-five mortality rate, which due to the female biological advantage, is 9 per cent higher for boys than girls. UNICEF has planned a multi-country gender barrier study to identify parental factors and develop strategies to address them. Strategies for mitigating gender differences in neonatal and child mortality that are beginning to be tested include provider training, better information for parents, and the facilitation of travel and other costs to incentivize improved health care for female babies.

WATER, SANITATION AND HYGIENE

In many countries, fetching water and managing its use in the household remains the predominant responsibility of women and girls, particularly as they shoulder the burden of the gendered tasks of childcare, cleaning, cooking and laundering. Not only does this responsibility place undue restrictions on women's time, but it can also expose them to violence as they walk to often faraway water collection points. For girls, it is a domestic chore that can interfere with attendance and learning at school. Likewise, women and girls are disproportionately affected by lack of sanitation services. Gender norms and physiology make privacy more important for females than males, and biological realities around postpartum and menstrual hygiene requirements heighten their need for adequate sanitary facilities close by. A lack of toilets at home expose women and girls to indignity, and the risk of harassment and sexual assault as they seek out privacy to relieve themselves.

The strategic priority for UNICEF in mainstreaming gender within WASH has been to improve WASH facilities and service delivery in households, schools and health facilities; to expand access to improved sources of safe drinking water; and to promote the participation of women and girls in community-driven responses to sanitation challenges – in identifying needs and planning solutions, as well as in fostering a new set of social norms around WASH that enhance women's rights to dignity, safety, health and freedom.

From 2014–2017, UNICEF's gender results in supporting countries to improve WASH access and reach, especially in emergencies, have shown positive trends. In the past

two years especially, WASH programming has accelerated gender mainstreaming efforts, both in meeting women-specific WASH needs – such as in health and education facilities, and for menstrual hygiene – and in increasing women's influence and decision-making roles in WASH initiatives. In 148 countries in 2017, at least 75 per cent of households now have access to an improved source of drinking water, exceeding the target of 131 countries (and up from 116 in 2014). In 120 countries, 50 per cent or more of the population has an improved sanitation facility (up from 106 in 2014). Further, the number of countries where one-third or more of the population practises open defaecation has steadily decreased from 21 in 2013, to 20 in 2014, and 17 in 2017 – just missing the target of 15 countries. Over the 2014–2017 period, UNICEF support led to over 60 million people abandoning open defaecation; in 2017 alone, this number was an estimated 39 million people in 50,000 communities. In emergencies, between 2014 and 2017, UNICEF provided 32.7 million people with water, 9 million people with sanitation, and 28 million people with critical hygiene information and services.

UNICEF's support to improve gender-responsive WASH facilities in schools and health facilities, and to strengthen WASH sector governance – including policies and budgets – has led to important benefits for girls and women. In 2017, UNICEF direct support helped to equip over 1,500 health care facilities in 49 countries with WASH facilities, allowing for better-quality maternal health services. In Pakistan, UNICEF-supported local advocacy efforts led to a 28 per cent increase in public sector WASH budgets, which led immediately to increased sanitation financing, and gave 847,000 women access to safer facilities. In Ghana, 375 communities were supported to mainstream gender in community-led total sanitation, involving 95,000 women and girls. As a result, more women in the target communities now hold key decision-making positions, are developing income generation and business skills as latrine artisans, and have become hygiene advocates. Likewise, capacity-building support in India enabled 1,600 women in 2017 to join the politically prominent, male-dominated front-line worker cadre called WASH mobilizers, to lead activities to promote open-defaecation-free villages in the states of Bihar and Odisha.

EDUCATION

Globally, gender parity in primary school completion was achieved in 2008, although completion rates fell slightly, to 90 per cent, in 2016.[12] Achieving gender parity in access to education among primary out-of-school children is a challenge that UNICEF and partners continue to address, with 34 million primary-school-aged girls out of school, compared with 29 million boys. This is short of the target of 18 million girls and boys out of school by 2017. Girls are more likely to be out of school in the Caucasus and Central Asia, Northern Africa, Southern Asia, sub-Saharan Africa and Western Asia.[13]

Beatrice Zuena (standing), from the village of Badombi in the Democratic Republic of the Congo, is a water pump engineer. She is one of several women trained to repair pumps and maintain the wells in their villages, as part of a Ministry of Public Health initiative called 'Healthy Villages and Schools'. By bringing water points closer to communities, the project has helped free up women's time otherwise spent travelling long distances to collect water. The project involves communities heavily in decision-making around their own WASH needs, and encourages women's participation, thus promoting both ownership and sustainability.

The quality of education is as much an area of ongoing concern, with the gender dimensions of this coming to the fore more strongly over the GAP period. Even in countries where access and completion rates among girls are higher, gender gaps in learning derived from poor-quality teaching, reinforced gender stereotyping, deficient and unsafe learning environments, and inadequate skills acquired can prevent girls from personal empowerment, and from advancing socially and economically as they transition from school to employment.

In addition to the GAP emphasis on girls' secondary education as a targeted priority, UNICEF's gender mainstreaming priorities in education have focused on access to primary education for the most marginalized children. Priorities have also gone beyond this, to addressing quality and learning, and their value in fostering more equitable gender socialization from an early age. In this respect, during the 2014–2017 period, UNICEF's efforts have included addressing gender dynamics in the school learning and teaching environment; the gender dimensions of curriculum pedagogy and learning outcomes; and socio-

cultural barriers to access to and completion of education. Improvements in sex-disaggregated and gender-relevant education data have also been a high priority.

Recognizing the role that curricula, pedagogy, teacher training and textbooks can play in promoting gender equality instead of perpetuating sexism and gender discrimination, in Myanmar, gender mainstreaming was applied to school-based in-service teacher education (SITE) in 2017. This included guidelines for ensuring a gender balance among teachers, training facilitators, and in depictions of children in illustrations for new SITE modules. As a result, 60 per cent of SITE facilitators across the country are now female, with a growing number of female Ministry of Education officers becoming SITE focal persons at national and sub-national levels and assuming leadership roles in SITE activities. In China, to increase awareness of gender equality among children, UNICEF supported efforts in 2017 to improve the gender-sensitivity of life skills modules conducted in school and out-of-school settings (such as government-run community-based centres for children). While these modules included some gender
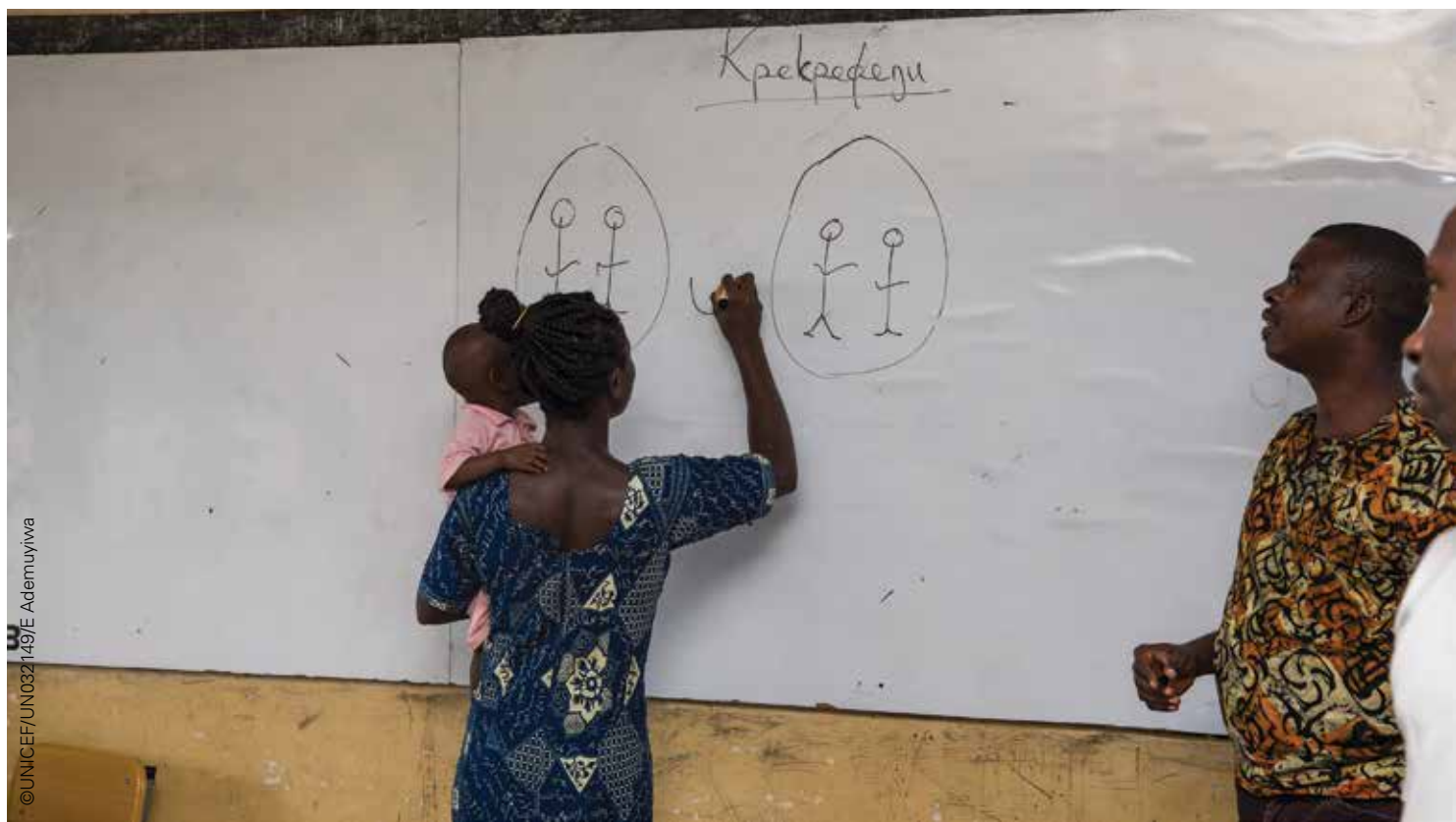
The Ghana Education Service collaborated with UNICEF to develop and pilot access to social services, including re-entry into school, for teenage mothers.

dimensions, after revision, gender issues are now explicitly discussed throughout the curriculum and teaching materials. Teaching assessment indicators are currently under development to measure changes in gender awareness.

UNICEF has continued to strengthen gender-related data and evidence on education. For example, in 2017, UNICEF research as part of the Out-of-School Children Initiative was used by governments to inform policy responses to gendered barriers to education in Cambodia, Laos, Mexico, the State of Palestine, Papua New Guinea, Thailand and Timor-Leste, most often with a focus on bringing girls back to school or starting school at the right age. In Zambia, the UNICEF-supported 'Data Must Speak' initiative developed school profiles for over 8,000 primary schools that provide data on school drop-outs disaggregated by gender. Community-friendly versions of the same profiles were distributed widely to raise awareness among families, highlighting the scale of girls dropping out due to pregnancy and re-entering after pregnancy, as well as learning outcome data disaggregated by gender.

As the lead agency and secretariat of United Nations Girls' Education Initiative (UNGEI), UNICEF continues to build global consensus on the need for more gender-responsive education systems. In 2017, guidance on gender-responsive education sector plans was launched by the Global Partnership for Education, UNGEI and UNICEF to strengthen national plans and budgets. In addition, a workshop led by UNGEI, attended by government delegations from Afghanistan, Bhutan, Maldives, Nepal and Pakistan developed regional government capacity to conduct gender-responsive sector planning.

In a number of countries, UNICEF's interventions have targeted family members and community leaders to stimulate demand for girls' education, by promoting its value, correcting misconceptions and challenging the gender norms that act as barriers. For example, a UNICEF-supported partnership between the government and the Muslim Relief Association of Ghana has sensitized nearly 1,000 key Muslim stakeholders in 15 Muslim-majority districts in northern Ghana on the challenges that Muslim girls face in participating in education.
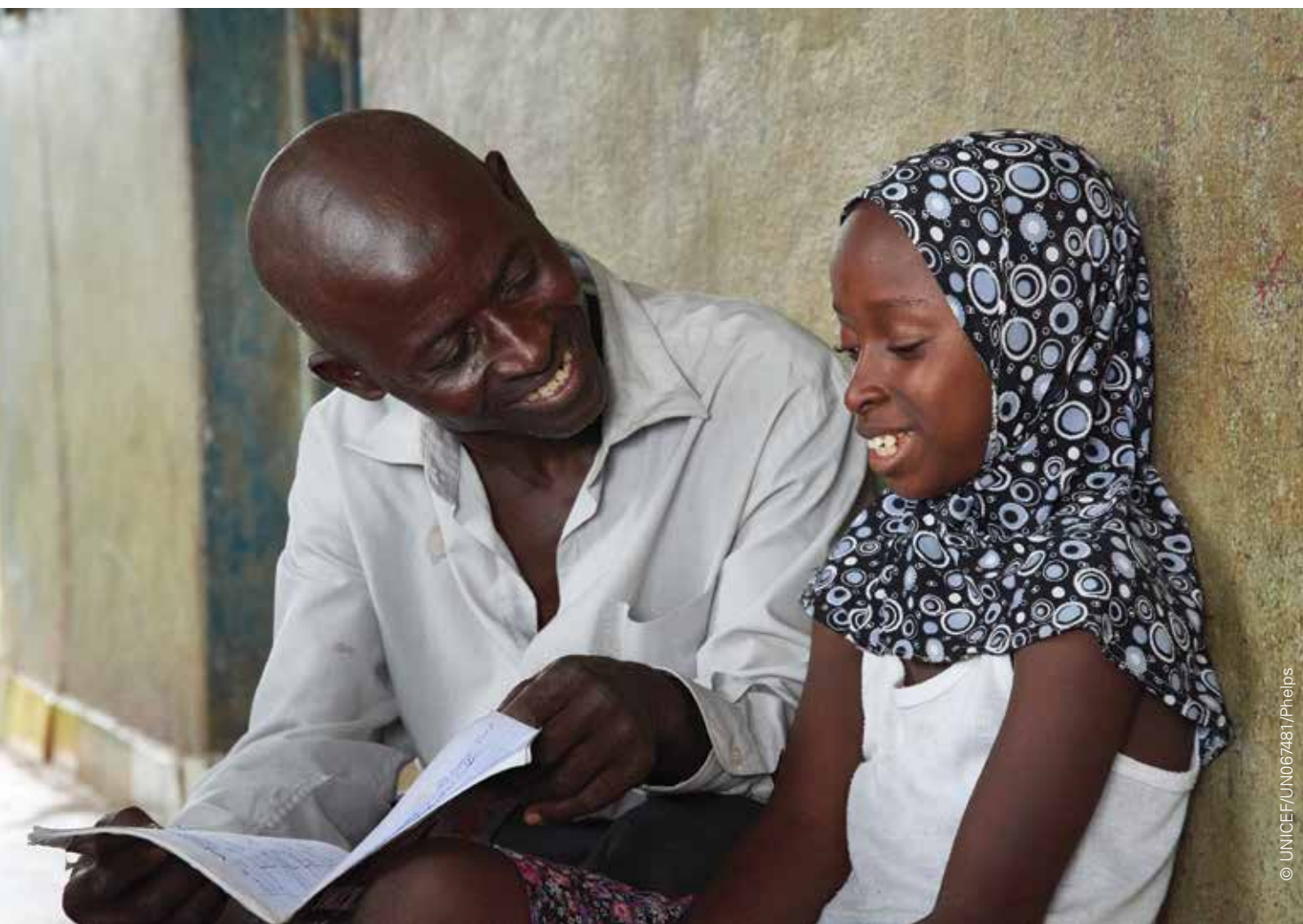
Sulaiman Samura, 55, checks the homework of his daughter Fatmata, 10, in the suburb of Hilltop, Freetown, Sierra Leone. Sulaiman takes care of nine children. Six of them are his biological kids and the other three orphans. He is a gardener and uses his little salary to provide for his family of eleven. Though he didn't go to school, he says he is aware that education is very important, so he makes every effort to support the children to go to school and encourages them to do well. The eldest of the children is now in university and the youngest in nursery. "I check their books every day when I come home from work. I can't read, but I know they have done well when I see a lot of ticks than X-es," he says.

CHILD PROTECTION

There is growing acknowledgement that while both boys and girls can experience GBV, gender norms can result in very different protection risks among boys and girls, who may have different needs and possess different skills, knowledge and coping strategies. For girls, GBV can include sex-selective abortion, lack of prioritization to food and services, sexual exploitation and abuse, and harmful traditional practices such as FGM. GBV against boys often occurs in the form of corporal punishment in school, bullying, socialization to become violent and recruitment to armed groups.

Mainstreaming gender in child protection has therefore required a reassessment of the assumption that protecting both boys and girls in itself constitutes gender

responsiveness. While on some dimensions – FGM for example – the unique risk that girls face has been well understood, the gendered dimensions of violence for girls, boys and women have emerged as programming concerns only in 2016–2017, following a 2015 evaluation of UNICEF's work on violence against children, and the evolution of the Global Partnership to End Violence Against Children.[14]

From 2014–2017, UNICEF's work around mainstreaming gender in child protection has emphasized addressing GBV against children and women in humanitarian and non-humanitarian settings; supporting legal and policy reform to improve protections for boys and girls, and ensure they receive gender-equitable legal support; and achieving gender parity in birth registration while improving overall rates of registration. There have been some notable advances during this period. UNICEF supported

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A mother holds her child up as she stands in line to register her child's birth and receive a birth certificate from a registrar at the Chipata Clinic, Lusaka, Zambia.

Birth registration, the official recording of a child's birth by the government, establishes the existence of the child under law and provides the foundation for safeguarding many of the child's civil, political, economic, social and cultural rights. Article 7 of the Convention on the Rights of the Child specifies that every child has the right to be registered at birth without any discrimination.

programming to increase girls' and boys' capacity to identify, prevent and/or report sexual violence. The number of countries where at least 75 per cent of the target at-risk population were reached by UNICEF-supported programmes to increase such capacity rose slowly from nine countries in 2014 to 15 in 2016, then dramatically between 2016 and 2017 to 31 countries, a clear sign of gender mainstreaming in child protection efforts. In addition, by 2017, fifty-one countries improved their child protection-related policies on the basis of UNICEF-supported gender reviews, more than double the number in 2014.

