

High-Level Task Force for ICPD

RIGHTS, DIGNITY & HEALTH FOR ALL

INDICATORS for a Transformative, High-Impact & People-Centred 2030 Agenda for Sustainable Development

**Leading Options for
Global, Thematic, Regional and/or National Levels**

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Overview: About this Document

The indicators proposed in this document represent **transformative and strategic options** for Member States - both policy decision-makers and statisticians - to consider as they develop this key foundation of the new Agenda's follow-up, monitoring and accountability framework. The document is intended to serve as a resource that offers a menu of leading options at **global, thematic, regional and/or national levels**, as well as fill **critical gaps** in policy-driven statistics. The proposals are designed to further a people-centred agenda, complete the **unfinished business of the MDGs** and identify **multi-purpose indicators**, using an evidence-based approach that reflects '**smart investments**'¹ with multiplier effects for achieving the Sustainable Development Goals (SDGs). Contents include both well-established indicators, as well as more aspirational options in line with the new Agenda's forward-looking level of ambition.

Areas of Focus: Human rights and non-discrimination, health, education, gender equality, violence against women and girls, adolescents and youth, sexual and reproductive health and reproductive rights, and access to justice. Contents are select and non-exhaustive, without prejudice to many other target areas and indicator proposals necessary for a robust, meaningful framework.

Reinforcing Cross-cutting Priorities: In addition to indicators for select targets under Goals 3, 4, and 5, a mapping of targets with indicator proposals across the SDGs is provided on: **gender equality**, to ensure meaningful gender-sensitive measures throughout the agenda; **ending violence against women and girls**, to step up urgently needed prevention and multi-sectoral responses; and **adolescents and youth**, an especially strategic group for investments for transformative change, and to ensure they are 'counted in' throughout the SDGs.

Process & Sources: The proposals in this document are based on research and consultation with experts, drawing from a variety of sources from the UN System, the Sustainable Development Solutions Network (SDSN)², regional groups and economic commissions,³ and other relevant stakeholders. For ease of reference, indicators drawn from the **global list of proposals posted on the Inter-Agency Expert Group (IAEG)⁴ website are presented first** under each target, with suggested amendments underlined. (For brevity, 'IAEG list' is used in this document for shorthand to refer to any indicators drawn from that list, including those in blue shading as well as other proposals it contains). These are followed by 'additional indicator proposals' on priority issues, including original concepts for consideration and further development, and which may be adapted for different levels of the indicator framework (national, regional, etc.). **References and direct links to statistical resources and metadata** are at the end of the document.

Data Disaggregation: To 'leave nobody behind', a high level of ambition on data disaggregation should guide indicator development at all levels, based on leading grounds of discrimination prohibited by international human rights law and standards. Disaggregation should be specified in each indicator adopted, noting the listing agreed in SDG target 17.18--"by **income, gender, age, race, ethnicity, migratory status, disability and geographic location**"; as well as other key characteristics such as **educational level, marital status** (including unmarried women, widows), **HIV or other health status, sexual orientation and gender identity, occupation, religion and caste**, among others which may be especially relevant at national and sub-national levels. Particular attention must be paid to disaggregation by geographical location, with emphasis on **impoverished urban, peri-urban and rural areas**, to assess progress in eliminating inequalities, exclusion, and poverty. Key age sub-groups traditionally excluded from statistics, many of whom live in especially vulnerable situations, will require particular attention: **younger adolescents 10-14 and persons 50 years of age and above**. Special effort must be made to ensure sex-disaggregated statistics across the SDGs, noting many countries already produce but do not yet utilize them. **Rights to privacy and confidentiality** must be safeguarded across all data collection and management efforts, especially to protect groups living in vulnerable situations.

INDICATOR PROPOSALS

GOAL 3 (HEALTH): Ensure healthy lives and promote well-being for all at all ages

Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

Effective maternal mortality and morbidity reduction requires a comprehensive health system response, alongside efforts to eradicate poverty and achieve gender equality. The proposals below reflect a continuum of maternal health care priorities, building on the lessons of the MDGs to fill critical needs and gaps in national responses. Note they do not include other aspects required for an effective systems approach to maternal mortality reduction, such as proper roads and affordable transportation, water and sanitation, provider training and retention, and use of modern information and communication technologies.

Maternal deaths per 100,000 live births, by cause of death, age, income, location, race, ethnicity and other characteristics (IAEG list, with suggestions underlined; MDG indicator)

Rationale: Maternal mortality takes the lives of nearly 300,000 women and adolescent girls every year at the prime of their lives, though this public health tragedy is entirely preventable. This indicator is a key measure to track progress on completing the unfinished business of the MDGs - one of the most-off-track despite considerable progress. The addition of 'cause of death' reflects how data is reported at global and regional levels by WHO, according to the leading causes—severe bleeding, infections, high blood pressure during pregnancy (pre-eclampsia and eclampsia), complications from delivery (obstructed labour, hemorrhage), and unsafe abortion.⁵ Disaggregation by age subgroups should cover the cohorts of 10-14, 15-19, 20-24, and 25 years and above. Data collection for 10-14 year olds is critical: this group has five times the risk of dying from pregnancy- and childbirth-related causes than women over 20 - especially relevant in contexts with high levels of child, early and forced marriage. Key characteristics for disaggregation that should also be considered at national and regional levels include income and location - with particular attention to impoverished urban, rural and peri-urban areas - race, ethnicity and educational level, among others. This indicator can also serve as a proxy for measuring functioning health systems. **Sources:** Data available bi-annually at global level for all Member States from vital statistics, household surveys, health facility data, Reproductive-age mortality studies (RAMOS), censuses and modeling, with global monitoring by the Maternal Mortality Expert and Inter-Agency group led by WHO with UNFPA, UNICEF, the World Bank and UNDESA.⁶

Proportion of births attended by skilled health personnel, by age of mother, location, educational level, income and other characteristics (MDG indicator; IAEG list, with suggestions underlined)

Rationale: Universal access to quality skilled birth attendance, linked to emergency services (see next indicator), is the most direct and proven health sector intervention for ending avoidable deaths of women and girls. Skilled birth attendance is one of the maternal health components representing greatest inequalities, with marked differences in access of up to 80% between the richest and poorest population groups, according to WHO. Disaggregation by 'type of provider' (e.g. nurses, midwives, doctors), and whether delivery was in a health institution, are also especially relevant. This indicator is among the UN Minimum Set of Gender Indicators and the WHO 'Global Reference List of 100 Core Health Indicators'. **Sources:** National household surveys (DHS, MICS, Reproductive Health Surveys), Reproductive-age mortality studies (RAMOS) and health facility data, monitored at global level by WHO and UNICEF, with data available for over 170 countries.⁷

Additional Indicator Proposals – Global, Thematic, Regional and/or National Levels

Availability of at least 5 emergency obstetric care facilities per 500,000, by location

Rationale: Complications related to pregnancy and childbirth take the lives of over 800 women and adolescent girls every day. This indicator, defined as availability of at least 4 basic and 1 comprehensive facility, serves to track adequate availability of life-saving services for women's and newborn survival. Data analysis at sub-national and local levels will be essential to assess equitable geographical distribution, with emphasis on impoverished urban, peri-urban, rural and remote areas - often where maternal deaths are highest. For a discussion on key considerations in adapting this indicator at national levels, expert literature should be consulted.⁸ **Sources:** National health management information systems and census data.⁹

Proportion of women (ages 15-49) who have received the minimum recommended 4 antenatal care visits, by age, location, income, race, ethnicity and other factors (MDG indicator)

Rationale: Only half of women in developing countries currently receive the minimum recommended number of visits. Antenatal care is key to identify and manage pre-existing health conditions, detect pregnancy-related complications linked to maternal mortality (e.g. pre-eclampsia), promote health and prepare for childbirth, including to address malaria, HIV, anemia and syphilis and to establish emergency plans to avert maternal deaths in case of complications. *Sources:* Data is available from national household surveys undertaken every 3-5 years (e.g. DHS, MICS, Reproductive Health Surveys), compiled by UNICEF and WHO, with data on at least four visits available for almost 100 developing countries. For industrialized countries, data sources include routine service statistics.¹⁰

Unsafe abortions per 1,000 women of reproductive age

Rationale: An estimated 20 million unsafe abortions occur every year, 3.2 million of them to adolescent girls, resulting in nearly 50,000 deaths and numerous injuries and disabilities for those who survive. Understanding the rate of unsafe abortions at national and sub-national levels can inform policy-making to save lives and reduce maternal mortality and morbidity. It can also lead to health sector savings: In developing countries, up to 50% of hospital budgets for obstetrics are spent on treating complications of unsafe abortions. *Sources:* Data is available from special studies and sub-regional estimates by WHO at five-year intervals,¹¹ with efforts required to improve data collection at national levels.

Proportion of health facilities that provide care for complications related to unsafe abortion, and that provide safe abortion services

Rationale: Unsafe abortion is among the leading causes of maternal mortality. It is also among the most preventable, through access to modern contraceptives and to safe abortion services. When performed under proper medical conditions by trained personnel, abortion is one of the safest medical procedures. In most countries of the world, abortion is allowed on at least one or more grounds – yet even where legal, it is not always available, accessible, safe or affordable. An adequate proportion of health facilities at all levels must be properly equipped to both provide life-saving post-abortion care for complications and access to safe abortion services to the extent of the law, in accordance with WHO standards.¹² This is essential if the aspiration of ‘getting to zero’ on preventable maternal deaths and completing the MDGs is to be achieved. Data analysis should be applied at the sub-national and local levels to assess equitable distribution of services, especially in rural, remote and impoverished urban areas. In this regard, note also the indicators recommended by WHO on ‘number of facilities offering safe abortion services per 500,000 population’, and ‘population living within 2 hours travel time from a facility providing safe abortion services’, among others, including on the quality of services.¹³ The development of this indicator would be informed by existing national protocols on issues such as at which levels of health facilities such services should be provided, and what medical techniques are utilized, which require different levels of capacity and training. *Sources:* National administrative records and facility-based data, provider interviews and service delivery surveys, could be utilized for this indicator.¹⁴ Relevant questions could be added to the DHS Service Provision Assessments (SPAs) or WHO’s Service Availability and Readiness Assessment (SARA).

Percentage of pregnant women (ages 15-49) screened for syphilis; and proportion of those who test positive that receive treatment, by location, income and other characteristics

Rationale: Poor pregnancy outcomes are 12 times more likely in women with syphilis. Screening and treatment of syphilis during pregnancy can prevent many health complications for women and newborns, including low birth weight, miscarriage, stillbirth, neonatal death, infections and birth deformities, and deafness and blindness in babies, and is also highly cost-effective.¹⁵ Many countries have adopted universal syphilis screening for pregnant women. Note that screening for other sexually transmitted infections, such as herpes, and their management during pregnancy and delivery, is also important to avoid health problems. These indicators also serve as tracers of integrated services, which are key to ensuring optimal health outcomes. *Sources:* Health facility records, individual antenatal care records or special studies.¹⁶

Percentage of mothers and babies who received post-partum care within two days of childbirth, by income, location and other characteristics

Rationale: Post-partum hemorrhage is the leading cause of maternal mortality in low-income countries. With most of these deaths occurring within 24 hours after childbirth, the majority of them avoidable, and over a quarter of neonatal deaths occurring within the first 24 hours of life (three-quarters of them in the first week), post-natal care is essential to save lives and improve health outcomes for women and newborns. These services can also help manage infections that may occur in the post-partum period. This indicator links to Target 3.2 on ending newborn deaths, and is among the WHO 'Global Reference List of 100 Core Health Indicators'. *Sources:* Data is available from national household surveys (e.g. DHS and MICS).¹⁷

Indicators on disrespect and abuse in maternity care, by age, income, race, location and other characteristics

Rationale: A major concern as expressed in a 2014 WHO Statement,¹⁸ disrespect and abuse in maternity care is a universal problem, in high-income as well as middle- and low-income countries. It undermines rights to health and dignified treatment, and deters women and adolescent girls from seeking timely care, thereby increasing their risks of maternal death. While this proposal is focused on maternity care, additional measures of respectful treatment in sexual and reproductive health services more broadly are needed, including in relation to sexually transmitted infections, HIV and AIDS, and contraceptives for adolescents. *Linkages:* Such indicators would complement Targets 3.7 and 5.6, and serve as rights-based, gender-responsive measurements. *Sources:* A set of indicators on this critical aspect of quality maternal health services are being developed by the Harvard T.H. Chan School of Public Health, drawing on available data and surveys.¹⁹

Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

The vision spearheaded by UNAIDS of ending the AIDS epidemic by 2030 with 'zero new infections, zero AIDS deaths and zero discrimination' will only be achieved through intensified efforts, building on the MDGs, and rooted in a rights-based approach focused on prevention, especially among young people, women and key groups. Below is a set of core indicators suggested that centre on the AIDS element of this target.

Number of new HIV infections per 1,000 susceptible population by age, sex, income, location and key populations (MDG indicator; IAEG list, with suggestions underlined)

Rationale: Tracking this indicator is fundamental to inform effective policy development and prevention efforts. Data collection and disaggregation should be expanded to cover all age groups implicated—by the cohorts of 0-9, 10-14, 15-19, 20-24, 25-49, and 50 and above. Data should capture mother-to-child transmission in infants, HIV among *younger adolescents (10-14 years old)* - especially relevant in the context of child, early and forced marriage, and among *older persons*, largely ignored in data collection and prevention efforts despite their risks. Overall, emphasis is needed on *adolescents and youth*, who continue to be among the groups most at risk: Almost 2,500 new cases daily are among youth, two-thirds of which are to adolescent girls and young women. Note that the MDG indicator on HIV prevalence focused exclusively on youth (15-24 years old). *Sources:* Data is available from national household surveys, surveillance and modelling, reported annually for 158 countries by UNAIDS and WHO. On data on older persons, note that UNAIDS published regional and global estimates of HIV incidence among people 50 and older in 2013 and 2014,²⁰ though national survey data for this age group remains sparse as existing modules often exclude people over 49.²¹

AIDS-related deaths per 100,000 population, by sex, age, income, location and key populations (IAEG list, with suggestions underlined)

Rationale: This indicator for measuring AIDS-related mortality also serves as a proxy for whether people living with HIV are accessing treatment. As with the previous indicator, it is among the WHO 'Global Reference List of 100 Core Health Indicators'.²² *Sources:* Data is available annually for 158 countries from UNAIDS and WHO, based on national civil registration systems and household surveys.²³

Additional Indicator Proposals – Global, Thematic, Regional and/or National Levels

Percent of people (ages 15-49) who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse, by sex, age, income, location, education, marital and other characteristics

Rationale: This indicator is a key measure of trends in the adoption of behaviours central to preventing HIV and halting the AIDS epidemic. It is indicative of individuals' knowledge of safer sex practices and ability to negotiate condom use. Age disaggregation should include the cohorts of 15-19 and 20-24 years of age. *Sources:* Data is available for 174 countries, collected every 3-5 years through national household surveys (e.g. MICS, DHS, Reproductive Health Surveys, Behavioural Surveillance Surveys, AIDS Indicators Surveys), with the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS and UNESCO reporting at global level, and available in the annual Global AIDS Response Progress Reporting (GARPR).²⁴

Percent of people living with HIV (ages 15-49) who know their status

Rationale: An estimated 54% of people living with HIV worldwide do not know their status, which undermines efforts to halt the AIDS epidemic. This is due to limited access to quality, confidential voluntary counselling and testing services, widespread fear and stigma in many settings, and coercive policies and legislation criminalizing HIV transmission. This indicator would provide information for policy-makers that can help address critical gaps in the response. *Sources:* Data collection was recently initiated in household surveys, is available from case-reported data, and is compiled by UNAIDS.²⁵

Percent of people living with HIV and AIDS receiving antiretroviral treatment, by sex, age and other characteristics (MDG indicator)

Rationale: An estimated 22 million people living with HIV and AIDS currently lack treatment, which reinforces inequalities and undermines prevention efforts. Data collection should also assess the *proportion of pregnant women living with HIV enrolled in treatment*,²⁶ during pregnancy, after delivery, and lifelong as medically indicated, as a matter of rights to health for the women themselves, and for preventing HIV in newborns: Since 2009 alone, treatment for pregnant women has prevented 900,000 new HIV infections in newborns. *Sources:* Data is available from national health facility levels and reported annually to UNAIDS and WHO, disaggregated by sex, age and public/private facility.²⁷ Data analysis by income whenever possible is recommended to capture equitable access.

