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Annual report on the implementation of the UNICEF Gender Action Plan, 2014–2017

Summary

The present document, prepared in accordance with Executive Board decision 2014/8, provides the third annual update on the implementation of the UNICEF Gender Action Plan, 2014–2017. The report includes an update on progress on the plan's priorities, indicators and performance benchmarks.

* [E/ICEF/2018/8](#).

Note: The present document was processed in its entirety by UNICEF.



I. Introduction

1. The Gender Action Plan, 2014–2017 specifies how UNICEF will promote gender equality throughout its work in alignment with its Strategic Plan, 2014–2017. The plan's implementation culminated in 2017, prompting a period of review and reflection on progress, challenges and lessons learned that are now informing the implementation of the Gender Action Plan's second phase, in conjunction with the Strategic Plan, 2018–2021.

2. The present report highlights the trends and progress of the 2014–2017 cycle. In those four years, the Gender Action Plan was the vehicle through which UNICEF designed clear programmatic results; made institutional investments to boost resources, leadership, expertise and accountability; and reinforced its partnerships, coalitions and presence in gender equality in the international development space. This retrospective suggests that UNICEF has pursued an upward trajectory towards strengthening its role in support of countries and the global community to make progress on gender equality results, and building its own capabilities and accountabilities in gender programming. The progress has not been even on all sides. For example, there has been greater momentum in targeting adolescent girls' priorities than in mainstreaming gender results; and better performance on headquarters and regional targets for gender expertise than at the country level. Several challenges remain, from the effective reporting of results to adequately resourcing gender programming. Progress is nevertheless substantial and tangible, and has contributed to important improvements in the lives and rights of women and children, while providing UNICEF with a foundation for accelerating those efforts over the next phase.

3. During the implementation of the Gender Action Plan, 2014–2017, UNICEF 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 been an important contributor to declining child marriage rates, improvements in adolescent girls' nutrition and emerging declines in female genital mutilation and cutting (FGM/C) rates. There has also been progress in other areas, albeit slower, including in secondary education and skills for girls, the reduction of adolescent girls' risk of HIV/AIDS and in combating sexual and other violence against girls and women. The task for UNICEF in the period 2018–2021 is to work with partners to find more effective, scalable and sustainable solutions to these and other challenges, while it accelerates progress in areas that have already seen achievements.

II. Programmatic results

4. The Gender Action Plan, 2014–2017 programmatic framework outlines a dual approach targeting cross-sectoral priorities that emphasize results for adolescent girls and mainstream gender across the seven Strategic Plan, 2014–2017 outcome areas. The four cross-sectoral targeted priorities include: (a) ending child marriage; (b) advancing girls' secondary education; (c) promoting gender-responsive adolescent health; and (d) addressing gender-based violence in emergencies. In mainstreaming gender in programming, UNICEF has emphasized quality over quantity, with the aim of achieving key results specific to the outcome areas with a strong gender dimension.

A. Targeted gender priorities

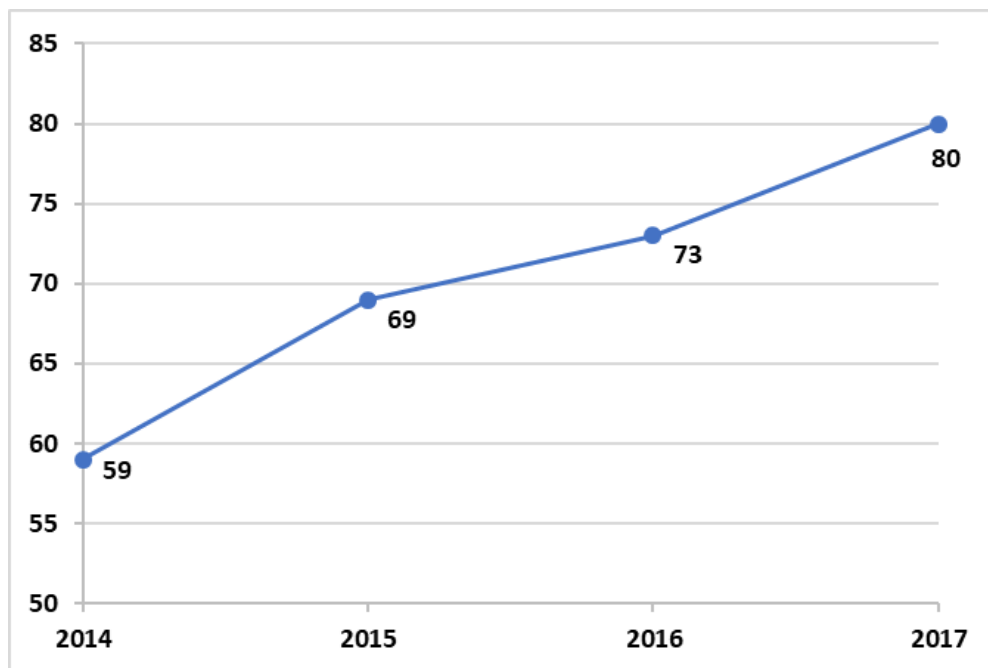
5. The four targeted priority areas were selected for their transformative potential for adolescent girls. An important development in the last four years has been the application of gender-focused, cross-sectoral solutions to the interconnected challenges facing adolescent girls, which has resulted in convergence and efficiencies in programming across the four priorities. Stronger linkages have emerged that connect early marriage outcomes, for instance, to those on reducing teenage pregnancies, or that address girls' access to secondary education as a critical factor in preventing child marriage.

6. Cross-sectoral efforts to empower adolescent girls have also led to more at-scale work at the country level. The Shout Out for Health project in South Africa, rolled out in 2017 through UNICEF partners, the Children's Radio Foundation and Molo Songololo, focused on a combination of gender equality, violence and reproductive health issues, and reached over 700,000 young people through community radio broadcasts. In India, the UNICEF and British Broadcasting Company (BBC) Media Action television drama, AdhaFULL, challenges gender stereotypes by addressing interrelated themes on child marriage, nutrition and girls' education. By the end of 2017, it had reached a cumulative 121 million viewers.

7. Signalling greater recognition of the linkages among gender priorities focused on adolescent girls, the number of countries that targeted two or more such priorities in their programmes rose from 59 in 2014 to 80 in 2017.

Figure I

Number of country offices working on at least two targeted gender priorities focused on adolescent girls, 2014–2017



Ending child marriage

8. 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 to addressing child marriage. Encouragingly, rates of child marriage are beginning to decline at a faster pace in countries with large numbers of girls at risk, and where national actors, UNICEF, the United Nations Population Fund (UNFPA) and other partners have built momentum over many years, including in Bangladesh, Ethiopia, India and Zambia. The latest statistics indicate that the proportion of women who marry as children has decreased by 15 per cent in the last decade, from one in four to approximately one in five, with South Asia leading in reductions. Progress in India has meant that a girl's risk of marrying before she turns 18 has dropped from nearly 50 per cent to 30 per cent; in Ethiopia, it has dropped from around 60 per cent to 40 per cent in the past 10 years.

