



En Route to Equality

A GENDER REVIEW OF
NATIONAL MDG REPORTS
2005

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FOREWORD

The Millennium Declaration, adopted by the United Nations in September 2000, commits the international community and member states of the UN to the achievement of eight major developmental goals - the **Millennium Development Goals (MDGs)**.


The MDGs have come to be acknowledged as an over-arching framework that places human rights and human poverty at the centre-stage of development policy. At the national level, the MDGs have created the opportunity for enlarging pro-poor policy choices through bringing a more integrated and holistic perspective to macroeconomic policy-making. At the global level too, the MDGs allow development partners to arrive at a consensus around aid priorities and ensure coordination among donors.

The United Nations Development Programme has been assisting developing countries to prepare national MDG reports in collaboration with other partners. These reports are important instruments for tracking and monitoring progress on the achievement of the MDGs and have enabled countries to take ownership of the Goals, which is critical to shaping their development priorities. Increasingly, national MDG reports are emerging as tools for awareness raising, advocacy, alliance building, and renewal of political commitments.

Gender equality and women's empowerment are central to the achievement of the MDGs – not only as just and desirable ends in themselves, but as vehicles for the achievement of all the other Goals. Effective mainstreaming of gender in the national MDGRs can contribute to a range of actions for gender equality, from internal policy dialogues to strengthening of national capacities and statistical systems for data collection and reporting leading to more gender-responsive programming and resource allocation.

This global review of national MDG reports is a follow-up to a pilot exercise commissioned by the Bureau of Development Policy, UNDP in 2003. A joint World Bank/UNDP conference on 'Gender and the MDGs' organised in December 2003 in partnership with the UN and the OECD/DAC gender networks, encouraged UNDP to take up the present expanded review covering 78 national MDG reports. The findings provide an additional gender dimension to the review of national reports, and demonstrate the added value of including a gender equality perspective in future reporting and tracking of progress in the implementation of the MDGs.

We hope that this report will contribute to the five year review of the MDGs in September 2005 and to UNDP's continued support to the achievement of gender equality and women's empowerment.



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INTRODUCTION

Gender equality is the foundation for the MDGs

‘Gender equality and empowerment of women’ – Goal 3 of the Millennium Development Goals - is at the core of all the MDGs, from improving health and fighting disease, to reducing poverty and mitigating hunger, expanding education and lowering child mortality, increasing access to safe water, and ensuring environmental sustainability. **Attempting to achieve the MDGs without promoting gender equality will both raise the costs and decrease the likelihood of achieving the other goals.**

Gender equality and the Millennium Development Goals

Goal 1 Eradicate extreme poverty and hunger

- Gender equality in capabilities and access to opportunities can accelerate economic growth.
- Equal access for women to basic transport and energy infrastructure (such as clean cooking fuels) can lead to greater economic activity.
- Gender equality in farm inputs helps increase agricultural production and reduce poverty because women farmers form a significant proportion of the rural poor.
- Equal investment in women’s health and nutritional status reduces chronic hunger and malnourishment, which increases productivity and well-being.

Goal 2 Achieve universal primary education

- Educated girls and women have greater control over their fertility and participate more in public life.
- A mother’s education is a strong and consistent determinant of her children’s school enrolment and attainment and their health and nutrition outcomes.

Goal 4 Reduce child mortality and Goal 5 Improve maternal health

- A mother’s education, income, and empowerment have a significant impact on lowering child and maternal mortality.

Goal 6 Combat HIV/AIDS, malaria, and other diseases

- Greater economic independence for women, increased ability to negotiate safe sex, greater awareness of the need to alter traditional norms about sexual relations, better access to treatment, and support for the care function that women perform are essential for halting and reversing the spread of HIV/AIDS and other epidemics.

Goal 7 Ensure environmental sustainability

- Gender-equitable property and resource ownership policies enable women (often as primary users of these resources) to manage them in a more sustainable manner.

Goal 8 Develop a global partnership for development

- Greater gender equality in the political sphere may lead to higher investments in development cooperation.

From **Taking Action: Achieving Gender Equality and Empowering Women**
Task Force on Education and Gender Equality. UN Millennium Project 2005

The reverse is equally true – achievement of Goal 3 depends on progress made on each of the other goals. Tracking gender gaps and inequalities in relation to each of the other MDG targets and indicators is therefore as critical as accurate reporting against Goal 3.

Achievement of other goals is critical for Goal 3

Goal 1 Eradicate extreme poverty and hunger

- *Failure to design actions that reduce poverty equally for women and men will leave significant pockets of female poverty in many countries.*

Goal 2 Achieve universal primary education

- *Failure to achieve universal primary education has significant consequences for girls' enrolment and completion of higher levels of education and hence their ability to access resources and opportunities to the same extent as boys.*

Goal 4 Reduce child mortality

- *Child mortality is one reason why fertility remains high in some parts of the world. High fertility is associated with greater unpaid work burdens for women, and multiple pregnancies are associated with elevated risks of disability or death. In some countries child mortality partly reflects discrimination against girls in nutrition and medical care. Reducing child mortality in these countries will mean ending such discrimination.*

Goal 5 Improve maternal health

- *Women cannot enjoy equal rights, opportunities, and voice with men if they continue to suffer the ill-health, disability, and risks of dying associated with pregnancy and childbirth. The ability to have the number of children they desire when they desire is also critical if women are to take control of their lives and contribute productively to their families, communities, and societies.*

Goal 6 Combat HIV/AIDS, malaria, and other diseases

- *Because the HIV/AIDS pandemic is rapidly being feminized, both in risk of becoming infected and in the burden of care, failure to control this epidemic is likely to leave girls and women increasingly vulnerable.*

Goal 7 Ensure environmental sustainability

- *Because women are the major food producers in the developing world, failure to ensure environmental sustainability is likely to damage their ability to feed themselves and their families. Failure to limit certain types of pollutants, such as indoor smoke from cooking fires, will also have particularly deleterious effects on the health of women and children.*

*From Taking Action: Achieving Gender Equality and Empowering Women
Task Force on Education and Gender Equality. UN Millennium Project 2005*

No time to lose on Goal 3

Global reviews undertaken over the last year, as well as the picture emerging from national MDG reports, indicate that a majority of countries will be unable to meet the Goal 3 target of eliminating gender disparities in primary and secondary education by the 2005 deadline.

Since gender equality is the essential underpinning for the achievement of all other Goals, the failure to achieve gender equality targets will have a domino effect, compromising progress on other Goals and targets.