Percentage of people (15-49) who report discriminatory attitudes towards people living with HIV, by age and sex

Rationale: Effective prevention efforts hinge on ending the discrimination, stigma, coercion, violence and humiliation that people living with HIV and AIDS, or perceived to be, experience around the world. This indicator measures stigma by asking individuals about their attitudes towards people living with HIV and AIDS. *Sources:* National household surveys (DHS, MICS, AIDS Indicators Surveys), compiled every 3-5 years and reported by UNAIDS in the Global AIDS Response Progress Reporting.²⁸

Target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

Limitations on the number of indicators may lead to critical omissions in measuring key target elements. In the context of discussions on global indicators, the proposals below on important issues such as mental health and certain cancers are suggested for remedying potential gaps in these areas.

Proportion of persons with a severe mental disorder using services, by sex, age, location and other characteristics

Rationale: Mental health issues afflict 1 in 4 people in their lifetime. Suicide is the leading cause of death globally for adolescent girls 15-19 years of age. Up to 85% of people with mental illness in developing countries, and up to 50% in developed countries, receive no treatment. Women are disproportionately prone to depression and anxiety, including due to gender discrimination and related issues, such as violence, rape and unwanted pregnancies. This indicator is in line with the World Health Assembly Resolution of 2013,²⁹ which calls for a 20% increase in treatment coverage of persons with severe mental illness. *Sources:* National prevalence data may be collected from surveys and is also estimated annually as part of the global burden of disease study for all countries; information on service use would be available from health facility data and surveys. This indicator is among the WHO's 'Global Reference List of 100 Core Health Indicators'.³⁰

Proportion of adolescent girls who have received the recommended number of doses of the HPV vaccine prior to age 15, by age, income, location and other characteristics

Rationale: The HPV vaccine is a recent, major and rare medical advancement available to prevent cancer – specifically, cervical cancer, which kills 275,000 women every year, more than 85% of them in the developing world. The vaccine protects against the human papillomavirus (HPV) that causes most cases of cervical cancer. A complementary indicator to consider is the ‘*proportion of countries that include HPV vaccination in their national immunization programmes*’, with information submitted annually by Ministries of Health as part of the UNICEF-WHO Joint Reporting Form.³¹ Note that the HPV vaccine is listed in WHO’s Essential Medicines. *Sources:* Data from national Ministries of Health, compiled at global level annually from all Member States by the WHO-UNICEF immunization monitoring system (currently data is collected for girls 9 to 15 years old).³²

Percentage of women (ages 30-49) screened for cervical cancer, by age, sex and other characteristics

Rationale: As mentioned above, cervical cancer is a major killer of women, particularly in developing countries. When detected through screening, especially in early stages, treatment is available. This indicator is among the WHO ‘Global Reference List of 100 Core Health Indicators’, and links to Target 3.7 on sexual and reproductive health services. *Sources:* The WHO recommends using population-based surveys and facility-based data to measure trends every 5 years.³³

Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

*Achieving universal access to sexual and reproductive health services is a key pillar and prerequisite for achieving the SDGs, with multiple, high pay-offs across the new Agenda - including for poverty eradication, public health, gender equality, girls’ education, women’s economic participation, young people’s development, economic growth and seizing demographic windows of opportunity. Though it remains one of the most-off-track targets of the MDGs, it is assessed as highly cost-effective, a ‘phenomenal investment’, with estimated returns of \$120 dollars on every dollar spent.*³⁴

*The proposals below offer meaningful measurements, including to fill critical gaps in indicators needed for tracking landmark commitments adopted over 20 years ago at the 1994 International Conference on Population and Development. Given the urgency and universal priority of advancing access for adolescents, especially adolescent girls, indicators specifically devoted to this group under this target are highly recommended. Essential sexual and reproductive health services must also form part of universal health coverage (UHC, Target 3.8), especially important given the catastrophic out-of-pocket health expenditures that result for individuals and families in the absence of such services and funding: In sub-Saharan Africa, for example, households spend an estimated \$200 million dollars of their own resources a year just to treat complications of unsafe abortion.*³⁵

Percent of women of reproductive age (ages 15-49) who have their need for family planning satisfied with modern methods, by age groups, income, location, marital status, educational level and other socio-economic characteristics, and by method (IAEG list, with suggestions underlined; builds on MDG indicators)

Rationale: Some 225 million women in developing countries want to avoid pregnancy but are not using modern contraceptive methods. It is important to note that this indicator captures the needs of millions of sexually-active unmarried women, previously excluded under the MDG measurements (which covered married/in union women only). It also captures women’s childbearing desires (unlike related indicators, such as on contraceptive prevalence). *Linkages:* Targets 3.1 (maternal mortality prevention), 3.3 (AIDS), 4.1 (school completion) and 5.6 (reproductive rights). This indicator is among the WHO ‘Global Reference List of 100 Core Health Indicators’. *Sources:* Data for this indicator are available for 138 countries and territories, and 183 countries have data on contraceptive prevalence (a component of the indicator), drawing from national household surveys (e.g. DHS, MICS, Reproductive Health Surveys) undertaken every 3-5 years. Data is also available from other regional sources (e.g. Pan-Arab Project for Family Health, European Fertility and Family Surveys), and is compiled by UNDESA/Population Division and UNFPA.³⁶

Adolescent birth rate per 1,000 of this age group, by age (10-14, 15-17, 18-19), income, location, marital status, educational level and other characteristics (*IAEG list, with suggestions underlined; modified MDG indicator*)

Rationale: Every year, 16 million adolescent girls 15-19 years old give birth; maternal mortality is the second leading cause of death for this age group in low- and middle-income countries. An additional 2 million girls under the age of 15 are also estimated to become mothers annually. This indicator would bring critically-needed attention to the sexual and reproductive health of adolescents. Disaggregation by age sub-groups is recommended to better inform effective policy responses tailored to each, for reasons as follows: by 10-14 year olds, who carry a risk of dying from childbirth-related complications that is five times higher than for women in their 20's, and for whom childbearing is often rooted in coercion and discriminatory practices, such as child, early and forced marriage, and sexual violence and incest; by 15-17 years olds, because this is when the majority of unplanned and unwanted teenage pregnancies is concentrated; and by 18-19 year olds, given a significant share of these births occurs within marriage and union, thus more likely to be planned, and at an age when different legal rights often apply. It should be noted that while having children among older adolescents may be voluntary and desired, for others it may be associated with underlying gender discrimination and violence and girls' limited life options, particularly in the context of poverty.

Linkages: Targets 3.1 (maternal mortality), 4.1 (educational completion), 4.5 (gender disparities in education), 5.1 (gender discrimination), 5.2 (violence), 5.3 (harmful practices) and 5.6 (reproductive rights). *Sources:* Data for birth rates among 15-19 year olds is available for 225 countries and areas, and for those under 15 years of age for at least 102 countries and areas, drawing from civil registration systems, national surveys (DHS, MICS), censuses, and UN Population Division modeling estimates, compiled at global levels with support from UNFPA.³⁷ Note that WHO recommends data collection for younger adolescents in the 12-14 age range given childbirth is rare below this age.

Additional Indicator Proposals – Global, Thematic, Regional and/or National Levels

Percentage of primary health care facilities that provide an essential integrated package of sexual and reproductive health services, by location and type of facility (public/private/non-profit)

Rationale: This multi-purpose indicator would fill a critical data gap and measure availability of an *integrated*, essential package of sexual and reproductive health information, education and services as envisioned and internationally-agreed in the 1994 ICPD Programme of Action and multiple agreements since. With a focus on preventive services that should be universally available for all, this indicator provides an especially meaningful measure of a strategic, high-impact intervention that can significantly relieve the global burden of disease, as well as the high costs and consequences of inaction on public health that drain health systems, public budgets and economic productivity. Integration can better serve clients' needs through convenient 'one stop' access to vital information and services to prevent poor health outcomes. It addresses the problem of fragmentation in service delivery whereby family planning, maternal health or HIV care may be provided separately, even though they are closely interrelated issues. *Linkages:* This indicator responds directly to other health areas, including Targets 3.1 (maternal mortality), 3.2 (newborn deaths), 3.3 (HIV and AIDS), 3.8 (access to essential health services), and complements others, including Targets 5.2 (violence against women) and 5.6 (reproductive rights).

Specifically, this indicator would measure the extent to which a *minimum level of basic components* defined are available conveniently to clients in one service delivery point, with referrals to specialized services for more complex needs. The components recommended are as follows:

- at least the minimum level of maternal health services, with referrals to emergency obstetric services;
- counseling and services on a range of modern contraceptives, with a defined minimum number and types;
- prevention of HIV and sexually-transmitted infections, voluntary counselling and testing, treatment and referrals;
- treatment of complications of unsafe abortion and provision of safe abortion services to the extent of the law;
- detection, immediate services and referrals for cases of intimate partner and sexual violence³⁸ - noting an emerging but growing number of countries are including this component as part of sexual and reproductive health services;
- prevention, detection and referrals for reproductive cancers;
- information about infertility treatment and assisted reproduction.

In addition to monitoring availability of essential integrated services, countries are encouraged to define and adopt indicators for a more comprehensive package; as well as to measure their adequate and equitable geographic distribution to ensure access by all the population (e.g. 'X number of facilities per X population'). *Sources:* This indicator will be developed utilizing facility-based data, with data on some of its elements currently available from national health information systems. UNFPA would be the lead agency for its methodological development and maintenance.

*For countries and settings affected by conflict, natural and humanitarian disasters, a comparable indicator should be identified, for example, provision of the Minimum Initial Services Package for reproductive health in emergency situations.*³⁹

Proportion of family planning service provision sites that offer at least [X] number and [X] types of modern methods of contraception

Rationale: A major factor in women's and adolescent girls' limited uptake of contraception in various settings is that a range of methods suited to their needs, preferences and life-stage are not available. The types of methods are defined as barrier (e.g. male and female condoms, diaphragms, sponges), short-acting hormonal (pills, injection), long-acting reversible contraception (implants, intra-uterine devices), male and female sterilization, and emergency contraception. Countries should set an ambitious level for the target based on national and sub-national starting points. This indicator is particularly meaningful as it tracks whether the methods are available at the time the health facility was surveyed, thereby also serving to assess whether contraceptive stock-outs are a problem, and if health personnel are properly trained in their provision. *Sources:* Data for this indicator can be drawn from national DHS Service Provider Assessments (SPA), WHO Service Availability and Readiness Assessments (SARA), as well as the Performance Monitoring and Accountability 2020 assessments.⁴⁰

Proportion of women (ages 15-49) who made an informed choice about their contraceptive method, by age sub-groups (15-19, 20-24, 25 and above), income, location, marital status and other characteristics

Rationale: Lack of proper counselling and poor quality of services are major barriers to effective contraceptive use by women who want to avoid pregnancy. Challenges include the limited information women may receive about the range of methods available in order to make an informed choice based on their individual needs, including when they need to consider different options as their life stage, circumstances or childbearing intentions evolve; and the lack of appropriate information about side effects and about alternative methods should they experience them. This can sometimes result from policy-based and/or provider biases not rooted in scientific or WHO medically-based recommendations. Utilizing existing survey questions, the indicator measures whether women were informed about various methods, their possible side effects and on how to deal with them, and on alternative methods to consider. *Sources:* Data is available from national surveys (e.g. DHS).⁴¹

Percentage of births to women under age 20 that are unplanned, by age subgroups, income, location, marital status, educational level and other characteristics

Rationale: This proposal would complement the indicator on adolescent birth rate and serve to inform policy-makers of the degree to which childbearing among adolescent girls was unplanned. It is also indicative of whether efforts to achieve the indicator on access to modern contraceptives are reaching this priority group, taking into account the important implications of early motherhood for achieving various sustainable development goals and targets, including poverty eradication, gender equality, educational completion, and women's economic participation. Note the indicator may be used for all age groups surveyed; the suggestion made here is to focus policy attention and analysis on adolescent girls. Disaggregation by age sub-groups (including 10-14, 15-19 year olds) is feasible and strongly encouraged, for reasons outlined under the adolescent birth rate indicator above. *Sources:* Data is available from national surveys (e.g. DHS)⁴², measuring the three years prior to the surveys for timely tracking of trends to inform policy-making.

Proportion of young people (10-24) with basic knowledge about sexual and reproductive health, by sex, age (10-14, 15-19, 20-24), income, location, marital status, education, race and other characteristics

Rationale: Expanding young people's access to basic knowledge about pregnancy and HIV prevention is a pressing global priority: 16 million adolescent girls give birth each year and roughly a third of young people in developing countries do not know how to effectively prevent HIV. Recalling the MDG indicator on HIV-related knowledge among youth,⁴³ this indicator would utilize existing data to measure knowledge of: modern methods of contraception for pregnancy prevention (e.g. condoms and two other methods); two ways of preventing sexually transmitted-HIV (condom use or sex with one monogamous partner who does not have HIV); and equality and non-violence within gender relations (based on affirmation that a husband is not justified in hitting his wife for refusing sex—noting that coercion and violence are major contributors to poor sexual and reproductive health outcomes, including HIV). Efforts to expand the age range to include 10-14 year olds with complementary data collection efforts is highly recommended for effective prevention efforts, while acknowledging the challenges. A strength of this indicator is that it covers both in-school and out-of-school young people, the latter of whom are often at higher risk. Note that alternative indicator proposals on young people's knowledge and skills-building in this area are also available,⁴⁴ and countries are encouraged to adopt at least one measure to track this important issue. *Linkages:* Targets 3.1 (maternal mortality), 3.3 (HIV prevention), 4.1 (school completion), 4.7 (education for sustainable development/lifestyles), 5.1 (gender discrimination), 5.2 (violence against women). *Sources:* Data is available from national household surveys (DHS, AIDS Indicators Survey, among others) for 15-24 year olds, though some countries do not survey men, and surveys would need to be expanded to other countries.⁴⁵

Existence of laws and regulations that allow adolescents to avail themselves of sexual and reproductive health services without third-party authorization

Rationale: Progress in expanding universal access for adolescents to sexual and reproductive health information, education and services is critical for enabling effects across the new Agenda. The indicator measures whether major legal and regulatory barriers to adolescents' access to health services are in place, including restrictions based on age or marital status, as regards access to contraception (except sterilization), emergency contraception, and HIV testing and counselling. The survey question asks Member States whether adolescents can provide consent to these services without authorization from parents, spouses or guardians, and if so, as of what age; it is asked about both unmarried and married adolescents. *Sources:* Data is available through the Global Maternal, Newborn, Child and Adolescent Health Policy Indicators Survey sent to all Member States and compiled by WHO. Note this survey contains other questions that can be utilized for additional indicators measuring broader aspects of national policies specific to adolescent sexual and reproductive health (ages 10-24), among other health issues (e.g. nutrition, alcohol, tobacco, mental health, injury prevention and violence).⁴⁶

Specific budget tracking system in place on proportion of public sector and total resources dedicated to sexual and reproductive health services

Rationale: The lack of adequate, sustained financing for sexual and reproductive health is a major factor why this MDG target (5b) remains one of the most off-track. Monitoring resource flows and identifying funding gaps will be key for informed policy-making in order to make progress on this SDG target. While acknowledging the challenges, countries should consider establishing or maintaining clear budget allocations and expenditure tracking systems to monitor resource flows for sexual and reproductive health,⁴⁷ including from domestic public sources as well as from development cooperation.⁴⁸ This information should be publicly available. Countries should also make every effort to assess out-of-pocket expenditures for sexual and reproductive health, which can push individuals and households into poverty. *Sources:* National data on health sector financing.

GOAL 4: EDUCATION - Ensure inclusive and equitable quality education and promote life-long learning opportunities for all

Target 4.7: By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship, and appreciation of cultural diversity and of culture's contribution to sustainable development

Indicators for this target must measure the people-centred educational contents of human rights, gender equality, non-violence, and knowledge and skills to promote sustainable development, including to address the central importance of healthy lifestyles. The multi-purpose indicators proposed below enable other goals and targets, and are aligned with inter-governmental agreements and priorities identified internationally by experts.