9. From 2014 to 2017, UNICEF and its partners contributed to the codification of the global commitment to end child marriage through the dedicated target 5.3 of Sustainable Development Goal 5. The concurrent launch of the joint UNICEF-UNFPA Global Programme to Accelerate Action to End Child Marriage covers 12 countries in Asia and the Pacific, Eastern and Southern Africa, the Middle East and North Africa (MENA) and West and Central Africa. . The programming and results framework of the global programme have accelerated more coherent, robust, scalable and evidence-based solutions in the 12 countries and catalysed regional initiatives that cover multiple countries in Latin America and Caribbean and Europe and Central Asia, and expanded the scope to emergency settings in the MENA.

10. In 2017, 64 UNICEF programme countries included ending child marriage as a targeted programme priority, 20 more than in 2014. Signalling intensified national ownership and effort, 37 of these now have approved national action plans to address child marriage, compared with only 18 in 2014. The plans for 12 countries are costed and budgeted compared with only 2 in 2014. UNICEF supported the development of these plans by providing a costing and monitoring and evaluation framework in Nepal, for example, and undertaking a budget analysis in collaboration with government ministries in Bangladesh.

11. UNICEF advocacy and support have also resulted in planning and policy changes in countries outside the global programme. In 2017, Plan International, UNFPA, UNICEF and partners supported the adoption of a law banning early marriage in Honduras. In the Dominican Republic, efforts to raise the minimum legal marriage age to 18 years were bolstered by a soap opera-style public campaign broadcast to 23 million people to shift perceptions on child marriage.

12. Increasing girls' opportunities to acquire education and life skills and access health services serves as a preventative measure against child marriage; it also helps to mitigate the negative consequences for girls already married as children. In the period 2016–2017, through UNICEF programming, over 2 million adolescent girls at risk of child marriage received life skills and school attendance support. In India, close to one million adolescent girls benefited from life skills interventions designed to empower them and reduce child marriage.

13. Through the Gender Action Plan, 2014–2017, UNICEF reached 11.6 million people in 66 countries with community-based messaging on child marriage, notably through dialogue, interactive theatre and mass media initiatives. Advocacy and partnerships with faith-based and traditional leaders were also instrumental in shifting attitudes and mobilizing action against child marriage. In 2017, through interactive theatre focused on child marriage and gender-based violence, UNICEF reached more than 33,000 men, women and children in Yemen. Bihar, a high child-marriage prevalence state in India, launched the first large scale, multi-agency initiative to end

child marriage, and reached over 600,000 government officials, an estimated 10.4 million adolescents and some 24 million people overall, through sustained media and community mobilization.

Advancing secondary education for girls

14. Secondary education for girls progressed globally in the period 2014–2017. Lower secondary school enrolment among girls has been increasing, and the percentage of countries in which girls are disadvantaged fell from 41 per cent in 2014 to 36 per cent in 2017. At the same time, the proportion of countries that offer equal access to secondary schooling for women and men declined from 38 per cent in 2013 to 35 per cent in 2017, indicating the complexity of achieving progress on gender equality in education.

15. Government commitment to girls' secondary education increased during the Gender Action Plan, 2014–2017 period. The number of programme countries in which girls' secondary education was a budgeted government priority rose from 27 per cent in 2013 to 35 per cent in 2017. Fifty-eight UNICEF country programmes now implement actions to advance girls' secondary education results, compared with 30 in 2014. UNICEF supports system-strengthening and targeted interventions that address financial and gendered barriers to girls' access to secondary education, improve gender-responsive teaching and learning, build community engagement and develop girls' life skills.

16. During the period 2014–2017, 14 countries across five regions were part of a coordinated effort to prioritize girls' secondary education through cross-sectoral programmes, new partnerships, robust evidence-generation and coordinated advocacy. In Niger, advocacy resulted in a presidential decree to raise the compulsory age of schooling for girls to 16 years, an important step towards realizing girls' right to education in a country in which over 90 per cent of the poorest girls of lower-secondary-school age are out of school.

17. UNICEF has contributed to strengthening gender-responsive education systems. In 2017, the Global Partnership for Education, the United Nations Girls' Education Initiative (UNGEI) and UNICEF issued guidance on gender-responsive education sector plans to strengthen national plans and budgets. An UNGEI-led workshop, attended by government delegations from Afghanistan, Bhutan, the Maldives, Nepal and Pakistan, developed regional capacity in gender-responsive sector planning.

18. In several countries, UNICEF contributed to overcoming financial barriers to educational access by supporting cash-transfer schemes that enable girls to stay in school. In Nigeria, an impact evaluation of a UNICEF-supported cash-transfer scheme showed a net increase of 30 per cent in girls' enrolment. In Madagascar, the Let Us Learn programme provided cash transfers to more than 100,000 girls in seven regions, allowing over 21,000 out-of-school girls to access catch-up classes and re-enter formal school. Morocco addressed the sociocultural barriers to girls' education through awareness sessions and family visits to school campuses, which increased transition rates for girls from school to college from 35 per cent in the period 2016–2017 to 54 per cent in the period 2017–2018. In partnership with the United Nations Educational, Scientific and Cultural Organization and UNFPA, UNICEF supported the Government in Swaziland to roll out life skills sexuality education to 122 secondary schools across the country.

19. UNICEF has helped girls to learn relevant skills and supported Governments to improve gender-equitable skills development, providing adolescent girls with opportunities to transition from education to decent work. In Nepal, 34,000 adolescents, more than half of whom were girls, benefited from social and financial skills education and access to spaces to expand their social network, bolstering their employability. In Lebanon, information technology-based projects, such as Girls Got IT, promoted science, technology, engineering and mathematics as career pathways for girls, reaching 19,000 girls in 2017.

20. Addressing school-related gender-based violence has become a priority in efforts to keep girls in school. UNICEF research in Côte d'Ivoire, Ethiopia, Togo and Zambia shaped recommendations for national actions now being tested in several countries. In Ethiopia, this research informed the inclusion of relevant data within the 2016–2017 national education management information system. As a result, the documentation and reporting of school-related gender-based violence increased from 478 schools in 2016 to 580 schools in 2017. In Sierra Leone, UNICEF worked with the Government to develop and pilot a national school safety guide in 924 secondary schools, focused on improving safety features and training principals, teachers and student mentors.