There is growing awareness of the links between violence against children and against women, a developing focus area for UNICEF that will feature strongly in the new GAP phase. Emerging research acknowledges the important intersections between the two issues, and the implications

for health programmes and policies. For example, exposure to violence in the home as a child is a risk factor for involvement as a perpetrator or a victim in intimate partner violence as an adult. In 2017, as an example, UNICEF provided support to the Government of the United Republic of Tanzania in the development and implementation of a National Plan of Action to End Violence Against Women and Children, which consolidates the protection system under a single coordination structure.

The importance of sex-disaggregated and gender-relevant data on violence against children began gaining traction in UNICEF programming in 2016–2017, as did the gender dimensions of strengthening civil registration and vital statistics systems. In 2017, for instance, to support better age- and sex-disaggregated data collection and analysis of violence against children in Lesotho, child and gender protection units in all district police stations received

FIGURE 10: One highlight of UNICEF's support for child protection

Number of countries where at least 75% of the target at-risk population were reached by UNICEF-supported programmes aimed at increasing children's capacity to identify, prevent and/or report sexual violence.

2014
9 countries

2015
13 countries

2016
15 Countries

2017
31 Countries
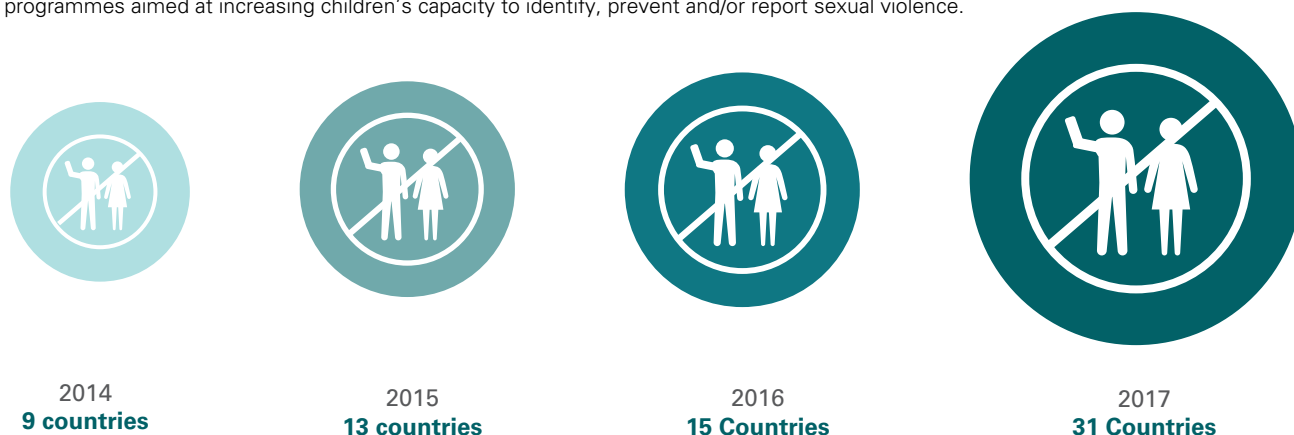
capacity assistance on data disaggregation for reported abuse cases against children, including the age and sex of perpetrators. Similarly, in Malawi, data collection on GBV and violence against children was strengthened by setting up mobile reporting at the community level in almost all districts.

Gender disparities within civil registration and vital statistics systems are a growing concern, with women and girls bearing the brunt of gender discrimination in related social and legal processes. In 17 countries, gender disparity in birth registration exceeds two per cent, and there is a global disparity in legal identity for women and girls. In 26 countries, nationality laws deny women the right to confer their nationality to their own children, increasing the risk of statelessness for children. To address this issue, UNICEF and the Office of the United Nations High Commissioner for Refugees co-lead the Coalition on Every Child's Right to a Nationality, which includes advocacy to remove gender barriers in nationality laws in 15 countries. In addition, UNICEF is also assessing how to address other gender discriminatory practices around birth registration, such as those requiring the presence or naming of a father as a precondition for a birth certificate. A common feature in many countries, this requirement prevents or discourages registration of the birth of their child for single mothers, rape victims, sex workers, women in polygamous unions, child brides, or just the large number of wives without influence on or ready access to their husbands. A 2017 UNICEF study in Haiti showed that lack of knowledge of procedures, and gendered social perceptions were two critical factors contributing to only 15 per cent of births being registered by single mothers.

SOCIAL INCLUSION

The pervasive existence of gender discrimination and feminized poverty in many countries across the world reinforces the importance of recognizing the critical gender dimensions of social inclusion. For instance, when social protection systems – which are meant to address concerns of social inclusion, such as adverse economic conditions and social vulnerabilities – are gender-blind, women and girls can end up being short-changed on their rights, options and opportunities. Conversely, when social inclusion mechanisms include benefits and protections that are gender-responsive, such as child care, parenting support and maternity/paternity leave, they have the potential to vastly expand women's economic opportunities, longer-

term options and ability to participate fully in public life, while also allowing them to meet their family obligations.

Over the course of the GAP, UNICEF has sought to mainstream gender in its work on social inclusion through improving the quality of public social protection systems (including cash transfers), supporting country efforts to enact non-gender-discriminatory legislation and gender accountability policies, and strengthening women's voices and participation in decision-making for improved access and control of public resources. While progress has generally been mixed in this area, programming efforts over the last two years have increasingly adopted a more gender-responsive perspective. This shows up, for instance, in the increase in the number of programme countries with a national social protection plan that includes elements focused on gender, from 78 in 2016 to 87 in 2017. Furthermore, by 2017, 91 countries had revised their domestic legislation to align with the concluding observations of the Convention on the Elimination of All Forms of Discrimination Against Women, compared with 82 countries in 2014.

An important aspect of gender-responsive social inclusion is the provision of family-friendly social benefits and protections, and the promotion of more gender-equitable parenting, especially in early childhood. In 2017, UNICEF supported the Ministry of Labour and Social Security in Argentina to develop a legislative draft on paternity and maternity leave. The draft bill, now under discussion, would extend paternity leave from 2 to 15 days. In Malaysia, sustained policy advocacy and public awareness-raising in 2017 resulted in extended maternity leave, time allocated to breastfeeding in the workplace, tax incentives for women returning to the workforce after a career break, and the provision of childcare facilities in government offices and new office buildings. 2017 also saw the launch of the global 'Super Dads' campaign by UNICEF and its partners, which encourages fathers to play an active role in their children's development. In the Dominican Republic for example, 7 million people were reached through 22 corporate partners with positive parenting messages shared on digital platforms. Meanwhile in Turkmenistan and Ukraine, a UNICEF activity around Father's Day highlighted several celebrity fathers (including singers and football players). UNICEF-created blogs and the hashtag #SuperDads went viral on online news platforms, while a series of related stories was broadcast at prime time on leading TV channels. Messaging is estimated to have reached over 5 million people.

CASE STUDY 8: USING CASH TRANSFERS TO EMPOWER WOMEN AND GIRLS IN EMERGENCIES

When a drought strikes or an epidemic breaks out, girls suffer gender-specific consequences. Their families may cope by taking them out of school to take care of sick family members or to provide an extra pair of hands in the fields. They may not receive the health care or nutrition that they need, or may be forced to marry to ease the burden on their families. But many of these dangers can be avoided if mothers are able to wield more power in the household. This makes it all the more important for governments to have strong and well-designed social protection systems that recognize how women help their families to withstand the shocks of natural disasters, war and disease.

UNICEF works closely with national governments in over 100 countries to develop and strengthen such social protection policies and programmes. For example, UNICEF supported the expansion of cash transfer programmes in 38 countries in 2017. In war-torn Yemen, UNICEF has introduced two cash transfer programmes to help the most vulnerable families meet their basic needs. Recognizing the opportunity to strengthen women's decision-making power, the programmes seek to make more mothers and female caretakers the primary beneficiaries. Because women's interactions with men are restricted, UNICEF worked with the local NGO the Hemmat Shabab Foundation for Development to conduct community outreach and ensure female bank tellers and security guards were present at all cash distribution sites. In 2017, the programme reached over 30,000 individuals, half of whom were women. This element of gender parity marks crucial progress in a country where women continue to lag behind men in schooling and labour force participation.

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UNICEF provided similar cash transfers in the Democratic Republic of the Congo, Lesotho and Madagascar. Nearly 20,000 women received access to savings and micro-loans in the Democratic Republic of the Congo. When women are empowered to make choices for their families in crisis situations, their children are more likely to stay in school, visit health centres, and receive nutritious food. And girls, in turn, are protected from child marriage, sex work, and sexual violence.

Cash vouchers are a lifeline for families in Mosul, Iraq. US$40 per child, per month, helps cover daily needs. Importantly, families themselves decide how to spend the money so that it fits with their specific needs.

"I use the money for food," Noora (pictured with her children) says. "This is the most important thing for the children because it helps them focus more on the classes. Who can learn on an empty stomach?"

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

Under the GAP 2014–2017, UNICEF has made great strides in becoming an institution evermore equipped to deliver relevant, sustainable, scalable results on gender equality. Achievements include expanded gender-related staffing and in-house expertise; improved tools and guidance to support country offices to integrate gender into their programmes; better capture of gender results in programme evaluations; more effective knowledge-sharing on gender across the organization; and an enhanced resource base and increased allocation to gender programming.

This has laid a strong foundation to take things further during GAP 2018–2021, when UNICEF will intensify gender integration within all its institutional systems by growing capacity, strengthening data and analysis, and bolstering resource allocation for gender equality.

Gender staffing: Enhancing capacity and parity

UNICEF's ability to deliver on gender results depends on a robust gender architecture, with the requisite expertise and capacity to effectively design, implement and evaluate programmes that advance gender equality. A key focus over the initial GAP period has therefore been to step up staffing and expertise at headquarters, regional and country levels – efforts that will be built on during the 2018–2021 period.

The biggest achievement in this vein has been the establishment of a senior-level gender team at headquarters and the regional offices. The target of 14 senior gender experts has been surpassed, with nine at headquarters and a senior gender advisor in each of UNICEF's seven regional offices. At headquarters level, this gender expertise ensures well-defined strategy and priority-setting, development of quality guidance and tools to support country programming, visibility across UNICEF of the importance of work on gender equality to results for all children, and resource mobilization. The regional gender advisers are critical to uptake and quality of gender programming in country offices. The result has been a sharpened focus on gender across UNICEF's programming at global and country levels.

Progress on technical gender expertise has been slower and less even at country level. While the number of full-time, dedicated gender specialists in country offices grew from nine in 2014 to 20 in 2017, this falls short of the target of 50. Somewhat countering that shortfall has been the increase in sector gender specialists – up from 11 in 2014 to 17 in 2017. These are full-time professionals with gender expertise within their larger field of expertise – such as health, education, and monitoring and evaluation. Another positive development has been the formalization of gender focal points in 86 country offices, compared with only 10 in 2014. These staff devote 20 per cent of their time coordinating gender priorities within the scope of a larger role.

One of the greatest challenges of ensuring sufficient gender expertise has been the global shortage of gender and development professionals at country level. Many UNICEF country offices that have attempted to retain gender expertise have not found a qualified candidate pool. UNICEF is not alone – many development partners find a bottleneck to implementing quality gender programming is the shortfall in professionals with a blend of both substantive knowledge on gender and the technical skills to design programmes for measurable results.

UNICEF has responded to this global challenge by creating GenderPro, with funding from the Bill & Melinda Gates Foundation. GenderPro is an applied gender capacity-building and credentialing initiative that aims not only to build the capacity of a new generation of development and gender professionals, but also to offer a three-tiered credentialing system that establishes specific criteria for qualifying gender professionals. A pilot cohort of 24 UNICEF professionals were trained in 2017 under the initiative, with 60 more slated for training in 2018. GenderPro will soon extend its curriculum to partner organizations, aiming to move the field towards greater professionalization, to improve the quality of programming and ultimately the lives of the most disadvantaged girls and women.

UNICEF has been making good, if uneven, progress on gender parity among senior staff and management. In 2017, fifty per cent of deputy executive directors were female, and six of seven regional directors were female. At the D2 and D1 levels also, there has been an increase in gender parity – the proportion of females increased from 43 per cent in 2016 to 46 per cent in 2017. Unfortunately, this was accompanied by a slight drop in gender parity gains at the

CASE STUDY 9: GENDERPRO – BUILDING UNICEF'S CAPACITY TO LEAD GENDER-RESPONSIVE DEVELOPMENT

UNICEF, with support from the Bill & Melinda Gates Foundation, has launched GenderPro, a groundbreaking capacity-building and credentialing system that aims to equip professionals in UNICEF and partner organizations with the knowledge and expertise to design, implement and evaluate results-oriented gender programming. GenderPro strengthens the capacity of staff across the organization to promote gender-equitable development and raises the bar for gender staffing in the development and humanitarian fields at large.

In 2017, UNICEF trained its first cohort of 24 professionals to act as 'gender focal points'. Through interactive webinars, self-paced training modules and tailored resources, they strengthened their understanding of gender and how it affects child outcomes, evidence-based programmatic strategies for addressing gender equality, and effective advocacy strategies. In the process, they became stronger gender professionals, able to communicate with non-specialized colleagues about what it takes to achieve gender equality through programming and ensuring gender expertise becomes more deeply embedded throughout the organization.

Eighty-eight per cent of staff members who completed the training stated that they felt more confident in their ability to serve as the gender focal point for their teams. According to one participant, "the programme… addresses the issue of gender as a central concept of development and allows the gender focal point to provide specific support in both emergency and normal situations. It also…highlighted the concrete tools needed to carry out this mission."

Participants also appreciated the emphasis on monitoring and evaluation to track progress, identify gaps and opportunities, and ensure accountability. "This third course really brought me a new vision of my responsibilities in gender mainstreaming," said another participant. "It is clear today in my mind that gender and monitoring evaluation are connected and interdependent to achieve results, to achieve profound and concrete changes for children."

To foster ongoing learning after the capacity-building sessions are over, UNICEF established 'support groups' via the communication platforms Yammer and WhatsApp. These provide graduates with an ongoing forum to discuss challenges and lessons from their now on-the-job application of course material. "I think having a WhatsApp group is very useful to keep in touch with other colleagues to learn from each other, exchange experiences and ask for help in the exercise of our roles," explained a third participant. "In my country office we do not have a gender specialist…so having this squad is awesome!"

GenderPro will soon expand its open-source curriculum to cater to the professional profiles of dedicated gender specialists and sectoral specialists, in UNICEF and partner organizations. Online learning will be accompanied by person-to-person class time led by seasoned gender professionals.

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P5 level, with 44 per cent of all positions at that level held by women in 2017, compared with 46 per cent in 2016, suggesting the need to more carefully manage the growth and replenishment of female talent in P4 and P5 level jobs as women move into more senior levels.

UNICEF has also launched its process towards earning EDGE (Economic Dividends for Gender Equality) certification – the leading global assessment methodology and business certification standard for gender equality. Since EDGE helps organizations to identify the most important opportunities to attract, develop, motivate and retain a gender-balanced pool of talent, UNICEF's certification will garner additional tools to further assess and monitor gender balance throughout the organization.

Accountability for gender equality results in country programmes

An important measure of institutionalizing gender in UNICEF's systems is how well country offices integrate accountability, staffing and resources around gender into their management plans. From 2014–2017, country offices made steady progress in this area. Some 85 per cent of country programme management plans now outline specific accountabilities on gender results and implementation of the GAP, an increase of nearly 27 per cent since 2014. This positive trend has been recorded in all regions. Improvements have been due especially to quality assurance and technical support by the regional gender advisers, along with the systematic roll-out of the Gender Programmatic Review tool. This tool supports country offices to identify the most pressing, UNICEF-relevant gender issues in their context and devote resources to responsive programming.

In addition, across the GAP period, a range of accountability tools were rolled out, including monitoring tools and guidance for country office annual reporting. A country office dashboard launched in 2017 complements the global gender dashboard (developed in 2016), supporting closer monitoring of progress on GAP benchmarks in the field. A learning package on results-based management was also finalized in 2017, including tools and guidance on how to conduct sound gender analysis and systematically use its findings throughout country programme cycles as a basis for advancing gender equality.

In 2018–2021, UNICEF will build country-level capacity to undertake gender analysis and develop gender-responsive programming by developing specific tools and guidance on adapting GAP priorities to country contexts. UNICEF will continue to track country office accountability on gender integration in programme implementation using key performance indicators from the new strategic plan.

Measuring and evaluating results

There have been some marked improvements in evaluation. According to the UNICEF Global Evaluation Reports Oversight System, the percentage of evaluations rated "satisfactory" and "highly satisfactory" in incorporating gender doubled from 33 per cent in 2015 to 66 per cent in 2016. This increase shadowed a more general fluctuation in the overall quality of evaluation reports that was seen between 2014 and 2016. Preliminary figures for evaluation reports submitted in 2017 indicate that 71 per cent are rated as satisfactory or better, returning to the level of quality found in earlier years.

Knowledge-sharing and communications

To expand knowledge-generation related to gender programming, UNICEF has strengthened its institutional systems to become more learning-focused and better networked. Alongside its dedicated capacity-building efforts, UNICEF continues to raise the visibility of gender work across the institution, raising awareness and increasing knowledge of colleagues across all specializations on critical gender issues.

Highlights from 2017 include a webinar series on substantive and technical gender issues related to UNICEF's work, conducted by gender specialists at headquarters and regional offices and often in partnership with other sectors. The webinars from headquarters alone drew over 430 staff globally. An online gender community of practice established via the social networking platform Yammer now has over 500 active users globally. In addition, many of the regional gender advisers issue periodic newsletters that connect gender and non-gender colleagues across the globe with news, resources, best practice updates and profiles of gender staff.

UNICEF's external communications on gender serve both to advocate for specific issues that affect girls and to boost UNICEF's reputation as a key player on gender. Every year, UNICEF leads the global community's celebration of the International Day of the Girl. In 2017, the theme of empowering girls before, during and after emergencies drew global attention to the struggles but also the contributions of girls in humanitarian crises *(see Case Study 10)*. The occasion was commemorated with a flagship event at headquarters and myriad celebrations and campaigns at regional and country offices, including for instance in Turkey, where a conference on girls' empowerment which crowdsourced stories from young people, reached an estimated 19 million people through traditional media and social media channels.