Number of countries implementing human rights education and training in line with the World Programme for Human Rights Education (IAEG list)

Rationale: The World Programme for Human Rights Education,⁴⁹ ongoing since 2005, was established by the General Assembly (Resolution 59/113 of 2004) to advance the implementation of human rights education programmes in all sectors. It aims to foster respect for and appreciation of diversity and opposition to discrimination on the basis of race, sex, gender, language, religion, political or other opinion, national, ethnic or social origin, disability or sexual orientation. With its emphasis on strengthening respect for human rights, fundamental freedoms, tolerance and respect for the dignity of others, this indicator not only corresponds to various target elements, but may also be considered a multi-purpose indicator with linkages across various SDGs. This indicator is among those proposed by the UNESCO Technical Advisory Group to monitor the new Agenda's education targets,⁵⁰ forms part of the existing global reporting and monitoring framework, and is in line with the 2011 General Assembly UN Declaration on Human Rights Education and Training (adopted without a vote). *Sources:* Reports submitted by Member States and compiled by OHCHR at global level.⁵¹ A midterm evaluation of the third phase of the programme will be undertaken in 2017 by OHCHR, and a global report will be presented to the Human Rights Council in 2020.

Additional Indicator Proposals – Global, Thematic, Regional and/or National Levels

Percentage of schools that provided comprehensive sexuality education in the previous academic year

Rationale: One of the critical gaps identified in the 20-year review process of the ICPD and a top demand of youth⁵² and experts from around the world, comprehensive sexuality education is one of the most pressing and universal priorities for the health, well-being and development of young people, including to complete the MDG unfinished business of eradicating poverty, ending maternal mortality and halting HIV and AIDS. This indicator responds to various UN inter-governmental agreements, at global level as well as across all regions, including the July 2015 Human Rights Council resolution on violence against women.⁵³ It also responds to the Global Sustainable Development Education Agenda in relation to gender equality and health.⁵⁴ As shown by emerging evidence, comprehensive sexuality education, especially when rooted in a gender equality approach, is associated with delayed sexual debut, fewer sexual partners, increased use of condoms and prevention of sexually-transmitted infections and unintended pregnancies,⁵⁵ and shows the largest impacts on HIV-related behaviours by comparison to other approaches.⁵⁶ Research also shows that comprehensive sexuality education should begin from age 10, in time to help young adolescents avoid unnecessary risks and harmful consequences. If properly implemented in line with established international standards⁵⁷ and conceptual approach and scope⁵⁸, implementation of this indicator would make an especially transformative contribution by 2030.

The indicator:

- Responds to five elements of Target 4.7: human rights, gender equality, culture of peace, non-violence, and knowledge and skills to promote sustainable development and lifestyles (e.g. by contributing to reducing early pregnancy, family size, and instilling values and skills of responsible parenthood).
- Constitutes a multi-purpose indicator, with direct linkages to Targets 3.1 (maternal mortality), 3.3 (ending AIDS), 3.7 (sexual and reproductive health-care services), 5.1 (ending gender discrimination), 5.2 (ending violence against women and girls), 5.3 (ending harmful practices), 5.6 (sexual and reproductive health and reproductive rights), with overall enabling effects for goals and targets related to gender equality, school completion and youth employment.
- Represents a cost-effective investment⁵⁹ with multiple pay-offs for achieving the SDGs.

Complementary indicators to consider include 'national policies and/or legislation in place mandating sexuality education'; and 'percentage of adolescent girls and boys (10-19 years) receiving comprehensive sexuality education, in and out of school, in the last 12 months, noting the above indicator is focused on formal settings which excludes out-of-school young people. *Sources:* This indicator would be for development, with data drawn from the national education sector in line with national policies on sexuality education.

Alternative or interim Indicator while the above is developed: 'Percentage of schools that provided life skills-based HIV and sexuality education in the previous academic year'. As mentioned above, the most important element for effective sexuality education is its implementation--the curricula content, teaching methodology, and focus on an empowerment and gender-based approach. This is among the thematic indicators under consideration for monitoring the new Agenda's education targets,⁶⁰ and is a core indicator for Measuring the Education Response to HIV and AIDS. This indicator is being rolled out, and would draw on the Education Management Information System (EMIS), Annual School Census, or school-based surveys.⁶¹

Target 4.a: Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all

Percentage of schools with access to electricity, internet for pedagogical purposes, basic drinking water, hand washing and sanitation facilities (including single-sex facilities, as per the WASH indicator definitions) (IAEG list)

Rationale: This indicator should be supported as a basic aspect of every child's enabling learning environment, health and dignity. Single-sex sanitation facilities are essential to girls' privacy and safety. In impoverished local settings, the provision of free or affordable menstruation supplies should also be considered. *Linkages:* Targets 6.1 (safe drinking water), 6.2 (sanitation and hygiene), 7.1 (reliable, modern energy), 9.c (affordable internet) and 17.8 (ICTs). *Sources:* Data can be calculated from administrative sources on school facilities. Data on electricity and internet are available for 70 countries, and on water and sanitation for 100 countries, with UNICEF and UNESCO as entities responsible for global monitoring. An estimated 1-3 years are needed to full apply this indicator and expand country coverage.⁶²

Percentage of students experiencing bullying, corporal punishment, harassment, violence, sexual discrimination and abuse, by sex, age, income, location, race, ethnicity, disability, and other factors (IAEG list, with suggestions underlined)

Rationale: Girls and boys worldwide experience various forms of discrimination, harassment, abuse and sexual violence in schools, whether perpetrated by peers, teachers or other adults. This and the indicator below offer options to ensure that the target's element of providing 'safe, non-violent and effective learning environments' are measured, the omission of which would constitute a critical gap in this target's monitoring. *Linkages:* This may be considered a multi-purpose indicator given linkages to other goals and targets, including 5.1 (discrimination against girls), 5.2 (violence against girls), 16.1 (all forms of violence) and 16.2 (violence against children). This proposal is among the thematic indicators recommended for the new Agenda in the area of education by the UNESCO Technical Advisory Group.⁶³ *Sources:* National data from questionnaires completed by students, currently available for 80 countries. This forms part of the existing global monitoring and reporting framework through the Global School-based Student Health Survey administered by the UNESCO Institute of Statistics.⁶⁴

Additional Indicator Proposal

Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination, and sexual harassment and abuse that have been communicated to relevant stakeholders, by type of institution (private, public, other), level of education, and location

Rationale: This indicator measures governmental effort in establishing the key policy foundations for reducing sexual harassment, sexual abuse, stigma and discrimination towards students and staff based on sex, race or ethnicity, religion or any other grounds, including HIV status. It is among the indicators for Measuring the Education Response to HIV and AIDS. *Sources:* Data would be available annually from the EMIS Annual School/College/Institution Census.⁶⁵ Given the strategic role that educational institutions can play in addressing gender-based and sexual violence against children and youth, including that perpetrated off educational premises (e.g. in families, communities), they should be supported to establish comprehensive responses, for which additional indicator proposals are available.⁶⁶

GOAL 5: GENDER EQUALITY - Achieve gender equality and empower all women and girls

See the mappings and *additional indicator proposals on gender equality* (page 21) and on *ending violence against women and girls* (page 25) across the other SDG goals.

Target 5.1: End all forms of discrimination against all women and girls everywhere

Number of countries with legal frameworks that promote gender equality and non-discrimination against all women and girls (IAEG list)

Rationale: This indicator would serve as an important measure of legal foundations that respect and protect the human rights of women and gender equality. It responds to the Beijing+5 ‘forgotten’ commitment to revoke all gender-discriminatory legislation by 2005 (see next proposal) adopted at the General Assembly Special Session in 2000 (paragraph 68b). The indicator would be based on yes/no responses on existence of legislation regarding a range of issues, such as equal pay for work of equal value, maternity and paternity leave, legal age of marriage, inheritance and property, domestic violence, and quotas for women’s political participation, among others.

Linkages: Targets 10.3 (eliminating discriminatory laws) and 16.b (promotion of non-discriminatory laws), among various others that reflect the specific elements this indicator would cover. *Sources:* The indicator is under development by UN Women, the CEDAW Committee and OHCHR. The CEDAW Committee would monitor the indicator as part of its country reporting and review process. The Working Group on the issue of discrimination against women in law and in practice, established by the Human Rights Council in 2010,⁶⁷ could also support monitoring and reporting.

Additional Proposal – Global, Thematic, Regional and/or National Levels

Proportion of countries that have undertaken systematic reviews and reforms of their national legislation to revoke all gender-discriminatory legislation by 2020

Rationale: This illustrative indicator is presented as ‘food for thought’ and could serve as a complementary measure of the above indicator, including at national and regional levels, directly in line with the Beijing+5 commitment to revoke gender discriminatory legislation (para. 68b). The benchmark of ‘by 2020’ is suggested, given that under international human rights law, eliminating discrimination under the law calls for immediate action. The first element on ‘reviews’ of legislation could be measured by evidence of parliamentary decisions to undertake a comprehensive review, records of deliberations, and reports on the conclusion and findings of the reviews; the second element on legal ‘reforms’ would imply tracking progress on their completion against those identified by the review. *Sources:* Data would be available from national legislative bodies and stakeholder sources.

Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

Expanded data collection efforts to capture violence against women and girls of all ages and from key population groups is necessary to comprehensively track this target, including women living with HIV, with disabilities, indigenous and migrant women, among others who face heightened risks, building on leading country experiences available.⁶⁸ This is particularly important to fill data gaps for 10-14 year olds (see discussion further below) and women 50 and above who are currently largely excluded from data collection despite their high risks of gender-based violence, contributing to inadequate policy attention to these groups.⁶⁹

Proportion of ever-partnered women and girls (ages 15 and above) subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months, by age groups, income, location, ethnicity and other characteristics (IAEG list, with suggestions underlined)

Proportion of women and girls (ages 15 and above) subjected to sexual violence by persons other than an intimate partner, since age 15, by age groups, income, location, ethnicity and other characteristics (IAEG list, with suggestions underlined)

Rationale: These two indicators have been identified as the leading options for global-level monitoring of prevalence of the two most common forms of violence against women and girls. They are among the set of indicators on violence against women adopted by the General Assembly based on the work of the Friends of the Chair Group of the UN Statistical Commission;⁷⁰ the UN Minimum Set of Gender Indicators endorsed by the Commission;⁷¹ and recommended by WHO and international experts for this target of the new Agenda.⁷² Particular attention should be paid to disaggregation and analysis of younger groups (15-19, 20-24, 25-29). The suggestion of changing the upper age limit to ‘above’ 49 years of age is to encourage data collection for older women. This builds on recent efforts, for example in WHO’s global report of 2013 (covering women up to 69 of years)⁷³ and in the European Union (up to 74 years of age),⁷⁴ though data is mostly available for high-income countries. It should be noted that older women’s lifetime prevalence of physical and/or sexual intimate partner violence is estimated at over 20% (for 50-69 year olds).⁷⁵ Measurements of economic and psychological violence against women and girls should also be considered.

Linkages: Targets 16.1 (reduce all forms of violence) and 16.2 (end all forms of violence against children/under 18).

Sources: Data is available for some 100 countries on intimate partner violence from household and specialized surveys (DHS, Reproductive Health Surveys, International Violence against Women Surveys), and for some 60 countries on non-partner sexual violence, with UN Women, UNICEF, UNSD, as well as UNFPA and WHO, supporting global monitoring and reporting.

Formulating one indicator: Should it become absolutely required, in light of pressures for a short list of indicators, the first indicator above should be prioritized, given that intimate partner violence – which includes sexual violence – is the most prevalent form worldwide. However, the option of *combining the two indicators into one global indicator* may be explored, as per WHO global reporting: “Proportion of women who have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence”.⁷⁶ Note, however, that not all countries currently collect data for both intimate partner violence and sexual violence by non-partners.

Additional Indicator Proposals -- Global, Thematic, Regional and/or National Levels

Proportion of women (ages 15-19, 20-24) subjected to sexual violence before age 15 by any persons, by perpetrator and other characteristics

Rationale: This indicator is proposed to bring much-needed policy attention to *violence against girls below the age of 15*, who face heightened risks, but for whom prevention and service delivery responses remain sparse and underdeveloped. Sexual violence against girls, especially as they enter adolescence (10-14), is a pervasive worldwide problem: some 50% of cases of sexual assault worldwide are estimated to be perpetrated against girls under 16, with devastating and often life-long consequences. While the household surveys utilized for the indicators above are administered to people 15 years and above, they include questions about experiences of sexual violence that happened in the past, and ask at ‘what age’ (e.g. DHS Domestic Violence Module), as do most surveys on violence against women.⁷⁷ Focusing data collection and analysis on the youngest age groups surveyed is critical to track trends in the context of a time-bound agenda, and would address the key age-information gaps of the above indicators. In addition, the Violence Against Children Surveys (VACS)⁷⁸ on sexual abuse against children, with a focus on girls, currently applied in a small but growing number of countries from Asia, Africa and the Caribbean, can also be used to bridge this critical data gap. While sexual violence predominantly affects girls, data collection efforts should capture sexual violence against both girls and boys to guide effective policy-making, prevention and service response efforts: Victimization at a young age is correlated with higher risks of both experiencing repeated sexual abuse as well as perpetration of gender-based violence later in life. In this regard, see the *indicator in the IAEG list for Target 16.2 on ‘violence, including sexual violence, experienced by age 18’ in the Adolescents & Youth section (page 30).*

Proportion of people who think it is never justifiable for a man to beat his wife, by age (15-19, 20-24, 25 years and above) and other factors

Rationale: This transformative indicator offers an especially meaningful measure of the level of social acceptance of violence against women and girls and the underlying norms and attitudes that perpetuate it which are rooted in gender discrimination. It also serves to gauge the effectiveness of educational and social mobilization prevention efforts. It can be considered a *higher-level proxy measure for progress on gender equality* more broadly, including and importantly, among young people and men. This indicator is recommended by WHO and international experts as among leading indicators to consider for monitoring this target.⁷⁹ Additional disaggregation by types of

justification that respondents provide can bring value-added information for policy-makers. *Sources:* Population-based surveys or modules on violence against women, such as DHS, MICs and the WHO Multi-country study, as well as the Gender Equitable Men Scale (GEM).⁸⁰

Specific budget line in one or more ministerial budgets (e.g. health, security/police, justice, social protection) allocated for implementing programmes against violence against women and girls

Rationale: This indicator addresses one of the critical shortfalls and structural barriers that limit progress on addressing gender-based violence. Despite the political momentum and increasing number of national laws and policies promulgated, these are often adopted without adequate budgets attached. This indicator serves as a measure of political will and should also incentivize improved tracking of resources in this area. It is among the proposed indicators for tracking the SDGs recommended by international experts convened by WHO.⁸¹ *Sources:* National governments and line ministries. In addition, donors should also track their contributions in this area; note that an indicator for monitoring resources from official development assistance (ODA) for addressing violence against women and girls has been developed by the OECD.⁸²

Number of female victims of intentional homicide killed by intimate partners or family members per 100,000 women, per year, by age of the victim and relationship with the perpetrator (femicide)

Rationale: This indicator would measure *femicide*, an extreme but not uncommon form of gender-based violence: One of the highest risks women face is being killed by their husbands, partners or former partners. Femicide is the cause of 38% of homicides against women worldwide. The indicator measures femicide within intimate partner relations, families and households; it can also be perpetrated by non-relatives and strangers, but data collection in this aspect is especially challenging. Femicides – essentially the murder of women because they are women – are homicides rooted in gender-based causes, and should be distinguished statistically from homicides generally. Note that in many countries, femicide is not typified as a crime, nor as an aggravating factor for homicide – pointing to the need for legislative reforms and improved data collection and analysis. Note the related indicator on homicide by sex proposed in the IAEG list for Target 16.1 (reduce violence and related deaths). *Sources:* Data is available from national public health, police and criminal justice systems; law enforcement agencies in a growing number of countries routinely compile data on relationship of the perpetrator to the victim as policy and public attention on this issue has been intensifying. The UNODC collects data at global level, currently available for 58 countries from Africa, the Americas, Asia, Europe and Oceania, as does UNECE at regional level.⁸³

See additional indicator proposals on ending violence against women and girls under other SDG goals (page 25).