Promoting gender-responsive adolescent health

21. From 2014 to 2017, UNICEF was part of a movement to place gender-responsive adolescent health more prominently on global and national agendas to advance financing, services, information and access tailored to the needs of adolescents, particularly girls. UNICEF played a central role in integrating “adolescent” in reproductive, maternal, newborn, child and adolescent health as part of the 2030 Agenda for Sustainable Development and in the Every Woman, Every Child strategy. UNICEF is a key member of the Every Woman, Every Child H6 partnership and, in May 2017, launched the Global Accelerated Action for the Health of Adolescents guidance note to support country implementation. UNICEF has also continually participated in and provided expertise on gender to the Lancet Commission on adolescent health.

22. Stronger national and global commitments are translating into important gains in some health outcomes for adolescent girls. The number of countries in which 80 per cent or more of adolescent girls aged 15 to 19 years are able to access skilled birth attendance during delivery increased from 39 in 2013 to 71 in 2017. The number of countries with at least 80 per cent antenatal care coverage for girls aged 15 to 19 years also increased, from 21 in 2013 to 35 in 2017. Given that one in five adolescent girls still becomes a mother, these tangible improvements in pregnancy care are important components of the basic right to reproductive health for girls. UNICEF has supported Governments in developing and implementing plans to reduce adolescent pregnancy; 101 countries reported budgeted plans in 2017, compared with 83 in 2014.

23. The Gender Action Plan, 2014–2017 frames gender-responsive adolescent health as a multi-component concept that includes adolescent pregnancy and other essential aspects of puberty and reproductive health, such as anaemia reduction, menstrual hygiene management (MHM) and HIV/AIDS prevention. UNICEF country offices have increasingly welcomed this approach. Ninety country programmes prioritized gender-responsive adolescent health in 2017, compared with 62 in 2014.

24. During the period 2014–2017, UNICEF supported the development and implementation of national frameworks using a multi-component, interconnected approach to gender-responsive adolescent health. In 2017, Thailand launched its first

comprehensive framework to promote adolescent health and participation, while Uganda finalized its Multi-Sectoral Strategic Framework for Adolescent Girls, addressing HIV/AIDS, teenage pregnancy and violence against children. The National Plan to Reduce Adolescent Unintended Pregnancies in Argentina incorporated findings from adolescents' views on pregnancy, suicide and sexual abuse, and established relevant policies and health protocols.

25. The relevance of gender-responsive adolescent health care for young girls and boys and the importance of their playing a direct role in their own health care is evident in the growing number and scope of digital platforms on the topic in UNICEF programming targeted towards adolescents that promote community participation at scale. In Argentina, UNICEF launched the online platform Hablemos de Todo to promote adolescent awareness on sexual and reproductive health, gender, violence, suicide and substance abuse. In just six months, the site received more than 120,000 visits and its chat function allowed UNICEF to respond to more than 1,300 queries. Similarly, UNICEF collaboration in Thailand with the Path2Health Foundation's online platform lovecaresation.com has reached 150,000 adolescents with information on sexual, reproductive and mental health, while 2,500 adolescents have accessed online counselling and referral services. Around 2 million adolescents have also benefited from information on reproductive health and youth-friendly health services via three special episodes of Teen Mom, a popular online cartoon series.

26. Several countries have used U-Report to reach adolescents at scale with health information and services and to engage them in conversations around taboo subjects like MHM. In Mozambique, the SMS Biz initiative gives young people access to personalized information and services on sexual and reproductive health, HIV and gender-based violence. In June 2017, SMS Biz successfully registered more than 100,000 young people aged 10 to 24 years – more than double the initial target. Counsellors currently receive and respond to about 5,000 questions daily.

27. Menstrual hygiene management has become a critical area of UNICEF programming in the past four years. An increasing number of countries link MHM outcomes to girls' education, gender-based violence in schools, puberty and sexuality education and change in community gender norms. From 2014 to 2017, the number of countries implementing MHM in WASH in Schools programmes doubled from 22 to 44. UNICEF directly supported 7,835 schools with girl-friendly WASH programmes in 2017, bringing the number of schools covered during the period 2014–2017 to more than 50,000.

28. Zambia provided gender-segregated toilets and MHM facilities in 104 primary schools in 2017, benefiting an estimated 19,000 girls. In Sierra Leone, WASH programmes in 226 primary schools constructed latrines with specific menstrual hygiene spaces, with access for almost 21,000 adolescents. In Cambodia and Jordan, UNICEF worked with government ministries to develop national WASH in Schools standards that are gender-sensitive, include guidance on MHM and provide for disability accessibility.

29. UNICEF supported Governments to develop teaching and learning materials to prepare girls for menstruation and dispel misconceptions and stigma. 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. In Afghanistan, UNICEF supported curriculum changes to introduce MHM education in grade five rather than eight, as well as the release of a graphic storybook that targets men and boys in efforts to remove stigma around menstruation.

30. Anaemia reduction among adolescent girls is also a growing priority. Fifty-six countries had plans that targeted anaemia reduction for girls in 2017, up from 27 countries in 2013. In 2017, UNICEF helped Afghanistan to provide weekly iron-folic acid supplementation to 1.5 million adolescent girls (about 95 per cent of all school girls) in 33 provinces. In India, 35.5 million adolescent girls and boys were reached. Ghana launched its Girls' Iron-Folate Tablet Supplementation Programme in October 2017, and weekly reached 600,000 adolescent girls aged 10 to 19 years through school and health facilities.

31. On HIV/AIDS among adolescents, there is mixed progress, as adolescents continue to be at unacceptably high risk. In 2017, 13 more countries reported sex-disaggregated data on HIV testing and counselling among adolescents, up from 18 in 2013. The number of countries with national policies to implement sexuality or life skills-based HIV education in upper primary schools also increased from 28 in 2013 to 35 in 2017. Progress was slower in countries with national strategies that include proven high-impact, evidence-based interventions to address HIV among adolescents, increasing from 26 countries in 2013 to 33 in 2017.

32. The National AIDS Strategic Framework and the Adolescent Health Strategy, 2017–2021 were launched as complementary initiatives in Zambia in 2017, and include HIV testing and counselling, condom distribution and antiretroviral therapy. In South Africa, UNICEF contributed to the Government-led She Conquers campaign, a multi-pronged initiative targeting adolescent girls and young women and aimed at preventing new HIV infections, reducing teenage pregnancy, keeping girls in school, addressing gender-based violence and creating economic opportunities.

Addressing gender-based violence in emergencies

33. Reflecting the number and scale of humanitarian emergencies in 2017, 52 country offices included gender-based violence in emergencies as a targeted priority, 11 more than in 2014. UNICEF reached 3.6 million women and children in 2017 with violence response and risk-mitigation services, including in Bangladesh, the Democratic Republic of the Congo, Lebanon, South Sudan and the Sudan.