Accelerating progress on Goal 3 is therefore an urgent necessity for all actors in development.

Making MDG reporting gender-aware

National MDG Reports are the primary instrument for tracking progress on MDG targets. They are expected to be widely disseminated and discussed by policy-makers, donors and others including local communities, civil society groups and citizens. They are instruments for public information, advocacy, policy and accountability.

'Over the past three decades women have made some gains, particularly in health and education. Despite these gains, it is clear that the first deadline for the MDG target of Goal 3 - eliminating gender disparities in primary and secondary education preferably by 2005 and at all levels of education no later than 2015 - will be missed. This will be the first visible MDG failure. But instead of serving as an opportunity to underscore the failures of the international community, 2005 should be used to issue a clarion call for reenergizing efforts so that the second deadline for the target - 2015 - is honored.'

Interim Report 2003

Task Force on Education and Gender Equality. UN Millennium Project

Making sure that national MDG reports are gender-aware and that gender equality issues are adequately addressed in reporting on each of the Goals is essential to the purpose of these reports.

- The national MDG report is a snapshot showing where the country stands in relation to the achievement of the MDGs. Since gender equality and empowerment of women underpin all the MDGs, they must be reflected adequately throughout the report. **Restricting gender concerns to Goal 3 would amount to presenting a distorted picture of reality.**
- The MDGs have become the over-arching framework for national development and are the reference point for pro-people and pro-poor policy making. A gender-aware national MDG report would **catalyse gender-responsive policy-making and programming**, and would **facilitate more optimal resource allocation**.
- Policy-makers are aware that not everything that needs to be done for gender equality lies in their domain – individuals, families and communities all need to become actively involved in social transformation. A gender-aware national MDG report would be **a tool for public advocacy on gender equality** and **a means to create a supportive environment** for translating commitments into actual results on the ground.
- A gender-aware national MDG report would be **a platform for partnerships between national governments and civil society groups committed to women's rights**, and would enlarge the space for dialogue and joint action on critical gender issues.
- The national MDG report is an instrument for transparency and accountability. Making gender issues visible across Goals will **broaden the scope of accountability on women's rights** and make the report more relevant and useful to citizens, civil society groups and gender equality advocates.
- The national MDG report is expected to be translated into a range of advocacy products such as films, booklets, posters and fact-sheets which will spark a media campaign for national commitment to the Goals. Making gender issues visible across Goals will **add value to media products** and give **greater public visibility** to efforts being made by governments to achieve gender equality.
- Gender equality is common to the mandates of all UN organisations and donor agencies, and is an explicit national goal in the majority of countries. **Commitment to gender equality is the 'glue' that allows diverse actors in development to come together**, reach a consensus on a common agenda and deploy resources where they are most needed.

Putting national MDG reports under a 'gender lens'

This report documents the findings of a gender review of national MDG reports and covers all the national reports from developing countries published up to December 2004. This includes 78 reports in English, French and Spanish – 22 reports from Africa, seven from the Arab region, 10 from the Asia-Pacific region, 17 from Central Europe and the CIS, and nine from Latin America. There has been no attempt at sampling - all the reports available upto December 2004 were scanned.

The 13 reports covered in the pilot scan have also been included in the analysis. In cases where a country included in the pilot study has published a subsequent national report, the new report has also been included in the present scan.

Four reports from developed countries have also been scanned as a part of this exercise.

The scanning exercise identified and recorded the extent to which gender equality concerns are reflected in the reports, using the following parameters for tracking

- Whether gender inequality has been identified as a key determinant in fulfilment of any/all Goals.
- Whether gender equality and/or women's rights issues have been adequately/effectively highlighted in the text of the report.
- Whether sex disaggregated data have been presented and used effectively.
- Whether gender dimensions of poverty, education, infant mortality, maternal mortality, health, environmental sustainability and development cooperation have been made visible and substantiated with data.
- Whether strategies and/or resources for addressing gender inequality have been committed to or clearly identified.
- Whether additional gender targets/indicators relevant to the specific country situation have been incorporated in the report.
- Whether the strategic priorities for gender equality identified by the Millennium Project Task Force on Education and Gender Equality have been flagged and discussed.

Strategic priorities for gender equality

To ensure that Goal 3 is met by 2015, the task force has identified seven strategic priorities. These seven interdependent priorities are the minimum necessary to empower women and alter the historical legacy of female disadvantage that remains in most societies of the world:

- *Strengthen opportunities for post-primary education for girls while simultaneously meeting commitments to universal primary education.*
- *Guarantee sexual and reproductive health and rights.*
- *Invest in infrastructure to reduce women's and girls' time burdens.*
- *Guarantee women's and girls' property and inheritance rights.*
- *Eliminate gender inequality in employment by decreasing women's reliance on informal employment, closing gender gaps in earnings and reducing occupational segregation.*
- *Increase women's share of seats in national parliaments and local governmental bodies.*
- *Combat violence against girls and women.*

*From Taking Action: Achieving Gender Equality and Empowering Women
Task Force on Education and Gender Equality. UN Millennium Project 2005*

Gender scan of national MDG reports 2005

List of countries covered

Pilot Study 2003	Africa	Arab Region	Asia-Pacific	Central Europe and CIS	Latin America and Caribbean
1. Albania	1. Benin	1. Bahrain	1. Afghanistan	1. Albania	1. Argentina
2. Armenia	2. Botswana	2. Jordan	2. Bhutan	2. Azerbaijan	2. Bolivia
3. Bolivia	3. Burkina Faso	3. Kuwait	3. Cambodia	3. Bosnia & Herzegovina	3. Brazil
4. Cameroon	4. Cameroon	4. Lebanon	4. China	4. Bulgaria	4. El Salvador
5. Egypt	5. Cap Verde	5. Palestine	5. E. Timor	5. Croatia	5. Guatemala
6. Lithuania	6. Chad	6. Syria	6. Indonesia	6. Czech Republic	6. Guyana
7. Mauritius	7. Congo	7. Yemen	7. Mongolia	7. Georgia	7. Honduras
8. Mozambique	8. Cote d'Ivoire		8. Philippines	8. Hungary	8. Panama
9. Nepal	9. Ethiopia		9. Thailand	9. Kazakhstan	9. Paraguay
10. Poland	10. Gabon		10. Vietnam	10. Kosovo	
11. Saudi Arabia	11. Gambia			11. Kyrgyzstan	
12. Tanzania	12. Ghana			12. Romania	
13. Vietnam	13. Guinea			13. Slovakia	
	14. Kenya			14. Slovenia	
	15. Mauritania			15. Tajikistan	
	16. Namibia			16. Turkmenistan	
	17. Rwanda			17. Ukraine	
	18. Sao Tome				
	19. Senegal				
	20. Togo				
	21. Uganda				
	22. Zambia				

GOAL
1

THE 'POVERTY GOAL'

Goal 1 Eradicate extreme poverty and hunger

Target 1 Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day

Indicators Proportion of population below \$1 (PPP) per day

Poverty gap ratio (incidence x depth of poverty)

Share of poorest quintile in national consumption

Target 2 Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Indicators Prevalence of underweight children under five years of age

Proportion of population under minimum level of dietary energy consumption

Poverty has a gendered face

Millions of women around the world are disadvantaged in ways that make them vulnerable to poverty – whether defined in terms of money (income poverty) or in terms of well-being (human poverty).