Target 5.3 – Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

Percentage of women ages 20-24 who were married or in a union before age 18, and before age 15, by location, income, race, ethnicity and educational level (IAEG list, with suggestions underlined)

Rationale: In developing countries, 1 in 9 girls are married before their 15th birthday. The proposal to disaggregate data also ‘before age 15’ is relevant to inform policy-making: younger girls are especially at risk of forced marriage, with particularly serious consequences for their health, education, development and even survival – given their heightened risks of maternal mortality and the close association of early marriage with early childbearing. This is among the UN Minimum Set of Gender Indicators. *Linkages:* Targets 3.1 (maternal mortality), 3.2 (newborn survival), 3.3 (HIV), 3.7 (sexual and reproductive health), 5.2 (violence against women), 5.6 (reproductive rights), 16.2 (violence against children). Data collection on the full age range of 18 and below is essential, in line with the Convention on the Rights of the Child (which enjoys near-universal ratification by 195 countries). *Sources:* Data is available for 117 low- and middle-income countries from national household surveys (e.g. DHS, MICS) with UNICEF maintaining a database for global monitoring and reporting. Disaggregation for those under 15 requires no extra effort, as data is available from existing survey questions that ask at ‘what age’ the marriage occurred.

Percentage of girls ages 15-19 who have undergone female genital mutilation/cutting, by age of undergoing the practice (0-5, 6-9, 10-14, 15-19), location, income and ethnicity (IAEG list, with suggestions underlined)

Rationale: Female genital mutilation/cutting (FGM/C) is practiced in almost all cases on girls under the age of 15. It is therefore recommended that data collection focus on 15-19 year olds - noting that data is available and can be tracked for all age groups surveyed (that is, ages 15-49). A focus on the youngest age range would serve as a more meaningful measure of trends for policy-makers, capturing the most recent prevalence rates in the course of the new Agenda's time-frame and among the group where change needs to occur. Data on when the practice occurred should be disaggregated by age sub-groups under 15, since in various settings, girls as young as babies and much earlier in adolescence are subjected to the practice. Disaggregation by location, income level, ethnicity and other factors are also especially relevant in addressing this issue, in order to measure variations and concentrations in prevalence at sub-national levels and across socio-economic strata. This indicator is part of the UN Minimum Set of Gender Indicators. *Linkages:* This indicator links to all targets on violence against women and children as well as to Targets 3.1 (maternal mortality), 3.2 (newborn survival), 3.7 (sexual and reproductive health) and 5.6 (reproductive rights). *Sources:* Data is available for some 29 low- and middle-income countries where the practice is prevalent from national household surveys (MICS, DHS), maintained at global level and routinely published by UNICEF. Capturing younger ages when the practice occurred would not necessarily imply extra data collection efforts: The DHS and MICS modules on FGM already ask respondents at what age ("how old were you when you were circumcised?").⁸⁴

Formulating one indicator and for national/regional adaptation: Percentage of girls and women 10-49 who have been subjected to harmful practices, by type of practice, age, location, income and educational level

Rationale: This option is suggested for statisticians to assess the feasibility of having a more open-ended indicator (global/regional and/or national) to ensure universality and inclusivity of "all" harmful practices as per the target. While ensuring that early marriage and FGM/C are reported on, this would enable countries to adapt and/or expand the indicator to additional and/or locally-specific forms, including to cover regions and countries where these two harmful practices may not be commonly practiced but where other forms may be prevalent, as well as to include industrialized countries. There are various types of harmful practices globally, including son preference, dowry-related deaths, so-called honour killings, acid attacks, forced marriage of rape victims to their perpetrators, bride price, bride-knapping, bride burning, widow cleansing, breast ironing of girls, and so forth; these increasingly cross borders to countries where they may have been non-existent or less-known. Member States could inform in 2016 on the forms they would commit to addressing and reporting on in their specific contexts.

Target 5.4 - Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate

Average number of hours spent on unpaid domestic and care work, by sex, age, location, and income, for individuals 5 years and above (IAEG list, with suggestions underlined)

Rationale: Women and girls spend on average 2 to 10 times more time on unpaid care and domestic work than men. This time-use burden is reported among the leading barriers by women to their participation in economic activities and the labour force and to achieving gender equality overall. The indicator is among the UN Minimum Set of Gender Indicators adopted by the General Assembly.⁸⁵ Data collection and disaggregation by income level and age sub-groups are recommended to supplement the current disaggregation by sex; location is currently available from some but not all surveys. *Sources:* National time-use surveys or modules; data is available for 75 countries and would draw from ECLAC⁸⁶, OECD and UNECE databases. UNSD and UN Women would monitor this indicator at global level.

Additional Indicator Proposals –Thematic, Regional and/or National Levels

Proportion of children under age 3 in formal care

Rationale: This indicator responds to a major barrier for women's equal opportunities and participation in the labour force, livelihoods and income-earning activities. Note should be taken of the importance of also measuring the *quality and affordability of childcare* for working mothers and parents, which especially affects lower-income households, including for children past the age of 3. *Sources:* This indicator is among the UN Minimum Set of Gender Indicators adopted by the UN Statistical Commission.⁸⁷

Number of weeks of maternity or parental leave

Rationale: This indicator responds to the target element of ‘social protection policies’ and is in line with international standards, such as ILO Convention No. 183 on Maternity Protection (recommending at least 14 weeks for working women), and is inclusive of paternity leave (noting the importance of bonding of fathers with infant children for the benefit of children, the men themselves, and more gender equal distribution of childcare within households). The availability of maternity leave and broader protections of non-discrimination in the workplace based on women’s reproductive functions and motherhood addresses structural barriers to women’s equal income-earning opportunities and participation in the labour force. Measurement of whether parental leave is paid and for how many weeks is also recommended. This is among the UN Minimum Set of Gender Indicators. *Sources:* This indicator is proposed building on existing indicators and monitoring and reporting mechanisms, including of the ILO which currently reports data on 185 countries and territories, and the OECD.⁸⁸

Target 5.5. Ensure women’s full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life

Proportion of seats held by women in national parliaments (IAEG list; MDG indicator)

Rationale: Globally, women currently hold only 21% of parliamentary seats. While some countries have made strides in advancing women’s representation, many are lagging behind. As shown by research, when women hold a critical mass of parliamentary seats, they can effect transformative change, such as policies and legislation on key issues, including on the human rights of women, gender-based violence or support to working women and impoverished children and families. Temporary special measures such as quotas have been instrumental in securing women’s increased participation in decision-making bodies, for which a complementary indicator on their existence may also be considered as found in the UN Minimum Set of Gender Indicators alongside the indicator proposed here. This indicator responds to Target 16.7 on diversity of representation. *Sources:* Data is available for all countries with national parliaments from the International Parliamentary Union.⁸⁹

Proportion of seats held by women in local governments (IAEG list)

Rationale: Women’s increased participation in local government is key to ensure a gender equality approach in local implementation of the SDGs. This indicator links to Target 16.7 on diversity of representation in decision-making bodies. *Sources:* In response to the high demand for systematic data collection on this indicator, UN Women and the United Cities and Local Governments (UCLG) are developing a methodology for comparability at global level, with coverage for all countries.

Target 5.6: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

Women’s ability to exercise their reproductive rights is central to their empowerment and achieving gender equality, and has cross-cutting, multiplier and inter-generational effects for the new Agenda – including for poverty eradication, education, health, productivity, female labour force participation, and women’s full participation in societies and economies. The set of indicators below are universally applicable and mutually-reinforcing. Together, they measure key aspects of progress in safeguarding these human rights and fundamental freedoms, summarized as follows: women’s experiences of whether they are able to make their own decisions about their sexual and reproductive lives; whether legislation exists that protects a key component of reproductive rights-- the right to access related services without restrictions and barriers; whether these rights are enshrined in national legislation and, if violated, whether they have recourse to a human rights mechanism for their protection and redress; and whether commitments made by Member States at the Human Rights Council are followed through at national levels.

Proportion of women (ages 15-49) who make their own sexual and reproductive decisions, by age groups, location, income, education, marital status and disability (IAEG list, with suggestions underlined)

Rationale: This indicator responds to a core element and prerequisite for achieving gender equality and realizing the human rights and empowerment of women—the exercise of their reproductive rights. It is a new indicator that fills a critical gap in data collection twenty years since reproductive rights were affirmed in the landmark 1994 Programme of Action of the International Conference on Population and Development (ICPD), the 1995 Beijing Platform for Action and multiple inter-governmental agreements adopted since. Worldwide, women face multiple barriers and restrictions rooted in gender discrimination that prevent them from having control over even the most basic decisions about their own health and lives. Specifically, the indicator is based on yes/no answers from women, married and unmarried, on core elements of reproductive rights: whether they are able to reject unwanted sexual relations, make decisions about contraception, and exercise the right to seek sexual and reproductive health services on their own. *Linkages:* Targets 3.1 (maternal mortality), 3.3 (HIV), 3.7 (sexual and reproductive health), 4.7 (education on human rights, non-violence, gender equality) and 5.2 (violence against women), among other targets on violence in Goal 16. *Sources:* The methodology for this indicator has been developed by UNFPA utilizing data available from DHS and MICS surveys⁹⁰ covering most low and middle-income countries. In high-income countries, data could be made available through national household surveys. Disaggregation by location, income and education is already available; the other factors are proposed for expansion. This indicator is undergoing further testing in 2015.

Proportion of countries with laws and regulations that guarantee all women and adolescents access to sexual and reproductive health services (IAEG list)

Rationale: For women to exercise their reproductive rights, legal and regulatory protections are required that safeguard an essential means to do so – the right to access the relevant information, education and services. One of the major factors why the 1994 ICPD goal—and unfinished MDG – of universal access to sexual and reproductive health remains elusive for so many around the world is because such basic rights, central to women’s empowerment, are neglected, denied, and lack adequate protections. The indicator would measure whether normative frameworks are in place that address leading barriers to the exercise of reproductive rights that are common universally, specifically: whether legislative and regulatory provisions explicitly protect the right to access sexual and reproductive health information, education and services without third party authorization from spouses, guardians, parents or others; without restrictions as to age and marital status; and that enable access by adolescents. *Linkages:* This indicator would provide a necessary complement to meaningfully monitor Target 3.7 (sexual and reproductive health services), with links to various targets, including 3.1 (maternal mortality), 3.3 (HIV), 5.1 (discrimination against women and girls), and 10.3 (eliminate discriminatory laws and practices). *Sources:* Data would be available from self-reporting by governments, official and legislative records, with other sources available for elements of the indicator (e.g. WHO on adolescent health policies). UNFPA would be responsible for the indicator’s development and maintenance, which may draw on the ICPD Beyond 2014 survey process.

Additional Indicator Proposals – Global, Thematic, Regional and/or National Levels

Existence of a legal and normative framework that protects the human rights of individuals to have control over and decide freely and responsibly on matters related to sexuality and reproduction, free of discrimination, coercion and violence

Rationale: This indicator is proposed as ‘food for thought’ for consideration at national, regional, and thematic levels. It offers a relatively simple and direct measure of whether the language in this indicator is explicitly embedded in national legislation, constitutions or other normative frameworks as some Member States have in place, including in high-level court jurisprudence. It would thus measure if these human rights are recognized and protected as an overarching principle and guiding framework for legislation, policies and service delivery. The indicator cites inter-governmentally-agreed language, including from the 1994 ICPD Programme of Action (para.7.3), the 1995 Beijing Platform for Action (para. 96), the 2012 ‘Rio+20’ Conference (para. 145), and the outcomes of their reviews at regional and global levels. The indicator addresses some of the most basic of rights universally for all individuals that nonetheless often lack effective legal protections. *Sources:* National governments, official legislative records, parliaments and specialized organizations.

Existence of a national oversight body with the mandate to protect human rights related to sexual and reproductive health matters

Rationale: This indicator would complement the previous ones by focusing on whether national legal and regulatory protections of reproductive rights ‘on paper’ have the mechanisms in place to safeguard their respect and enforcement when violations occur. It addresses whether individuals have recourse to justice, such as in cases of denial of services, forced sterilization or forced abortion, or maltreatment and abuse in sexual and reproductive health facilities, among others. While some countries have integrated reproductive rights in the mandates and portfolios of national human rights bodies, many lack such institutional mechanisms for proper oversight functions in this area. Oversight and redress mechanisms to consider under this indicator are national human rights institutions and ombudsman’s offices, the judiciary, parliamentary commissions, and other administrative mechanisms, including within the health system. Additional measurements or qualitative assessments of the functions, capacities and effectiveness of such mechanisms in practice would complement this indicator, which is limited to measuring their existence. *Linkages:* This indicator links to Target 16.3 (access to justice), in addition to various targets under the health (3.1, 3.3, 3.7) and gender equality goals (5.1, 5.2, 5.3). *Sources:* National official records.

National implementation of recommendations of the Universal Periodic Review related to sexual and reproductive health and rights

Rationale: The Universal Periodic Review (UPR) mechanism of the Human Rights Council is a Member State-led voluntary process of peer review established by the General Assembly, in which Member States make recommendations to fellow governments on the full range of human rights issues. When recommendations are accepted by Governments, they signal their commitment to undertake relevant actions. Compliance in implementing commitments made at a UPR session are assessed in the next national review cycle, which take place for all Member States every four years. The methodological development of this ‘food for thought’ indicator would need to consider issues such as defining the scope of the recommendations to track, given the breadth of gender equality and health issues encompassed by sexual and reproductive health and rights; and stages of the process of implementing the recommendations, as some may require taking steps progressively over time for their full implementation (e.g. legislative reforms, roll out of services, etc.). *Sources:* Member State as well as independent reports submitted for the UPR process, compiled by OHCHR and available country-by-country on the Human Rights Council database.⁹¹ Additional information for monitoring this indicator is also available from UN treaty convention bodies.

Target 5.a. Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws

Percentage of countries where the legal framework includes special measures to guarantee women’s equal rights to land ownership and control (IAEG list)

Rationale: This rights-based indicator would address a structural barrier to gender equality in the area of land rights, with links to several goals and targets (e.g. on poverty, inequalities, inclusive human settlements), and Target 1.4 (control over land) in particular. It assesses whether legislation pays particular attention to women and female-headed households under land distribution programmes. Complementary information should be considered to assess enforcement of such legislation in practice, as well as data collection efforts to capture to what extent specific groups of women, including indigenous women, perceive their rights are being protected. *Sources:* Data is available for over 80 countries and would be monitored and made available at global level by FAO.⁹²

Share of women among agricultural land owners, by age, location, income and ethnicity (IAEG list, with suggestions underlined)

Rationale: Women are estimated to hold only 15% of land titles though they comprise nearly half of the agricultural labour force in developing countries. This indicator would be a measure of progress towards gender equality in land ownership, noting it applies a broad definition of ownership, beyond official title and including rights to use, sell or bequeath land. As such, it should also be disaggregated by type of tenure. This and the above indicator link to the elements of Targets 1.4 and 2.3 on the equal rights of women to land. This is among the UN Minimum Set of Gender Indicators. *Sources:* Data efforts are underway to improve data collection on asset ownership from a gender perspective by UN Women, UNSD, FAO and the World Bank, among others.⁹³

Proportion of population (15 and above) with an account at a formal financial institution, by sex and age (IAEG list)

Rationale: In many settings, women are not allowed to open or manage banking or financial accounts in their own name as a result of legal, institutional and social practices. This may be the case regardless of their own income-earning or role in households as breadwinners. Women who have decision-making control in household and business finances are more likely to invest more of the resources in their children's and household members' health, nutrition, education and overall well-being, as well as in savings. This indicator links to Targets 1.4 and 2.3 (financial services), and 8.10 (capacity of national institutions to expand financial services). **Sources:** Data is available triennially from the World Bank Findex for 145 countries.⁹⁴

Target 5.b Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women

Proportion of individuals who own a mobile telephone, by sex (IAEG list)

Rationale: Mobile phones can be a valuable tool for women's empowerment, including economically in managing entrepreneurial business development, banking and marketing; to obtain information about legal and human rights, health and self-care, supports available in addressing gender-based violence, referrals to services and benefits for themselves, their children and family members; among many other uses. This indicator would measure gender gaps in ownership: women are 14% less likely to own a mobile phone than men in low and middle-income countries, resulting in 200 million fewer female mobile phone owners than men. **Sources:** Data would be available from national statistical offices through an annual survey administered by the UN International Telecommunication Union (ITU) starting in 2015.