34. In 2017, UNICEF launched the Gender-based Violence in Emergencies help desk in partnership with Social Development Direct to support gender-based violence specialists and non-specialists in UNICEF and its partners with rapid responses to queries and access to analysis and evidence. In addition, UNICEF scaled up capacity in 16 high-risk countries to prevent and respond to sexual exploitation and abuse. More than 1.6 million women and children who had experienced or were at risk of experiencing sexual violence received multi-sectoral support services. In 2017, UNICEF continued to develop and support safe spaces for women and children. Over 60,000 women and girls in Lebanon and over 10,000 in Iraq accessed safe spaces. In the Syrian Arab Republic, UNICEF and UNFPA set up a safe house for women and children survivors of violence with temporary protected accommodation, specialized psychological support and health, education and legal services.

35. Strengthening systems to improve core service provision is an essential part of programming on gender-based violence in emergencies. In 2017, trainings for service providers covered the clinical management of rape, case management, working with child survivors, undertaking safe referrals and the prevention of sexual exploitation and abuse. In Croatia, UNICEF integrated gender-based violence into an extensive emergency-preparedness training for Red Cross frontline staff. In Iraq, mobile teams were trained on violence case management and, in collaboration with UNFPA,

UNICEF successfully advocated for the Government to endorse protocols for the clinical management of rape. In Jordan, UNICEF supported a quality upgrade of services provided to female survivors of violence, in compliance with international standards and national protocols.

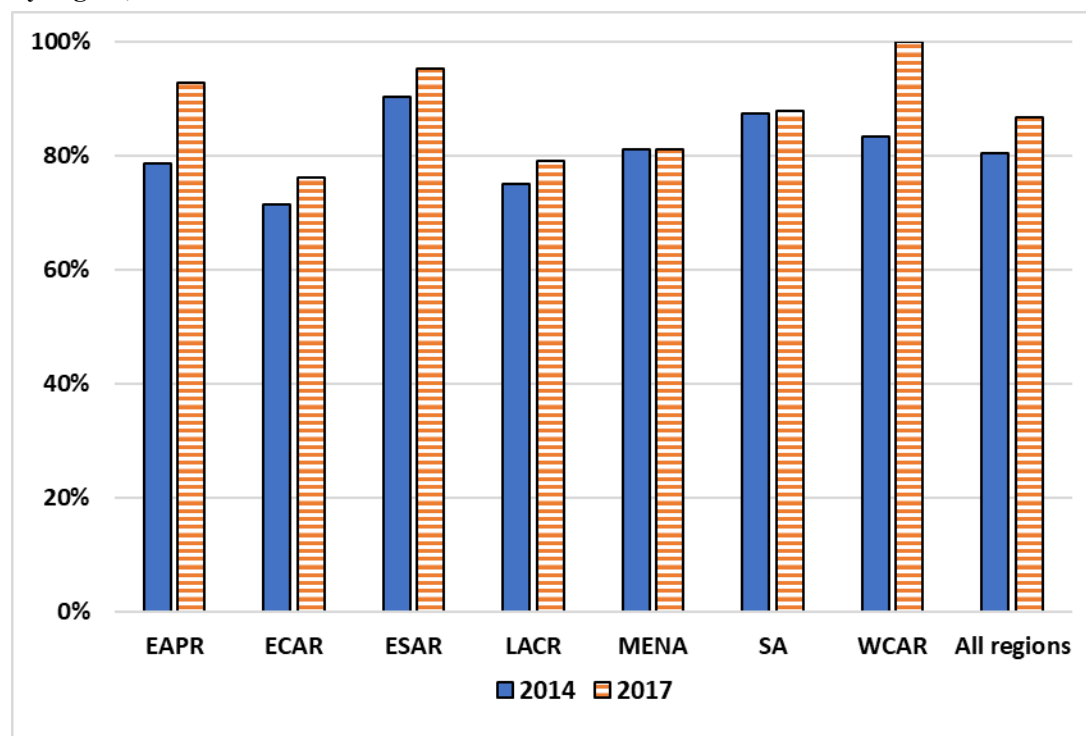
36. Working with the WASH sector continues to be a priority, specifically in the areas of MHM, the provision of dignity kits, razing barriers to access and including women in the design of interventions. In camps for internally displaced persons and refugees in the Syrian Arab Republic, women's concerns about accessing sanitation facilities safely at night in the absence of adequate lighting were highlighted and led to the procurement by UNICEF of solar lighting for latrines and the distribution of portable lamps to women and girls.

37. Overall, progress on targeted priorities focusing on adolescent girls has been substantial, but insufficient. UNICEF has worked with partners to demonstrate the importance of links across the different aspects of adolescent girls' lives, but national investments and the strengthening of such critical national and subnational systems as education, health, social protection have accelerated in only a handful of countries. There is a lack of feasible financing options and national capacity to deliver quality services to adolescent girls that help them to overcome deep-rooted, gender-based disadvantages that are further exacerbated by poverty, ethnic identity, conflict and disability. Under the Gender Action Plan, 2018–2021, UNICEF will be seeking partnerships, solutions and resources that can more urgently deliver at scale for the largest generation of adolescent girls.

B. Mainstreaming gender

38. In 2017, 87 per cent of all UNICEF country programmes included one or more gender mainstreaming results, an increase from 80 per cent in 2014 (see figure II). As is common in many organizations, defining the concept of "mainstreaming" in concrete programmable terms has not always been easy. However, in the last two years of the Gender Action Plan, there have been signs in almost all sectors that UNICEF country offices are starting to consider the scope and quality of gender programming in more definable and tangible ways.

Figure II
**Percentage of countries that include one of more gender mainstreaming results,
 by region, 2014 and 2017**



Abbreviations: EAPR: East Asia and the Pacific; ECAR: Europe and Central Asia; ESAR: Eastern and Southern Africa; LACR: Latin America and Caribbean; MENA: Middle East and Northern Africa; SA: South Asia; WCAR: West and Central Africa.

Health, nutrition and HIV/AIDS

39. The work of UNICEF in health, nutrition and HIV/AIDS supports national improvements to women's maternal health care. There has been important progress in the last four years in helping countries to design better policies, plans and coverage on such key services as antenatal care, skilled delivery, maternal and neonatal tetanus (MNT), and the prevention of mother-to-child transmission of HIV (PMTCT). In its early implementation period, the Gender Action Plan, 2014–2017, did not systematically take a gendered perspective on the quality of maternal care or the barriers women face in seeking health care for themselves and/or their children or in their role as health-care providers. Similarly, the sex disaggregation of child health and survival data and the examination of gender discriminatory practices were inconsistent. In the past two years, however, these key gender dimensions have gained traction as important programming principles, and represent a promising foundation for further enhancement under the Gender Action Plan, 2018–2021.