CASE STUDY 10: THE INTERNATIONAL DAY OF THE GIRL – EMPOWERING GIRLS BEFORE, DURING AND AFTER EMERGENCIES

Thirteen-year-old Saja may have lost her leg during a bombing in her hometown of Aleppo, in the Syrian Arab Republic, but she remains unbowed. Saja lost her four best friends (Fatima, Zahr'a, Cedra and Wala'a) in a bomb attack in the Bab Al-Nairab neighbourhood in eastern Aleppo more than two years ago. She lost her leg in the same attack and with it her dream of being a gymnast. She later lost her brother in another attack. Saja and her family settled in the partially destroyed Al-Ashrafieh neighborhood in western Aleppo after being displaced several times. She has never lost hope and resolutely makes the long walk to Kasem Amin School every day to continue her education. Saja dreams of one day taking part in the Special Olympics. She practices doing aerial flips every day in her tiny apartment. "My wish for Syria's future is that it goes back to the way it was. No more war. I hope that we can go out and know that we will come back safely, not go out and never return home. To live like we used to," says Saja. She was only 7 when the conflict began.

On 11 October 2017, UNICEF celebrated the International Day of the Girl by shining a spotlight on girls such as Saja. Conflict, climate change and natural disasters all put girls at risk of violence, neglect and discrimination. But girls are also agents of change who can inspire hope and help to rebuild their communities after an emergency. It is these stories that UNICEF highlighted in October through videos, blog posts and social media. One video, tagged #FreedomForGirls, which went live on the Google homepage in over 50 countries, was viewed 2.5 million times on Facebook and 275,500 times on Twitter. A related social media campaign reached over 13 million people via Facebook, 5 million via Twitter and 1.4 million via Instagram.

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The International Day of the Girl was only the start of a year-long effort to draw attention to girls' needs and contributions in emergency settings, with an emphasis on girls from disadvantaged backgrounds and those living with disabilities. The message was simple: girls have an active role to play in disaster risk reduction and emergency response. They need to be listened to when emergency plans are made, and they need to be protected and supported when a crisis hits so that their energy, creativity and talents can help transform their communities and the world.

Saja, 13, plays with her football. "I love playing football. When I play football, I don't feel like I've lost anything at all," she says.

In 2017, UNICEF also continued to package and disseminate important information on gender equality for external stakeholders and partners, including publishing reports, brochures and articles, and frequent social media posts. Content and messaging from country offices on issues such as FGM, ending child marriage and GBV are regularly amplified on UNICEF's global channels. Short videos shared on social media are especially popular, such as two videos on child marriage produced in Kenya and Bangladesh, and a video on the situation of girls in emergencies and the impact of violence on women and girls produced by UNICEF in Moldova. UNICEF also co-authored two articles published in *The Lancet* on gendered influences on adolescent mental health, and on community health workers.

In November, UNICEF released a seminal report, *A Familiar Face: Violence in the lives of children and adolescents*. The publication spotlights the impact of sexual violence on children, especially adolescent girls. In the wake of the #metoo movement, which was garnering increasing media attention, UNICEF used the report to launch its own social media campaign #hertoo, to help give voice to the millions of women and girls who experience sexual violence but are unable to report it.

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Cross-cutting areas

A human rights-based approach is at the centre of UNICEF's vision to create a protective environment where children and adolescents are free from violence, exploitation and unnecessary separation from family. UNICEF plays an active role in providing targeted advocacy, policy advice and technical assistance to improve constitutional and legal frameworks, particularly supporting states to implement the necessary reforms to reflect their international human rights commitments and the recommendations issued by the Committee on the Rights of the Child, and committees of the Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of Persons with Disabilities.

Having relevant legal and policy frameworks is an important step towards leaving no one behind, but effective implementation sometimes remains a challenge. UNICEF continues to provide technical assistance to address these implementation gaps and strengthen accountability systems that contribute to giving a voice to children and adolescents, and also improve their access to remedies in case of violation of their rights. Continuous support is provided, for example, to independent national human rights institutions to strengthen their monitoring mandates, but also to ensure that complaint mechanisms are child-friendly.

Whether in an emergency situation or a development setting, a rights-based approach ensures that the goal of leaving no one behind will be achieved, and that children everywhere will have their fundamental rights protected.

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

GENDER INTEGRATION IN HUMANITARIAN ACTION

UNICEF works to ensure that its humanitarian action – from preparedness to response, including early recovery – protects the rights of, 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 and health services to meet the needs of different population groups, gender equality is a fundamental underpinning in all UNICEF's actions. UNICEF's humanitarian efforts strategically addressed gender concerns in 2017, as noted throughout this report and below.

Water and sanitation

The need for WASH interventions in emergency situations is amplified to ensure access, safety and dignity for women and girls. UNICEF interventions improved hygiene and sanitation facilities, and in some settings brought WASH facilities closer to households to reduce the risk of violence to women and girls. In 2017, in Somaliland and Yemen for example, investments in water infrastructure, which have brought collection points closer to communities, have reduced the exposure of women and girls to violence by shortening the distances they need to travel to collect water.

In the Azraq camp in Jordan, a lack of individual household bathing facilities initially meant that the safety of female household members was at risk. Responding to public concerns, UNICEF supported implementation of a grey-water project to connect individual bathing facilities to the communal wastewater tanks, affording families, especially girls and women, privacy and managing the disposal of wastewater more effectively. The project reached 1,243 households in 2017.

Gender-based violence

See 'Addressing gender-based violence in emergencies' (page 31).

Girls' education

Humanitarian crises tend to intensify the disadvantages girls face in accessing education, including exacerbating their exposure to violence when travelling to and from school, particularly when this is not close by. Community-based schools, and accelerated learning programmes – situated close to communities – can have an immeasurable impact on girls' enrolment. In India, for example, as part of UNICEF's flood relief response in Bihar in 2017, more than 45,000 girls were able to access formal or non-formal basic education.[15] In Afghanistan, support from UNICEF between 2014 and 2017 resulted in the enrolment of 276,000 children in over 10,000 community-based schools, and 118,000 children in 4,000 accelerated learning centres (ALCs). Some 73 per cent of children studying in ALCs are girls, while in community-based schools, they make up 59 per cent of all students. In 2017, UNICEF further supported the government to establish almost 600 community-based preschool classes, benefiting a total of 15,000 children aged 4–6 years (two-thirds of whom were girls).[16] In addition, UNICEF supported cascade training for 20 school management *shuras* in the Central, South and Eastern Regions – areas with high numbers of returnees and internally displaced persons – on social mobilization and back-to-learning strategies. Seven hundred and fifty *shura* members were trained, leading to 15,000 children

Arab Shabnam, 13, and Khadim Sabira, 17, are refugee children from Afghanistan studying at Jovan Ristić, in the Belgrade suburb of Borča.

The school that Shabnam attends is one of ten in Serbia set up for refugee and migrant children by UNICEF, in cooperation with the Ministry of Education, Science and Technological Development and the Centre for Education Policy.

(49 per cent girls and 51 per cent boys) being enrolled in formal schools or community-based education, as well as decreased exposure of these children to early marriage, and increased protection from being recruited by armed forces and armed groups.

Through the Life Skills and Citizenship Education Initiative, UNICEF and its partners in the State of Palestine have been working to promote employability and civic engagement of marginalized young people, particularly girls, living in vulnerable communities. The initiative equips adolescents with skills for critical thinking, communication and self-management, increasing their ability to express themselves confidently about their concerns. In 2017, in partnership with the Al Nayzak Organization, UNICEF provided support to almost 6,000 adolescents (56 per cent girls) in Gaza and the West Bank on life skills relevant to

fostering entrepreneurship, to improve their work readiness and enable them to meaningfully contribute towards their communities.

UNICEF acts as the interim host of Education Cannot Wait (ECW) – a fund for education in emergencies – that aims to raise additional and flexible funding for education in humanitarian and protracted crises. Over the past year, ECW has funded programmes in 13 countries (Afghanistan, Bangladesh, the Central African Republic, Chad, Ethiopia, Madagascar, Nepal, Peru, Somalia, the Syrian Arab Republic, Uganda, Ukraine and Yemen) to support a total of 3.7 million girls and boys. ECW investments address equity challenges, including by providing gender-responsive and accessible infrastructure, and gender-responsive teacher training; and by strengthening female leadership.

Nearly half a million children have dropped out of school since the 2015 escalation of conflict in Yemen, bringing the total number of out-of-school children to 2 million. Almost three quarters of public school teachers have not been paid their salaries in over a year, putting the education of an additional 4.5 million children at grave risk. According to the UNICEF report, "If Not In School", more than 2,500 schools are out of use, with two thirds damaged by attacks, 27 per cent closed and 7 per cent used for military purposes or as shelters for displaced people.

INTEGRATING GENDER WHILE ADDRESSING DISABILITIES

For children living with disabilities, there are numerous barriers that can impede their ability to lead their lives with dignity, safety and equitable access to resources and opportunities. Poor children with disabilities are less likely than other children living in poverty to ever attend school or a health clinic. Research shows that girls with disabilities in particular, are disproportionately vulnerable to systemic discrimination and exclusion, due to the impact of 'double discrimination' in all areas of their lives on the basis of their disability and gender.

UNICEF is working to address the barriers that children with disabilities face in their everyday lives with regard to WASH, since accessibility to appropriate facilities can represent a significant barrier to education. Half of adolescents with disabilities are not in school. Adolescent girls with disabilities who are out of school are thus not being reached by school-based programmes to educate them about puberty and provide menstruation materials. Further, studies show that girls with disabilities who are in school frequently drop out when they begin to menstruate.

In 2017, in both Cambodia and Jordan, UNICEF worked with government ministries to develop national WASH in Schools standards that are both gender-sensitive and provide standards for disability accessibility, including guidance on MHM for all girls. Similarly, in the United Republic of Tanzania, UNICEF supported the construction of school latrines that are both gender-sensitive and disability-accessible. In Bhutan, UNICEF supported the ministries of health and education to build the first universal toilet in one lower secondary school, and to improve the water supply in two others, giving 150 children with disabilities (about one third girls) access to child-friendly and gender-sensitive sanitation and hand-washing facilities.

To address serious data gaps on children with disabilities, UNICEF is also working on strengthening the availability of quality disaggregated statistics that include such data. An initiative with the Washington Group on Disability Statistics is developing a new method of collecting data. A module on child functioning that covers children aged between 2 and 17 years, for example, assesses functional difficulties in different domains –when incorporated into surveys and censuses that also disaggregate by gender, reliable data will for the first time be available on girls and boys with disabilities.

CASE STUDY 11: UNITED REPUBLIC OF TANZANIA – IMPROVING WASH IN SCHOOLS – HOPE FOR SARA

Seventeen-year-old Sara was abandoned by her parents when she was just two years old. Born with a disability, Sara was raised by her grandmother. When she was 14, Sara enrolled in the Mbela Primary School, where she is currently in grade two. It wasn't easy at first, Sara recalls, having to crawl to her classes. Also, there were no accessible bathrooms, so she would miss school frequently. A local church donated a wheelchair to Sara, which made navigation to the school and her classroom easier. Yet with no accessible toilets, things remained challenging.

Realizing the urgent need for improved, accessible WASH facilities, UNICEF, through its Sanitation and Water Action project, built two blocks of toilets – separate ones for boys and girls. The toilets provide for menstrual hygiene management, have a continuous water supply and are accessible to students with disabilities. "Our school environment is good, there is water available readily. I can move with ease to the toilet. We also get ample supply of sanitary pads in school," says Sara, whose grandmother was afraid she would suffer stigmatization when she began menstruating. Now reassured that her grandchild is safe while at school, Sara's grandmother is looking forward to the day when Sara graduates and can accomplish her dream of becoming a teacher.

Sara in front of the new girl-friendly WASH facilities at her school.

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COMMUNICATION FOR DEVELOPMENT AND GENDER

Communication for Development (C4D) is a critical component of strategies to promote gender equality. UNICEF's C4D activities are aimed at helping children to survive and thrive through addressing behavioural and socio-cultural challenges in both development and humanitarian contexts. From 2014–2017, UNICEF has supported efforts to increase demand for and utilization of family-friendly support services; adoption of healthy parenting, family and community practices; and abandonment of harmful social norms. A critical underlying thread throughout all interventions has been the empowerment and engagement of communities and young people – especially the most marginalized – not only to ensure participatory design and ownership of interventions, but also to hold duty-bearers accountable for the delivery of quality services.

C4D initiatives employ a variety of service-based, community-based and media-based tools and platforms to foster individual and societal change, ranging from radio to SMS, participatory theatre to interpersonal counselling, community forums to government partnerships. In 2017, in Uzbekistan, UNICEF partnered with the National Association of Electronic Mass Media, which represents all non-government television and radio channels in the country, to use opinion leaders and key influencers to initiate public discourse around gender-biased social norms related to early education. Two television shows were also produced on early childhood development, and the rights of girls in particular.

In Mali, where FGM and child marriage rates are high, UNICEF has applied a cross-sectoral C4D strategy using local films to raise awareness, and participatory public debate through community dialogues, especially with regional and local authorities, to shift social norms and the corresponding 'automatic' expectations surrounding the two practices with regards to girls. Following the sensitization of communities in 150 villages, 1,500 community leaders currently support the abandonment of these harmful practices, and 28 'committees of vigilance' have been set up and are now part of a system of early warning and services referral.

Data collection and evidence generation are indispensable to strategic communications design and planning, not least because they help to justify and reinforce key messaging, aid social mobilization and give voice to target populations. This remains a critical aspect of UNICEF's C4D initiatives. In 2017, to address child marriage, girls' education, out-of-school children and disability in an interconnected way in Eritrea, UNICEF supported field-testing of communications materials and social mobilization activities, supplemented by dialogues with teachers and community leaders. This led to the design and dissemination of an integrated information package that included 7,000 booklets, posters and leaflets; 500 integrated community mobilization charts on out-of-school children, adolescent girls and disability in nine languages; and 11 billboards on early marriage and immunization displayed in three regions.

CASE STUDY 12: ENGAGING FATHERS TO FOSTER GENDER EQUALITY

Idro is a South Sudanese father living in Bidi Bidi, the world's largest refugee camp, in north-western Uganda. Despite the hardships and uncertainty of daily life in such surroundings, Idro is doing his best to keep his three young daughters happy, healthy and safe. When one of them asks him when they are going home, he holds her, comforts her and plays games with her. "She must feel that I love her," he says.

When fathers like Idro are present and engaged in caregiving, their daughters have better educational outcomes, psychological health and self-esteem. But deeply entrenched gender stereotypes can hold men back from taking an active role in their children's lives. Changing those norms is a priority for UNICEF. One way it did that in 2017 was by launching the 'Super Dads' campaign on Father's Day to celebrate the stories of men, including Idro, who embrace fatherhood. Another is through media campaigns that highlight the importance of love, play, protection and good nutrition for healthy development. In the Republic of Moldova, UNICEF provided support to the parenting website *Sunt Parinte* (I'm a Parent) to publish a series of articles on men as caregivers, which reached more than one million readers.

The issue is a crucial one for Moldova's Roma community. Four out of ten Roma girls in the Republic of Moldova are not in school, and 80 per cent of those who are enrolled do not attend on a daily basis. UNICEF established fathers' clubs in the village of Vulcanesti, a densely populated Roma community. Through workshops and trainings, fathers received advice on how to support their children's – and in particular their daughters' – schooling. They also formed critical support networks with other fathers.

But it can be hard work for men to change their behaviour. Kamleshwor Chaudhary used to believe that "beating the wife is the right of the husband." His wife Puspa and their two daughters lived in daily terror. But then he

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and Puspa were selected for a gender-empowerment training for couples, supported by UNICEF and run by the local women's cooperative in their Nepalese village. Kamleshwor learned how prevalent ideas about gender roles harmed women and girls. He also found out that domestic violence is a crime that could land him in jail. Since then, he has stopped abusing his wife and daughters. Puspa became an advocate against domestic violence, and their two daughters are well on their way to completing their education. "The couples' training worked as an effective medicine for my husband," Puspa said. "I am so happy now."

Tamba Wainde, 36 years old, washes clothes with his daughters Annie (sitting) and Megan nearby, at their home in Freetown, Sierra Leone. Tamba is a single father. He is a painter, but he says he finds it hard to work because he needs to be around his girls to guide them along the right path. "I do everything for them including getting them ready for school, dropping them off at school, laundering their clothes and helping them with their homework."

FUTURE WORKPLAN:
UNICEF STRATEGIC PLAN,
2018–2021

The year 2017 was the final year of implementation of the GAP 2014–2017, a year when its successes became crystalized and more consolidated, and the lessons learned became clearer. This experience and learning, as well as an assessment of trends and emerging issues, provided the basis for the development of the next phase of the GAP (2018–2021), which was crafted over the course of the year in close alignment with the UNICEF Strategic Plan, 2018–2021, approved and adopted by the Executive Board in September, and rolled out starting January 2018.

In developing the GAP 2018–2021, the vision for strengthening and growth of UNICEF's work on gender equality became clearer. The first phase of the GAP succeeded in determining UNICEF's priorities for gender equality – in light of the global need of the most disadvantaged girls, boys and women, and the organization's comparative advantages as a large, multisectoral development and humanitarian organization. 'GAP 1.0' established programming models in its priority areas, and laid the foundation for building an institution better suited to deliver gender results. The 2018–2021 phase will accelerate and scale up these successes for greater reach, impact and sustainability, with important adjustments and new angles that reflect growth, lessons learned and new opportunities.

UNICEF remains dedicated to integrated, scalable, innovative programming to empower adolescent girls. The set of targeted priorities – on adolescent girls' health, secondary education, ending child marriage and addressing GBViE – is sharpened; and dignified menstrual health and hygiene has been added as a fifth priority – a reflection of the importance of work in this area for girls' well-being and empowerment, as well as of the multisectoral nature of this work beyond health. Within girls' secondary education, a greater focus on skills, especially for STEM, will help to equip girls to break through gender norms and enter professions traditionally seen as male domains in many places.

UNICEF's approach to gender mainstreaming – or gender 'integration' as it is called in the next GAP – responds to the needs in the field to have greater specificity and clarity on how to address the gender-inequitable outcomes that affect girls, but also boys, from birth to adolescence. There is a more explicit focus on addressing gender inequalities that affect women – including in their professional and family lives – and how those impact children. This area will also include a new, coherent focus on positive gender socialization. UNICEF will examine the ways in which girls and boys are conditioned into gender roles during childhood and adolescence, and develop stronger programming to counter negative stereotypes and messages. This will include culturally contextualized research, policy advocacy, community engagement, working with school systems to remove gendered stereotypes from curricula, parenting and early childhood initiatives, and gender-responsive training of front-line staff (teachers, justice and child protection workers, etc.). This work on gender socialization will feed into and strengthen all of UNICEF's gender programming by addressing more directly the underlying causes of gender-inequitable outcomes, and is expected to bolster results in areas such as child marriage, GBV and girls' education.

