Gender equality and the empowerment of women and girls

The case for support

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Background and additional information

Gloria Tia, age 17, from Wale Wale, Tamale in Northern Ghana isn’t married. She was so determined to attend school that she ran away from home and the forced marriages her family tried to arrange on at least three different occasions, beginning at age 10. Gloria is now finishing her final year at Wale Wale High School with the support of local NGOs, an assembly woman and UNICEF.
The promotion of gender equality and the empowerment of women and girls are central to the mandate of UNICEF and its focus on equity. In order to achieve the results for children that UNICEF sets forth in pursuing its mandate and to realize the rights of every child, especially the disadvantaged, it is essential to address one of the most fundamental inequalities that exist in all societies – gender inequality.
1 Situational analysis/context

As the world assesses progress on the Millennium Development Goals (MDGs) and forges a framework for the Sustainable Development Goals, it is clear that a range of challenges to gender equality, and especially to girls’ empowerment, remain. Despite notable progress in primary school enrolment (from 82 per cent in 1999 to 90 per cent in 2011), in 63 developing countries girls are more likely to be out of school than boys at both primary and lower secondary levels. The gender gap in school attendance is even wider at the lower secondary level. The MDG target on maternal mortality has made slow and uneven progress, and while the incidence of HIV/AIDS has decreased globally, it has increased for women, especially adolescent girls. Despite enormous progress in access to water, where water is still not available, women and girls continue to bear the burden of collecting water. Progress in access to sanitation, critical for women’s safety, dignity and health, has been slow.1 Girls more often tend to be victims of sexual violence. Recent household surveys reveal that approximately 27–28 per cent of females and 9–18 per cent males have experienced sexual violence before age 18. Globally, around one in three, or approximately 70 million young women aged 20–24, were married before the age of 18, with one third of them marrying under 15 years of age.

Global data also indicates that multiple deprivations for children in health, nutrition, education and protection are highest in societies where gender inequality is high and where women and girls suffer a high level of discrimination and disadvantage. For example, undernourished girls face a greater likelihood of becoming undernourished mothers, giving birth to babies with low birthweight who, in turn, have much poorer health and development outcomes. While child mortality has nearly halved in 20 years, evidence shows that children are more at risk of dying if their mother is denied basic education. Anaemia affects half a billion women of reproductive age worldwide and increases the risk of adverse maternal and neonatal outcomes. The time burden of water collection borne by women limits the chances for their newborns and children of receiving the feeding and caring that is so critical in the early stages of life.

The deprivations experienced by children living in societies where gender inequality is high are further exacerbated by growing insecurity and violence affecting millions of children and young people worldwide. Children, particularly girls, are especially vulnerable to violence during conflict, and those who experience violence are at risk of serious short- and long-term physical, psychological and social consequences, including illness, unwanted pregnancy, psychological distress, stigma and difficulties at school.

2 Problem statement

Although the MDGs represented an important step forward in recognizing the need to promote gender equality and the empowerment of women, important dimensions of gender inequality were omitted, such as unpaid care work, violence against women and girls, sexual and reproductive health and rights, women’s access to assets and women’s equal participation at all levels of decision making. Moreover, little was done to tackle the root causes of gender inequality, that is, to address gender discrimination and inequitable gender norms that perpetuate women’s and girls’ inferior status in society and hinder full realization of their rights. Key gender barriers that perpetuate gender inequality and prevent women’s and girls’ empowerment include women’s lack of safety and mobility; women’s and girls’ lack of resources and decision making; limited access to information, knowledge and technology for women and girls; the excessive time burden and dual responsibilities experienced by women and girls; and damaging and detrimental masculine and feminine ideals and expectations. For example, in communities where women have little voice or access to decision making, their strongly felt need for safe, private sanitary facilities may go unmet. Health services that stigmatize adolescent girls who use drugs or adolescent boys who have sex with men — and thus do not conform to gendered expectations and ideals — drive

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away HIV-positive adolescents. Lack of agency and financial decision-making power at the household level can hinder a woman from ensuring that her child is well-nourished.

To date, girls continue to suffer the most from gender discrimination and disadvantage. Discrimination against girls often begins at birth, where infant girls are deprived of access to health care or proper nutrition, leading to higher mortality for girls.2 Girls’ inferior status in society is more likely to limit their ability to go to school, live free from violence, possess autonomy over their lives and enjoy a level of social status, as compared to boys. In many circumstances, gendered power structures continue to privilege boys and men, giving them greater access to resources, greater personal freedom and enjoyment of rights. From an equity perspective, increased and sustained support to girls as one of the most disadvantaged groups is required to ensure that they be free from discrimination and have equal opportunities to survive and thrive.