40. UNICEF has contributed to steady global progress on basic maternal and neonatal care. Coverage on critical indicators has shown major improvement, exceeding targets. In 2017, 98 programme countries reported that at least 80 per cent of live births benefited from skilled attendance, 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 in 2013 and exceeding the target of 25. There was also progress in MNT elimination. Three more

countries (Ethiopia, Haiti and the Philippines) eliminated MNT, bringing the total number of countries having eliminated MNT to 44 in 2017 against the target of 59 by 2020.

41. Outcomes related to HIV in maternal health have also shown progress. The number of countries that provide at least 80 per cent coverage of lifelong antiretroviral therapy (ART) for all pregnant women living with HIV has increased dramatically from only 1 in 2013 to 11 in 2017. In humanitarian settings, coverage of PMTCT increased from 54 per cent in 2014 to 81 per cent in 2017.

42. Programme countries have advanced less rapidly in supporting gender reviews of countries' nutrition policies or strengthening national management information systems to disaggregate data on nutrition by sex. From 2014 to 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.

43. One of the most promising developments on gender mainstreaming has been the Every Mother, Every Newborn initiative that UNICEF began implementing in health facilities in Bangladesh, Ghana and the United Republic of Tanzania in the period 2014–2015. 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. The success of the effort in these countries led to the expansion of Every Mother, Every Newborn to eight additional countries in 2017: Côte d'Ivoire, Ethiopia, India, Indonesia, Malawi, Nigeria, Pakistan and Uganda.

44. Other important emerging areas for the effective mainstreaming of gender in health include removing financial and mobility barriers for women; increasing women's participation in influencing and determining better health outcomes for themselves and their children; and recognizing women's role as health-service providers. The Imarisha Afya ya Mama na Mtoto programme, initiated in 2014 in Kakamega County in Kenya, delivers cash payments over two years to vulnerable pregnant and lactating women to encourage them to use maternal and child health services. With UNICEF support, the programme reached more than 30,000 mothers through 25 health facilities. Concurrently, UNICEF supported the 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.

45. 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 by 2017. However, in the last two years, addressing sex differentials in newborn mortality and care in countries in which they are large, such as Bangladesh and India, has become an important priority for UNICEF. Gender disparities that favour boys, as shown in the 20 to 25 per cent higher admission rates for male babies, point to pervasive son-preference practices in South Asia. UNICEF is undertaking a multi-country gender barrier study to identify parental factors involved in discrimination against newborn care for girls and to develop strategies to address them. Current strategies being 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

46. From 2014 to 2017, gender results from UNICEF-supported countries to improve WASH access and reach, especially in emergencies, showed a positive trend and a beneficial impact on women and girls. In that period, UNICEF WASH programming accelerated gender mainstreaming efforts, both in meeting woman-specific WASH needs, including in health and educational facilities, and regarding menstrual hygiene as well as in increasing women's influence and decision-making roles in WASH initiatives. UNICEF direct support, for example, helped equip over 1,500 health-care facilities in 49 countries with WASH facilities, allowing for better-quality maternal health services.

47. In 2017, in 148 countries, 75 per cent or more of households had access to an improved source of drinking water, exceeding the target of 131 countries, compared with only 116 in 2014. In 120 countries, 50 per cent or more of the population had an improved sanitation facility, compared with 106 in 2014. The number of countries in which one third or more of the population practised open defecation declined from 21 countries in 2013 to 17 in 2017. UNICEF support led an estimated 39 million people in 50,000 communities to abandon open defecation in 2017, while in the period 2014–2017, UNICEF supported over 60 million people to abandon open defecation. In emergencies, UNICEF provided 32.7 million people with water, 9 million people with sanitation and 28 million people with critical hygiene information and services.

48. In the same period, UNICEF supported the strengthening of WASH-sector governance, including policies and budgets that led to important benefits for girls and women. In Pakistan, UNICEF-supported local advocacy efforts led to a 28 per cent increase in public-sector WASH budgets, which immediately resulted in increased sanitation financing, enabling 847,000 women to gain access to safe sanitation facilities. In Ghana, UNICEF supported 375 communities to mainstream gender in community-led total sanitation, involving 95,000 women and girls. As a result, more women in targeted communities took on key decision-making positions, developed income-generation and business skills as latrine artisans and became hygiene advocates. In India, 1,600 women received capacity-building support to join the politically prominent, male-dominated front-line worker cadre known as WASH mobilizers to lead activities to promote open defecation-free villages in the states of Bihar and Odisha.

49. UNICEF WASH interventions in emergency situations also supported women and girls. In Yemen and Somaliland, investments in water infrastructure reduced the exposure of women and girls to violence while collecting water by reducing the distances they needed to travel. In Bangladesh, the site of the Rohingya refugee crisis, feedback from women and girls is an important factor in assessing the relevance of the sanitary materials provided and in devising measures to make latrines safer.

Education

50. During the period 2014–2017, UNICEF accelerated gender-mainstreaming efforts in education to address issues beyond gender parity in school enrolment rates, including gender dynamics in learning and teaching, the gender dimensions of curriculum pedagogy and learning outcomes and the increased disadvantage that girls face in accessing education in emergency settings. Improvements in sex-disaggregated, gender-relevant education data have also been a high priority.

51. Globally, gender parity in primary-school completion was achieved in 2008, although completion rates fell slightly, to 90 per cent, in 2016. Achieving gender parity among primary out-of-school children is a challenge that UNICEF and partners continue to address, with 34 million girls out of school compared with 29 million boys. 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.

52. UNICEF continues to strengthen data and evidence on gender and education. Research conducted as part of the Out of School Children Initiative was used by Governments to inform policy responses to gendered barriers to education in Cambodia, the Lao People's Democratic Republic, Mexico, Papua New Guinea, Thailand, Timor-Leste and the State of Palestine, most often with a focus on bringing girls back to school or ensuring that they start school at the right age. In Zambia, the UNICEF-supported Data Must Speak initiative has developed school profiles for over 8,000 primary schools, providing data on school dropouts disaggregated by gender.

53. In recognition of the role that curriculums and pedagogy can play in perpetuating gender discrimination, gender mainstreaming was applied to school-based, in-service teacher education in Myanmar. This included developing guidelines for ensuring gender balance among teachers and facilitators for trainings and workshops and in depicting children in textbook illustrations.

54. In humanitarian crises, accelerated learning programmes located close to communities can be an important means for ensuring girls' access to schooling. In Afghanistan, UNICEF support resulted in the enrolment of 276,000 children (59 per cent girls) in over 10,000 community-based schools, while 118,000 children (73 per cent girls) were enrolled in 4,000 accelerated learning centres.