UNICEF will build on its investments in becoming an ever more gender-responsive organization, especially in the areas of gender expertise capacity-building, data and measurement, and partnerships and resource mobilization.

UNICEF's GenderPro initiative, launched in 2017, will expand its capacity-building and credentialing services across UNICEF and to partner organizations over the next year – equipping development professionals with greater knowledge and skills to undertake relevant gender programming with measurable results. GenderPro's open-source platform will not only enhance applied gender expertise across the development and humanitarian fields, it will also establish clear, field-recognized standards for different levels of gender expertise. It will provide a path and growth opportunities for gender professionals that will ultimately reduce the global shortage of gender talent in development work, leading to better programming and better outcomes for girls, women and families everywhere.

UNICEF has already developed a leadership role for itself in the area of gender data, including as custodian of girl-centred SDG indicators, such as the one on child marriage; in its role in collecting national data on women and children through multiple indicator cluster surveys; and in supporting the strengthening of national data collection systems to better collect, analyse and use gender data, especially sex- and age-disaggregated data. One area for special attention will be younger adolescents, specifically girls aged 10–14 years. These are often overlooked in national surveys and databases, which focus on ages 15 years and above, or young children – missing the realities of a very important UNICEF constituency and vulnerable subset of the population. In 2018–2021, UNICEF will also prioritize more sophisticated measures of gender inequality that go beyond disaggregation, and explore innovative methods and technology, including 'big data' and participatory and qualitative gender data sources, including social media and other platforms.

Finally, UNICEF will work to strengthen existing partnerships and explore new ones – to expand financial resources and draw on a wide variety of expertise, from the United Nations, government, civil society and the private sector. Leveraging these networks and the synergies of joint action and expertise will continue to be a cornerstone of UNICEF's programmatic efforts to promote quality gender programming over the next four years.

To advance on its gender equality ambitions, UNICEF must continue to have the catalytic resources to match. Efforts to increase the gender thematic fund will be ongoing, while simulteneously integrating budgets for gender expertise, partnerships and activities into resource mobilization and utilization efforts across sectors.

EXPRESSION OF THANKS

UNICEF expresses its sincere appreciation to all partners who have contributed to our work to improve gender-responsiveness across UNICEF's humanitarian and development programming in 2017. It is the support of our resource partners that allows us to provide technical, operational and programming support to countries to address gender inequality and improve the situation for women, young girls and boys throughout the world.

UNICEF will continue to explore new ways of enhancing visibility for partners who support by giving global level thematic funding, and looks forward to brainstorming with the partners themselves how to make a new approach fit for purpose. We would especially like to thank the Government of Luxembourg for their contributions to the Gender Thematic Fund.

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Hindi Mohammed, 18, looks through a microscope at the Harla Elementary School in Harla, Dire Dawa region, Ethiopia. Hindi lives with her mother, her divorced sister, her brother and her nieces and nephews. Her family struggles to make ends meet since her mother, a former pastoralist, recently lost all her cattle to disease. They survive on the meager income they earn from selling firewood that they collect from the mountains. Unlike her sisters, Hindi was not coerced into marriage because she refused to accept all the proposals. From the time she was 9 until she was 14, four men asked for her hand in marriage but her mother never forced her. "Mine is a slightly enlightened time when compared to my sisters, because they teach us about the harm of early marriage and about our rights in the Kebeles and schools," said Hindi. Her brother has reached 10th grade but she is the only one among her sisters who still goes to school. Last year, she quit school to work and support her family but the income barely improved their life, so she decided to go back to school. "The only way I can overcome my family's problems is if I persevere for now and complete school so that I can have a real future," she says. Hindi is now in the 7th grade.

ABBREVIATIONS AND ACRONYMS

ALC	accelerated learning centre
ART	antiretroviral therapy
CCCs	Core Commitments for Children in Humanitarian Action
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CO	country office
C4D	Communication for Development
ECAR/O	Europe and Central Asia region (office)
ECW	Education Cannot Wait
EAPR/O	East Asia and the Pacific region (office)
EDGE	Economic Dividends for Gender Equality
EMTCT	elimination of mother-to-child transmission (of HIV)
ESAR/O	Eastern and Southern Africa region (office)
FGM	female genital mutilation
GAP	Gender Action Plan
GBV	gender-based violence
GBViE	gender-based violence in emergencies
GPI	gender parity index
HPV	human papillomavirus
HQ	headquarters
LACR/O	Latin America and Caribbean region (office)
LDCs	least developed countries
LLWB	Lebanese League for Women in Business

MENA	Middle East and North Africa region
MHM	menstrual hygiene management
MNT	maternal and neonatal tetanus
N.A.	data not available
NGO	non-governmental organization
RO	regional office
SA/O	South Asia region (office)
SDG	Sustainable Development Goal
SITE	school-based in-service teacher education
SMS	short message service
SRGBV	school-related gender-based violence
STEM	science, technology, engineering and mathematics
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGEI	United Nations Girls' Education Initiative
WASH	water, sanitation and hygiene
WCAR/O	West and Central Africa region (office)

ENDNOTES

1. United Nations Children's Fund, 'Child Marriage: Current status and progress', UNICEF, New York, 2018, <http://data.unicef.org/topic/child-protection/child-marriage,> accessed 18 May 2018.

2. The eleven countries are: Afghanistan, Bangladesh, Benin, Ethiopia, Guinea Bissau, India, Kenya, Sudan, Togo, Uganda and Zambia. Five of these countries are part of the UNICEF-UNFPA Global Programme to Accelerate Action to End Child Marriage (Bangladesh, Ethiopia, India, Uganda and Zambia).

3. The 12 focus countries of the UNICEF-UNFPA 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.

4. The 19 African countries are: Burkina Faso, Cameroon, Chad, the Democratic Republic of the Congo, Ethiopia, Eritrea, Ghana, Liberia, Kenya, Madagascar, Mali, the Niger, Nigeria, Senegal, Sierra Leone, Sudan, the Gambia, Uganda and Zimbabwe.

5. United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute for Statistics (UIS). Data accessed April 2018.

6. The UNICEF 'Game Plan' countries are: Côte d'Ivoire, Ethiopia, Ghana, Guatemala, India, Liberia, Malawi, the Niger, Nigeria, Pakistan, Papua New Guinea, Peru, Tajikistan and Uganda.

7. Launched by UN Secretary-General Ban Ki-moon during the United Nations Millennium Development Goals Summit in September 2010, *Every Woman Every Child* is a global movement that mobilizes and intensifies international and national action by governments, multilaterals, the private sector and civil society to address the major health challenges facing women, children and adolescents around the world. The movement puts into action the *Global Strategy for Women's, Children's and Adolescents' Health 2016–2030*, which presents a roadmap to ending all preventable deaths of women, children and adolescents within a generation and ensuring their well-being. The H6 partnership consists of UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank Group, who provide technical support to countries in their efforts to implement the Global Strategy, and reach the health-related targets of the SDGs. See <www.everywomaneverychild.org>, accessed 18 May 2018.

8. United Nations, Intensifying Global Efforts for the Elimination of Female Genital Mutilations: Report of the Secretary-General, A/71/209, 26 July 2016, <www.un.org/ga/search/view_doc.asp?symbol=A/71/209>, accessed 18 May 2018.

9. The 17 focus countries of the UNFPA-UNICEF Global Programme to Eliminate FGM/C are: Burkina Faso, Djibouti, the Gambia, Guinea, Guinea-Bissau, Egypt, Eritrea, Ethiopia, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, Uganda and Yemen.

10. U.S. President's Emergency Plan for AIDS Relief, 'PEPFAR 2017 Annual Report to Congress', PEPFAR, Washington D.C., 2017 <www.pepfar.gov/documents/organization/267809.pdf>, accessed 18 May 2018.

11. The UNICEF-UNAIDS All In! End Adolescent AIDS collaborative was launched in 2015, specifically aimed at the 25 countries with the highest burden of HIV among adolescents.

12. United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute for Statistics (UIS). Data accessed April 2018.

13. United Nations Educational, Scientific and Cultural Organization, 'Global Education Monitoring Report Gender Review: Meeting our commitments to gender equality in education', UNESCO, Paris, 2018, <http://unesdoc.unesco.org/images/0026/002615/261593E.pdf>, accessed 18 May 2018.

14. The Global Partnership to End Violence Against Children is a public-private partnership working to prevent and respond to violence against children. Established in 2016, it currently includes 271 partners made up of governments, UN agencies, international organizations, civil society, faith groups, the private sector, philanthropic foundations, research practitioners, academics and children themselves. The secretariat for the partnership is hosted by UNICEF.

15. United Nations Children's Fund India, 'India Country Office Annual Report 2017', UNICEF, New Delhi.

16. United Nations Children's Fund Afghanistan, 'Afghanistan Country Office Annual Report 2017', UNICEF, Kabul.

ANNEX 1: FINANCIAL REPORT*

Total revenue to UNICEF increased in 2017, especially in earmarked funds to specific programmes (other resources), which grew by 33 per cent over 2016, reaching an all-time high of US$5,153 million. This was largely due to the cooperation agreement signed with the World Bank Group – International Development Association for Yemen, and the revision of UNICEF's accounting policy, which recognizes revenue at the date that an agreement is signed. Although regular resources also increased in 2017, by eight per cent and from US$1,317 million to US$1,424 million, it decreased as a proportion of total revenue to UNICEF to 22 per cent, down from 25 per cent in 2016.

Henceforth, revenue refers to the total amount committed in the year the agreement was signed plus any adjustments, while contributions refers to disbursements received in a particular year, inclusive of adjustments.

FIGURE A1: Revenue by funding type, 2014–2017
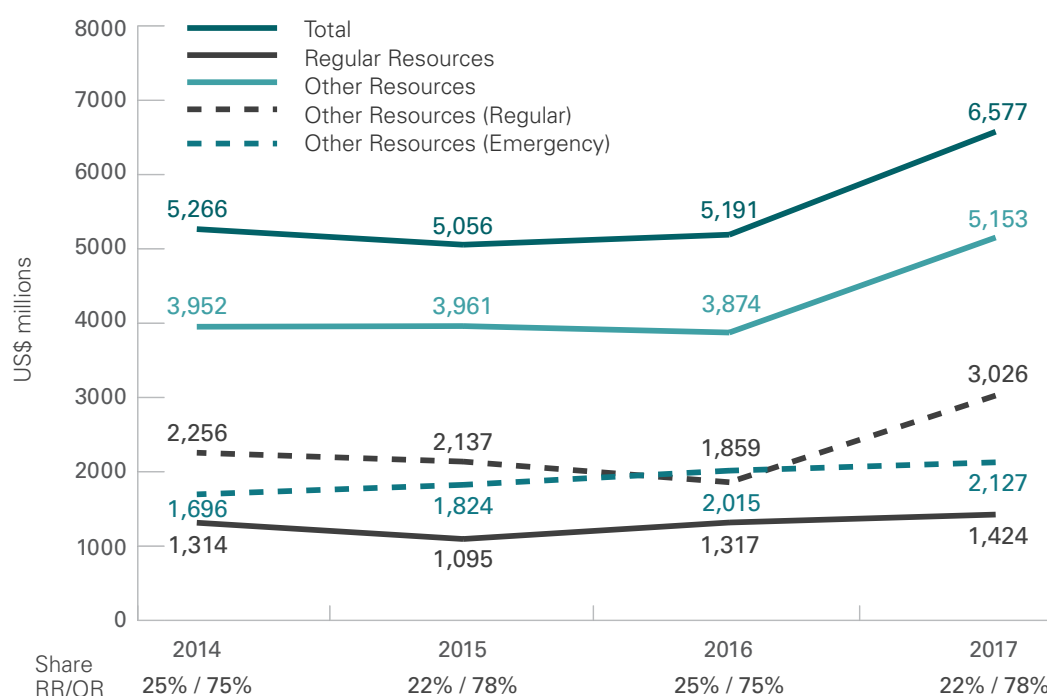
* 2014-2016 revenue restated to reflect change in accounting policy for comparison with 2017.

'Other resources' contributions rose 19 per cent over 2016, while contributions to the nine thematic funding pools grew more conservatively, by 16 per cent, from US$312 million to US$363 million. Thematic funding has declined as a percentage of all other resources to just seven per cent, from a high of 21 per cent in 2010. Thematic funding remains a critical source of revenue for UNICEF programme delivery.

Regular resources (RR): Un-earmarked funds that are foundational to deliver results across the strategic plan.

Other resources (OR): Earmarked funds for programmes; supplementary to RR and made for a specific purpose, such as an emergency response or a specific programme in a country/region.

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

Other resources – emergency (ORE): Earmarked funds for specific humanitarian action and post-crisis recovery activities.

FIGURE A2: Other resources contributions 2014–2017: Share of thematic funding, US$
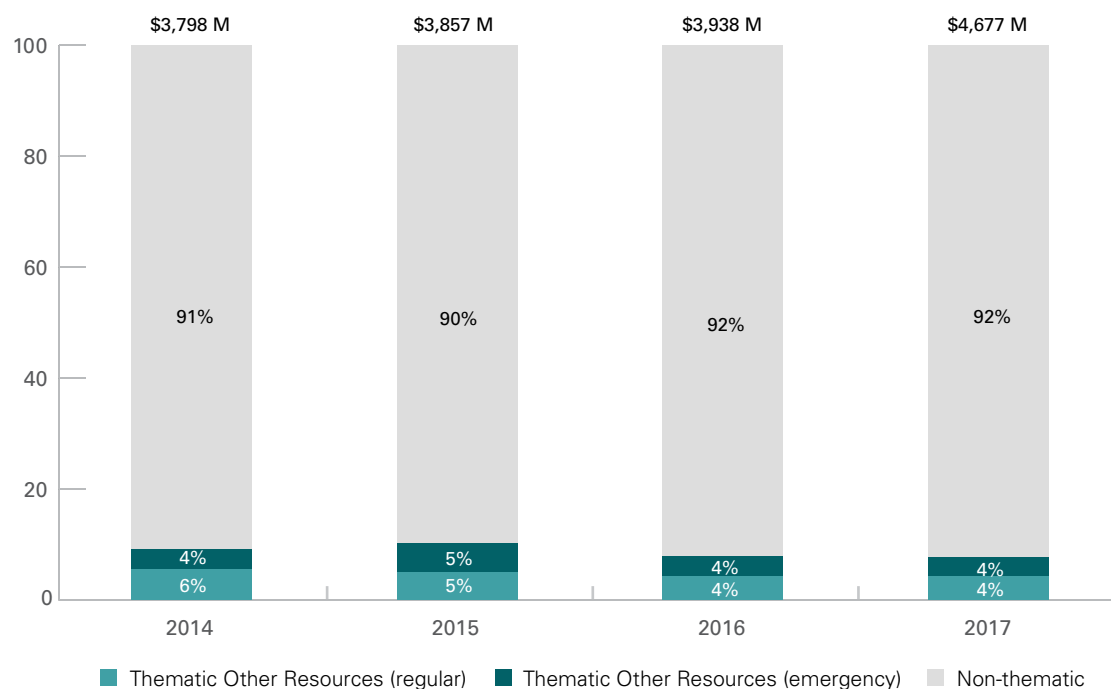
* 2014-2016 contributions received restated to reflect change in accounting policy for comparison with 2017.

FIGURE A3: Gender equality other resources contributions, 2014–2017

Regular resources are not included since they are not linked to any one outcome or cross-cutting area at the time of contribution by a partner.

In 2017, partners contributed US$5 million to other resources for gender equality, a 26 per cent decrease from the previous year. The top five resource partners for UNICEF's gender equality work in 2017 were the Republic of Korea, the U.S. Fund for UNICEF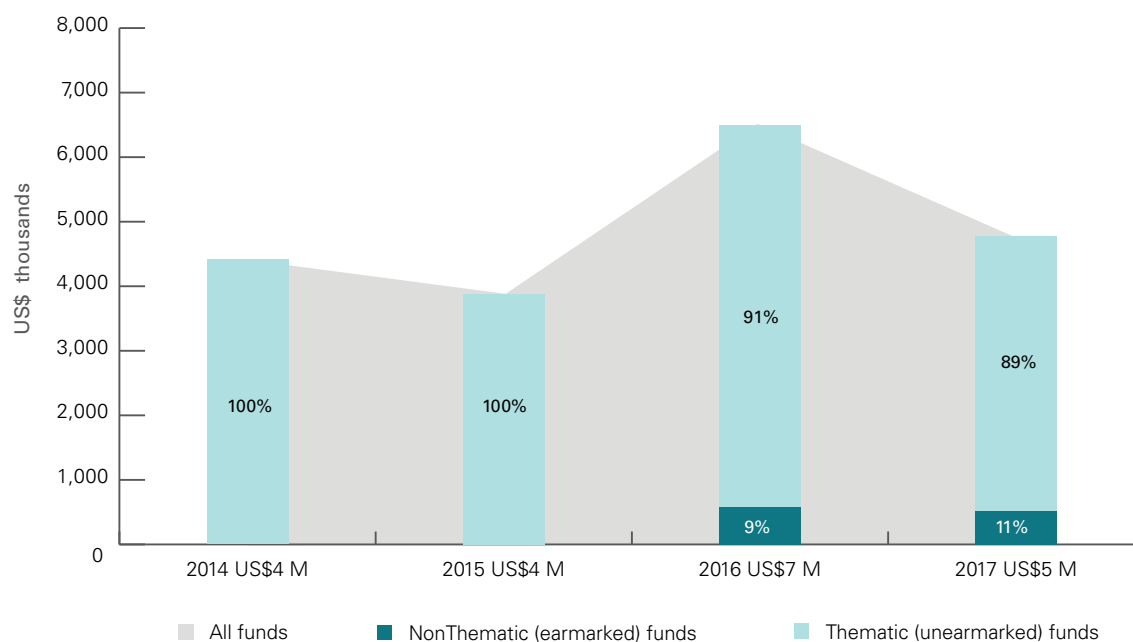, the United Kingdom of Great Britain and Northern Ireland, the United States of America and Luxembourg. The largest contributions were received from the United Kingdom for the Global Girls Research Initiative, Gucci through the U.S. Fund for UNICEF for the Girls' Empowerment Initiative, and the United States for support to adolescent girls in Afghanistan.