- **Gender inequality distorts women's access to assets.** In the majority of countries, women do not have legal rights to land and property, rendering them economically insecure and depriving them of economic returns such as access to credit, decent work and an assured income.
- **Gender inequality distorts access to public goods and services that are designed to improve well-being.** In many countries, the home is women's primary domain and they have only limited access to public spaces. They are thus unable to use public services or avail of opportunities for education, health care and skill-enhancement.
- **Gender inequality dictates unequal distribution of resources within the family.** In many countries tradition dictates that women and girls eat last and least. The outcome - higher rates of malnutrition and anaemia among women and girls in comparison to men and boys from the same families.
- **Women's access to employment is gendered.** While more and more women are entering the global work force, discrimination in the job market results in their generally earning a far lower wage than men doing the same kind of work. Women workers are concentrated in the informal sector where wages are

lower. Jobs in the formal sector show a pattern of segregation by sex, with jobs at the lower end of the scale usually earmarked for women.

- **Women are constrained by time poverty.** Time poverty is a result of the unequal distribution of care work, or the work of nurturing and sustaining families and communities - tasks like cooking, cleaning, looking after and teaching children, caring for old people and those who are ill, and meeting the water, fuel and fodder needs of the household. These tasks are essential for survival, but are not valued or acknowledged as contributions to development. The burden of care work limits women's chances of taking advantage of opportunities for education and employment, and seriously constrains their involvement in development.

Apart from the above, there is evidence from several countries of the increasing numbers of poor households that are headed or maintained by women. This phenomenon is often referred to as the **feminisation of poverty**, and can be understood as an outcome of all the above factors which combine to create poverty for women.

Gender perspectives on poverty add value to MDG reporting

National MDG Reports are conceptualised as key instruments for tracking and monitoring overall progress on national poverty goals. Ideally, the report should reflect an accurate picture of reality by showing how the country as a whole is progressing and making visible the differential situations of vulnerable groups. Whatever the criterion by which this vulnerability is defined – race, social grouping, age, location and so on – women are at the bottom of the ladder because they are additionally disadvantaged by gender inequality. Without a gendered approach, the fact of women's special vulnerability and its linkage with gender inequality will remain hidden and invisible – making the MDG Report less accurate and blunting its effectiveness as a means of public advocacy.

Despite the global consensus on the need to go beyond economic criteria in defining and tackling poverty, the policy framework in most countries continues to be driven by purely economic considerations, with poverty reduction being seen as an automatic by-product of economic growth and macro-economic stability. A gendered approach to reporting on poverty is essential because the nature and quality of economic growth – how wealth is created and how it is distributed - is as important for combating poverty as the rate of economic growth. Looking at poverty through a gender lens would convey the message that the government places as high a value on equity and social justice as it does on economic growth, and recognises that it cannot hope to reduce, far less eliminate, poverty without addressing gender inequality.

Gender and poverty - key messages

- *Gender equality in capabilities and access to opportunities can accelerate economic growth.*
- *Equal access for women to basic transport and energy infrastructure (such as clean cooking fuels) can lead to greater economic activity.*
- *Gender equality in farm inputs helps increase agricultural production and reduce poverty because women farmers form a significant proportion of the rural poor.*
- *Equal investment in women's health and nutritional status reduces chronic hunger and malnourishment, which increases productivity and well-being.*

*From Taking Action: Achieving Gender Equality and Empowering Women
Task Force on Education and Gender Equality. UN Millennium Project 2005*

Such a report would mark a significant departure from the ‘twin track’ approach that relegates macroeconomic policies and social policies to different domains, and make a strong case for investing in women through targeted interventions in key areas. Programmes to increase women’s access to productive assets and employment opportunities, to widen the coverage and eliminate gender biases in the delivery of social services and public goods, ensure the availability of survival needs such as drinking water and fuel, to support technological innovations that reduce the drudgery of domestic work - all these would conceivably be components of a gender-responsive national poverty strategy.

How gendered is reporting on Goal 1?

It is encouraging to see that 42 out of the 78 national MDGRs covered in this study make specific mention of women’s vulnerability to poverty. This seems to be an advance over the pilot gender scan of 13 MDGRs carried out in 2003, where women found mention as a vulnerable group in only six reports – less than half of the sample.

In comparison to a single report in the pilot study, 17 out of the 78 reports now include sex-disaggregated data on poverty indicators to support the statement that women are a particularly vulnerable group. This is certainly a positive trend. Statistics are far more persuasive than unsupported statements - disaggregated data provides ‘hard’ evidence of women’s situation and makes the case for a sharper policy focus on specific aspects of women’s poverty.

By presenting sex-disaggregated poverty data, these reports have made visible some key aspects of gender inequality and poverty in the concerned countries. The inclusion of such information as part of reporting on Goal 1 is likely to have far-reaching impacts on national poverty policies.