Child protection

55. Mainstreaming gender in child protection has required a reassessment of the assumption that protecting both boys and girls constitutes gender-responsiveness. While in areas such as FGM/C, the unique risk that girls face has been well understood, the gendered dimensions of violence against girls, boys and women emerged as programming concerns only in the period 2016–2017, following a 2015 evaluation of UNICEF work on violence against children and the evolution of the End Violence Against Children partnership. Concurrently, the importance of sex-disaggregated, gender-relevant data on violence against children has also increased, as have the gender dimensions of strengthening civil registration and vital statistics systems. Programming efforts in these areas are evolving and will require intensification in the period 2018–2021.

56. UNICEF supported programming to increase girls' and boys' capacity to identify, prevent and/or report sexual violence. The number of countries in which at least 75 per cent of the target at-risk population has such capacity increased slowly from 9 countries in 2014 to 15 in 2016, then increased dramatically between 2016 and 2017 to 31 countries, a clear sign of gender mainstreaming in child protection efforts. In addition, by 2017, 51 countries undertook UNICEF-supported gender reviews to improve child protection-related policies, more than double the number in 2014.

57. In 2017, UNICEF supported the improvement of age and sex-disaggregated data collection and analysis of violence against children in Lesotho, where all district police stations received capacity assistance for data disaggregation for reported abuse cases against children, including the age and sex of perpetrators. Similarly, in Malawi, data

collection on gender-based violence and violence against children was strengthened by the established of mobile reporting at the community level in almost all districts.

58. The UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting has made progress in addressing FGM/C in the last four years. Thirteen out of 17 countries now have comprehensive legal and policy frameworks, and 12 countries have allocated budget lines for implementation. In 2017, preventive and protection services were provided to 870,000 girls and women at risk of or affected by FGM/C and 6.1 million individuals in 2,960 communities made public declarations of FGM/C abandonment through community-based education, dialogue and consensus building. In Burkina Faso, community dialogue reached 64,500 people, including 1,200 religious/traditional leaders, who became favourable to ending child marriage and FGM/C. In addition, media campaigns and empowerment activities reached an estimated 1.6 million people.

59. There is also growing awareness of the links between violence against children and violence against women. UNICEF provided support to the Government of the United Republic of Tanzania to develop and implement its National Plan of Action to End Violence against Women and Children, consolidating protection efforts under a single coordination structure.

60. Gender disparities within civil registration and vital statistics systems are an emerging area of concern. In 17 countries, gender disparity in birth registration exceeds 2 per cent, and there is a global disparity in legal identity for women and girls. To address this issue, UNICEF and the Office of the United Nations High Commissioner for Refugees together are leading the #IBelong Campaign to End Statelessness, which includes advocacy to remove gender barriers on nationality laws in 15 countries.

61. UNICEF is examining more widespread gender discriminatory practices around birth registration, including the requirement for the presence or naming of a father as a precondition for a birth certificate, which, in many countries, prevents or discourages single mothers, rape victims, sex workers, women in polygamous unions, child brides and the large number of wives without influence on or ready access to their husbands from registering the birth of their child. A 2017 UNICEF study in Haiti showed that a lack of knowledge and gendered social perceptions contributed to the low rate of only 15 per cent of births registered by single mothers.

Social inclusion

62. In 2017, gender mainstreaming in social inclusion focused on strengthening women's and girls' ability to improve their access to and control of public resources. The number of programme countries with a national social protection plan that included gender elements increased from 78 in 2016 to 87 in 2017. Ninety-one countries 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 in 2014.

63. UNICEF supported the expansion of cash transfer programmes in 38 countries in 2017, of which 15 were facing humanitarian situations. A key aspect of the humanitarian cash transfer programme in Yemen was to reach mothers or female caretakers as primary beneficiaries. This entailed extensive advocacy at the community level and a delivery infrastructure that required identification photographs of mothers/female caretakers and female bank tellers and security guards at all cash

distribution sites. As a result, in 2017, half of the 32,070 cash recipients were female, a major step forward.

64. An important aspect of gender-responsive social inclusion is the provision of social benefits and protections, such as childcare and parenting support, as well as maternity and paternity leave. In Malaysia, sustained policy advocacy and public awareness-raising in 2017 resulted in the adoption of a new policy that provides extended maternity leave, workplace breastfeeding breaks, tax incentives for women returning to the workforce and childcare facilities in government offices. The year also saw the launch of the global Super Dads campaign by UNICEF and its partners, which promotes positive parenting and encourages fathers to play an active role in their children's development.

65. Overall, efforts to mainstream gender across programming were uneven, especially in the early years of the Gender Action Plan, 2014–2017 implementation, when UNICEF staff were not always clear on the meaning of mainstreaming and how to sufficiently integrate gender. This challenge was evident in both implementation and reporting on results. With increasing technical support from headquarters and regional- and country-based gender staff, UNICEF addressed these challenges to some extent in 2016 and 2017 and offered better gender analysis and clearer articulation and implementation of programmatic gender results. This ongoing effort requires considerable capacity strengthening, as many country offices still lack adequate technical gender expertise for designing and implementing programmes. The Gender Action Plan, 2018–2021 prioritizes these challenges, building on the clearer articulation of gender results in the Strategic Plan, 2018–2021 results and resources matrix and the accelerated deployment of tools, guidance and capacity-building to improve gender analysis and results tracking.

III. Institutional strengthening

66. The Gender Action Plan, 2014–2017 used five benchmarks against which improvements in institutional capacity and systems to support gender-equality results were tracked. In the past four years, efforts to strengthen systems and build capacity moved most of the benchmarks in a positive direction.