TABLE A1: Top 9 resource partners to gender equality by total contributions, 2017

Rank	Resource partners	Total (US$)
1	Republic of Korea	3,162,000
2	U.S. Fund for UNICEF	1,436,074
3	United Kingdom	1,213,975
4	United States*	1,125,339
5	Luxembourg	480,256
6	UNFPA	301,053
7	Italian National Committee for UNICEF	165,675
8	United Kingdom Committee for UNICEF	56,711
9	Australian Committee for UNICEF Limited	40,999

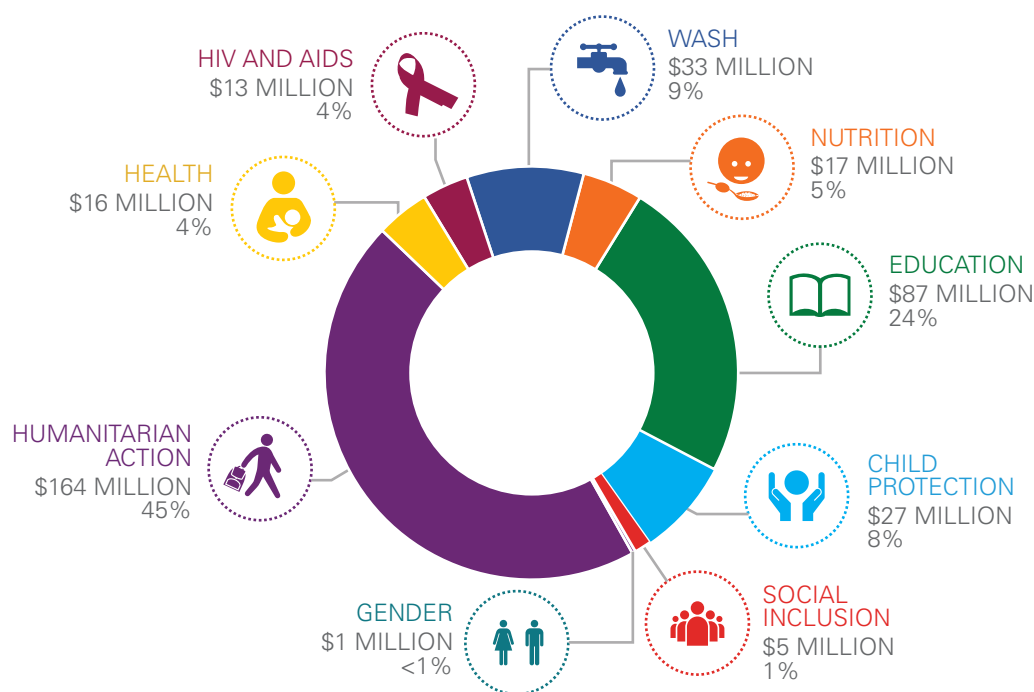*Includes cross-sectoral grant SC150577 (Gender and HIV and AIDS).*

TABLE A2: Top 10 contributions to gender equality, 2017

Rank	Resource partner	Grant description	Total (US$)
1	Republic of Korea	Full realization of vulnerable girls' and boys' rights, Jordan	1,371,000
2	Republic of Korea	Improving the lives and inclusive growth for girls, Madagascar	1,291,000
3	United Kingdom	Global Girls Research Initiative: What works to transform girls	1,213,975
4	U.S. Fund for UNICEF (Gucci)	Girls' Empowerment Fund: Innovative solutions, measurable progress	938,825
5	United States	Afghan Women's Leadership Initiative: Support for adolescent girls, Afghanistan	851,768
6	Republic of Korea	A Better Life for Girls in Ghana project, Ghana	500,000
7	U.S. Fund for UNICEF (Bill & Melinda Gates Foundation)	Gender credentialing at UNICEF	497,249
8	Luxembourg	Gender, Global Thematic Funding	480,256
9	UNFPA	Hemayati: Promoting women and girls' health and wellbeing, Jordan	179,373
10	Italian National Committee for UNICEF	Girls' Empowerment Fund: Innovative solutions, measurable progress	165,675

Global thematic funds act as an ideal complement to regular resources, and remain the most flexible source of funding to UNICEF after regular resources. They are allocated on a needs basis, and allow for long-term planning and sustainability of programmes. With a funding pool for each of the strategic plan outcome areas, as well as humanitarian action and gender equality, resource partners can contribute thematic funding at the global, regional or country level. The allocation and expenditure of all thematic funding contributions can be monitored on UNICEF's transparency portal open.unicef.org. Results achieved with these funds against Executive Board-approved targets and indicators at the country, regional and global level are consolidated and reported on across the suite of Annual Results Reports. Specific reporting for country and regional thematic funding contributions is provided separately for partners giving at those levels.

Overall contributions to the thematic funding pools increased from US$312 million in 2016 to US$363 million in 2017. The largest public-sector contributors to the thematic funding pools in 2017 were Norway, Sweden, the Netherlands and Denmark, while the largest private sector contributions were facilitated by the German Committee and the U.S. Fund for UNICEF. A complete financial statement of thematic funding contributions and expenditures, has been annexed to this report. For more information on thematic funding and how it works, please visit: www.unicef.org/publicpartnerships/66662_66851. html.

FIGURE A4: Thematic contribution by outcome area and humanitarian action, 2017: US$363 million

HIV AND AIDS
$13 MILLION
4%

WASH
$33 MILLION
9%

NUTRITION
$17 MILLION
5%

HEALTH
$16 MILLION
4%

EDUCATION
$87 MILLION
24%

HUMANITARIAN
ACTION
$164 MILLION
45%

CHILD
PROTECTION
$27 MILLION
8%

GENDER
$1 MILLION
<1%

SOCIAL
INCLUSION
$5 MILLION
1%

Thematic funding contributions for gender equality reached US$521,000 in 2017, a ten per cent decrease over the US$576,000 received in 2016. Despite increases in both the contribution from the Government of Luxembourg, which provided global level thematic funding, and the Australian Committee for UNICEF, which provided regional level thematic funding to the East Asia and Pacific Region, there was no continuation of the previous year's support from UNICEF national committees, and the number of partners dropped from four in 2016 to two in 2017.

TABLE A3: Thematic funding contributions by resource partner to gender equality, 2017

Resource partner type	Resource partner	Total (US$)	Percentage of total
Governments 92.13%	Luxembourg	480,256	92.13%
National Committees 7.87%	Australian Committee for UNICEF Limited	40,999	7.87%
Grand Total		521,255	100%

Grant numbers are provided for IATI compliance: SC1499080005, SC1499080003.

FIGURE A5: Top thematic funding contributions by resource partners for gender equality, 2016–2017
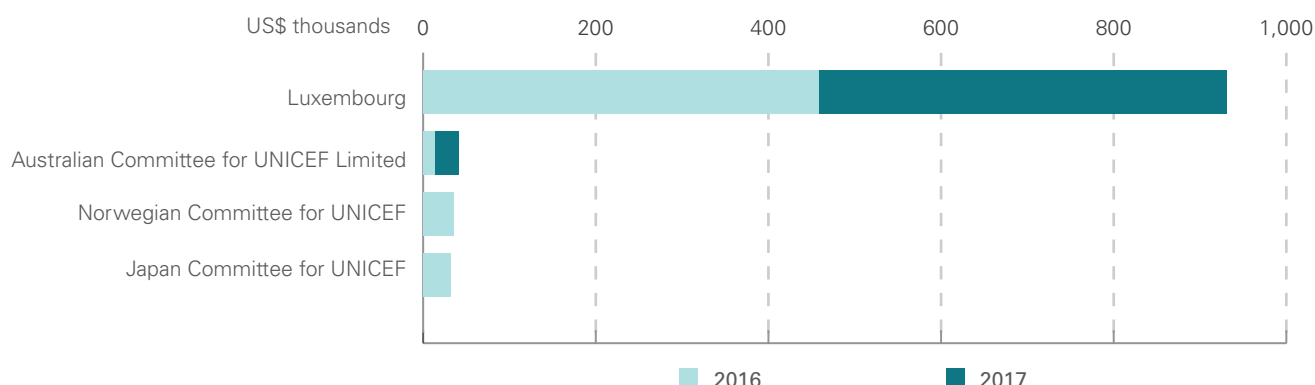
PARTNER TESTIMONIAL

Luxembourg is a staunch supporter of the United Nations and of multilateralism, devoting around one third of its official development assistance to multilateral agencies. By making multi-year contributions to the various UNICEF thematic funds, Luxembourg continues to be a reliable partner and provides ongoing support to UNICEF. These contributions are intended to aid UNICEF interventions to strengthen basic education, the maternal health system and young child survival and development. Luxembourg's commitment to gender equality – one of the cross-cutting themes of its bilateral cooperation – led to it being the first country to contribute to the UNICEF thematic fund for gender equality in 2016. This commitment reflects its support for ending child marriage, which represents a serious violation of children's rights. Luxembourg has successfully contributed to adoption of the European Union Gender Action Plan and continues to be a strong advocate for this theme on the international stage.

Romain Schneider
Minister for Development Cooperation and Humanitarian Affairs, Luxembourg

Thematic funding for gender equality has been invaluable for maintaining critical gender equality programmes, including in emergencies, and for providing resources in programme areas for which funding is typically more difficult to mobilize. These flexible, multi-year funds have allowed UNICEF to advance key gender priorities in line with the UNICEF Strategic Plan, 2014–2017 and Gender Action Plan 2014-2017. In particular, they have enabled UNICEF to develop and implement large-scale gender-focused programmatic solutions, support work on gender equality results that are linked across sectors, and foster innovation and enhanced gender-relevant data and measurement.

In 2017, thematic funds were allocated at the country level as a catalytic investment to strengthen the gender dimension of an existing or new initiative, with a particular focus on activities and results around innovation and gender-responsive data/measurement. At the regional level, funds were allocated, again as catalytic investment, to consolidate and disseminate best practices in gender mainstreaming efforts, as well as develop strategies to address gender discrimination in the roles and socialization of girls and boys at various stages of childhood. This is a priority area for UNICEF in the next GAP.

FIGURE A6: Gender equality thematic funding contributions at country, regional and global levels, 2016–2017
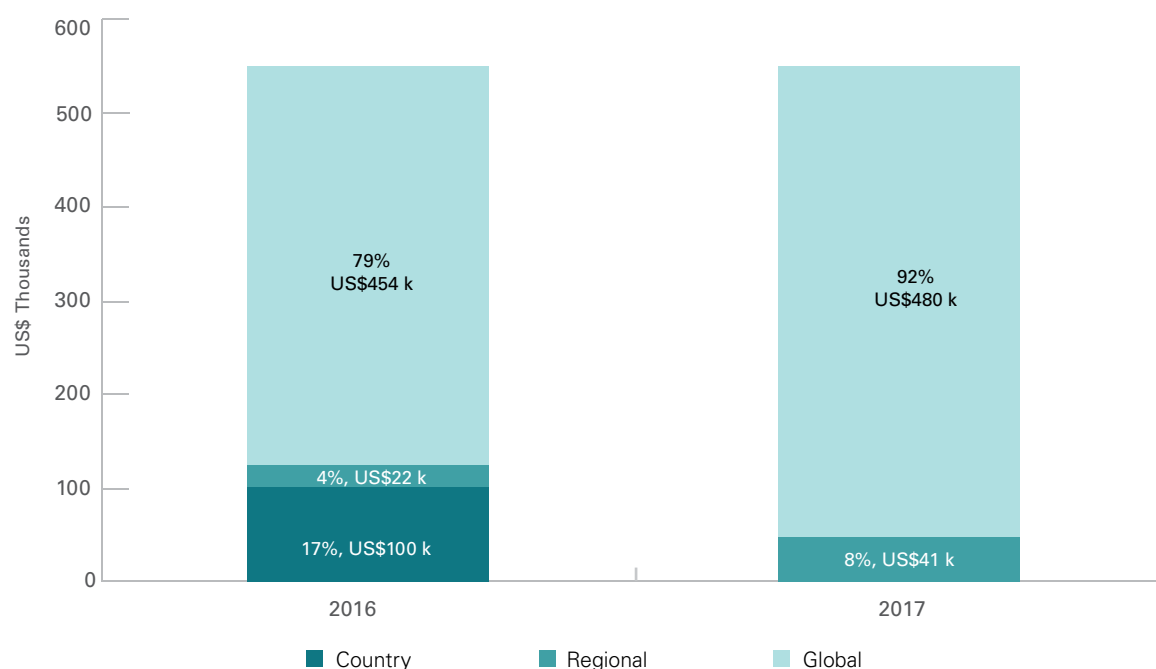
Transparency: follow the flow of funds from contribution to programming by visiting http://open.unicef.org

FIGURE A7: Use of global gender thematic funds
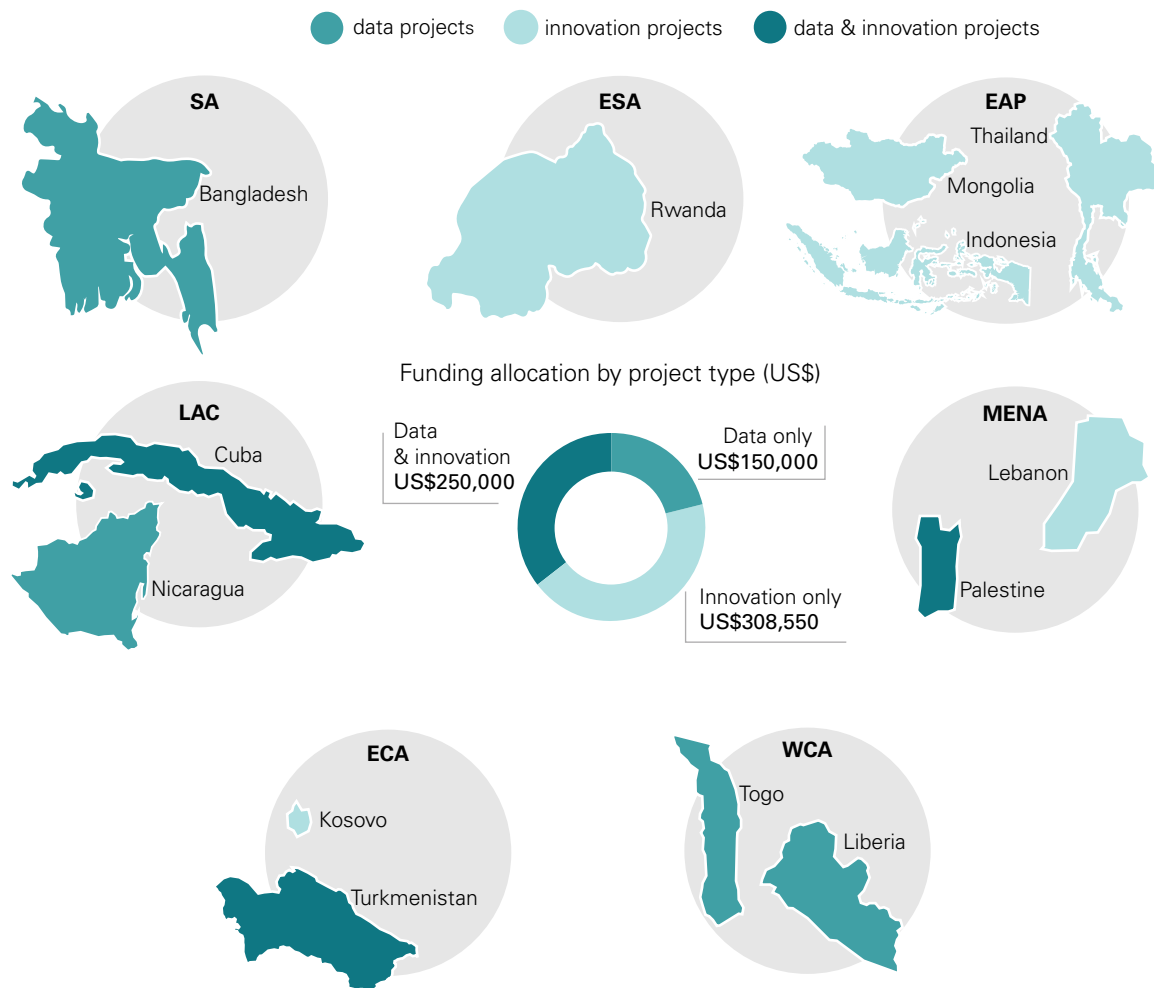
Notes: EAP, East Asia and Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa.

CASE STUDY 1A: CATALYTIC PROGRAMMING RESULTS FROM GENDER THEMATIC FUNDS

Fathers who know how to communicate effectively with their children, up-to-date data on who is vulnerable to gender-based violence and under what circumstances, girls who are able to finish their education after missing years of school – these are some of the successes that gender thematic funds made possible in 2017.

As pooled resources that are set aside to support UNICEF's efforts to empower women and girls, gender thematic funds enable the organization both to plan ahead and be flexible in those areas of work. Donors can allocate funds to headquarters, regional offices or country offices. In all of these cases, the funds serve as a catalytic investment, strengthening the gender dimension of an existing or new project through innovation, gender-relevant data and measurement, and cross-sectoral collaboration.

In 2017, UNICEF headquarters used the global gender thematic fund to award grants to 12 country offices to pursue gender-focused initiatives. The grant that UNICEF Cuba received, for example, is allowing it to step up its efforts to engage Cuban fathers in early childhood development. Even though Cuban men are able to take paternity leave to take care of their young children, only 125 fathers did so between 2006 and 2014. To change the attitudes behind statistics such as these, UNICEF's country office is implementing a multi-pronged campaign that includes a user-friendly handbook for men on their rights and obligations as fathers, a guide to help health workers involve men in caregiving, a mobile application with interactive activities for fathers and their children, and national TV spots. In addition, the UNICEF-supported photo exhibition, 'Swedish Dads…Cuban Dads', which contrasts the roles fathers take up in the two countries, received widespread media coverage and spurred much-needed public discussion on the topic.

Other projects that received grants show just as much promise. UNICEF Nicaragua gathered disaggregated data on gender-based violence that will strengthen gender-responsive and child-friendly services for survivors. The country offices in Indonesia and Turkmenistan developed digital solutions to improve girls' access to health services and information, while UNICEF Liberia helped the government to scale up a promising education programme that has improved girls' successes both in and out of school. Regional gender thematic funds, meanwhile, enabled UNICEF's East Asia and Pacific office to develop resources that disseminate best practices for gender mainstreaming. These resources included a monthly newsletter and short video clips.