Moreover, evidence consistently shows that the level of education of a mother is directly correlated to increased health-seeking behaviour during pregnancy and for the child, thereby improving both maternal and child health.3 Greater investment in addressing gender discrimination and inequitable gender norms is therefore critical as these are major factors affecting not only gender disparities in child outcomes, but also outcomes for both boys and girls, such as poorer nutritional status, worse learning outcomes and low immunization uptake, and the multiple deprivations faced by children, further perpetuating an intergenerational cycle of poverty and inequality.

The period of adolescence presents an especially precarious period for girls and boys, when gender norms and expectations increase risks and pose limitations to opportunities. For girls, these risks and limitations often have lifelong consequences, especially when early and/or unwanted sex leads to pregnancy and disease. For boys, definitions of masculinity that promote risk-taking behaviours, such as driving fast, drinking and using drugs, can lead to short- and long-term life and health consequences.

With the demographic transition still occurring in most countries and, thus, continued high fertility rates, adolescents represent an important proportion of the population today. As such, they are at the centre of the new development agenda. Investing in adolescents, and especially adolescent girls, will be critical to ensuring the fulfilment of women’s and girls’ rights and in supporting and sustaining the achievement of positive outcomes for children’s survival and well-being.

## 3 Proposed solutions

Improved data and a broader range of evaluated programmes over the last two decades have provided a better understanding of more effective solutions to address both visible gender disparities as well as the underlying determinants. Some of the proposed solutions to address gender inequality include:

- Improving the reach, accessibility and quality of education, skills, information, information technology, health, protection and WASH services for girls;
- Strengthening social protection benefits to directly reach girls and women;
- Using interpersonal, behavioural change and mass media communication to raise awareness and change discriminatory gender attitudes and norms;
- Enhancing policies, sector strategies, national plans, budgets and financing mechanisms to better address gender discrimination and promote opportunities and the empowerment of women and girls;
- Ensuring higher quality and more robust gender indicators and measurement;
- Strengthening the evidence base on effective gender strategies.

Another important lesson learned from programmes implemented over the last two decades is that successful integration of gender in field-level programming and action requires both targeted and mainstreaming efforts. Targeted efforts should primarily focus on girls and women who continue to bear the burden of inequitable gender norms.

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and discrimination with regard to child marriage, secondary education, adolescent health and gender-based violence, including in emergencies. Mainstreaming efforts should seek to address gender differentials in child outcomes and gender inequalities that prevent that achievement of desired outcomes for all children.

UNICEF’s comparative advantages include:

- Field presence in 157 countries and work that spans key sectors, including health, HIV/AIDS, nutrition, water, sanitation and hygiene (WASH), education, child protection and social protection, in both stable and emergency situations;
- A partner of choice with well-established partnerships to advance gender equality advocacy and programming through Girls not Brides, ALL IN #EndAdolescentAIDS, GAVI Alliance, United Nations Girls’ Education Initiative, Global Partnership for Education, UNiTE to End Violence against Women;
- Normative role in the area of policy development, budgeting for children, development of standards, guidelines and tools and translation of these into practice and vice versa.

UNICEF’s role

The promotion of gender equality and the empowerment of women and girls are central to the mandate of UNICEF and its focus on equity. In order to achieve the results for children that UNICEF sets forth in pursuing its mandate and to realize the rights of every child, especially the disadvantaged, it is essential to address one of the most fundamental inequalities that exist in all societies – gender inequality. The primary focus of UNICEF programming on gender equality is to address the significant disadvantage that large numbers and proportions of girls face in realizing their rights due to gendered discrimination and underlying gendered power dynamics, while simultaneously mainstreaming gender to achieve gender equitable results for children.

UNICEF’s comparative advantage in promoting gender equality and the empowerment of women and girls is defined by several factors:

- Field presence exists in 157 countries and its areas of work span key sectors including health, HIV/AIDS, nutrition, water, sanitation and hygiene (WASH), education and child protection and social protection, in both stable and emergency situations.
- UNICEF is the only agency with the mandate to promote girls’ rights within a multi-sectoral platform, allowing the organization to address the multiple inequities that result in gender disparities and shortfalls in child outcomes globally.
- UNICEF remains a partner of choice and already has well-established partnerships to advance gender equality advocacy and programming with Girls not Brides, ALL IN #EndAdolescentAIDS, GAVI Alliance, United Nations Girls’ Education Initiative, Global Partnership for Education, UNiTE to End Violence against Women.
- UNICEF plays a normative role in the area of policy development, budgeting for children, development of standards, guidelines and tools and translation of these into practice and vice versa.
Areas of focus by UNICEF and expected results

In implementing its mandate on gender equality, UNICEF takes a dual approach to address gender disparities and gender-driven shortfalls in key childhood outcomes.