Although only 11 of the reports make specific mention of the link between women’s poverty and gender inequality, 13 reports include empowerment of women and actions to advance women’s rights and reduce gender

A positive trend - disaggregated poverty data

- **Nutrition/malnutrition levels of children by sex** (Benin, Cap Verde, Guatemala, Paraguay, Syria)
- **Employment/unemployment rates by sex** (Azerbaijan, Cambodia, Kosovo)
- **Comparative poverty of male-headed and female-headed households** (Bosnia & Herzegovina, Botswana, Jordan, Rwanda)
- **Levels of satisfaction of basic needs by sex of household head** (Lebanon)
- **Labour market status of Roma women and men** (Hungary)

Figure 1 Recognition of women’s poverty

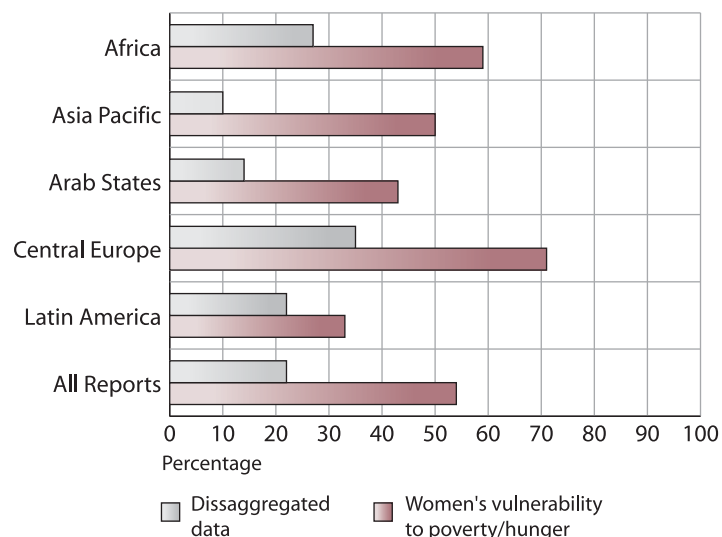
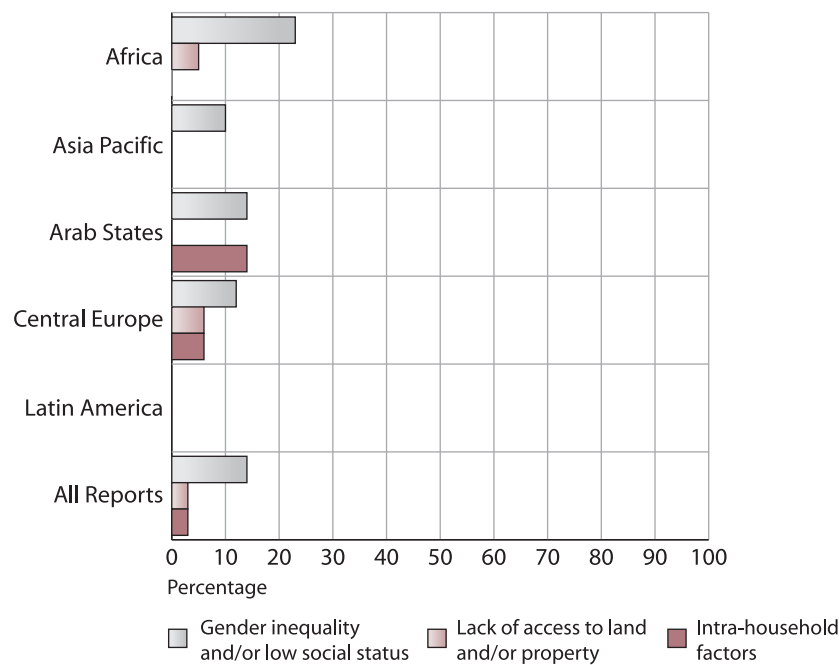


Figure 2 Causes of women's poverty



decreasing women's reliance on informal employment, closing gender gaps in earnings, and reducing occupational segregation.

These strategic priorities are largely invisible in the reviewed reports. Only two reports mention women's lack of land and property rights as a cause of poverty. Only two refer to intra-family gender issues such as domestic violence and unequal access to food. While eight reports highlight increased access to employment for women as a strategy for poverty reduction, only one flags the wage gap.

Including issues such as occupational segregation and wage gaps under the discussion on the Poverty Goal can make the powerful point that improving women's access to productive resources and addressing gender discrimination in labour markets are effective and efficient poverty reduction strategies, not just 'gender' strategies. Reporting on these issues exclusively under Goal 3 therefore represents a missed opportunity to bring a gendered focus to the poverty discourse.

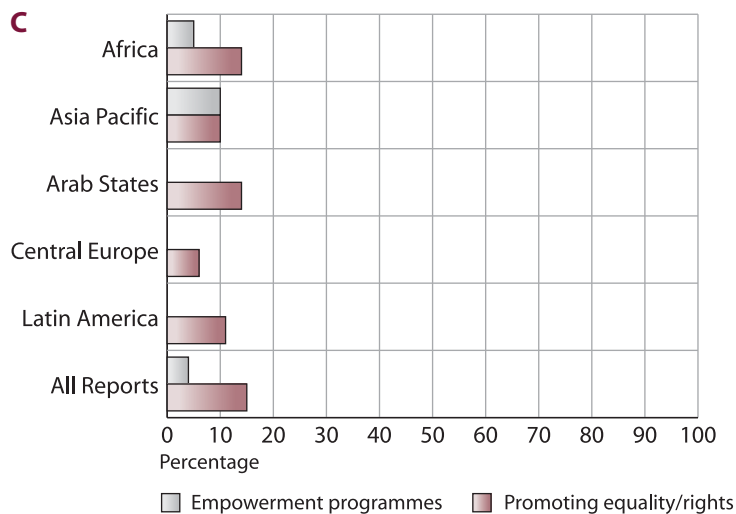
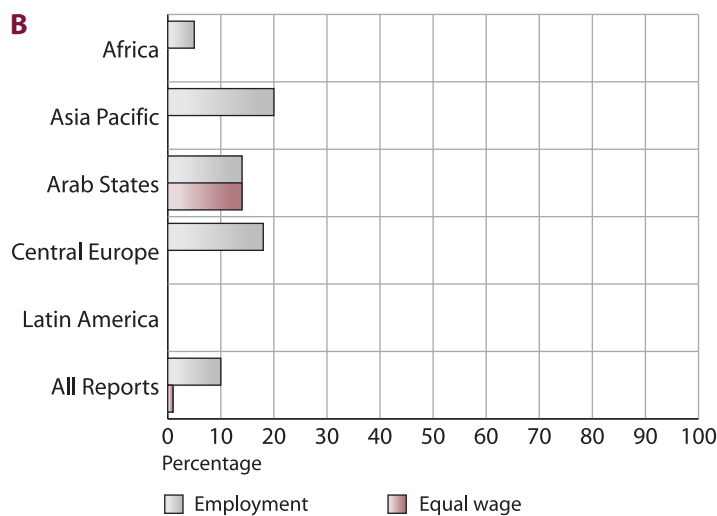
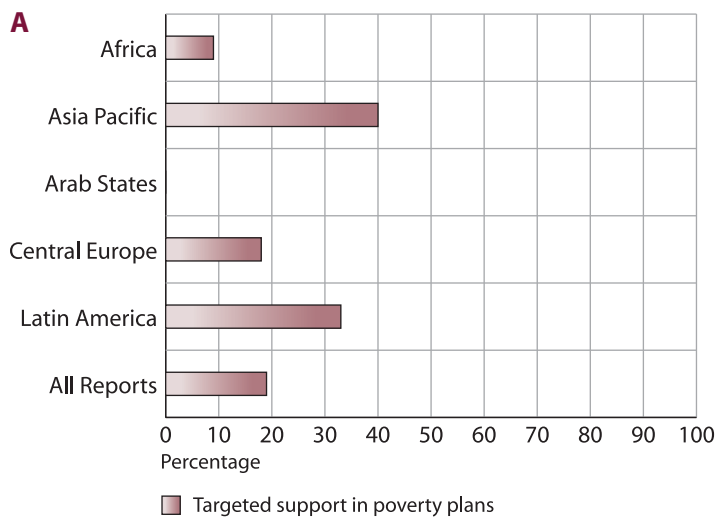
A notable missing link in MDG reporting is the connection between women's poverty and HIV/AIDS. Women face 'negative income shock' (a sharp and sudden drop in income) when HIV/AIDS incapacitates an earning member of the family. In many countries, subsistence farming of food crops, which is predominantly a women's activity and which is often all that stands between poor families and starvation, has been severely affected by the pandemic. Caring for affected people has increased women's workloads and made it even more difficult for women to take up paid work.