Proportion of individuals with ICT skills, by type of skill, sex, age, income and location (IAEG list, with suggestions underlined)

Rationale: ICT skills, including for navigating the internet, is an invaluable asset in today's world across multiple dimensions of the SDGs, including for the empowerment of women and girls. However, gender gaps exist to the detriment of women's equal opportunities and access. **Linkages:** Targets 1.4 (equal access to technology), 4.3 (technical education) and 4.4 (relevant skills for employment), among others; see also the related indicator proposal in the IAEG list for Target 17.8 on '*proportion of individuals using the internet*'. **Sources:** National household surveys, with the International Telecommunication Union (ITU) as the entity which would collect it annually. This indicator is currently only available for a few developing countries and more widely for industrialized countries.

Target 5.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

Percentage of countries with systems to track and make public budget allocations for gender equality and women's empowerment (IAEG list)

Rationale: This indicator addresses one of the most common global challenges and barriers to achieving gender equality: the lack of institutionalized budgetary policies for gender equality that ensure an adequate level of predictable resources, which will be essential to implementation of the new Agenda. The indicator is a meaningful measure of governmental commitment and accountability to gender equality. It directly responds to the commitment adopted at the Addis Ababa International Conference on Financing for Development of July 2015, "urg[ing] countries to track and report resource allocations for gender equality and women's empowerment" (para. 53). It is also among the set of indicators utilized in monitoring the Busan Partnership on Development Cooperation.⁹⁵ **Sources:** This indicator and methodology is under further development by UN Women, building on lessons learned from a testing round in 2013 in which 15 countries participated.⁹⁶

Additional Indicator Proposal – Global, Thematic, Regional and/or National Levels

Proportion of countries with policies in place for undertaking gender-responsive budgeting across sectors/line ministries

Rationale: A growing number of countries have been in the process of institutionalizing gender-responsive budgeting, with positive and transformative results at national and local levels. Gender-responsive budgeting is a relevant tool for the SDGs: It can support informed decision-making and ensure synergistic and mutually-reinforcing investments across sectors to accelerate the achievement of gender equality, and avoid critical gaps in financing that risk undermining efforts for the achievement of the new Agenda as a whole. This indicator is in line with the recently adopted Addis Ababa Action Agenda of the International Conference on Financing for Development (para. 30).

Sources: Information would be available from national official records and line ministries.

See additional proposals in the next section on Gender Equality, including for Goals 10 (inequalities) and 16 (justice).

CROSS-CUTTING PRIORITIES OF THE NEW AGENDA: MAPPING OF KEY TARGETS & INDICATORS IN OTHER SUSTAINABLE DEVELOPMENT GOALS (SDGS)

GENDER EQUALITY

The non-exhaustive list below maps especially strategic targets with additional indicator proposals for attaining a holistic and synergistic action agenda to achieve gender equality and the realization of the human rights and empowerment of women and girls. It is intended to facilitate Member States' identification of meaningful measurements, including at national and/or regional levels.

GOAL 1/Poverty

Targets 1.1 and 1.2 (eradicating extreme poverty, halving poverty among women):

- **Proportion of the population living below the national poverty line, by sex and age groups** (*IAEG list*)
- **Percentage of working age adults who earn their own income, by sex and location.** This indicator can serve as a proxy for women's economic empowerment and autonomy as well as for women's poverty, and is routinely collected in national household surveys (e.g. DHS, labour force surveys).
- Note also the **Poverty Femininity Index**,⁹⁷ routinely calculated by countries of Latin America and the Caribbean to monitor MDG 1, measuring the female/male poverty ratio (for ages 20-59).

Target 1.3 (social protection):

- **Percentage of the population covered by social protection floors/systems, by sex** (*IAEG list*). This indicator covers support for people living in poverty and vulnerable situations, pensions for older persons, child support, unemployment, maternity benefits, benefits for persons living with disabilities, and coverage for occupational injuries. Data would be available from national social security administrative data consolidated by the ILO Social Security Inquiry.

Target 1.4 (equal rights to economic resources, including land):

- **Share of women among agricultural landowners by age, location, income and ethnicity** (*IAEG list, with suggestions underlined*). Same as indicator for Target 5.a. in this paper.

Target 1.b (gender-sensitive development strategies for accelerated investment in poverty eradication):

- See indicators on **gender-responsive budgeting and tracking public allocations for gender equality and women's empowerment** in this paper under Target 5.c (gender equality policies).
- **Share of ODA in support of gender equality and women's empowerment.** Information is available from the Gender Equality Policy Marker, routinely tracked by the OECD.

GOAL 2/ Hunger, Food Security, Nutrition

Target 2.1 (food security):

- **Prevalence of the population with moderate or severe food insecurity, based on the Food Insecurity Experience Scale (FIES), by sex and age** (*IAEG list, with suggestion underlined*). This is a new indicator for which FAO has been collecting data annually starting in 2014 for some 150 countries, in partnership with the Gallup World Poll.

Target 2.2 (nutritional needs of adolescent girls, pregnant and lactating women):

- **Percentage of women of reproductive age (15-49) with anemia, by age, income, location and other characteristics** (*IAEG list, with suggestions underlined*). An estimated half a billion women have anemia; in pregnant women, this can lead to miscarriages, stillbirths, premature birth, and low birth weight. This is among the WHO 'Global Reference List of 100 Core Health Indicators'. Data is tracked by WHO.
- **Minimum Dietary Diversity for Women, by age, income, location and education** (*IAEG list, with suggestions underlined*). This indicator measures whether women 15-49 years old are consuming at least 5 out of 10 food groups for adequate nutrition. Data would be available from household surveys (DHS) and research studies. This indicator is based on a new methodology that has been developed and validated, and which FAO would monitor and maintain at global level.

GOALS 3/Health: The importance of **sex-disaggregated data** and maximum level of **disaggregation by diverse population groups of women and gender-related characteristics** is especially critical across this goal's indicators given the central role of women's health status to social development and economic growth, including in building the resiliency of children and investing in future generations' well-being and full potential.

GOAL 4/Education: Girls' education is widely considered among the best investments for poverty eradication and sustainable development, yet millions of girls remain out of school due to gender-based discrimination. Severe gender gaps persist in some countries and regions, including as a result of early marriage and childbearing. Where relevant, Member States are encouraged to **set ambitious interim benchmarks and indicators to close gender gaps at all levels of education on the road to 2030** at national and regional levels, and to take note of the following indicator proposed in the IAEG list for **Target 4.5: Parity indices – including on gender parity - for all education indicators** (male/female, urban/rural, lowest/highest income). See additional indicator proposals for this goal on page 29 in the 'Adolescents and Youth' section.

GOAL 6/Water, Sanitation

Target 6.1 (equitable access to safe drinking water):

- **Average weekly time spent in water collection, by sex, age, location and income** (*IAEG list*). This indicator responds to a major time-use burden and component of women's and girls' unpaid domestic work in many low-income settings: In sub-Saharan Africa, for example, it is estimated that women spend 40 billion hours a year collecting water. Data is available from national household surveys (e.g. MICS, DHS) for over 100 countries, and could be compiled and reported on at global level by the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation. This indicator can also serve to measure Target 5.4 on unpaid domestic work for countries where this issue is most relevant.

GOAL 7/Modern Energy

Target 7.1 (access to modern energy services):

- **Share of the population using modern cooking solutions, by sex of head of household and location.** The lack of safe, affordable, and available sources of energy for cooking are a major threat to women's health, since they carry the burden of domestic care work and preparing meals. An estimated 4 million people die from household air pollution related to using solid fuels for cooking. This indicator links to Target 11.1 on safe and basic services and upgrading slums, and is in the World Bank's Sustainable Energy for All Global Tracking Framework.⁹⁸ Note that a similar indicator is among the WHO 'Global Reference List of 100 Core Health Indicators' ('*percentage of population using modern fuels and technologies for cooking/heating/lighting*').

GOAL 8/Employment

Target 8.5 (equal pay for equal work, full and productive employment):

- **Gender gap in wages – Average hourly earnings of female and male employees, by occupation** (*IAEG list*). Measuring an especially important element of the target to track at all levels, this indicator is part of the UN Minimum Set of Gender Indicators and links to Targets 10.3 (discriminatory practices) and 10.4 (wage policies).
- **Employment to working age population (15 years and above) ratio by gender, age group and people with disabilities** (*IAEG list*). Data is widely available through household surveys and monitored by ILO.
- **Unemployment rate by sex, age group and disability** (*IAEG list*). Data is widely available, with ILO monitoring this indicator at global level.

Target 8.8 (labour rights, in particular women migrants and those in precarious employment):

- **Number of conventions ratified (including ILO), by type of Convention** (*IAEG list, with modification*). From a gender equality perspective, those especially relevant to consider include: the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, and the ILO conventions on the Rights of Domestic Workers, Maternity Protection, Equal Remuneration, Discrimination in Employment and Occupation, Underground Work and Night Work. Data is available for all ILO Member States.

GOAL 10/Inequalities

Target 10.1 (income growth of bottom 40 percent of the population):

- **Growth rates of household expenditure or income per capita among the bottom 40 per cent of the population and the total population** (*IAEG list*). Data collection for *single-mother households* is especially relevant, as they are overrepresented among the poor. Data would be available from household surveys and reported by the World Bank.

Target 10.2 (social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status):

- **Proportion of people living below 50% of median income, by age and sex, and other characteristics** (*IAEG list*). This indicator captures the population living in relative poverty, and thus is a measure of inequality of income and standard of living. Disaggregating by a number of factors offers policy-makers important information about how poverty and exclusion may disproportionately affect groups living in vulnerable situations, including women, children and youth, older persons, and based on race, ethnicity and other factors. The indicator links to Target 1.2 (halving poverty). Data would be available from national income and expenditure surveys, and is widely available for OECD countries. Data would be compiled by UNDESA and OECD.⁹⁹

Target 10.3 (eliminating discriminatory laws):

- **Existence of independent national human rights institutions in compliance with the Paris Principles** (*IAEG list*). This indicator is especially relevant for women and other groups who experience systematic discrimination and for whom access to justice and rights protections can be elusive in the absence of oversight mechanisms. National human rights mechanisms such as ombudsman's offices can play a key role in promoting and enforcing non-discriminatory legislation and are instrumental in addressing violations of the human rights of women and girls, including on issues of violence against women and sexual and reproductive health and rights. This indicator links to Targets 10.2 (inclusion of all), 16.3 (rule of law and equal access to justice), 16.a (strengthen national institutions), and 16.b (promote/enforce non-discriminatory laws). This information is compiled by OHCHR and the International Coordinating Committee of National Institutions for the Promotion and Protection of Human Rights (ICC) based on a certification process of compliance with the Paris Principles and is updated in a global directory on status of accreditation by country every six months.¹⁰⁰
- See also the indicator under Target 16.b below on discrimination.

GOAL 11/Cities

For **Targets 11.2** (safe transport) and **11.7** (safe public spaces), see the indicator proposals in the following section on Violence against Women and Girls, under 'Transportation' and 'Security Sector/Public Safety'. Sexual harassment and assault is a major issue that should be addressed under these targets --noting women are explicitly referenced as a priority group in both targets.

GOAL 14/Oceans, Seas and Marine Resources

Target 14.b (access of small-scale artisanal fishers to marine resources and markets): The development of gender-sensitive indicators will be especially relevant in some settings and Small Island Developing States (SIDS) where women play a significant role in small fisheries.

GOAL 16/Peaceful Societies, Access to Justice

Targets 16.1, 16.2 (violence), and **16.4** (illicit arms flows):

- See indicators in the next section on violence against women and girls.

Target 16.3 (equal access to justice for all):

- **Percentage of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanism, by sex, location, income, among other factors.** (*IAEG list, with suggestions underlined*). Gender discrimination and related barriers to fair and equal treatment by judicial and law enforcement authorities are universally major obstacles for women to come forth and report violence. The factors for disaggregation proposed for this indicator on the crime reporting rate provide a meaningful measure of whether women and other groups are gaining trust in efforts to expand access to justice for all. Data is collected through victimization surveys and compiled by UNODC annually, currently available for 35 countries.

Target 16.6 (accountable institutions):

- **Proportion of population satisfied with their last experience of public services, disaggregated by service, sex and age** (*IAEG list, with suggestions underlined*). Gender discrimination and biases are often a barrier to women's and girls' satisfactory experiences with public services, underscoring the need for sex-disaggregation for this indicator. Data is collected from perception surveys such as the World Value Surveys, Gallup Polls, regional Barometers, and national data. This indicator is indicative of the quality of services and their accountability and responsiveness to the population, and links to all targets related to public services, including health, education, housing, justice and the police.
- Note the OECD proposal in the IAEG list for an indicator under development on **share of population trusting the judicial system**, with Guidelines on Measuring Trust expected to be finalized by the end of 2016.¹⁰¹

Target 16.7 (representative decision-making):

- **Proportion of positions held in public institutions compared to national distributions, by sex, age, disability ethnicity, and other population groups** (*IAEG list*). Public institutions include national/local parliaments, the executive and judiciary. Data would be available from national administrative sources and global surveys, and would be tracked globally by UN Women, OHCHR, and IPU. This links and complements Target 5.5 on women's equal opportunities and participation in decision-making at all levels.
- **Representation of women among mediators, negotiators and technical experts in formal peace negotiations**. This indicator forms part of the monitoring framework for Security Council Resolution 1325 on women, peace and security,¹⁰² tracked by the UN Department of Political Affairs.¹⁰³

Target 16.10 (public access to information and protection of fundamental freedoms):

- **Number of violations committed against human rights defenders, by sex and population group**. This is one element of the indicator proposal in the IAEG list, highlighted here to underscore the particular risks faced by women human rights defenders who are at the frontlines on issues of gender equality, gender-based violence and sexual and reproductive rights, and a major target of harassment and violence— violations of fundamental freedoms associated with restricting public access to information, as expressed in the target. Data will be compiled annually by OHCHR.

Target 16.b (promote and enforce non-discriminatory laws and policies):

- **Percentage of population reporting having personally felt discriminated against or harassed within the last 12 months on the basis of a ground of discrimination prohibited under international human rights law, by age, sex, location and population group** (*IAEG list*). This is an especially meaningful indicator that underpins the new Agenda's aspirations to 'leave nobody behind'. Disaggregation by sex, age and diverse population groups that face systematic discrimination can provide a potent indication of people's experiences and whether anti-discrimination laws and policies are having their intended effects. This indicator links to Targets 10.2 (inclusion), 10.3 (equal opportunities, discriminatory practices), 16.3 (rule of law, justice), 16.6 (accountable institutions), and 16.10 (protection of fundamental freedoms). Data would be compiled through national or regional surveys, with a growing number of countries collecting relevant data from surveys that could be adjusted to ask this question, such as the Afrobarometer and Eurobarometer. The European Union Fundamental Rights Agency currently collects this data for its 28 Member States.

GOAL 17/Means of Implementation

Target 17.18 (availability of data disaggregated by gender):

Proportion of resources devoted to gender statistics as a percentage of total resources for statistics. An indicator to measure dedicated resources for improved gender statistics would be especially relevant to consider under the new Agenda and to meet this target. Only 13% of countries had a specific budget allocated to gender statistics within the overall national budget for statistics in 2012, and 39% had no funds allocated, according to an UNDESA Statistics Division global review of national gender statistics programmes.¹⁰⁴ Note also that the '*existence of a law on gender statistics*' is among the UN Minimum Set of Gender Indicators.

ELIMINATING VIOLENCE AGAINST WOMEN AND GIRLS

Violence against women and girls is one of the most universal and widespread human rights violations in the world, with far-reaching and inter-generational consequences for the health and lives of women and girls, their families and communities, and social and economic development. It also costs billions of dollars annually to public budgets, employers and in productivity losses. Its elimination must be understood as a cross-cutting priority of the new Agenda, and its perpetuation as an important obstacle that undermines efforts for its achievement.

Effective responses require a multi-sectoral approach, strengthened institutional capacities and increased investments for both prevention and response/services. Countries should establish robust sets of core indicators on violence against women and girls to hold all key sectors and actors accountable. Further to the **indicators for Target 5.2** on eliminating all forms of violence against all women and girls presented earlier in this document, below are additional indicator proposals especially relevant to consider at national, regional and/or thematic levels.

Health Sector

The role of the health sector is central to any effective response to violence against women and girls, and often the first-line and only support that women will seek. Indicators on the health sector response to gender-based violence will be required at all levels. It should be noted that none of the SDG targets for the Health Goal address this urgent public health priority.