Prioritization of four cross-sectoral gender-targeted priorities:

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

These issues are prioritized because they affect the lives of millions of children in a large number of UNICEF programme countries and are central to UNICEF’s mandate. They span the Strategic Plan outcomes (health, HIV/AIDS, nutrition, WASH, education, child protection and social inclusion) and, as complex issues, require cross-sectoral solutions. They build on existing work that UNICEF has been engaged in, yet they also represent emerging areas where UNICEF is especially well-positioned to accelerate action in the next four years. The issues are those for which evidence and expertise from the field of gender and development have an added value in identifying viable and innovative solutions. The four priority areas are inherently interconnected, and a gender focus can create synergies and efficiencies that simultaneously improve more than one outcome. For example, girls with secondary schooling are up to six times less likely to marry as children, making education one of the best strategies for protecting girls and ending child marriage.

Mainstreaming gender in programming:

Rather than addressing gender equality in everything, which can lead to a superficial treatment of the issue and a lack of accountability for meaningful results, the focus will be on addressing it well for a limited number of strategic priorities. These critical areas will differ by country context and sector and will be above and beyond programming in the targeted priority areas of gender and adolescent health, girls’ secondary education, child marriage and gender-based violence in emergencies.

Over the next three years, UNICEF will support the implementation of one to two targeted priorities and three to four gender mainstreaming areas in each country office.

In the area of gender-targeted priorities, UNICEF will work to achieve the following targets:

- Promoting gender-responsive adolescent health

  Support a number of country offices which have prioritized gender-responsive adolescent health across different outcomes, including health (adolescent pregnancy and maternal health); HIV/AIDS (HIV testing, treatment, care and psychosocial support); nutrition (anaemia prevention and control); water, sanitation and hygiene (puberty education and menstrual hygiene management); child protection (female genital mutilation/cutting).

  Key expected results and targets include:

  1) Skilled birth attendance (an increase from 51 countries in 2010 where at least 80 per cent of live births were attended by a skilled person, to at least 60 countries in 2017);

  2) Antenatal care (increase from 18 countries in 2010, to at least 25 countries in 2017, with at least 80 per cent of women attended at least four times during their pregnancy by any provider).

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4 Latest data sets available since 2010.
5 Ibid.
On 31 March 2014, the future is unclear for girls like Vickie, whose New Kru Town, Liberia, bedroom is filled with stuffed animals and other reminders of happier times. Vickie was raped by her older cousin when she was just nine years old.
• Advancing girls’ secondary education
Support a number of country offices that have prioritized advancing girls’ secondary education with a focus on increasing access to secondary education and ensuring that young adolescent girls make the transition from primary to secondary education; prioritizing quality learning to reduce gender gaps in learning, particularly in rural areas and disadvantaged communities.

Key expected results and targets are:
1) Gender parity in lower secondary education (from 51 countries with gender parity between 0.97 and 1.03 in 2014 to 55 in 2017);
2) Primary/lower secondary school-age out-of-school rate (from 32 per cent and 18 per cent of countries where the rate is below 5 per cent to 52 per cent and 27 per cent respectively in 2017).

• Ending child marriage
Support 12 country offices for a global programme to accelerate action to end child marriage and a number of additional country offices, which have prioritized child marriage. The 12 countries are Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Mozambique, Nepal, the Niger, Sierra Leone, Uganda, Yemen and Zambia. Child marriage cuts across the full range of programmatic priorities outlined in the Strategic Plan. UNICEF supports multi-sectoral packages that incorporate development of national plans for ending child marriage, increasing opportunities for girls to acquire education, life skills, and health information and services, creating community demand to end child marriage and supporting cash and incentive programmes.

Key expected result and target is:
1) Drop in prevalence of child marriage (from 38 countries with prevalence of at least 25 per cent to 30 countries in 2017).

• Addressing gender-based violence in emergencies (GBViE)
Support country offices affected by humanitarian crises for both prevention (tackling the underlying causes) and response to GBViE (delivery of life-saving, comprehensive, multi-sectoral care and services for survivors of GBV, including dignity kits, psychosocial support, safe-spaces, etc.). A key expected result for this targeted priority is the number of women and children who received multi-sectoral GBV support services in humanitarian situations.