The omission of these issues from the poverty discourse is both a symptom and a cause of policy failure in dealing with the larger economic implications of the epidemic.

inequality among strategies for poverty alleviation. **As many as 15 reports state that targeted interventions for women are included in their national poverty strategies.**

The Millennium Task Force on Education and Gender Equality has identified seven strategic priorities for action on gender inequality. Three of these priorities are designed to address poverty - investing in infrastructure to reduce women's and girls' time burdens; guaranteeing women's and girls' property and inheritance rights; and eliminating gender inequality in employment by

Figure 3 Strategies to address women's poverty



The 'education-poverty' link - a gendered view

'Education of the household head has a strong influence on the household's poverty status... On the other hand, it is interesting to note that gender bias exists regardless of the household status: both in poor and in non-poor families the illiteracy rate for girls aged 11-15 is twice that of boys.'

From Egypt MDGR

A positive trend - recognition of strategic issues

- **Access to land** (Bosnia, Burkina-Faso, Vietnam)
- **Discrimination in the family** (Bosnia, Jordan)
- **Wage gap** (Jordan)
- **Link between gender equality and agricultural productivity** (Ghana)

The **Bosnia & Herzegovina** MDGR reports that major policy instruments - the MDG Report, the Human Development Report and the Poverty Reduction Strategy - have been aligned to ensure synergies between immediate, medium-term and long-term development policies.

This is an important step in converting gender equality commitments made in the MDG Report into reality. National Poverty Reduction Strategies are a major vehicle for gender equality. Harmonisation creates the opportunity for practical integration of gender equality targets into poverty plans, macroeconomic policies and national budgets.

How can reporting on Goal 1 be strengthened?

- Presenting **sex-disaggregated data** on poverty.
- Drawing attention to the interface between gender inequality and other forms of vulnerability by presenting sex-disaggregated data on **especially vulnerable groups** – whether landless agricultural workers, racial and ethnic minorities, people with disabilities, single-parent households and households affected by HIV/AIDS, pensioners or communities living in conflict-affected areas.
- Contextualising and **localising poverty indicators**.
- Using qualitative data to highlight **connections between poverty, gender equality and other Goals**.
- Making the **'money trail'** visible through highlighting allocations for women and gender equality under poverty programmes.

Unpacking 'feminisation of poverty' in Vietnam

'...female-headed households reported poverty rates of 20% in 2002 (down from 28% in 1998) whereas male-headed ones reported poverty rates of 31% (down from 40% in 1998). This finding needs to be interpreted with some caution, however, since there are important difficulties at establishing who is the household head, and data is not disaggregated between married female-headed households and unmarried ones, an area for further development in forthcoming surveys. Moreover, many married female-headed households are recipients of large remittances from their migrant husbands working elsewhere in the country or overseas. In addition, female headed households tend to have a smaller size, an important determinant of poverty levels. The further gender disaggregation of data from the living standards surveys is a critical need to evaluate in depth the relative situation of women in Vietnam.'

From Vietnam MDGR



THE 'EDUCATION GOAL'

Goal 2 Achieve universal primary education

Target 3 Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Indicators Net enrolment ratio in primary education

Proportion of pupils starting Grade 1 who reach Grade 5

Literacy rate of 15-24 year olds

Education is the key to building women's capabilities

Education is a key strategy for gender equality and women's empowerment. Primary education is the first step towards acquiring the basic tools of learning, and can open the doors to a much wider world of knowledge and information that would otherwise be inaccessible to women. Education can expand opportunities for women, equip them to make more informed choices and empower them to resist oppression. Education can increase women's chances of getting better paid and more rewarding employment and can enable them to claim their rights. The right to education is inextricably linked to other basic human rights including the right to freedom from discrimination, the right to work and the right to participate in decisions affecting one's self and one's community.

Yet, millions of women around the world are living with the consequences of not having completed five years of schooling or not having been to school at all. What is worse, the processes that kept adult women out of school in their childhood, still operate to deny millions of girls their right to education.

Multiple factors deny girls' their right to education

- **Patriarchal attitudes** that define girls' destiny in terms of marriage and family, so that parents see little value in educating girls. Even if they are sent to school for some years, early marriage and pregnancy force girls to drop out before completion.
- **Girls' contribution to the family economy in terms of unpaid work**, both inside and outside the house, is another reason for parents to keep them at home or pull them out of school in times of economic stress. Even if they do go to school, girls have to make up their quota of work before and after school, and are often too exhausted to learn.

- **Distance and physical infrastructure.** Concerns about safety and 'honour' make parents reluctant to send girls to schools that are far from the home or outside the village, particularly in situations of conflict. Similarly, the lack of security in school buildings and the absence of amenities such as separate toilets can be barriers to schooling for girls.

Gender parity in access to schooling is the first step toward gender equality in education. However, the world is still far from achieving gender parity in enrolment and completion rates, particularly in secondary school.

Worldwide, it is estimated that 54–57 percent of all out-of-school children are girls.⁷ In South Asia girls constitute two-thirds of all out of school children (UNESCO 2004).