Target 3.7 (sexual and reproductive health):

- See **indicators on disrespect and abuse in maternity care** in this paper.

Target 3.8 (universal health coverage):

- Indicators to track this target should reflect **essential services to address violence against women and girls, especially intimate partner and sexual violence, as part of universal health coverage schemes**, noting also that survivors of these crimes generally require more frequent use of health services.

Education Sector

Target 4.a (safe, non-violent, effective learning environments):

- **Indicators on the role of schools in preventing, reporting and managing cases of sexual abuse and harassment.** See discussion and proposals earlier in this document under the corresponding target.

Justice Sector

Impunity for violence against women, including rape, is widespread and an underlying factor for its perpetuation. The indicators below also relate to **Target 16.2** (end all forms of violence against children).

Target 16.1 (reduce all forms of violence):

- **(Femicide) Number of female victims of intentional homicide killed by intimate partners or family members per 100,000 women, per year, by age of the victim and relationship with the perpetrator.** See proposal in this document under Target 5.2. Note the related indicator for this target in the IAEG list on number of homicides; this indicator on femicide is proposed to ensure a gender-specific measure and analysis of data on this form of violence against women and girls to inform policy-making.

Target 16.3 (equal access to justice):

- **Proportion of reported cases of rape in the last 12 months that are prosecuted.** Overall, in many countries, only a small percentage of reported rape cases ever make it to court, with even fewer convictions. Data would be available from national police and court records. This is among the lead indicators recommended for the new Agenda by WHO and international experts to monitor Target 5.2.¹⁰⁵
- **Percentage of referred cases of sexual and gender-based violence against women and children that are investigated and sentenced.** This indicator forms part of the monitoring framework for Security Council Resolution 1325 on women, peace and security.¹⁰⁶ It serves to assess the key stages of ensuring the delivery of justice – the response from the police and judiciary, and ultimately, redress. Data would be from national administrative records.¹⁰⁷

Target 16.6 (effective, accountable institutions):

- **Percentage of women who experienced violence in the last 12 months who seek help from formal institutions.** WHO estimates that 55-95% of women physically abused by their partners do not seek formal help. This indicator serves as a proxy measure for effective institutions. This is among the short-list of priority indicators recommended by WHO and international experts for the new Agenda.¹⁰⁸ Data is available from population-based surveys, including the WHO Multi-country study, International Violence against Women Surveys, DHS and Reproductive Health Survey violence modules.

Labour Sector

The labour sector, public and private employers, and trade unions, can play an important role in addressing violence against women, including by providing support and resources to employees subjected to violence perpetrated outside of their places of work. ILO's 2009 International Labour Conference agreed on the need for Member States to develop policies, programmes, legislation and other measures to address gender-based violence, in line with international labour standards and ILO Conventions.¹⁰⁹ Note should be taken of the need for a broad-based understanding of places of work, to include formal, informal and public spaces (i.e. women working in open markets as vendors).

Target 8.8 (labour rights and safe, secure working environments, including for women migrants):

- **Indicators on policies and legislation prohibiting sexual harassment and abuse in workplaces and on prevalence of sexual harassment reported by working women.**
- **Ratification and enforcement of the Convention on Decent Work for Domestic Workers (No. 189).** This responds to the target's element on "women migrants and those in precarious employment". There are an estimated 53 million domestic workers globally, 83% of them women, many of whom live in conditions akin to modern-day slavery and among the priority groups consistently 'left behind'. This convention entered into force in September 2013, with 21 countries ratifying it to date.¹¹⁰

Transportation Sector

Target 11.2 (safe transport systems with special attention to women):

- **Indicator on addressing sexual harassment and assault in public transport.** Sexual harassment is a neglected but very common form of violence in public spaces worldwide, a daily occurrence experienced by women and girls as they go about their daily routines - in public buses, trains, metros and taxis, on their way to and from schools and workplaces.

Security Sector/Public Safety

Target 11.7 (safe public spaces):

- **Proportion of people who report feeling safe walking alone at night in the city or area where they live.** This indicator is available from the Gallup Poll, some National Statistics Offices and could be included in household surveys. It is also recommended by the Sustainable Development Solutions Network.
- **Proportion of women subjected to physical or sexual harassment, in the last 12 months, by perpetrator and place of occurrence.** If disaggregated by place, this indicator may serve to measure the relevant elements of Targets 8.8 (places of work) 11.2 (transport) discussed above, among other public spaces in which harassment occurs such as parks and streets. The data could be derived from violence against women or other household surveys, and monitored at global level by UN Women, UNICEF and UNSD.

Target 16.1 (reduce all forms of violence):

- **Percentage of the population aged 18 and older subjected to violence within the last 12 months, by sex, age, location, population group and type (physical, psychological and/or sexual) (IAEG list, with suggestions underlined).** Data is available from victimization surveys; UNODC collects data annually.

Targets 16.1 and 16.2 (reduce all forms of violence, trafficking of children):

- **Number of victims of human trafficking per 100,000 people, by sex, age, form of exploitation and other characteristics (e.g. migration status)** (*IAEG list*). Disaggregation by forms of exploitation provides policy-makers with information for more targeted interventions and helps raise awareness of the most prevalent forms – including trafficking for purposes of sexual exploitation, servitude and slavery, and the organ trade. This indicator is especially relevant from a gender equality perspective, given 70% of trafficking victims are women and girls and mostly for purposes of sexual exploitation. It links to Target 10.7 (safe migration). Data is from Member States compiled annually by UNODC and published every two years in the Global Trafficking in Persons Report as mandated by the General Assembly. Data on detected victims is available for over 130 countries. Methodologies are available and will be tested in coming years on ‘non-detected’ victims, filling a critical data gap to estimate victims who remain ‘hidden’.¹¹¹

Target 16.4 (reducing illicit financial and arms flows):

- **Indicator on small arms control**, identified by WHO and experts as a proven strategy for preventing and reducing violence against women, as their possession by perpetrators, including husbands and partners, is often used to threaten, coerce and ultimately murder women in abusive situations. It is noted with respect to the target, that not all small arms are ‘illicit’ in cases of legal possession.

Immigration Sector

Target 10.7 (safe migration, well-managed policies):

- **Existence of policies and legislation preventing and penalizing sexual coercion, exploitation and violence against migrant women regardless of status.** Women and girls in various migratory streams are especially at risk of sexual abuse and violence from fellow migrants, immigration, border patrol and related officials, as well as their employers in destination countries (e.g. domestic workers, factory workers, etc.). Research shows rape is so common that women take contraception before embarking on their journeys to avoid any resulting pregnancy. Methodologies to address data collection on violence and exploitation of migrant women in source, transit and destination countries should be developed and rolled out. This links to other SDG targets on labour rights and eliminating trafficking.

ADOLESCENTS and YOUTH

Beyond the traditional focus on education and employment, which are unquestionably critical priorities for young people and countries everywhere, the SDGs have rendered adolescents and youth largely invisible. Today, nearly half the world population is under 25 years of age and the adolescent population (10-19 years old) is 1.2 billion strong. They hold the key to unleashing the full potential of humanity and the promise of a transformative new Agenda. To this end, a holistic approach to their needs and rights with significantly stepped up investments will be required, with a focus on adolescent girls. In all cases, every effort should be made to collect and disaggregate data for 10-14 year olds, in addition to older adolescents. Particular attention must be paid to young people living in conflict, disaster- and humanitarian-affected countries and settings, who are especially at risk of being 'left behind' --a harsh lesson from the MDGs. Indicators to capture progress for this group should be adapted to local contexts.

The indicator proposals and mapping below identify key targets and issues across the SDGs for the well-being of adolescents and youth, and for the international community's prospects of securing a high-impact, inclusive agenda for this and generations to come. The previous section on indicator proposals to eliminate violence against women and girls should also be consulted.

GOAL 2/Hunger, Food Security

Target 2.2 (nutritional needs of adolescent girls):

- **Percentage of women of reproductive age (15-49) with anemia**, with age disaggregated by 15-19 year olds.
- **Minimum Dietary Diversity for Women indicator, by age, income, location and education**, as proposed by FAO and IFAD (*IAEG list*), which serves to measure whether girls 15-19 are consuming at least 5 out of 10 food groups for adequate nutrition.
- **Prevalence of overweight and obesity in adolescents, by age, sex and other characteristics**
Obesity in young people is a serious and growing global health concern, placing them at increased risk of heart disease, diabetes, cancer, and poor mental health. This indicator is among the WHO 'Global Reference List of 100 Core Health Indicators'. Data is from national population-based surveys.¹¹²

GOAL 3/Health

Globally, leading causes of death for adolescents 10-19 years of age are road injuries, HIV, suicide, lower respiratory infections, and interpersonal violence. Suicide is the leading cause of death for adolescent girls 15-19 years of age. Sexual violence, intimate partner violence and intra-youth violence are common global challenges. In addition, depression is one of the leading causes of disability for this age group.

Target 3.1: Maternal mortality. This is the second leading cause of death for adolescent girls, who must constitute a priority group of focus for success under the SDGs in completing this unfinished MDG. See discussion and indicator proposals for this target earlier in this document, with attention to disaggregation by age, all of which apply to adolescent girls.

Target 3.3: HIV and AIDS. See the indicator proposals for this target earlier in this document, all of which apply to adolescents and youth as a priority group. Adolescent girls and young women are especially at high risk of HIV. Many youth, especially young women, still lack accurate information and knowledge about HIV prevention. Investments in prevention among adolescents and youth, with particular attention to gender discrimination and dynamics, is critical to end the epidemic of AIDS.

Target 3.4 (non-communicable diseases): See the proposals on **mental health** and the **HPV vaccine** earlier in this document under the corresponding target.

Target 3.6: Number of road traffic fatal injury deaths per 100,000 population, by age (*IAEG list*).

Target 3.7 (sexual and reproductive health): See proposals and discussion in this paper under the corresponding target, including on **family planning** and informed choice, **birth rates** and unplanned births among adolescents, **young people's knowledge** and **laws and regulations** enabling of their access to services. Adolescents and youth face high risks and costly consequences due to their limited access to, and the limited investments in, youth-friendly quality sexual and reproductive health information, education and services, as well as the multiple social, gender, financial, institutional and other barriers they face in seeking preventive counsel and supports.

Target 3.8 (universal health coverage/UHC):

- **Specific provisions for adolescents to be exempt from user fees for all health care¹¹³ should be considered in developing and implementing UHC schemes.¹¹⁴** This is to ensure that adolescents, who are often neglected in UHC discussions, are not prevented or excluded from accessing key health services that are especially relevant to them, namely in the areas of HIV, contraception, maternal health, other sexual and reproductive health services, and mental health. If health insurance is tied to their parents' or husband's coverage, adolescents in many settings will be deterred from using these services due to the lack of protections of their privacy and confidentiality.

Target 3.a: Prevalence of current tobacco use among adolescents 13-15 years old. This indicator can serve as a proxy to assess the effectiveness of prevention efforts, which should prioritize younger age groups, especially as children enter into and throughout adolescence (10-19 years of age), when smoking habits often begin—a life-stage in which good habits acquired are more likely to stay for life. It also serves to measure **Target 3.4** on non-communicable diseases. WHO compiles data from the Global Youth Tobacco Survey (GYTS) and the Global School Health Survey (GSHS), available on the WHO Global InfoBase.¹¹⁵ Note that the proposal in the IAEG list focuses on tobacco use for those 18 years and older.

GOAL 4/Education

All education targets are critical to achieve with attention to gender gaps, gender-responsive learning environments, safety and non-violence, and overall quality of learning and educational systems.

Target 4.1 (primary and secondary education):

- **Completion rates for primary, lower secondary and upper secondary education, by sex, income, location and other characteristics (IAEG list).**
- **Percentage of children and young people at the end of each level of education achieving at a least a minimum proficiency level in reading and mathematics, by sex, location, income and other characteristics (IAEG list).**
- **Number of years of free and compulsory primary and secondary education guaranteed in legal frameworks,** recommended by UNESCO's Technical Advisory Group for the new Agenda's education targets.¹¹⁶
- **Out-of-school rate at primary and lower secondary levels, by sex and income.** This indicator is recommended by the Technical Advisory Group for the new Agenda's education targets, and could also be used to monitor refugee and displaced children and adolescents.
- **Existence of legal and regulatory frameworks that protect the right to education of all girls and boys without discrimination on any grounds.** This 'food for thought' indicator is recommended to remove discriminatory barriers that deny children equal rights and access to education due to a variety of factors, including poverty, gender inequality and discrimination based on their ethnicity, race, national origin, HIV status, disability, sexual orientation and gender identity, among others. Adolescent girls may be pulled out, expelled or prohibited by law to be in school if they are pregnant or married. Countries are encouraged to review and reform their legislation, policies, ministry regulations and practices, teacher training and sensitization efforts where needed at national and sub-national levels to ensure that no child is left behind in the new Agenda. Data would be drawn from national official records, and informed by independent reports on existing practices.

Target 4.3: Participation rate of 15-24 year olds in technical, vocational and tertiary education, by sex, income, location and other characteristics (IAEG list, as proposed by UNICEF and UNESCO).

Target 4.4 (youth with relevant skills for employment):

- **Percentage of youth with ICT skills, by type of skill, and by sex (IAEG list).** This data is collected by the International Telecommunications Union, based on national household surveys, though with very limited data availability currently in developing countries. This indicator is included under Target 5.b earlier in this document.
- **Percentage of adolescents (15-19 years) with access to school-to-work programs.** This indicator for development is also proposed by the Sustainable Development Solutions Network.

Target 4.5 (gender disparities in education and equal access, including for persons with disabilities, indigenous peoples and children in vulnerable situations):

- **Gender, income and rural/urban Parity Indices,** as proposed in the IAEG list, will be especially relevant for tracking equity gaps at all levels of education.

Target 4.6 (all youth achieve literacy and numeracy):

- **Youth literacy rate (15-24 year olds), by sex, income, location and other characteristics** (*IAEG list; MDG indicator*).
- See also the proposal above under Target 4.1 on **proficiency in reading and mathematics**.

Target 4.7 (education for sustainable development, human rights, gender equality, non-violence):

- See the indicators proposed as priorities for this target earlier in this document on **human rights education** and **comprehensive sexuality education**.

Target 4.a (upgrade education facilities, safe, non-violent, inclusive learning environments):

- See the indicators proposed earlier in this document under the education goal on **basic services in schools**, including **electricity, internet, drinking water, and single-sex sanitation facilities** and on **violence, bullying, sexual abuse** and **stigma and discrimination**.

GOAL 5/Gender Equality

All targets under Goal 5 are applicable to adolescent girls and young women, with particular attention to data collection and analysis on 10-14 and 15-19 age cohorts whenever possible. See proposals under the goal earlier in this document, particularly under the targets on **discrimination, violence, harmful practices, unpaid care and domestic work, reproductive rights, and ICT skills**.

GOAL 8/Employment

Target 8.5 (full and productive employment for young people):

- **Youth unemployment rate (15-24), by sex and age**. This indicator also links to **Target 8.3** on policies for decent job creation and **Target 8.b** on operationalizing the global strategy for youth employment, with attention to equal opportunities and tracking of employment outcomes for young women, youth in lower-income groups, those living with disabilities, and other factors such as race and ethnicity.

Target 8.6 (reduce the proportion of youth who are 'NEET'):

- **Percentage of youth (15-24) not in education, employment or training ('NEET'), by sex** (*IAEG list, with suggestion underlined*).

Target 8.7 (child labour):

- **Percentage and number of children (ages 5-17) engaged in child labour, by sex, age groups and worst forms of child labour** (*IAEG list*).