A. Programme expenditure on gender results

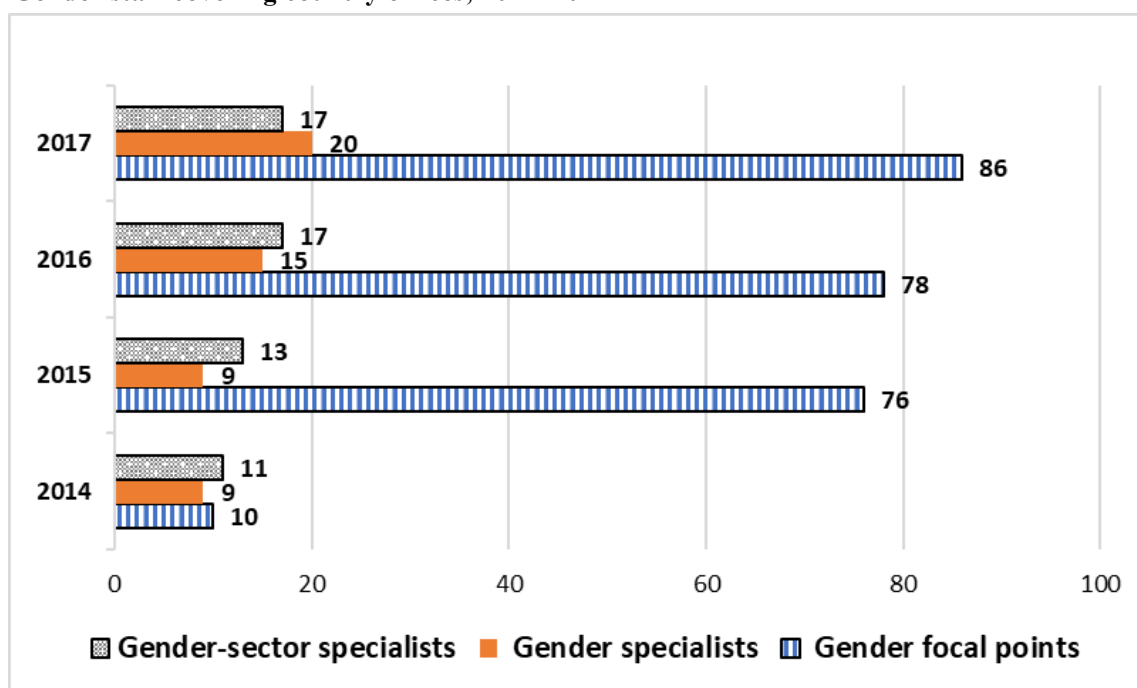
67. In line with the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women, UNICEF had set a financial benchmark of 15 per cent of programme expenditure by 2017 to advance gender equality. UNICEF sets an exceptionally high standard for programme expenditure to qualify as “advancing gender equality”, since both outputs and activities must be gender-relevant or transformative. Good progress was made against this benchmark in the period 2014–2017, even though the target was not met. Expenditures on programming to advance gender equality rose from 8.3 per cent in 2013 to 10.7 per cent in 2017, a significant increase and sign of concerted efforts to improve both the deployment of organizational resources for gender equality and the tracking of expenditures under the Gender Action Plan, 2014–2017. Further improvements in the expenditure coding system to match the Strategic Plan and the Gender Action Plan, 2018–2021, including activity-level gender tags, should result in the better capture of programmatic and expenditure shifts.

B. Gender staffing and capacity

68. UNICEF has made good progress in the supply and quality of technical gender expertise. The most prominent achievement has been a solid infrastructure of senior-level gender expertise at headquarters and regional levels. The target of 14 senior gender experts was exceeded, with the placement of 15 senior staff at headquarters and the seven regional offices by 2016, and the subsequent increase to 16 in 2017. This consolidation in gender architecture has been a critical catalyst in driving gender in UNICEF programming overall. The number of dedicated gender specialists at the country level rose from 9 in 2014 to 20 in 2017, but fell short of the target of 50 (see figure III). A positive compensating effort, however, was the increase in the number of gender-sector specialists in country offices, up from 11 in 2014 to 17 in 2017. Another important area of progress was the establishment of gender focal points in 86 country offices, compared with only 10 in 2014, and more systematic work by regional gender advisers to help country offices build not only their own but also their partners' capacity on gender programming and results through regular trainings and technical support missions.

Figure III

Gender staff covering country offices, 2014–2017



69. Concurrent with the increase in the number of gender specialists, gender capacity received a boost with the 2017 launch of the GenderPro initiative to build capacity and professionalization for gender focal points, sectoral/thematic leads and specialists. A pilot cohort of 24 UNICEF gender focal points has already received training. GenderPro complements the hands-on capacity development provided by regional gender advisers and will be extended to UNICEF partners and counterparts.

70. UNICEF has also been making good, if uneven, progress on gender parity among senior staff and management. In 2017, 50 per cent of Deputy Executive Directors were female, and six of seven Regional Directors were female. The proportion of women

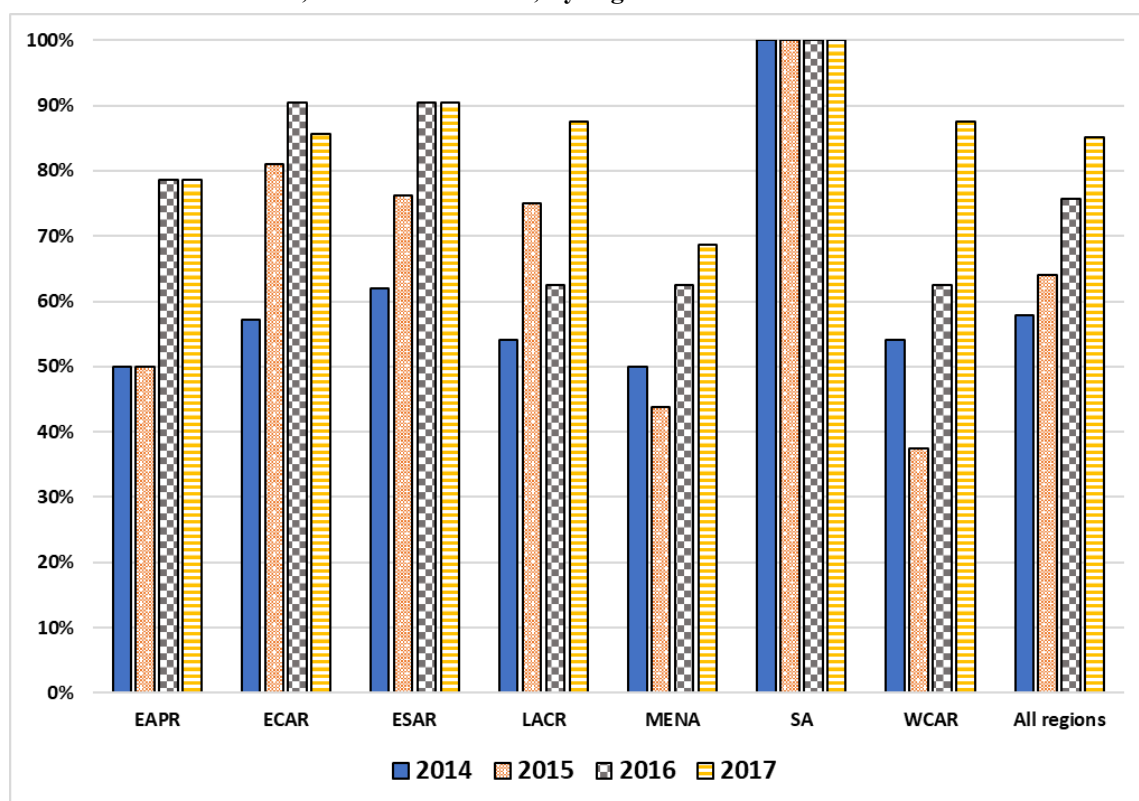
also rose at the D2 and D1 levels, from 43 per cent in 2016 to 46 per cent in 2017. Unfortunately, this rise was accompanied by a decrease in gender parity gains at the P5 level, with 44 per cent of positions held by women in 2017 compared with 46 per cent in 2016. This setback suggests the need to more carefully manage the growth and replenishment of female talent in P4- and P5-level posts, as women move into more senior-level positions. In 2017, UNICEF underwent a gender-equality review for Economic Dividends for Gender Equality Certification, the leading global business certification standard for gender equality in the workplace.