*From Taking Action: Achieving Gender Equality and Empowering Women
Task Force on Education and Gender Equality, UN Millennium Project 2005*

- **The school environment.** Going to school can expose girls to sexual harassment and abuse from teachers and students. In such situations, the presence of women teachers can help in convincing parents that schools are safe places for girls.
- **The content and process of education.** Curricula are often dull and irrelevant to real life. Textbooks can reinforce gender stereotypes by casting women in subordinate roles. Teaching methods and classroom transactions have gender biases, with boys getting more attention and affirmation from teachers than girls.
- **Poverty and the rising cost of schooling is a major factor.** Cuts in the education budget in many countries have resulted in increases in school fees and the levying of 'informal' user charges such as school maintenance fees. Discontinuance of incentives such as free textbooks and school meals adds to the costs of schooling. In such situations, poor families often decide to use their scarce resources to send their sons to school while keeping girls at home to contribute to the family economy.
- **HIV/AIDS** has become a major barrier to girls' participation in education. In countries affected by the pandemic, girls often become the major bread-earners and care-takers of families where most adults are either ill or dead. In such circumstances, they have no option but to drop out of school.

In a UNICEF study in Cameroon (2002), as many as 27 per cent of girl students reported having had sex with a teacher.

*From Toward Universal Primary Education
Task Force on Education and Gender Equality, UN Millennium Project 2005*

Some countries show a **reverse gender gap** in education – a situation where fewer boys than girls are in school. The reasons could include a 'macho' culture where boys are on the streets from an early age, families putting boys to work because they can earn higher wages than girls, the perception of education as irrelevant to men's 'real' life and work, and the involvement of boys in crime. Affirmative action (such as special scholarships and incentives to encourage girls to go to school) has also been identified as a possible factor in creating a reverse gender gap. Although seen only in a few countries, the reverse gender gap is a serious gender issue and needs to be addressed through focused strategies directed towards motivating boys to enrol in school.

Putting primary education under a 'gender lens' can add value to MDGRs

The factors that keep girls from enrolling in school, or push them out before they have completed the full course of primary education are well-known, as are the strategies that can be put in place to address them. Yet, a significant number of countries are still far from meeting the goal of universal primary education, mainly because large numbers of girls are out of school. Increasing girls' enrolment is therefore central to meeting Goal 2 in most countries.

Girls' education is instrumental in achievement of MDGs

- Women who have some education have access to diversified opportunities for employment and command a higher wage, thus reducing poverty and contributing to national economic growth.
- Education can help women get information on protecting themselves from HIV/AIDS, and can even increase their ability to negotiate safe sex.
- Women with six or more years of education are more likely to seek prenatal care, assisted childbirth and postnatal care, and are more likely to immunise their children than mothers with no schooling.
- Most farmers in the world are women. Education for women can give women access to knowledge and technologies to increase agricultural productivity.

Moreover, because it is the primary agent in enhancing women's capabilities, education for girls is integrally linked to achievement of other MDGs.

Highlighting the issue of gender disparities in primary education in the national MDGR can spur a change from 'business as usual' to significant shifts in approaches to education for communities and citizens, as well as for policy-makers and donors.

Simply presenting disaggregated data on enrolment can highlight the gender gap and provide a policy rationale for increased investments in girls' education. In a context where several countries are experiencing cuts in the education budget as part of macro-economic policy adjustments, it is important to emphasise

... everything else being equal, countries in which the ratio of girls' to boys' enrolment in primary or secondary education is less than 0.75 can expect levels of GNP that are roughly 25 percent lower than countries in which there is less gender disparity in enrolments.

... countries that fail to meet the goal of gender parity in education will face considerable costs,

both in forgone economic growth and in reductions in fertility, child mortality and malnutrition. And without appropriate action, these costs will increase over time.

*From Taking Action: Achieving Gender Equality and Empowering Women
Task Force on Education and Gender Equality. UN Millennium Project 2005*

the need to step up investments in education and underline the instrumental value of access to education as a long-term strategy for poverty reduction.

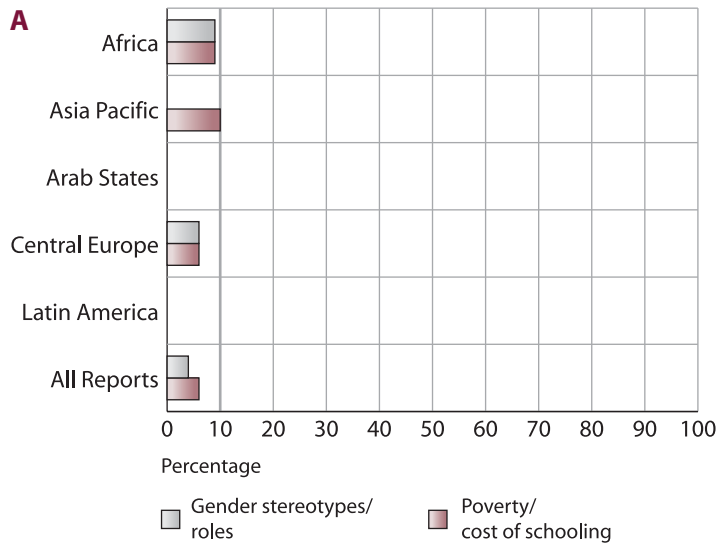
In addition, by identifying the barriers to universalisation, the MDGR can make a case for focused interventions to enhance access for girls from specially disadvantaged groups.

How gendered is reporting on Goal 2?

Less than half of the reports reviewed (33 out of 78 reports) present disaggregated data on primary education under Goal 2.

Thirteen reports state that gender parity has been achieved while four countries (Bhutan, Brazil, Lebanon and the Slovak Republic) mention a reverse gender gap.