GOAL 12/Sustainable Consumption and Production

Target 12.8 (information and awareness on sustainable development and lifestyles):

- **Percentage of educational institutions providing an Education for Sustainable Development module in line with the UNESCO components** (*IAEG list, drawing on UNFPA proposal*). This proposal offers a holistic approach for countries to consider, implying implementation of a module containing 11 components identified in UNESCO's Education for Sustainable Development platform, with a focus on those especially relevant for adolescents and youth, including climate change, cultural diversity, gender equality, health promotion, sustainable lifestyles and peace and human security.¹¹⁷

GOAL 16/Peaceful Societies, Justice

Target 16.2 (end abuse, exploitation, trafficking, violence against children):

- **Percentage of young people (ages 18-24) who have experienced violence by age 18, by sex, age, type of violence (physical, psychological and/or sexual), and perpetrator** (*from proposals in the IAEG list, with suggestion underlined*). This indicator is especially relevant to capture violence experienced in adolescence and childhood. This complements the dedicated and much-needed indicator proposed under Target 5.2 in this document (see discussion on page 13 of this document), focused on sexual violence against girls under 15, by ensuring boys subjected to sexual violence are also reflected in data collection. *Sources*: Data is collected through national household surveys (e.g. DHS, Violence against Children Surveys) and available for some 50 low- and middle-income countries, reported by UNICEF.¹¹⁸
- **Number of victims of human trafficking per 100,000 people, by sex, age, form of exploitation and other characteristics (e.g. migration status)**¹¹⁹ (*IAEG list*).

Target 16.7 (responsive, inclusive, participatory and representative decision-making):

- **Proportion of countries that address young people’s multi-sectoral needs in their national development plans and poverty reduction strategies** (*IAEG list*). This indicator would serve as a proxy for whether national decision-making and policies are ‘responsive’ to youth needs and demands, as per the target element. Data would be available from the UNFPA Country Office Annual Reporting Database.
- **Number of countries with national youth councils or youth parliaments.** This indicator would measure if mechanisms are in place for youth participation in decision-making, rather than ad-hoc processes that tend to characterize youth engagement in many instances. To assess if such mechanisms are effective and meaningfully enabling youth participation in decision-making, qualitative assessments would provide relevant complementary information to track this indicator, including and especially by youth themselves.

Target 16.9: Percentage of children under 1 whose births have been registered with a civil authority, by sex, age, location and population group (including displacement and migratory status) (*IAEG list, with suggestion underlined*)

Data is available for over 160 countries from household surveys and vital registration systems. Note the World Bank and UNFPA recommend by the age of 1 (instead of ‘under 5’), as per UN Principles and Recommendations for Vital Statistics Systems, as registration should be immediate. Birth registration is fundamental for all children, and for all individuals, across the lifecycle to have legal identity and be able to access services and entitlements.

Observations and suggestions are welcome and may be addressed to:

info@icpdtaskforce.org

References and Resources

- ¹ High-Level Task Force for the ICPD (2015) *Smart Investments for Financing the Post-2015 Development Agenda*: <http://icpdtaskforce.org/wp-content/uploads/2015/01/FinancingBriefSmartInvestments2015.pdf>
- ² SDSN (2015). *Indicators and a Monitoring Framework for the Sustainable Development Goals: Launching a Data Revolution*, <http://unsdsn.org/wp-content/uploads/2015/05/150612-FINAL-SDSN-Indicator-Report1.pdf>
- ³ See submissions on the IAEG-SDGs website, including from the Africa Group (May 2015, ESA/ST/AC.300/3.3b), and the ESCAP inputs (focused on persons with disabilities) <https://drive.google.com/file/d/0B8n3WhOaTbGVRHpTa1hEaW9sVvk/view>. Select indicators drawn from regional databases are also referenced in this document.
- ⁴ See the August 11, 2015 “List of Indicator Proposals” from the IAEG: <http://unstats.un.org/sdgs/2015/07/10/discussion-streams-launch/>
- ⁵ See WHO (2014) Maternal Mortality factsheet No. 348: <http://www.who.int/mediacentre/factsheets/fs348/en/>
- ⁶ For additional metadata for this indicator, see WHO submission to the IAEG: <http://unstats.un.org/sdgs/2015/06/16/detailed-inputs/>; and MDG metadata: <http://mdgs.un.org/unsd/mdg/Metadata.aspx>
- ⁷ For additional metadata for this indicator, see WHO submission to IAEG: <http://unstats.un.org/sdgs/2015/06/16/detailed-inputs/>; and MDG metadata: <http://mdgs.un.org/unsd/mdg/Metadata.aspx> attended-by-skilled-health-personnel.ashx#p5
- ⁸ See, for example, Gabrysch, Sabine, Philip Zanger and Oona MR Campbell (2012) *Emergency obstetric care availability: a critical assessment of the current indicator* in *Tropical Medicine and International Health*: <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-3156.2011.02851.x/full>
- ⁹ For more information on development and application of this indicator, see WHO, UNFPA, UNICEF, AMDD (2009) *Monitoring emergency obstetric care, a handbook*: http://www.unfpa.org/sites/default/files/pub-pdf/obstetric_monitoring.pdf
- ¹⁰ For additional metadata for this indicator, see the MDG indicator database: <http://mdgs.un.org/unsd/mdg/Metadata.aspx>
- ¹¹ For most recent reporting of this indicator, see WHO (2011) *Unsafe abortion – Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008*: http://whqlibdoc.who.int/publications/2011/9789241501118_eng.pdf?ua=1
- ¹² WHO (2012) *Safe abortion: technical and policy guidance for health systems*, Second edition. http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf?ua=1, and WHO (2015) *Health worker roles in providing safe abortion care and post-abortion contraception*: http://www.who.int/reproductivehealth/publications/unsafe_abortion/abortion-task-shifting/en/. See additional indicators recommended in the latter source.
- ¹³ WHO (2012) *Safe abortion: technical and policy guidance for health systems*, Second edition. http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf?ua=1
- ¹⁴ See also further information on indicators on care for complications from unsafe abortion, WHO (2012) *Safe abortion: technical and policy guidance for health systems* here: http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf; and MEASURE Evaluation Population and Reproductive Health (PRH)’s Indicator Database, which includes an indicator on ‘number/percent of service delivery points providing post-abortion care services, by type and geographic distribution’: http://www.cpc.unc.edu/measure/prh/rh_indicators
- ¹⁵ Measure Evaluation PRH: Family Planning and Reproductive Health Indicators Database http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/sm/percent-of-pregnant-women-attending-antenatal
- ¹⁶ For more detail on these indicators, see the AIDS Indicator Registry here: <http://www.indicatorregistry.org/?q=node/895> and here: <http://www.indicatorregistry.org/?q=node/897>; also see the Measure Evaluation PRH: Family Planning and Reproductive Health Indicators Database http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/sm/percent-of-pregnant-women-attending-antenatal
- ¹⁷ See DHS Women’s questionnaire, Section 4 on Pregnancy and Postnatal Care http://dhsprogram.com/pubs/pdf/DHSQ7/DHS7_Womans_QRE_EN_20May2015_DHSQ7.pdf, and MICS Women’s questionnaire, the section on Post-Natal Health Checks: <http://mics.unicef.org/tools#survey-design>
- ¹⁸ WHO (2014) *The prevention and elimination of disrespect and abuse during facility-based childbirth* http://apps.who.int/iris/bitstream/10665/134588/1/WHO_RHR_14.23_eng.pdf?ua=1&ua=1
- ¹⁹ Inquiries may be addressed to Dr. Ana Langer, MD, Director, Harvard T.H. Chan School of Public Health (alanger@hsph.harvard.edu).
- ²⁰ See UNAIDS (2013) *HIV and Aging* and UNAIDS (2014) *Gap Report* for data on older people and HIV.
- ²¹ For more metadata for this indicator, see the MDG indicator database: <http://mdgs.un.org/unsd/mdg/Metadata.aspx>.
- ²² WHO (2015) *Global Reference List of 100 Core Health Indicators* http://apps.who.int/iris/bitstream/10665/173589/1/WHO_HIS_HSI_2015.3_eng.pdf?ua=1
- ²³ See metadata on the IAEG site: <http://unstats.un.org/sdgs/2015/06/16/detailed-inputs/>
- ²⁴ See the interagency AIDS Indicator Registry: <http://www.indicatorregistry.org/?q=node/842>
- ²⁵ See the 2014 UNAIDS *Gap Report* here: http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf

²⁶ For discussion on the indicator on AIDS treatment to prevent mother-to-child transmission, see <http://www.indicatorregistry.org/?q=node/856>

²⁷ For additional metadata, see the AIDS Indicator Registry: <http://www.indicatorregistry.org/?q=node859> and the MDG Indicator Database: <http://mdgs.un.org/unsd/mdg/Metadata.aspx>

²⁸ See additional metadata in the AIDS Indicator Registry: <http://www.indicatorregistry.org/?q=node/1071>

²⁹ WHA 66.8 (2013) & WHA 66 Annex 3 (A66/10 Rev.1.), cited in “WHO January 2015. Monitoring Framework for the post-2015 health goals of SDGs: Targets and Indicators”.

³⁰ See technical notes for this indicator in Sustainable Development Solutions Network (2015) *Indicators and a Monitoring Framework for Sustainable Development Goals: Launching a data revolution for the SDGs*; and WHO (2015) *Global Reference List of 100 Core Health Indicators* http://apps.who.int/iris/bitstream/10665/173589/1/WHO_HIS_HSI_2015.3_eng.pdf?ua=1

³¹ WHO-UNICEF (2013) *Guidelines for Comprehensive Multi-Year Planning for Immunization* http://apps.who.int/iris/bitstream/10665/100618/1/WHO_IVB_14.01_eng.pdf

³² This indicator could be defined following the WHO recommendation of three doses for girls 9-13 years old who have not yet become sexually active;³² while allowing for country-level adaptation and flexibility subject to national protocols (i.e. a two-dose course, or for girls older than 13, as well as for vaccinating boys as is the case in some countries). See the World Health Organization (2013) *Guidance Note: Comprehensive cervical cancer prevention and control: a healthier future for women and girls*: <http://www.who.int/reproductivehealth/publications/cancers/9789241505147/en/>

³³ World Health Organization (2015) *Global Reference List of 100 Core Health Indicators*: http://apps.who.int/iris/bitstream/10665/173589/1/WHO_HIS_HSI_2015.3_eng.pdf?ua=1

³⁴ See Copenhagen Consensus Center (2014) *Women and Child Health Targets, Benefits and Costs for the Post-2015 Development Agenda*: http://www.copenhagenconsensus.com/sites/default/files/women_and_children_health_one_page_final.pdf

³⁵ World Health Organization (2012) *Safe abortion: Technical and policy guidance for health systems* http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf

³⁶ See metadata for this indicator the United Nations Department of Economic and Social Affairs, Population Division (14 May 2015) on the IAEG website: <http://unstats.un.org/sdgs/2015/06/16/detailed-inputs/>. This indicator is also tracked and reported for 69 countries annually by FP2020 <http://progress.familyplanning2020.org/fp2020-core-indicators>

³⁷ See metadata for this indicator from the UN DESA, Population Division on the IAEG website: <http://unstats.un.org/sdgs/2015/06/16/detailed-inputs/>

³⁸ The provision of essential health services for survivors of violence against women and girls has been globally agreed, and should be integrated as part of basic sexual and reproductive health services. See the *WHO Clinical and Policy Guidelines: Responding to intimate partner violence and sexual violence against women*, <http://www.who.int/reproductivehealth/publications/violence/9789241548595/en/>; and the UN Women/UNFPA Global Joint Programme on Essential Services for Women and Girls Subject to Violence—both of which define essential services for the health sector, among other sectors (e.g. justice, police, social services, etc.): <http://www.unwomen.org/~media/headquarters/attachments/sections/library/publications/2014/brief-essential%20services-web.pdf>

³⁹ See the *Minimum Initial Service Package (MISP) for Reproductive Health*: <http://www.unhcr.org/4e8d6b3b14.pdf>

⁴⁰ PMA2020 currently collects this data for 10 developing countries, on condoms, pills, and long-acting reversible contraception: <http://www.pma2020.org/about-pma2020>.

⁴¹ See the DHS Model Women’s Questionnaire, Section 3 on Contraception, questions 318-323: http://dhsprogram.com/pubs/pdf/DHSQ7/DHS7_Womans_QRE_EN_20May2015_DHSQ7.pdf. For additional information, see Guttmacher Institute, Recommended Sexual and Reproductive Health and Rights Indicators for the Post-2015 Sustainable Development Goals (SDGs), 2015, and contact Alanna J Galati at agalati@guttmacher.org.

⁴² See DHS sections 2 on reproduction and 4 on pregnancy and postnatal care http://dhsprogram.com/pubs/pdf/DHSQ7/DHS7_Womans_QRE_EN_20May2015_DHSQ7.pdf

⁴³ Indicator 6.3, Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS.

⁴⁴ For example, an alternative proposed by some expert organizations is the ‘*proportion of young people (10-24) who demonstrate desired levels of knowledge and reject major misconceptions about sexual and reproductive health, including HIV and AIDS*’. In this case, utilizing existing survey questions (e.g. DHS, AIS), it would measure knowledge of: the fertile period; at least one method of modern contraception; and HIV prevention—specifically, two ways to prevent HIV, and rejection of three common misconceptions.

⁴⁵ See Phase 7 DHS questionnaires: <http://dhsprogram.com/publications/publication-dhsq7-dhs-questionnaires-and-manuals.cfm>; and the AIDS Indicator Survey Model Individual Questionnaire: http://dhsprogram.com/pubs/pdf/AISQ1/AIS_Individual_QRE_DHS6_8Nov2011.pdf. See also Guttmacher Institute, Recommended Sexual and Reproductive Health and Rights Indicators for the Post-2015 Sustainable Development Goals (SDGs), 2015 and for more information please contact Alanna J Galati agalati@guttmacher.org

⁴⁶ See the WHO Maternal, Newborn, Child and Adolescent Health (MNCHA) policy indicator dashboard, Member State survey, and response database for 104 countries and other information:

http://www.who.int/maternal_child_adolescent/documents/countries/indicators/7_note_mncah_policy_indicator_survey_indicators_in_dashb.pdf?ua=1

⁴⁷ For a discussion, see WHO (2011) *Guidelines for RMNCH-GET: A Reproductive, Maternal, Newborn and Child Health Government Expenditure (and budget) Tracking Tool*: <http://www.who.int/choice/gettool.pdf> and the WHO (2009) *Guide to Producing Reproductive Health Subaccounts within the health accounts frameworks*: http://apps.who.int/iris/bitstream/10665/44181/1/9789241598538_eng.pdf.

⁴⁸ See OECD (2014) *Financing the unfinished business of gender equality and women's rights: priorities for the post-2015 framework*: <http://www.oecd.org/dac/gender-development/Short%20version%20-%20FINALFinancing%20the%20unfinished%20business%20of%20gender%20equality.pdf> and the UNFPA Resource Flows Project: <http://www.resourceflows.org/>

⁴⁹ See information about the World Programme for Human Rights Education: <http://www.ohchr.org/EN/Issues/Education/Training/Pages/Programme.aspx>

⁵⁰ See Indicator 29 in the Technical Advisory Group Proposal: *Thematic Indicators to Monitor the Post-2015 Education Agenda*, ED/WEF2015/REF/10: <http://www.uis.unesco.org/Education/Documents/tag-proposed-thematic-indicators-post2015-education-agenda.pdf>

⁵¹ The programme began in 2005. 76 countries submitted national reports for a 2010 evaluation of the first phase, 45 countries submitted national reports to a 2012 mid-term progress report of the second phase, and 28 countries submitted national reports to a 2015 evaluation of the second phase.

⁵² See the *ICPD Beyond 2014 Global Youth Forum Bali Declaration* (2012), among various others.

⁵³ For example, “comprehensive sexuality education” was endorsed in all the regional conference outcomes of the ICPD Beyond 2014 review process; in the case of ESCWA, the term “sexual education” was used. See also the Human Rights Council (2015), para. 8h, *Resolution on Accelerating efforts to eliminate all forms of violence against women: eliminating domestic violence* A/HRC/29/L.26: http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/29/L.16/Rev.1. Note also various Commission on Status of Women and Commission on Population and Development global agreements, as well as General Assembly Resolution on the Rights of the Child (A/RES/69/157), which use the term “comprehensive evidence-based education on human sexuality”.