The impact these softly earmarked funds can have when they are directed to country offices is clear in the example of the Saptari District of Nepal. This is where UNICEF's Nepal office used those funds to open 80 centres to help out-of-school girls catch up on basic maths and reading skills so that they can continue their

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education. Surji Mandal is one of the 1,800 girls from the district who have benefited. Her parents had to take her out of school in second grade because of financial constraints. But after completing the nine-month Girls Access to Education (GATE) programme, she is on the way to fulfilling her dream of becoming a teacher. "I always wanted to study, but I never had the confidence to return after being out of school for so long," Surji says. "The GATE programme gave me the required motivation to enter the actual gate of this school."

A Cuban father and mother engage with their child in a 'virtual playground' using their smartphone.

How the thematic funds were used in the EAP region:

- Disseminated best practices of gender in water, sanitation and hygiene programming and menstrual hygiene management (MHM) approaches within sectoral response in development and humanitarian contexts.
- Regional technical guidance delivered to country offices in designing public education materials on MHM, puberty, safety and dignity.
- Study conducted on violence against women and children to identify opportunities and policies.
- Gender capacity-building initiatives, including trainings and workshops.
- Humanitarian response: conducted mission to Kachin, Myanmar to strengthen gender-responsive efforts.
- UNICEF – as a member of the Inter-Agency Standing Committee Gender in Humanitarian Action Working Group – developed gender-specific tools, including integrating gender in Rohingya refugee crisis interventions in Cox's Bazar in Bangladesh.

EXPENDITURE

Note: Expenses are higher than the contributions received because expenses are comprised of total allotments from regular resources and other resources (including balances carried over from prior years) to the outcome areas, while contributions reflect only funds received from 2016 to the same.

Under the GAP 2014–2017, UNICEF set a benchmark of ensuring that, by 2017, 15 per cent of programme expenses went towards advancing gender equality. This applied to programme expenses supported by both regular resources and other resources, and included development and humanitarian programmes. In 2017, expenses for gender from all three fund types (other resources – emergency, other resources – regular, and regular resources) increased compared with 2016, by about 28 per cent. Table A4 shows that 47 per cent of gender expenses were from other resources – emergency, 43 per cent from other resources – regular, and 10 per cent from regular resources.

Expenses vs expenditure

'Expenses' are recorded according to International Public Sector Accounting 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).
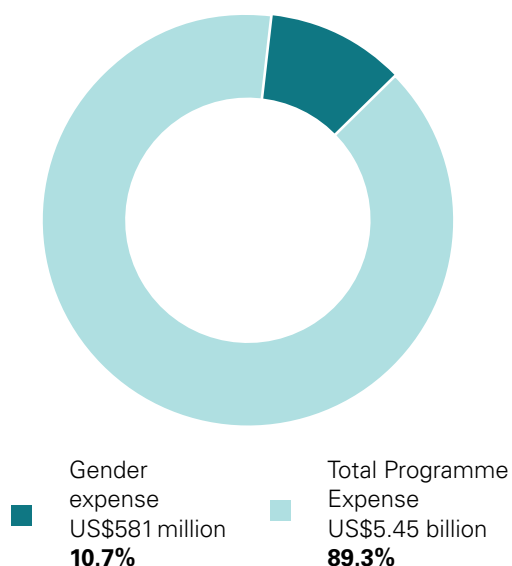
TABLE A4: Fund sub-categories of gender expenses, 2017

Fund Category	Amount (US$)	Percent (%)
Other resources (emergency)	273,038,591	47
Other resources (regular)	251,385,059	43
Regular resources	57,506,532	10
Total	581,930,183	100

Due to rounding, the totals may differ slightly from the sum of the columns.

FIGURE A8: Programme expenses for gender, 2017 (US$)

Gender expense US$581 million **10.7%**

Total Programme Expense US$5.45 billion **89.3%**

In 2017, US$582 million of UNICEF's total of US$5.45 billion programme expenses – or 10.7 per cent – was used for programmes to advance gender equality *(see Figure A9)*. Expenditures on programming to advance gender equality rose from 8.2 per cent in 2013 to 10.7 per cent in 2017 – a significant increase and a sign of concerted efforts to improve both the utilization of organizational resources on gender equality and the tracking of expenditures under the GAP *(see Figure A10)*. In the new GAP phase (2018–2021), further improvements in the expenditure coding system to match the strategic plan should result in even better capture of programmatic and expenditure shifts.

Gender thematic funding was used in 2017 by 12 UNICEF country offices, representing all seven regions, to pursue gender equality initiatives on issues ranging from early childhood development and positive parenting, to strengthening data generation on gender-based violence, and expanding education access for out-of-school girls. Going forward, as it embarks on the next phase of the GAP, UNICEF is seeking to broaden and diversify its funding base for gender, to properly resource its ambitious goals to accelerate and scale up meaningful solutions for women and girls.

FIGURE A9: Programme expenditures on gender results
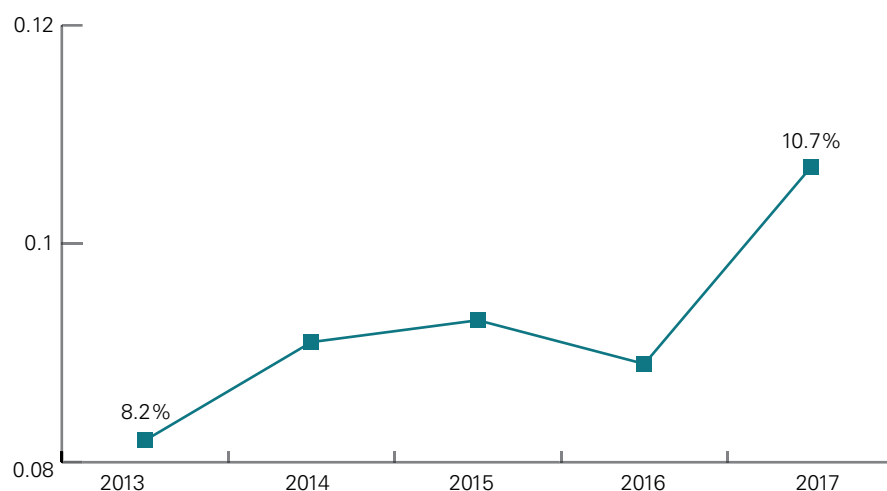
The Girls' Empowerment Initiative

In 2017, UNICEF launched the Girls' Empowerment Initiative, a partnerships, fundraising and advocacy initiative that aims to spur innovative, large-scale, transformational change for the millions of adolescent girls affected by poverty and humanitarian crises. With Gucci as the founding partner, UNICEF is looking for additional partners within the private sector ready to leverage their resources, expertise, reach, influence and innovative ideas for the empowerment and wellbeing of adolescent girls through five targeted priorities.

To support outreach and fundraising by UNICEF and its national committees around the Girls' Empowerment Initiative, the gender team at UNICEF headquarters and the Division of Private Fundraising and Partnerships developed the 'Investing in the Potential of Adolescent Girls' case for support. With evidence-based arguments, the case calls on partners to join UNICEF in creating change for adolescent girls, to improve their lives and accelerate progress towards SDG 5 and other development goals.

What has been made clear over the last four years, is that UNICEF's gender programming not only serves UNICEF, but acts as an incubator for new ideas, and a catalyst for good practices and models of excellence for development and humanitarian work more broadly. In this respect, the soft earmarking and flexibility of the thematic funds for gender-specific programming will be critical to spur greater innovation, such as technology-enabled solutions that advance girls' access to health, and gender-data initiatives that improve the quality and reliability of research on girls; and to leverage other cross-sectoral resources for interconnected programming that yields a stronger, more sustainable, large-scale impact.

ANNEX 2:DATA COMPANION

Visualizing achievements

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

Green

Output level
Average achievement of indicators for the output is at or above 100%

Amber

Output level
Average achievement of indicators for the output is between 60% and 99%

Red

Output level
Average achievement of indicators for the output is less than 60%

Targeted gender priorities

Impact and outcome indicator	Baseline*	2017 Target	2017 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 age group 15–19 years**]	39 out of 78 UNICEF programme countries with age-disaggregated data (2010–2013)	At least 60	71 out of 89 UNICEF programme countries with age-disaggregated data (2010–2017)
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 age group 15–19 years**]	21 out of 71 UNICEF programme countries with age-disaggregated data (2010–2013) [Calculated based on latest data available in 2016]	At least 25	35 out of 90 UNICEF programme countries with age-disaggregated data (2010–2017)
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) 10–19 years old: data not available (2012)	9 UNAIDS priority countries	0–14 years old: 3 out of 36 UNAIDS High Impact countries (2016) 10–19 years old: data not available (2016)
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 Females: 1 out of 13	38 UNAIDS priority countries	Male: 10 out of 23 UNAIDS priority countries with data (2010–2017) Female: 1 out of 22 UNAIDS priority countries with data (2010–2017)
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	Out of the 17 countries, trend data are available for 7. Of these, 3 have seen a decline of 10% or more.
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% L. Secondary T = 24% F = 21% M = 22% (2008–2013)	Primary T = 57% F = 50% M = 50% L. Secondary T = 27% F = 27% M = 27%	Primary T = 40% F = 40% M = 34% (2012–17) L. Secondary T = 27% F = 27% M = 21% (2012–2017)
P3.3 Countries in which more than 50% of primary schools have water, sanitation and hygiene (WASH) facilities meeting national standards	26 (2014)	100	N/A
Ending child marriage			
6a. Percentage of women 20–24 years who were married or in a union by age 18 years	27% (2005–2012) for the world	24% for the world	23% (2014–2017) 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	Out of 52 countries with data during the reference period, 31 had a starting prevalence of at least 25%. Of these, 11 saw a decline of at least 5% over the past five years.

*2013 unless otherwise indicated. **Or data from the most recent year available.

Promoting gender-responsive adolescent health

Average output achievement

75%

P1.e.1

Countries that have plans with budgets allocated to reduce adolescent pregnancy

2014 Baseline	83
2015 Result	84
2016 Result	91
2017 Result	101
2017 Target	93

Legend: 2014 2015 2016 2017

	2014			2017
ECAR	8			11
EAPR	17			19
ESAR	16			18
LACR	12			19
MENA	8			9
SA	7			7
WCAR	15			18
LDCs	33			36
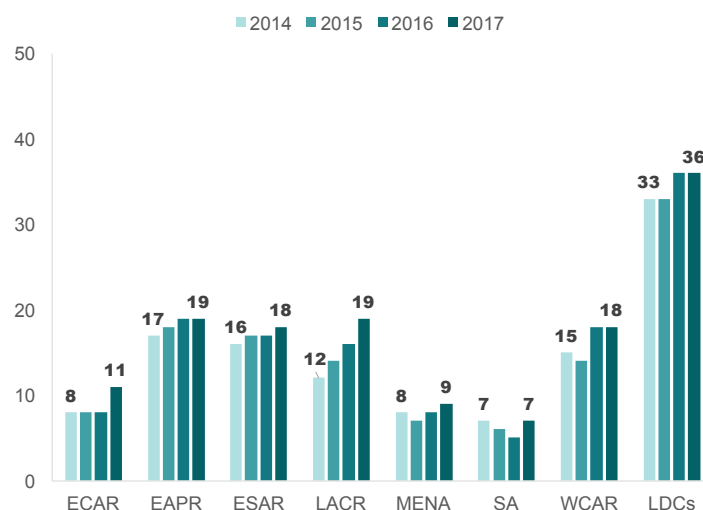
P2.a.2

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
2017 Result	0
2017 Target	6

Legend: Males with comprehensive knowledge of HIV   Females with comprehensive knowledge of HIV

Countries listed: Rwanda, Namibia, Kenya, Thailand, Swaziland, Ukraine, Burundi, Uganda, Zimbabwe, Jamaica, Zambia, Malawi, United Republic of Tanzania, Lesotho, Cambodia, Haiti, Angola, Nigeria, Mozambique, Cameroon, Ethiopia, Guatemala, India, Ghana, Democratic Republic of the Congo, Central African Republic, Côte d'Ivoire, Myanmar, Chad, Indonesia, South Sudan

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
2017 Result	31
2017 Target	38

Disaggregated data available		Disaggregated data unavailable
• Angola	• Kenya	• Botswana
• Burundi	• Lesotho	• Brazil
• Cambodia	• Malawi	• China
• Cameroon	• Mozambique	• Djibouti
• Central African Republic	• Myanmar	• Indonesia
• Chad	• Namibia	• Iran (Islamic Republic of)
• Côte d'Ivoire	• Nigeria	• Russian Federation
• Democratic Republic of the Congo	• Rwanda	
• Ethiopia	• South Africa	
• Ghana	• South Sudan	
• Guatemala	• Swaziland	
• Haiti	• United Republic of Tanzania	
• India	• Thailand	
• Jamaica	• Uganda	
	• Ukraine	
	• Zambia	
	• Zimbabwe	

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
2017 Result	33
2017 Target	38
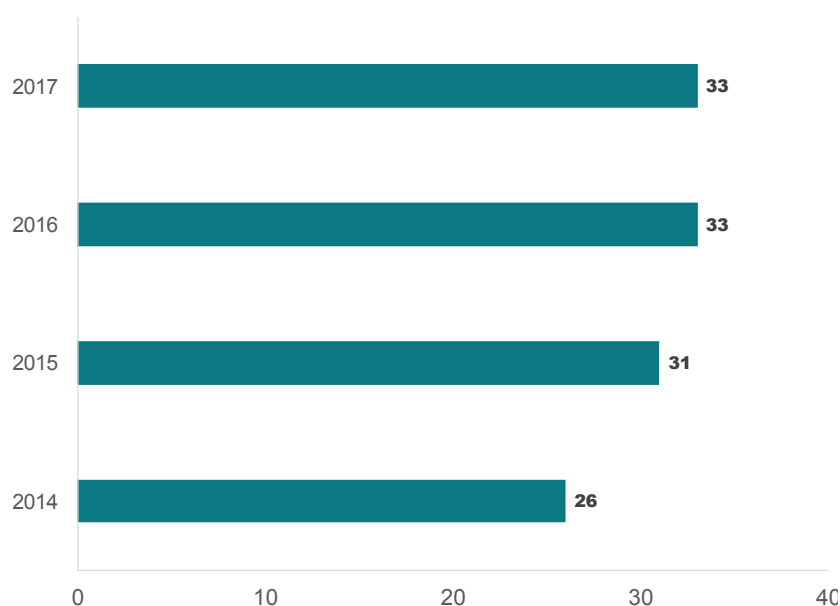
P3.e.2

Countries implementing menstrual hygiene management in WASH in Schools programmes

2014 Baseline	22
2015 Result	29
2016 Result	30
2017 Result	44
2017 Target	48
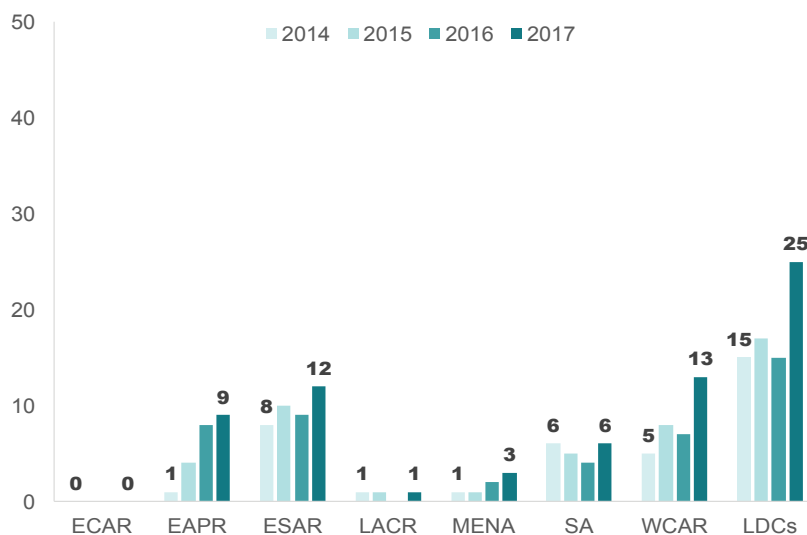
P4.c.2 (b)

Countries with a policy or plan targeting anaemia reduction in girls

2013 Baseline	27
2014 Result	34
2015 Result	49
2016 Result	41
2017 Result	56
2017 Target	50
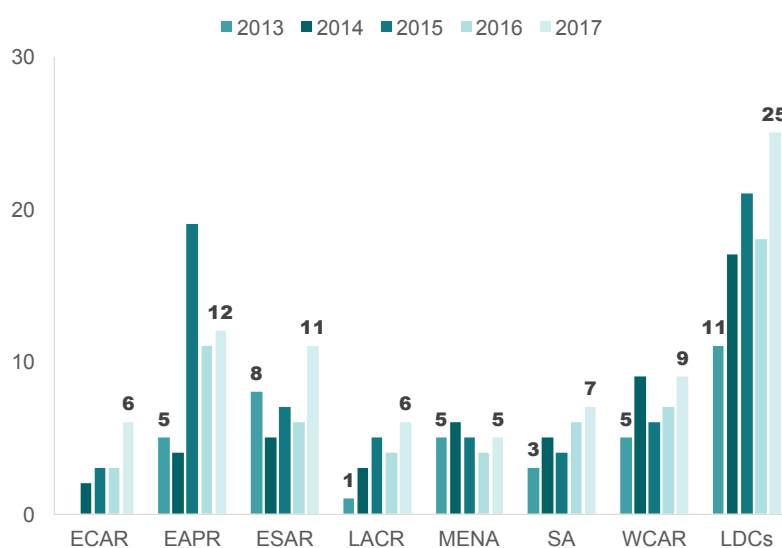
Advancing girls' secondary education

Average output
achievement
75% 🟠

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%
2017 Result	35%
2017 Target	47%