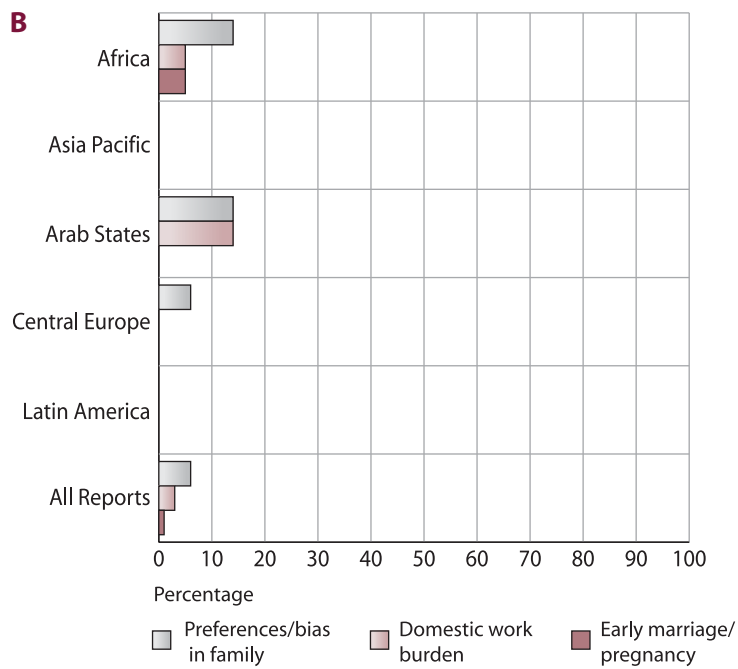
Figure 4 **Gender gap in primary education - 'demand-side' factors**



Girls less likely to stay in school

In all developing regions, except Latin America and the Caribbean and Eastern and South-Eastern Asia, girls are less likely than boys to remain at school. The gap between girls and boys is greatest in the 22 countries where fewer than 60 per cent of children complete their primary education.

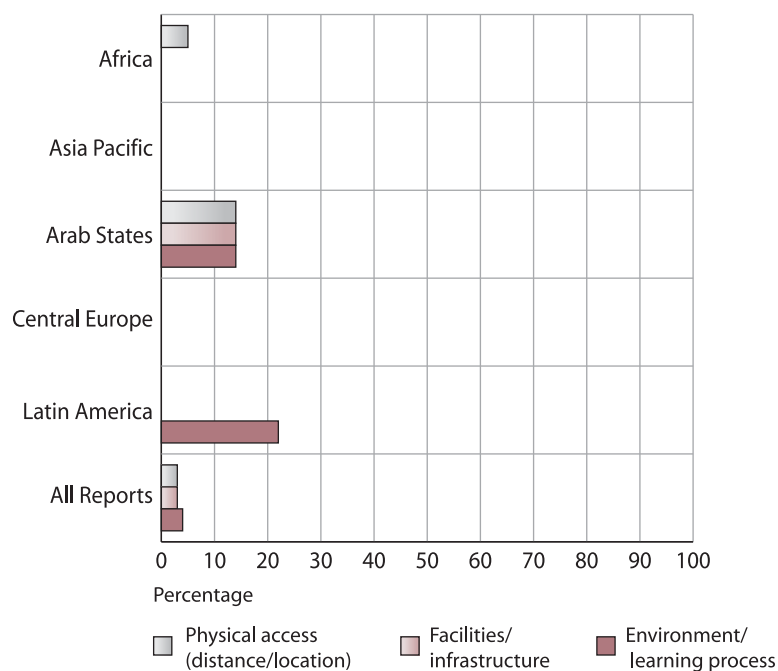
*From The Millennium Development Goals Report
United Nations, 2005*



Gender gaps in education - naming the causes

- **Gender biases in family** (Chad, Guinea, Sao Tome, Tajikistan, Yemen)
- **Poverty and high cost of schooling** (Albania, Ghana, Gambia, Mauritius, Tajikistan)
- **Stereotypes about women's roles** (Guinea, Sao Tome, Tajikistan)
- **Burden of domestic work** (Ghana, Yemen)
- **Location of school** (Gambia, Yemen)
- **Conditions in schools** (Egypt, Yemen)
- **Classroom environment** (El Salvador, Paraguay)
- **Early marriage and pregnancy** (Sao Tome)
- **Economic restructuring and resource cuts** (Albania)

Figure 5 **Gender gap in primary education - 'supply-side' factors**



Costing Goal 2

The World Bank estimates that achieving gender equality in primary education through universal enrolment would require an increase in public spending of around 3 per cent per year in South Asia, the Middle East and North Africa, and 30 per cent per year in sub-Saharan Africa.

Achieving universal primary education for girls only would need an increase in spending of only 2 per cent in South Asia, the Middle East and North Africa, and 20 per cent in sub-Saharan Africa.

From **Engendering Development through Gender Equality in Rights, Resources and Voice**
The World Bank, 2001

Only 23 reports (less than one third of the total) identify the factors underlying the gender gap in primary education. It is noteworthy that all the reports that do so, also include an explicit commitment to reducing the gender gap in education.

Only five of the reviewed reports (Albania, Ghana, Gambia, Mauritius and Tajikistan) make the connections between girls' education and poverty. While a few reports make mention of the impact of the HIV/AIDS pandemic on the education sector, none of them make any specific reference to HIV/AIDS as a barrier to girls' schooling in the discussion on Goal 2.

In as many as 21 reports, the issues of girls' education and the barriers to access have been extensively discussed under Goal 3. However, only one report (Honduras) has a cross-reference to Goal 3.

While this is certainly a function of the overlap in the targets and indicators for Goals 2 and 3, it need not have been a limitation – countries could well have chosen to present disaggregated data on primary education under Goal 2 and on secondary and tertiary education under Goal 3. **That comparatively few countries have chosen to do so is an indication of the limitations of 'reporting by the book' – even if more data is available, most countries choose to report only against the minimum set of suggested indicators.**

How can reporting on Goal 2 be strengthened?

- Making it mandatory to provide **sex disaggregated data** on the standard minimum set of indicators.
- Drawing on **EFA commitments and goals** to highlight links with Goal 2 and underline issues such as content and quality of education.

- **Mapping the national education database** and listing the indicators for which sex disaggregated data is available for inclusion in the MDGR. Several countries now routinely collect disaggregated data on enrolment, drop-out and completion rates. Many have carried out gender reviews of textbooks and classroom transactions, the findings of which can be highlighted.
- Countries where universal primary education has already been achieved or is close to being achieved could consider **reporting on school enrolment for a wider age range**, for instance the 5-14 year age group.
- Identifying and **listing the main obstacles** to girls' education in the specific country context, and prioritising data collection on these issues. Data available from micro studies can be creatively used.
- **Localising and contextualising** indicators and providing data collected at the sub-national level on the situation of especially marginalised groups of girls (for instance, girls in families affected by HIV/AIDS, girls in remote rural communities, girls from migrant communities, street children, girls who have been married at an early age and so on).
- **Cross-referencing** between data provided under Goals 2 and 3 to underline the connections between education and well-being.
- Reporting on the results of **costing exercises** and targeted budget allocations for programmes to address barriers to universal primary education.