⁵⁴ See UNESCO's Education for Sustainable Development (ESD) webpage for the 11 components of ESD, including Gender Equality and Health Promotion: <http://www.unesco.org/new/en/education/themes/leading-the-international-agenda/education-for-sustainable-development/>. See also the draft Framework for Action for the next 15 years presented at the 2015 World Education Forum, calling for comprehensive sexuality education programmes under this target: *Framework for Action Education 2030: Toward inclusive and equitable quality education and lifelong learning for all*, ED/WEF2015/MD/2: <http://en.unesco.org/world-education-forum-2015/resources/wef-documents>

⁵⁵ By contrast, approaches that fail to address gender dynamics have been shown by research to be five times less effective in preventing unwanted outcomes than truly comprehensive programmes that address gender issues. See Haberland, Nicole A. *The Case for Addressing Gender and Power in Sexuality and HIV Education: A Comprehensive Review of Evaluation Studies in International Perspectives on Sexual and Reproductive Health*, 2015, 41(1):31–42: <https://www.guttmacher.org/pubs/journals/4103115.html>

⁵⁶ Fonner, Virginia A., Kevin S. Armstrong, Caitlen E. Kenney, Kevin R. O'Reilly, Michael D. Sweat (2014) *School Based Sex Education and HIV Prevention in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis*: <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0089692>

⁵⁷ UNESCO (2009) *International Technical Guidance on Sexuality Education, An evidence-informed approach for schools, teachers and health educators*: <http://unesdoc.unesco.org/images/0018/001832/183281e.pdf>

⁵⁸ See, for example, the report of the ICPD Beyond 2014 Expert Group Meeting on Women's Health: Rights, Empowerment and Social Determinants (WHO, UNFPA) October 2013: http://icpdbeyond2014.org/uploads/browser/files/womens_health_english.pdf.

⁵⁹ UNESCO (2011) *Cost and Cost-effective analysis of School-based Sexuality Education Programs in Six Countries*: <http://www.resource-allocation.com/content/11/1/17>

⁶⁰ See Indicator no. 28, Technical Advisory Group Proposal: *Thematic Indicators to Monitor the Post-2015 Education Agenda*: <http://www.uis.unesco.org/Education/Documents/tag-proposed-thematic-indicators-post2015-education-agenda.pdf>

⁶¹ UNESCO (2013) *Measuring the education sector response to HIV and AIDS*: <http://unesdoc.unesco.org/images/0022/002230/223028E.pdf>

⁶² See the WHO and UNICEF Joint Monitoring Programme for Water Supply and Sanitation: <http://www.wssinfo.org/>

⁶³ See Indicator no. 34, Technical Advisory Group Proposal: *Thematic Indicators to Monitor the Post-2015 Education Agenda*: <http://www.uis.unesco.org/Education/Documents/tag-proposed-thematic-indicators-post2015-education-agenda.pdf>. See also the AIDS Indicator Registry: <http://www.indicatorregistry.org/?q=node/656>

⁶⁴ For survey questionnaires and country data and reports, see here <http://www.cdc.gov/GSHS/> and here <http://www.who.int/chp/gshs/datasets/en/>

⁶⁵ See background and metadata for this indicator in UNESCO (2013) *Measuring the education sector response to HIV and AIDS*: <http://unesdoc.unesco.org/images/0022/002230/223028E.pdf>

⁶⁶ See for example, the table of illustrative indicators in Annex 1 on pages 39-43 of *DFID Guidance Note: Part B Practical Guidance – Addressing Violence against Women and Girls in Education Programming*, May 2014:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/318900/Education-guidance-note-partB.pdf

⁶⁷ See more information on the Working Group on the issue of discrimination against women in law and in practice:

<http://www.ohchr.org/EN/Issues/Women/WGWomen/Pages/WGWomenIndex.aspx>

⁶⁸ For example, see the European Union Agency for Fundamental Rights study on violence against women reflecting efforts to disaggregate data by disability status, migrant background and sexual orientation, pages 184-190:

http://fra.europa.eu/sites/default/files/fra-2014-vaw-survey-main-results-apr14_en.pdf

⁶⁹ For a discussion and recommendations on addressing these two age groups, including the methodological, ethical and legal reasons for not surveying girls under 15, see in particular paragraphs 42-47 in *Guidelines for Producing Statistics on Violence against Women- Statistical Surveys*: https://unstats.un.org/unsd/gender/docs/Guidelines_Statistics_VAW.pdf

⁷⁰ See the General Assembly Resolution on *Intensification of efforts to eliminate all forms of violence against women* A/RES/65/187: http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/65/187, and the *Report on the Meeting of the Friends of the Chair of the United Nations Statistical Commission on Statistical Indicators on Violence against Women* (2010) ESA/STAT/AC.193/L.3: <http://unstats.un.org/unsd/Demographic/meetings/vaw/docs/FinalReport.pdf>

⁷¹ See Decision 44/109 of the UN Statistical Commission in the report of its 44th session (March 2013), E/CN.3/2013/33: <http://unstats.un.org/unsd/statcom/doc13/2013-Report-E.pdf>

⁷² See the top indicators on violence against women for the post-2015 agenda proposed by the participants of the WHO expert group meeting, including National Statistics Offices, in Geneva in June 2014:

<http://www.who.int/reproductivehealth/topics/violence/vaw-indicators/en/>

⁷³ WHO (2013) *Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence*: http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf

⁷⁴ See European Union Agency for Fundamental Rights (2014) *Violence against women: an EU-wide survey*:

http://fra.europa.eu/sites/default/files/fra-2014-vaw-survey-main-results-apr14_en.pdf

⁷⁵ See WHO 2013 report mentioned above on prevalence estimates.

⁷⁶ This indicator was used to determine the current global prevalence of violence against women (35%): see page 2 in WHO 2013, *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and nonpartner sexual violence*: http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf

⁷⁷ Including the (June 2015) DHS Domestic Violence module (questions 22A, 22B, 23), the WHO Multi-country Study on Women's Health and Domestic Violence against Women, and the European Union Agency for Fundamental Freedom report.

⁷⁸ See the Violence Against Children Surveys (VACS) developed by the Together for Girls public-private initiative under the technical leadership of the Centers for Disease Control in partnership with UN agencies, and with partial financial support of the President's Emergency Plan for AIDS Relief (PEPFAR), rolled out to date in Cambodia, Haiti, Kenya, Swaziland, Tanzania and Zimbabwe, with 10 more countries in the pipeline: <http://www.cdcfoundation.org/what/program/together-girls>.

⁷⁹ See the top indicators on violence against women for the post-2015 agenda proposed by the participants of the WHO expert group meeting in Geneva in June 2014: <http://www.who.int/reproductivehealth/topics/violence/vaw-indicators/en/>

⁸⁰ For an overview of the Gender Equitable Men Scale (GEM), see: <https://www.c-changeprogram.org/content/gender-scales-compendium/gem.html>

⁸¹ See the indicators on violence against women for the post-2015 agenda proposed by the participants of the WHO expert group meeting in Geneva in June 2014: <http://www.who.int/reproductivehealth/topics/violence/vaw-indicators/en/>

⁸² See OECD submission to the IAEG: <http://unstats.un.org/sdgs/meetings/iaeg-sdgs-meeting-01.html>

⁸³ Further details and metadata for this indicator may be consulted with the UN Office of Drugs and Crime (UNODC). See also the metadata on homicide rates on the IAEG website: <http://unstats.un.org/sdgs/meetings/iaeg-sdgs-meeting-01.html>

⁸⁴ See the DHS module on FGM here:

http://dhsprogram.com/pubs/pdf/DHSQM/DHS7_Module_FGcut_EN_20May2015_DHSQM.pdf, and MICS women's questionnaire here: <http://mics.unicef.org/tools>

⁸⁵ See indicator number 1, Annex I, in the *Report of the Secretary-General on Gender Statistics* E/CN.3/2014/18:

<http://unstats.un.org/unsd/statcom/doc14/2014-18-GenderStats-E.pdf>

⁸⁶ See under 'Gender' related indicators in the ECLAC database:

http://estadisticas.cepal.org/cepalstat/WEB_CEPALSTAT/estadisticasIndicadores.asp?idioma=i

⁸⁷ See *Report of the Secretary-General on Gender Statistics* (2013) E/CN.3/2014/18:

<http://unstats.un.org/unsd/statcom/doc14/2014-18-GenderStats-E.pdf> and the Economic Commission for Europe (UNECE) database for this indicator based on reporting from its Member States:

http://w3.unece.org/PXWeb2015/pxweb/en/STAT/STAT_30-GE_98-

[GE_LifeBalance/0104_en_GELB_Child_CARE_r.px/?rxid=3a1d5e0b-391d-40f9-b6d5-02c8a7ce22a6](http://w3.unece.org/PXWeb2015/pxweb/en/STAT/STAT_30-GE_98-GE_LifeBalance/0104_en_GELB_Child_CARE_r.px/?rxid=3a1d5e0b-391d-40f9-b6d5-02c8a7ce22a6), also drawing from a database maintained by UNICEF with data from European-Central Asian countries: <http://www.transmonee.org/>

⁸⁸ See Table 2 of the UN Minimum Set of Gender Indicators, no. 3 ('length of maternity leave') and no.4 ('wages paid during maternity leave') and the UN Gender Statistics site for metadata on these:

<http://unstats.un.org/unsd/gender/Data/Qualitative%20Indicators.html>. See also the ILO database tracking maternity and

paternity leave: http://www.ilo.org/dyn/travail/travmain.lIndicators?p_lang=en, reported in ILO (2014) *Maternity and paternity at work, law and practice across the world*: http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_242615.pdf and OECD: <http://stats.oecd.org/Index.aspx?DatasetCode=GID2>

⁸⁹ See metadata for this indicator in the MDG database: <http://mdgs.un.org/unsd/mdg/Metadata.aspx>; see also the IPU website for recent data: <http://www.ipu.org/wmn-e/world.htm>. See indicators 5 and 6 in Table 2 of the UN Minimum Set of Gender Indicators on the issue of quotas.

⁹⁰ The indicator is based on existing DHS survey questions (Phase 7 women's module, Questions 1054, 819 and 820, and 922, respectively – the latter to be adapted/expanded from seeking 'health care' generally to sexual and reproductive health). Note that MICS has expressed willingness to include these questions in the sexual behaviour and contraception modules and expand the denominator to include sexually active women.

⁹¹ See the Human Rights Council database: <http://www.ohchr.org/EN/HRBodies/UPR/Pages/Documentation.aspx>. Note a similar indicator for UNFPA's Strategic Plan 2014-2017 adopted by its Executive Board of Member States: "Outcome 3 indicator 2: Proportion of countries that have taken action on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle by Member States supplemented with independent reporting as per existing practice and procedures."

⁹² See metadata provided by FAO on the IAEG website: <http://unstats.un.org/sdgs/meetings/iaeg-sdgs-meeting-01.html>

⁹³ See metadata provided by FAO on the IAEG website: <http://unstats.un.org/sdgs/meetings/iaeg-sdgs-meeting-01.html>

⁹⁴ See the World Bank's Global Findex Database on financial inclusion: <http://www.worldbank.org/en/programs/globalfindex>

⁹⁵ See Indicator 8 of the *Monitoring Framework of the Global Partnership for Effective Development Cooperation*: <http://effectivecooperation.org/wordpress/wp-content/uploads/2015/05/GPEDC-Monitoring-Framework-10-Indicators.pdf>

⁹⁶ Plurinational State of Bolivia, Cameroon, Ecuador, Ethiopia, Haiti, Honduras, Jordan, Kyrgyzstan, Morocco, Nepal, State of Palestine, Rwanda, Senegal, Ukraine and the United Republic of Tanzania.

⁹⁷ See the ECLAC database here:

http://estadisticas.cepal.org/cepalstat/WEB_CEPALSTAT/buscador.asp?string_busqueda=feminidad

⁹⁸ World Bank (2013) *Global tracking framework* (Vol. 3):

<http://documents.worldbank.org/curated/en/2013/05/17765643/global-tracking-framework-vol-3-3-main-report>

⁹⁹ For additional metadata on this indicator, see page 172 in Sustainable Development Solution Network (SDSN) (2014) *Indicators and a Monitoring Framework for the Sustainable Development Goals*: <http://unsdsn.org/wp-content/uploads/2015/05/150612-FINAL-SDSN-Indicator-Report1.pdf>

¹⁰⁰ For up to date information on National Human Rights Institutions, including the list of certified countries, see here: <http://www.ohchr.org/EN/Countries/NHRI/Pages/NHRIMain.aspx>. For additional metadata, see OHCHR's submission to the IEAG: <http://unstats.un.org/sdgs/2015/06/16/detailed-inputs/>

¹⁰¹ See <http://www.oecd.org/statistics/measuring-well-being-and-progress.htm>

¹⁰² See the monitoring framework and indicators,

http://www.un.org/womenwatch/ianwge/taskforces/wps/Strategic_Framework_2011-2020.pdf

¹⁰³ The development of a UNSCR 1325 data repository, including metadata, is expected in 2015. For more information about this indicator, see page 43 in the Annex of the Secretary General's Security Council Report on Women and peace and Security of September 2010, S/2010/498: <http://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/WPS%20S%202010%20498.pdf>.

¹⁰⁴ See the UNDESA report (2014) undertaken in collaboration with the UN regional commissions, *Using data to measure gender equality*: <http://www.un.org/en/development/desa/news/gender/using-data-to-measure-gender-equality.html>, based on 126 responding countries.

¹⁰⁵ See the proposals recommended by the WHO expert group meeting, held in Geneva in June 2014: <http://www.who.int/reproductivehealth/topics/violence/vaw-indicators/en/>

¹⁰⁶ See the monitoring framework and indicators,

http://www.un.org/womenwatch/ianwge/taskforces/wps/Strategic_Framework_2011-2020.pdf

¹⁰⁷ The development of a UN Security Council Resolution 1325 data depository, including metadata, is expected in 2015. For more detail about this indicator, see page 43 in the Annex of the Secretary General's Security Council Report on Women and peace and Security of September 2010, S/2010/498: <http://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/WPS%20S%202010%20498.pdf>

¹⁰⁸ See the top indicators on violence against women for the post-2015 agenda proposed by the participants of the WHO expert group meeting in Geneva in June 2014: <http://www.who.int/reproductivehealth/topics/violence/vaw-indicators/en/>

¹⁰⁹ See the *Resolution concerning gender equality at the heart of decent work* adopted by the 98th Session of the International Labour Conference (2009), especially paras 3, 5, 37, 45, 52d, 53b

¹¹⁰ See country list and status of ratification here:

http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:11300:0::NO::P11300_INSTRUMENT_ID:2551460

¹¹¹ See additional information and metadata on this indicator provided by the UN Office of Drugs and Crime (UNODC) to the IEAG website here: <http://unstats.un.org/sdgs/2015/06/16/detailed-inputs/>

¹¹² WHO (2015) *Global Reference List of 100 Core Health Indicators*:

http://apps.who.int/iris/bitstream/10665/173589/1/WHO_HIS_HSI_2015.3_eng.pdf?ua=1

¹¹³ Note the WHO MNCHA survey includes a question on whether "all adolescents (15-19) are exempt from user fees from all health care". See:

http://www.who.int/maternal_child_adolescent/documents/countries/indicators/7_note_mncah_policy_indicator_survey_indicators_in_dashb.pdf?ua=1

¹¹⁴ Waddington, Catriona and Claudia Sambo (2014) *Financing health care for adolescents: a necessary part of universal health coverage*: World Health Organization: <http://www.who.int/bulletin/volumes/93/1/14-139741/en/>

¹¹⁵ See WHO metadata: [http://hiip.wpro.who.int/data/\(S\(h1gqzbgf2lrzay42rkx12vck\)\)/alphabetical.aspx](http://hiip.wpro.who.int/data/(S(h1gqzbgf2lrzay42rkx12vck))/alphabetical.aspx)

¹¹⁶ Technical Advisory Group Proposal: *Thematic Indicators to Monitor the Post-2015 Education Agenda*, ED/WEF2015/REF/10: <http://www.uis.unesco.org/Education/Documents/tag-proposed-thematic-indicators-post2015-education-agenda.pdf>

¹¹⁷ For information about UNESCO's Education for Sustainable Development, see:

<http://www.unesco.org/new/en/education/themes/leading-the-international-agenda/education-for-sustainable-development/>

¹¹⁸ For a detailed description on how data for this indicator is collected, see pages 63-65 in UNICEF (2014) *A statistical analysis of violence against children*:

http://files.unicef.org/publications/files/Hidden_in_plain_sight_statistical_analysis_EN_3_Sept_2014.pdf

¹¹⁹ See additional information and metadata on this indicator provided by the UN Office of Drugs and Crime (UNODC) on the IEAG website: <http://unstats.un.org/sdgs/2015/06/16/detailed-inputs/>