Key expected result and target is:
1) Multi-sectoral support services for children and women who have experienced sexual violence (from 79.2 per cent of UNICEF-targeted children and women to more than 80 per cent in 2017).

Key expected results for gender mainstreaming are:

• In the area of health, HIV/AIDS and nutrition:
Support a number of country offices in improving safe delivery, emergency obstetric care, women’s knowledge and information; prevention of anaemia; prevention of mother-to-child transmission and provision of antiretroviral therapy (ART) to HIV-positive women.

Key expected results and targets are:
1) Exclusive breastfeeding (from 30 countries in 2014 to 40 countries in 2017 with exclusive breastfeeding rate ≥ 50 per cent);
2) ART coverage (from 3 countries providing at least 80 per cent ART coverage in 2013 to 38 countries in 2017);
3) Skilled birth attendance (from 51 countries to at least 60 countries in 2017 with at least 80 per cent of live births attended by a skilled health personnel);
4) Antenatal care (from 18 countries with at least 80 per cent of women attended at least four times during their pregnancy by any provider to at least 25 countries in 2017).

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6 Child marriage is measured as the proportion of women aged 20–24 years married by age 18 years in 2017.

7 Services such as health, psychosocial, livelihood/economic strengthening and justice.

8 Exclusive breastfeeding rate among children aged 0-5 months ≥ 50 per cent and no recent significant decline.

9 Lifelong ART to all children aged 0–14 years.

10 Latest data sets available since 2010.

11 Ibid.
• **In the area of water, sanitation and hygiene:**

Support a number of country offices in improving access to safe drinking water; elimination of open defecation and access to adequate sanitary facilities.

**Key expected results and targets are:**

1) Improved sources of drinking water (from 115 countries in which more than 75 per cent of households have an improved source of drinking water to 125 countries in 2017);

2) Improved sanitation facilities (from 103 countries in 2012 in which more than 50 per cent of the population has an improved sanitation facility to 137 countries in 2017);

3) WASH in schools (from 82 countries in 2014 with at least 50 per cent of primary schools having access to adequate sanitation facilities for girls, to 100 countries in 2017).

• **In the area of education:**

Support a number of country offices in increasing gender parity in pre-primary and primary education, including regular attendance and improved learning outcomes for girls; addressing barriers to education in emergencies specific to girls; addressing school-related gender-based violence; addressing educational differentials by gender for disabled children.

**Key expected result and target is:**

1) Primary completion rate (from 92 per cent primary completion rate\(^{12}\) and 0.98 related gender parity index in 2012 to 100 per cent in 2017).

• **In the area of child protection:**

Support a number of country offices in preventing and addressing gender-based violence among children and women; and understanding and addressing the nature of gender differences in child labour.

**Key expected result and target is:**

1) Reduction in sexual violence rates (four countries with 10 per cent reduction in 2017).\(^{13}\)

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\(^{12}\) Expressed as gross intake ratio in the last grade of primary school.

\(^{13}\) Countries with prevalence of at least 5 per cent.

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• **In the area of social inclusion:**

Support a number of country offices in delivering social protection benefits to girls and women or making them conditional on the advancement of women’s and girls’ health, education and well-being; advocating for and supporting policies on child care and parenting support, maternity and paternity leave, flexible work hours, etc.

The expected results for gender mainstreaming will depend on the mainstreaming area chosen by the country office and will feature in the expected results of the respective outcome areas.

**Institutional strengthening**

Complementing the targeted gender programmes and gender mainstreaming areas described above, UNICEF recognizes that progress in promoting gender equality and the empowerment of women and girls requires investment in relevant cross-cutting areas, as well as human resources at headquarters, regional office and country office levels.

A key pillar of UNICEF’s gender equality work is strengthening of measurement and evaluation of results of the Gender Action Plan (GAP). The main components of strengthened measurement and evaluation of GAP programmatic benchmarks coordinated by headquarters and rolled out at headquarters, regional and country offices will be: production of gender statistics, supporting regional, national and decentralized data collection efforts to reflect existing gender concerns and differentials; development of theories of change and econometric models for the gender-targeted areas that improve cross-sectoral programme design and evaluation of the impact of the programme on child outcomes and gender (in)equality; support to the scale-up of pilots through results monitoring, cost benefit analyses and guidance for resource and partnership leveraging; baseline and end-line surveys and/or evaluations at the sub-national level.