Legend: 2013, 2014, 2015, 2016, 2017

Chart values by region:
- ECAR: 72, 79
- EAPR: 45, 33
- ESAR: 6, 28
- LACR: 38, 29
- MENA: 53, 13
- SA: 38, 34
- WCAR: 11, 19
- LDCs: 15, 12
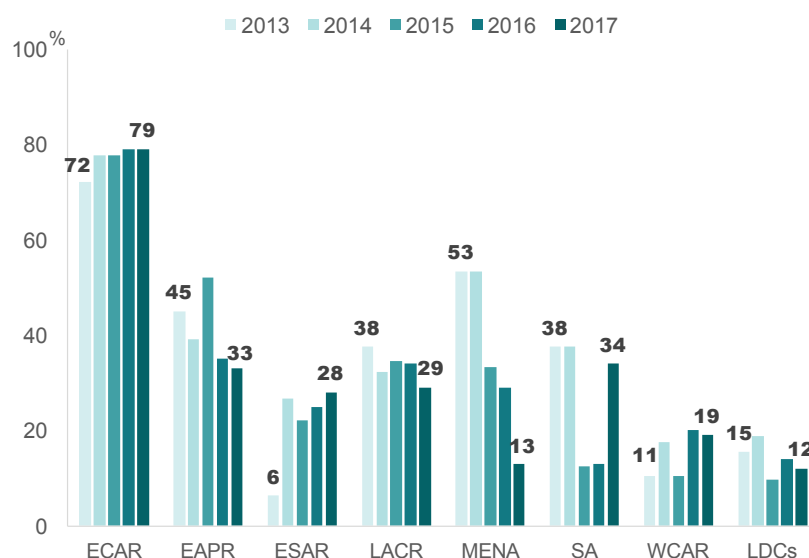
P5.e.4

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%
2017 Result	38%
2017 Target	32%

Legend: 2013, 2014, 2015, 2016, 2017

Chart values by region:
- ECAR: 29, 56
- EAPR: 30, 56
- ESAR: 29, 69
- LACR: 24, 24
- MENA: 8, 33
- SA: 43, 20
- WCAR: 33, 24
- LDCs: 24, 24
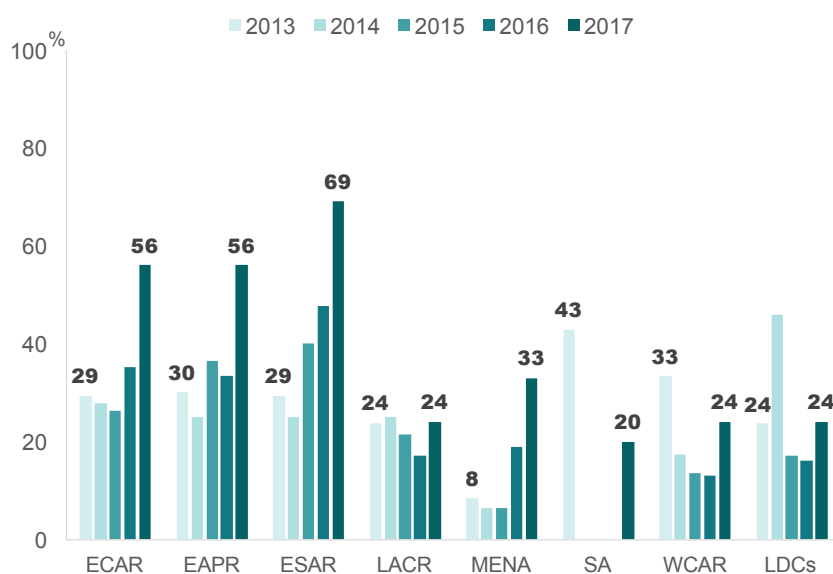
Ending child marriage

Average output achievement

100% 🟢

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
2017 Result	12
2017 Target	12

Child marriage prevalence 25% or higher / major issue

National plan/strategy on child marriage

Afghanistan
Bangladesh
Belarus
Central African Republic

Egypt
Ethiopia
Guinea Bissau
India
Jamaica
Jordan

Kyrgyzstan
Macedonia
Montenegro
Nigeria
Serbia
Sudan
Turkey
Vietnam
Zimbabwe

Costed plan/strategy

Budgeted plan/strategy

Benin
Burkina Faso
Chad
Ghana
Guinea
Liberia

Malawi
Mauritania
Mozambique
Togo
Uganda
Zambia

Comoros
Gambia
Lesotho
Madagascar
Nepal

Angola
Belize
Bhutan
Brazil
Cameroon
Congo
Côte d'Ivoire
Cuba
Democratic Republic of the Congo
Dominican Republic
El Salvador
Equatorial Guinea
Eritrea
Guatemala
Guyana
Honduras
Lao People's Democratic Republic
Mali
Marshall Islands
Mexico
Nauru
Nicaragua

Niger
Panama
Sao Tome and Principe
Senegal
Sierra Leone
Somalia
South Sudan
United Republic of Tanzania
Yemen
Uruguay

Gender-based violence in emergencies

Average output achievement
**85%** ●

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) —
2017 Result	(a) 85%	(b) —
2017 Target	(a) 100%	(b) 100%

Note: 2017 result for gender-based violence is not available. At the time of reporting, the global coordination mechanism for gender-based violence was in transition.

Countries not meeting CCC standards for coordination 15%

Countries meeting CCC standards for coordination 85%
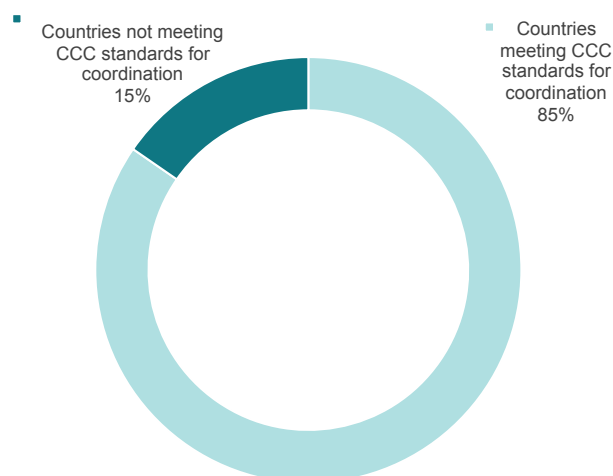
P6.d.3

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	—
2017 Result	—
2017 Target	100%
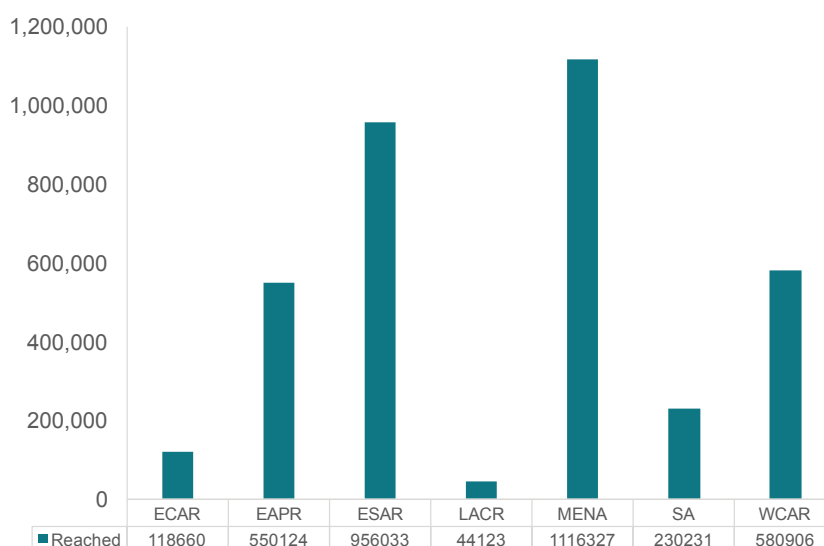
Note: Accurate data on number of targeted children and women are not available. Results presented are for number of children and women reached only.

	ECAR	EAPR	ESAR	LACR	MENA	SA	WCAR
Reached	118660	550124	956033	44123	1116327	230231	580906

Gender mainstreaming in programming

Impact and outcome indicator	Baseline *	2017 Target	2017 Update**
Gender equality in child survival			
P4.1 Countries with a current exclusive breastfeeding rate among children 0–5 months old ≥50% and no recent significant decline	27 (2007–2013)	40	35 out of 109 UNICEF programme countries (2010–2017)
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	98 out of 141 UNICEF programme countries with data (2010–2017)
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	52 out of 119 UNICEF programme countries with data (2010–2017)
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) Boys: 7 out of 53 UNICEF programme countries with sex-disaggregated data (2010–2013) Girls: 8 out of 53 UNICEF programme countries with sex-disaggregated data (2010–2013) Both boys and girls: 5 out of 53 UNICEF programme countries with sex-disaggregated data (2010–2013)	20	21 out of 101 UNICEF programme countries with data (2010–2017) Boys: 9 out of 73 UNICEF programme countries with sex-disaggregated data (2010–2016) Girls: 10 out of 73 UNICEF programme countries with sex-disaggregated data (2010–2016) 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 (2016)
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	40.1% pregnant, 32.5% non-pregnant (2016)

*2013 unless otherwise indicated. **Or data from the most recent year available.

Impact and outcome indicator	Baseline *	2017 Target	2017 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	148 (2015)
P3.2 Countries in which more than 50% of the population has an improved sanitation facility	105 (2011)	120	120 (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 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= 63.3 million F = 34.3 million M = 29.1 million GPI = 0.85 (2016)
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 = 89% M = 90% GP I = 0.99 (2016)
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	Of the 24 countries with data and starting prevalence >5% at baseline, there are 6 which had at least 2 comparable data points (2008–2011 and 2014–2016). Of these 5, 1 has seen a statistically significant decline of at least 10%
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.
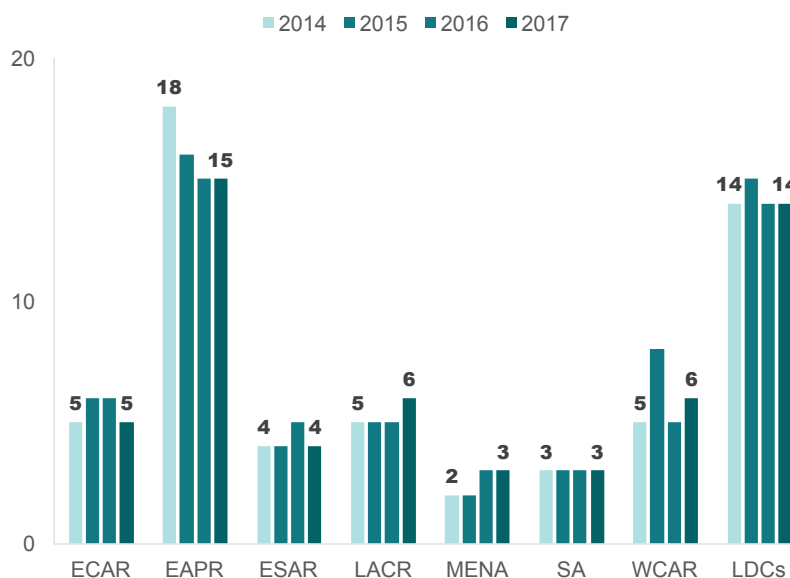
Gender equality in child survival

Average output
achievement

25% ●

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
2017 Result	42
2017 Target	62

■ 2014 ■ 2015 ■ 2016 ■ 2017

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
2017 Result	28
2017 Target	40

■ 2013 ■ 2014 ■ 2015 ■ 2016 ■ 2017
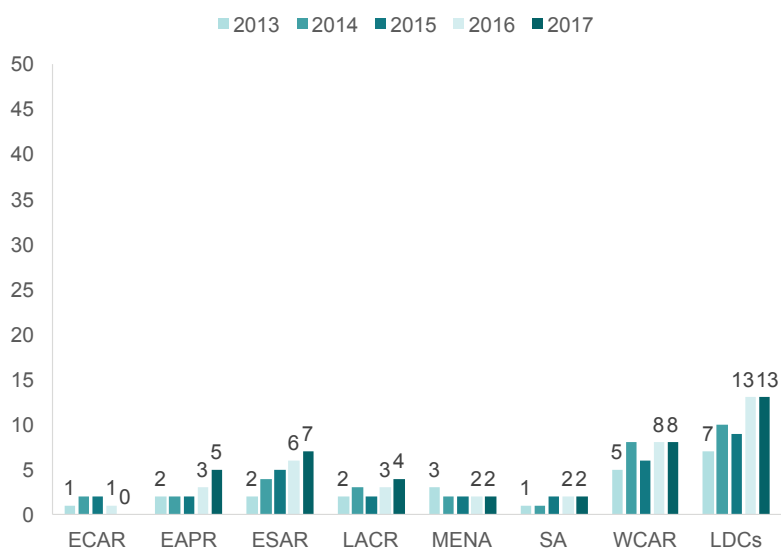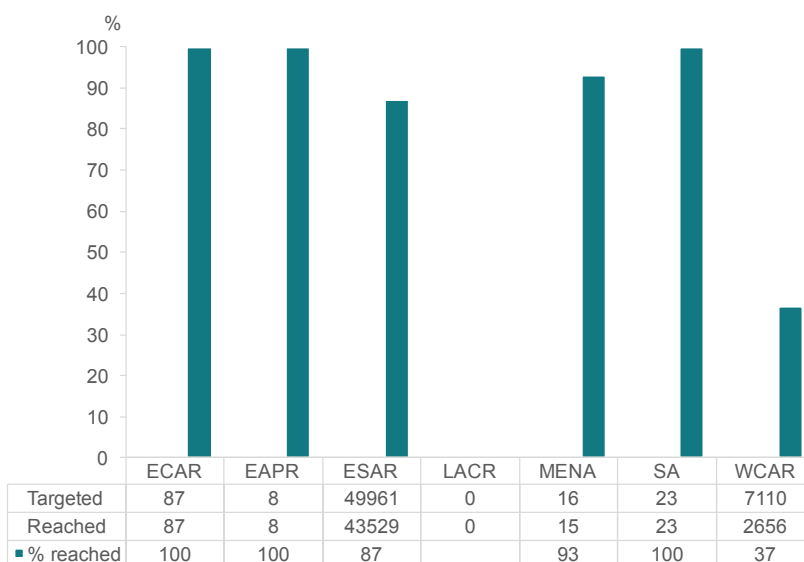
Improved maternal and neonatal health

Average output achievement

101% 🟢

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%
2017 Result	81%
2017 Target	80%

	ECAR	EAPR	ESAR	LACR	MENA	SA	WCAR
Targeted	87	8	49961	0	16	23	7110
Reached	87	8	43529	0	15	23	2656
% reached	100	100	87		93	100	37

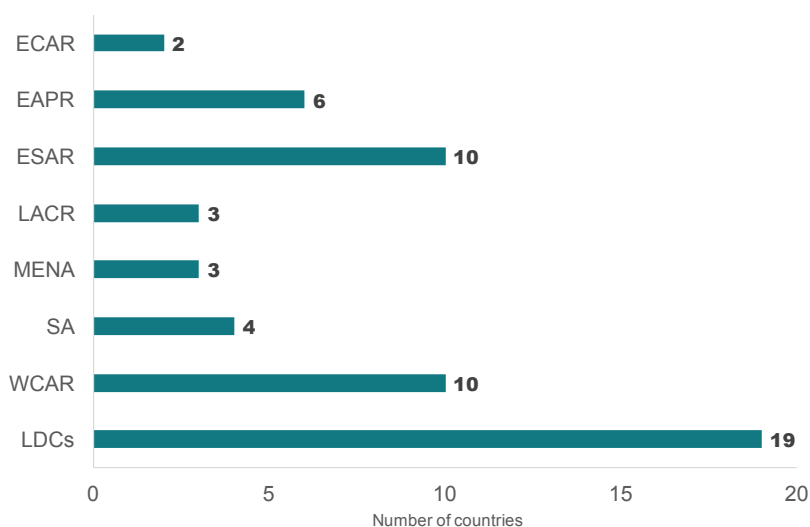# Access to water and sanitation at home

Average output achievement

150% 🟢

P3.b.2

Countries implementing a national strategy to eliminate open defecation

2014 Baseline	63%
2015 Result	57%
2016 Result	65%
2017 Result	75%
2017 Target	70%

ECAR 2
EAPR 6
ESAR 10
LACR 3
MENA 3
SA 4
WCAR 10
LDCs 19

Number of countries

Gender-responsive legislation and policies

Average output achievement

46% 🔴

P6.e.2

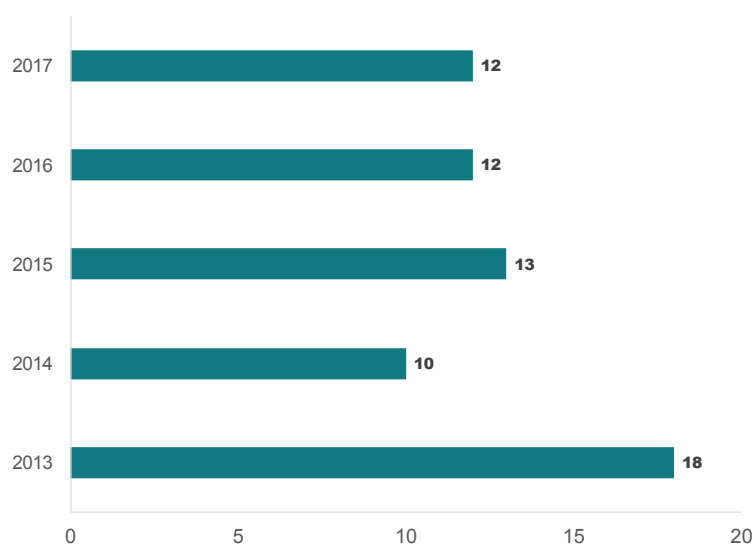Countries that have revised or improved child protection policies on the basis of a gender review supported by UNICEF

2013 Baseline	33
2014 Result	23
2015 Result	33
2016 Result	42
2017 Result	51
2017 Target	70

■ Revised or improved child protection policies

Year	Value
2014	23
2015	33
2016	42
2017	51
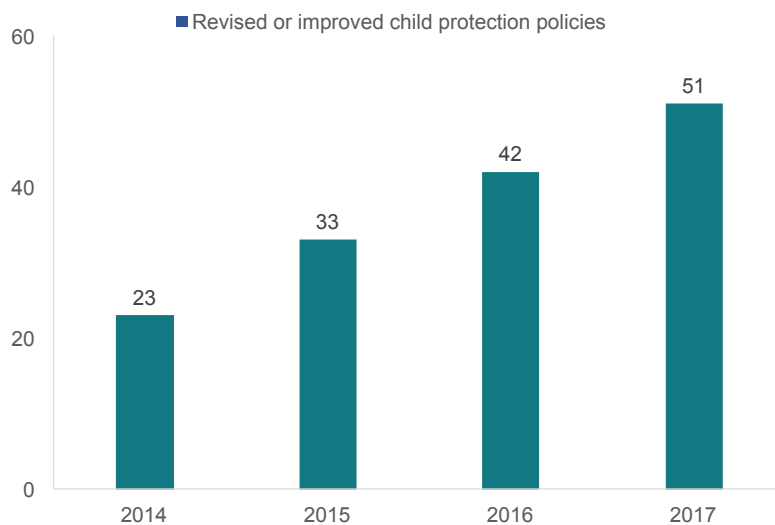
P2.e.2