C. Gender performance of country programme management plans

71. During the period 2014–2017, country offices made significant progress in incorporating gender results into their country programme management plans. Eighty-five per cent of plans now outline specific country office accountabilities for gender results and implementation of the Gender Action Plan, compared with only 58 per cent in 2014; all regions have reported a positive trend (see figure IV). These improvements have resulted from better quality assurance and technical support by regional gender advisers and the systematic roll out of a programmatic gender review tool to support the integration of gender results during the country programme development process.

Figure IV

Percentage of country programme management plans specifying accountability for Gender Action Plan, 2014–2017 results, by region



Abbreviations: EAPR: East Asia and the Pacific; ECAR: Europe and Central Asia; ESAR: Eastern and Southern Africa; LACR: Latin America and Caribbean; MENA: Middle East and Northern Africa; SA: South Asia; WCAR: West and Central Africa.

D. Gender performance on evaluations of UNICEF programmes

72. According to the UNICEF Global Evaluation Reports Oversight System, the percentage of evaluations rated “satisfactory” and “highly satisfactory” in incorporating gender rose from 33 per cent in 2015 to 66 per cent in 2016. Preliminary figures for evaluation reports submitted in 2017 indicate that 71 per cent are rated “satisfactory” or better.

E. Effective knowledge-sharing, communications and partnerships

73. In 2017, UNICEF scaled up and systemized online platforms and activities for the internal sharing of gender-related knowledge and learning. Webinar series, which drew over 430 staff globally, engaged UNICEF personnel on substantive and technical issues related to the Gender Action Plan. An online community of practice on gender equality now has over 500 active users.

74. UNICEF continued to disseminate important information on gender equality for external stakeholders and partners through its publications, website, links to partner websites and frequent social media posts. The organization regularly amplifies country-office content and messaging on its global channels. Short videos shared on social media have been received especially well, such as those on child marriage produced in 2017 in Bangladesh and Kenya.

75. Major public campaigns and events continued to generate substantial visibility and knowledge on gender issues. UNICEF collaborated with United Nations entities and civil society organizations to mark the International Day of the Girl in October 2017 with a flagship event at headquarters and the video #FreedomforGirls, viewed over 2.5 million times online. The End Violence Against Children report, released in November 2017, spotlighted the impact of sexual violence on children, especially adolescent girls.

76. UNICEF efforts to strengthen its partnerships and participation in task forces, steering committees and working groups underscore its commitment to collaboration in addressing gender inequalities. UNICEF is a member of the Inter-Agency Network on Women and Gender Equality, the United Nations Development Group Task Team on Gender Equality and the United Nations Task Force on Violence Against Women. UNICEF has observer status on the steering Committee of the United Nations-European Union-led Spotlight Initiative to eliminate violence against women and girls. UNICEF is also a member of the Inter-Agency Standing Committee Reference Group on Gender and Humanitarian Action and a lead agency in the United Nations Action against Sexual Violence in Conflict network. Key civil society and research partners include Girls not Brides, Plan International, Together for Girls and Gender and Adolescence: Global Evidence.

77. During the Gender Action Plan, 2014–2017 implementation period, UNICEF made progress against institutional benchmarks, without, however, fully meeting them. Still, the significant improvements in gender architecture, increased expenditures and the expansion of knowledge, learning and capacity provided a solid foundation for acceleration and further investment in the period 2018–2021, strongly positioning UNICEF to deliver on its goals. The Gender Action Plan, 2018–2021 places especially strong emphasis on expanding gender expertise at the country level, increasing the demand and supply of gender-related data and analysis, documenting

and sharing best practices and field-based models of programmatic excellence and boosting resource allocation and use for gender equality.

IV. Lessons learned and the way forward

78. In the past four years, there have been substantial programmatic and institutional achievements in promoting gender equality, laying the groundwork for UNICEF to accelerate progress in the period 2018–2021. The organization significantly strengthened gender staffing and the capacity for gender programming, and treated gender equality as a cross-cutting priority crucial to achieving results across sectors. It bolstered institutional systems and resources to improve implementation and to measure what works in order to advance gender equality. Indeed, the Gender Action Plan, 2014–2017 demonstrated that progress is possible within four years through the clear articulation and prioritization of programmatic gender results, the commitment of leadership and the investment of resources.

79. Gender results feature prominently in the five Goal Areas of the Strategic Plan, 2018–2021, including a flagship result on non-gender-discriminatory roles and practices in Goal Area 5. Moving forward, UNICEF will build on lessons learned, continue progress where there has been success, address remaining challenges and redouble efforts to accelerate and scale up quality gender programming, intensify gender integration, strengthen data and analysis and bolster resource allocation.

80. The four targeted priorities on adolescent girls brought attention to the interlinked forms of gender inequality they face and helped UNICEF and its partners to catalyse global and local investment and action — and substantial results — on such issues as child marriage and adolescent maternal care. Targeted priorities also deepened the country-level analysis and ownership of adolescent-focused gender results, essential for scaling up locally owned solutions. A leap forward will require even greater reinforcement of national investments in adolescent girls, new and innovative solutions and expanded partnerships.

81. The application of gender mainstreaming within programming has been slower to evolve at UNICEF compared with efforts around targeted priorities for adolescent girls. Still, promising areas of focus for the period 2018–2021 have begun to solidify and include: quality maternal care; the role and needs of women in WASH interventions; gender and the community health workforce; the gender dimensions of civil registration and vital statistics systems; and mothers' and female caretakers' access to poverty-reduction and social protection mechanisms. These issues have been formalized as results in the Strategic Plan, 2018–2021 and the Gender Action Plan, 2018–2021.

82. Within UNICEF, putting in place additional technical gender expertise has enabled much stronger technical and strategic coordination, greatly improving the quality and scope of gender programming and measurement, building gender capacity and enhancing gender networks and partnerships. Technical expertise for gender programming at the country level and within sectors increased at a slower pace, and is a high priority under the Gender Action Plan, 2018–2021, especially with the further roll-out of the GenderPro initiative. UNICEF aims to chart a rigorous path on gender capacity-building for itself and its partners and for programme countries more broadly by focusing on applied gender programming, including high-quality gender analysis and measurement.

83. Finally, UNICEF must acknowledge the critical collaborations and partnerships it developed over the past four years and continues to maintain with a variety of United Nations, government, civil society and private sector partners. Leveraging such networks and the synergies of joint action and expertise will continue to be a cornerstone of the programmatic efforts of UNICEF to promote quality gender programming at scale over the next four years.