Other cross-cutting areas that will support implementation of gender-targeted priorities and gender mainstreaming are innovations, partnerships and human resources. Building on UNICEF’s existing portfolio of innovations, new technologies being applied to improve maternal health (M-Trac, 1,000 days), education outcomes (EduTrac), social inclusion (U-Report, Internet of Good Things, and digital and social media platforms) will be integrated
into gender-targeted programmes and gender mainstreaming areas. Alongside partnerships already existing to advance gender equality, in the next three years, new and strengthened partnerships will be forged to extend the scale, reach and advocacy and resource mobilization efforts of UNICEF’s gender equality work, including: partnerships with the private sector; partnerships with digital influencers; partnerships with consumer goods sectors and partnerships with global platforms (Every Woman Every Child; The World We Want Foundation, etc.). Implementation of the GAP has required strengthening of UNICEF’s core gender architecture. While the organization is already investing in core capacity through a commitment of regular resources, a broader base of dedicated and sectoral gender experts – both within UNICEF and among implementing partners through project cooperation agreements will require additional funds.

6 Key assumptions, risks and mitigation measures

Below are a list of some of the underlying assumptions linked to the achievement of gender-specific results, as well as associated risks and mitigation measures:

1) UNICEF’s overall resource mobilization targets and gender-specific resource mobilization targets remain as projected:

Risks: Resource projections are revealed to be excessively optimistic; key donors do not feel adequately informed about and invested in strategic direction adopted by UNICEF for addressing gender.

Mitigation measures: Continuously reviewing the evidence that guides the organization’s work, in general, and gender work in particular; regularly reassessing resource forecasts; and engaging regularly with both current and emerging donors.

2) UNICEF strengthens gender capacity in all areas of its programmatic work:

Risks: Financial constraints limit the organization’s ability to hire adequate numbers of well-qualified staff to address gender inequality and empowerment of women and girls; staff training and internal capacity development do not keep up with hiring.

Mitigation measures: Advocating for sufficient financing; strengthening gender capacity in all outcome areas; creating career pathways for high-calibre staff and developing staff capacity.

3) The evidence underpinning UNICEF’s gender programming is sound and is translatable in scalable programmatic action:

Risks: High-quality findings for scalable programmes are not produced, synthesized and disseminated

Mitigation measures: Regularly assessing the effectiveness of efforts to strengthen evidence-based programming within the organization; continuing to invest in reviewing, assessing and disseminating relevant evidence; engaging with leading gender experts working on research methodologies; building capacity to collect and use gender indicators and data.
It is projected that expenditure on implementation of the GAP will increase from 9 per cent of UNICEF’s direct programme resources in 2014 to 15 per cent in 2017. In accordance with the GAP, the majority of the expenditure will continue to be on interventions that have been mainstreamed in health, HIV, WASH, nutrition, education, child protection and social inclusion programmes. Hence, the budget information below focuses only on:

a) Targeted gender programmes as described above, including promoting gender-responsive adolescent health, advancing girls’ secondary education, ending child marriage and addressing gender-based violence in emergencies.

b) Institutional strengthening initiatives for UNICEF and its partners, including promoting at-scale programming, innovation, institutional effectiveness and measuring and evaluating progress.

### Estimated funding gap for gender 2015–2017 (in US$)

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Total Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender-focused</td>
<td>77,689,755</td>
<td>97,944,600</td>
<td>121,032,000</td>
<td>296,666,355</td>
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<tr>
<td>programmes</td>
<td></td>
<td></td>
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<tr>
<td>Institutional</td>
<td>7,968,180</td>
<td>9,794,460</td>
<td>11,808,000</td>
<td>29,570,640</td>
</tr>
<tr>
<td>strengthening</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>initiatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>85,659,950</td>
<td>107,741,076</td>
<td>132,842,017</td>
<td>326,236,995</td>
</tr>
</tbody>
</table>
On 10 October 2010, Bali Chowdhary, 17, carries a water container from the well in Himmatpura Village, Jodhpur District, Rajasthan State, India. She collects water from the well, which is two kilometres from her home, up to eight times each day. Her friends stand behind her, carrying their schoolbooks. Bali’s parents arranged for her to be married at age 13, but she persuaded them to cancel the wedding after learning that the groom was mentally disabled. Her story inspired other girls to advocate for themselves in their own marriage arrangements. Nine other girls in the village have since persuaded their parents to wait until they reach age 18 before planning their marriages. Bali and her friends have also convinced their parents to hire a private tutor for them, enabling them to obtain a formal education.


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