Countries that have undertaken a gender review of the HIV policy/strategy of the current national development plan with UNICEF support
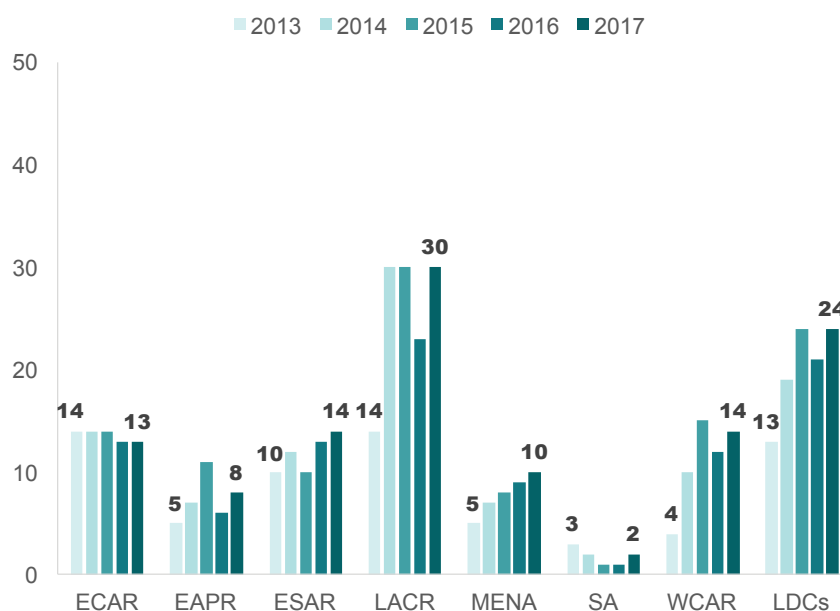
2013 Baseline	18
2014 Result	10
2015 Result	13
2016 Result	12
2017 Result	12
2017 Target	38

Year	Value
2017	12
2016	12
2015	13
2014	10
2013	18

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
2017 Result	91
2017 Target	110

Legend: 2013, 2014, 2015, 2016, 2017

Chart values by region:
- ECAR: 14, 13
- EAPR: 5, 8
- ESAR: 10, 14, 14
- LACR: 14, 30
- MENA: 5, 10
- SA: 3, 2
- WCAR: 4, 14
- LDCs: 13, 24

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
2017 Result	91
2017 Target	100

Legend: 2013, 2014, 2015, 2016, 2017

Chart values by region:
- ECAR: 8, 11, 11
- EAPR: 11, 23, 17
- ESAR: 16, 19
- LACR: 9, 9
- MENA: 10, 10
- SA: 5, 7
- WCAR: 11, 18
- LDCs: 29, 39

P7.e.1 (b)

Countries that have revised domestic legislation and administrative guidance in line with the concluding observations of the CEDAW Committee
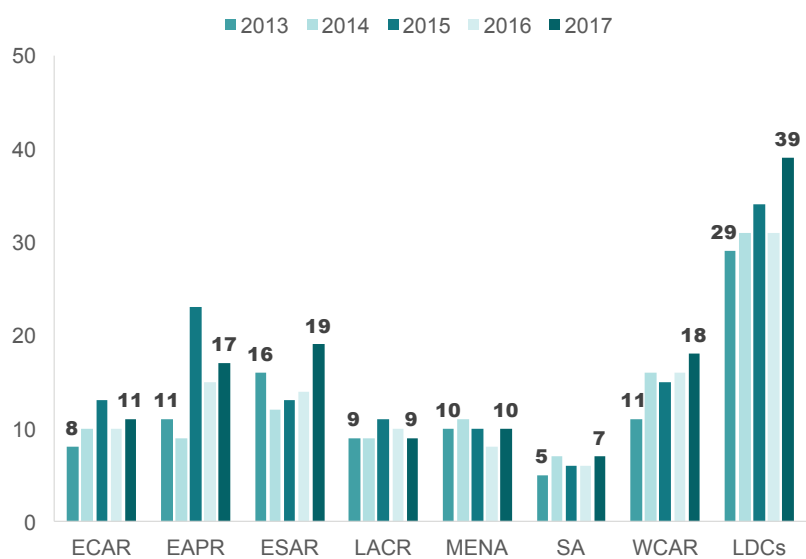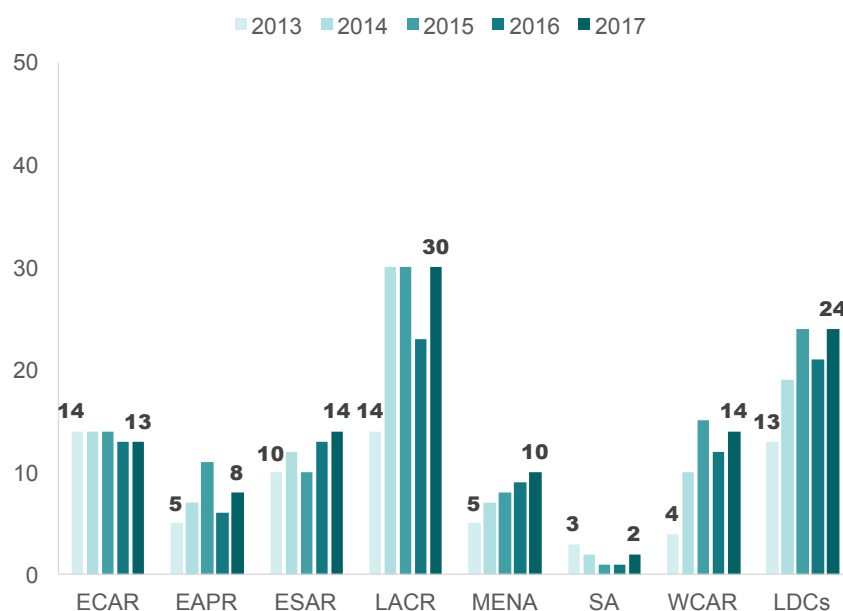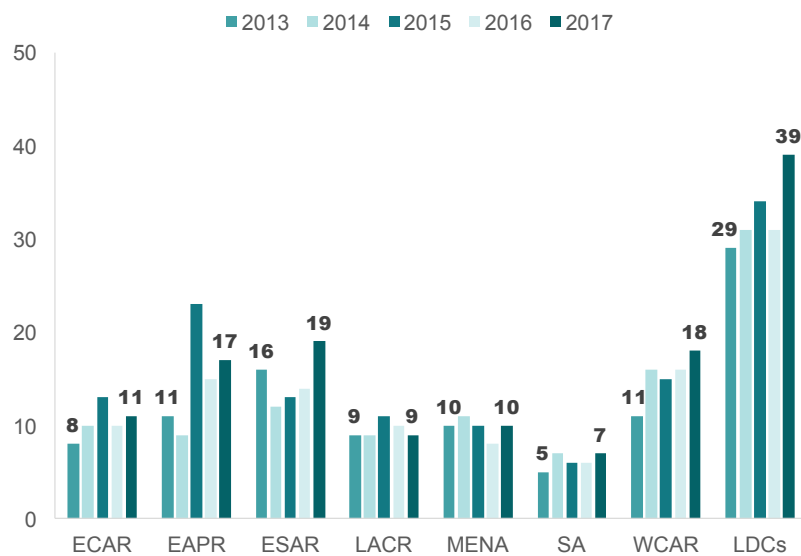
2013 Baseline	55
2014 Result	82
2015 Result	89
2016 Result	77
2017 Result	91
2017 Target	110

Bar chart legend: 2013 2014 2015 2016 2017

Values by region: ECAR 14, 13; EAPR 5, 8; ESAR 10, 14, 14; LACR 30, 30; MENA 5, 10; SA 3, 2; WCAR 4, 14; LDCs 13, 24

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
2017 Result	91
2017 Target	100

Bar chart legend: 2013 2014 2015 2016 2017

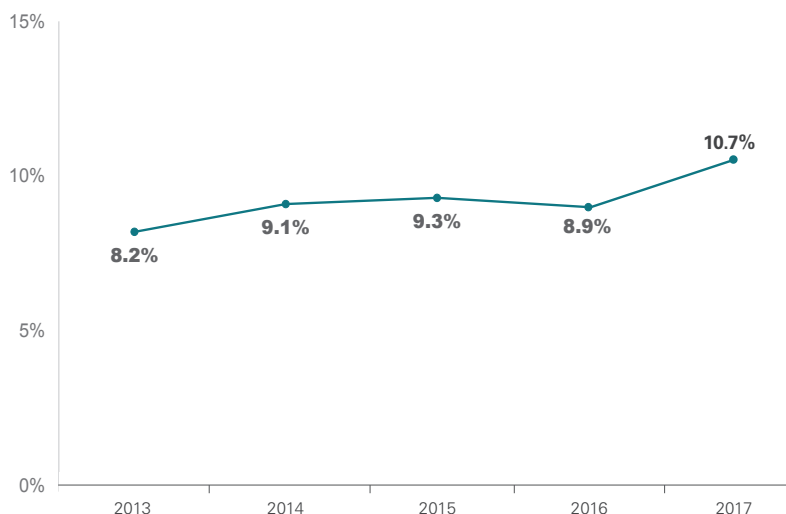Values by region: ECAR 8, 11; EAPR 11, 17; ESAR 16, 19; LACR 9, 9; MENA 10, 10; SA 5, 7; WCAR 11, 18; LDCs 29, 39

Performance benchmarks

Programme expenditures on gender results

Progress towards financial
target on programme
expenditures

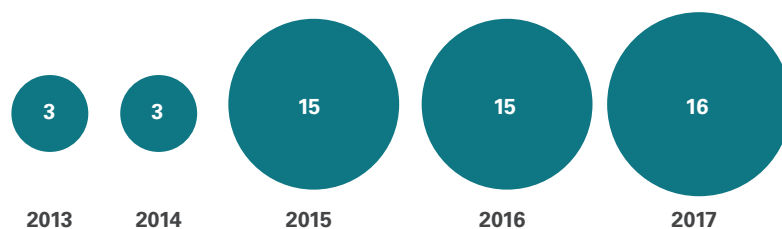|	
2013 Baseline	8.2%
2014 Result	9.1%
2015 Result	9.3%
2016 Result	8.9%
2017 Result	10.7%

Gender staffing and capacity across the organization

Progress on number of
dedicated gender experts in
headquarters and regional
offices

2013 Baseline	3
2014 Result	3
2015 Result	15
2016 Result	15
2017 Result	16

Headquarters and regional offices

2013	2014	2015	2016	2017
3	3	15	15	16

Progress on number of
dedicated gender experts in
country offices

2013 Baseline	4
2014 Result	8
2015 Result	7
2016 Result	14
2017 Result	18

Country offices

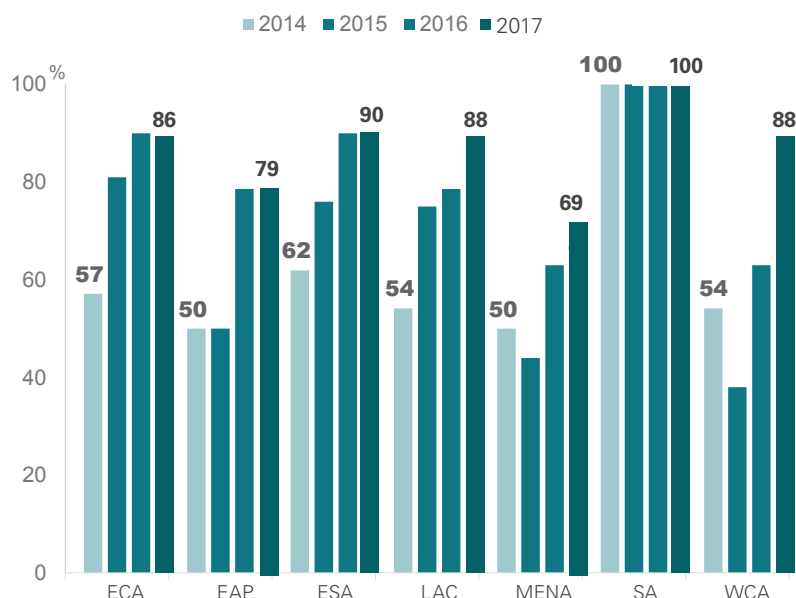| 2013	2014	2015	2016	2017
4	8	7	14	18
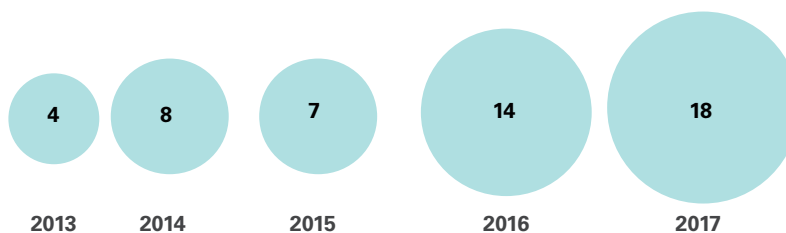
Gender performance of country programme management plans

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

2014 Result	58%
2015 Result	64%
2016 Result	79%
2017 Result	85%

Legend: ■ 2014 ■ 2015 ■ 2016 ■ 2017

Region	2014	2015	2016	2017
ECA	57	81	90	86
EAP	50	50	79	79
ESA	62	76	90	90
LAC	54	75	79	88
MENA	50	44	63	69
SA	100	100	100	100
WCA	54	38	63	88

Gender performance on evaluations of UNICEF programmes

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

2012 Baseline	46%
2013 Result	52%
2014 Result	51%
2015 Result	33%
2016 Result	66%

Year	Value
2012	46%
2013	52%
2014	51%
2015	33%
2016	66%
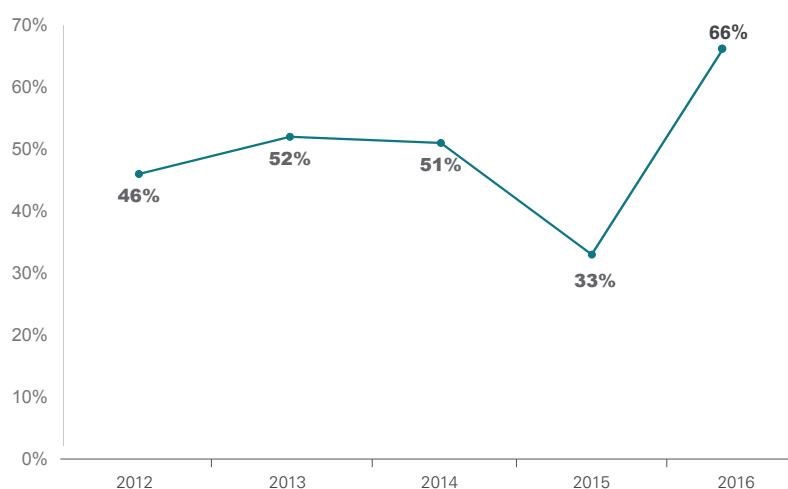
Note: Evaluations completed in 2017 are being rated. The result for 2017 will be reported in 2019.

Effective knowledge-sharing and communications for promoting gender equality

Annual gender network meetings held (cumulative data)

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

Functioning GAP team site on UNICEF intranet

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

2017 achievements in effective knowledge-sharing and communications

- On the International Day of the Girl, 11 October 2017, UNICEF led the worldwide celebration under the theme Empowering Girls Before, During, and After Emergencies. The UNICEF video, #Freedom for Girls, went live on the Google homepage in over 50 countries and was viewed 2.5 million times on Facebook and 275,500 times on Twitter. A related social media campaign reached over 13 million people via Facebook, 5 million via Twitter, and 1.4 million via Instagram.

- In November, UNICEF released a seminal report *A Familiar Face: Violence in the Lives of Children and Adolescents* . The publication spotlights the impact of sexual violence on children, especially adolescent girls. Inspired by the #metoo movement, which has garnered significant media attention, UNICEF used the report to launch its own social media campaign—#hertoo—to help give voice to the millions of women and girls who experience sexual violence but are unable to report it.

- UNICEF led the development of the Secretary-General's biannual report on the girl child in 2017, reporting on efforts by Governments, United Nations agencies and civil society to realize the rights of girls worldwide.

- Participation by UNICEF at the sixty-first session of the Commission on the Status of Women under the theme women's economic empowerment in the world of work, with a focus on priority issues including girls' education and skills, women's and girls' unequal burden of unpaid carework and household chores, and gender-based violence.

- 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 and the submission of annual reports on the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women. UNICEF also collaborates and shares knowledge with key civil society organizations focused on advancing the rights of girls, including Plan International, Together for Girls and World Vision.

- Internally, UNICEF boosted its knowledge-sharing efforts to increase awareness of the importance of a focus on gender across the organization, including a monthly webinar series, and a streamlined knowledge-sharing portal called teamsite, drawing up to 3,000 hits per month from country offices all over the world. UNICEF also established a gender-focused community of practice on its internal social media channel, Yammer, gaining 400 followers in the first year.

2017 THEMATIC FUNDS FINANCIAL STATEMENT

Statement of account as of 31 December 2017 in US dollars

CONTRIBUTIONS

Donor	Prior Year(s)	2017	Cumulative
Australian Committee For UNICEF	22,404.78	40,999.24	63,404.02
Government Of Luxembourg	453,514.74	480,256.14	933,770.88
Japan Committee For UNICEF	45,810.00	0.00	45,810.00
Norwegian Committee For UNICEF	54,552.07	0.00	54,552.07
TOTAL	576,281.59	521,255.38	1,097,536.97

EXPENDITURES

Business Area	Prior Year(s)	2017	Cumulative
Bhutan	17,454.08	37,970.49	55,424.57
EAP, Thailand	0.00	22,554.64	22,554.64
Nepal	0.00	44,445.28	44,445.28
TOTAL	17,454.08	104,970.42	122,424.50

SUMMARY

	Cumulative Contributions	Cumulative Expenditures	Thematic Funds Available
TOTAL	1,097,536.97	122,424.50	975,112.47