GOAL 3

THE 'GENDER EQUALITY GOAL'

Goal 3 Promote gender equality and empower women

Target 4 Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Indicators *Ratio of girls to boys in primary, secondary and tertiary education*
Ratio of literate women to men ages 15-24
Share of women in wage employment in the non-agricultural sector
Proportion of seats held by women in national parliament

Gender equality and women's empowerment have multiple dimensions

The Task Force on Education and Gender Equality and the Empowerment of Women set up by the UN Millennium Development Project defines gender equality in terms of transformations in three domains of women's lives.

- **The capabilities domain refers to basic human abilities** as measured by education, health, and nutrition. These capabilities are fundamental to individual well-being and are the means through which women can access other forms of well-being.
- **The opportunities domain refers primarily to equality in the opportunity to use or apply basic capabilities** through access to economic resources (such as land, property, infrastructure, income and employment) and the opportunity to participate in and influence political processes (through representation in parliaments and other political bodies). Without access to economic and political resources and opportunities, women will be unable to put their capabilities to use in enhancing well-being for themselves, their families, communities and society.
- **The security domain, which refers to reduced vulnerability to violence and conflict.** These can result in physical and psychological harm and can undermine the ability of individuals, households and communities to fulfil their potential. Violence is a constitutive element of patriarchy and is used against women and girls to threaten and terrorise them into accepting their subordination.

These three domains are inter-related, but the linkages are mediated by many factors in the social context – change in one is essential to but does not guarantee change in the others. Thus, simultaneous action for change in all three domains is necessary for the achievement of gender equality.

Empowerment is the outcome of change in all the three domains. To be empowered, women must gain equal capabilities and equal opportunities, as well as the agency to use their rights, capabilities and opportunities to control their own lives and destinies. Freedom from the fear of violence and coercion is essential for the exercise of women's agency.

Indicators for Goal 3 have limitations

The four indicators suggested by the UN Expert Group for measuring progress on Goal 3 have all been critiqued on technical grounds.

- **Ratio of girls to boys enrolled in primary, secondary, and tertiary education.** This indicator is deceptive because it can show progress even when absolute levels of enrolment are low. It does not provide information on the relative proportions of girls and boys in the school-going age group who are actually going to school and does not reflect drop out rates. It also does not take into account the fact that even if girls go to school, their levels of achievement may be very different from those of boys.
- **Ratio of literate females to males among 15- to 24-year-olds.** Different countries have widely varying definitions of literacy, so that literacy figures may not always accurately reflect capabilities. Moreover, the way in which literacy data is collected may be technically flawed.
- **Share of women in wage employment in the non-agricultural sector.** This indicator measures only the proportion of women in this sector relative to men, but not the differences in their conditions

Proposed indicators for Goal 3

Education

- *The ratio of female to male gross enrolment rates in primary, secondary, and tertiary education.*
- *The ratio of female to male completion rates in primary, secondary, and tertiary education.*

Sexual and reproductive health and rights

- *Proportion of contraceptive demand satisfied.*
- *Adolescent fertility rate.*

Infrastructure

- *Hours per day (or year) women and men spend fetching water and collecting fuel.*

Property rights

- *Land ownership by male, female, or jointly held.*
- *Housing title, disaggregated by male, female, or jointly held.*

Employment

- *Share of women in employment, both wage and self-employment, by type.*
- *Gender gaps in earnings in wage and self-employment.*

Participation in national parliaments and local government bodies

- *Percentage of seats held by women in national parliament.*
- *Percentage of seats held by women in local government bodies.*

Violence against women

- *Prevalence of domestic violence.*

From Taking Action: Achieving Gender Equality and Empowering Women Task Force on Education and Gender Equality. UN Millennium Project 2005

of work. In addition, it is not reflective of differential access of women and men to the labour market and paid employment. It ignores the agriculture sector where most poor women are concentrated.

- **Proportion of seats held by women in national parliaments.** This indicator reflects numbers rather than access to decision-making in governance and ignores women's political participation at the grassroots. Also, it does not reflect the quality of participation.

The Millennium Project Task Force on Education and Gender Equality has suggested a set of 12 additional indicators to track and measure progress on Goal 3. However, even these alternative indicators are restricted only to capturing parity between women and men rather than the quality of outcomes of parity. The Task Force has emphasised the need to develop qualitative indicators to measure the process of change and its outcomes.

How strategic is reporting on Goal 3?

Nearly two-thirds (51 out of 78) reports reviewed have reported against more than the standard recommended set of indicators. **Countries have been creative and strategic in using available data to illuminate key elements of gender inequality.** The number and range of additional indicators presented represent a significant advance over the pilot study, where only 5 per cent of the reviewed reports used additional indicators.

Interestingly, some countries have used indicators broadly along the lines suggested by the Millennium Project Task Force on Education and Gender Equality. **This**

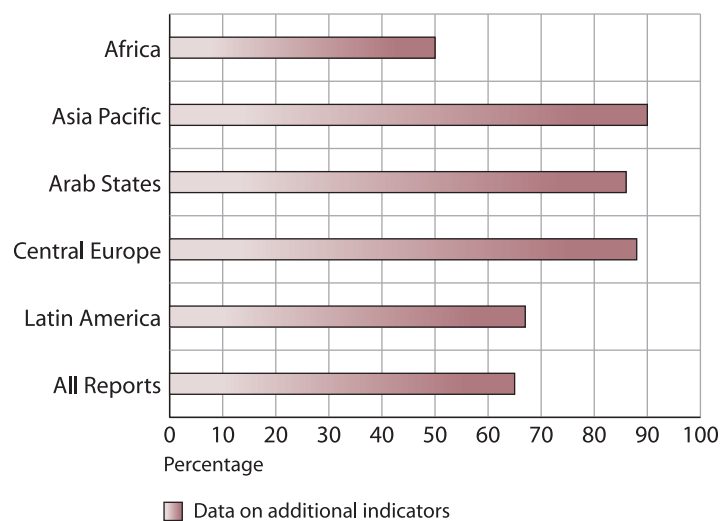
suggests that expanding the range of indicators for Goal 3 would not be a major barrier for reporting. However, concerns remain about the accuracy and comparability across countries of these additional indicators.

The comparison of data and information provided under Goal 3 with that presented under Goal 2 throws up some interesting insights. While less than a third of the reviewed reports made any mention under Goal 2 of the factors underlying the gender gap in education, almost as many have in fact included detailed analyses of the barriers to girls' education under Goal 3.

Overall, as many as 45 of the 78 reports contain data and information on the causes of the gender gap in primary education. **However, the placing of this information under Goal 3 rather than under Goal 2 represents a missed opportunity for mainstreaming.** If this gender focus was brought to bear on the policy discourse on education rather than on gender, it would provide a stronger rationale for increased funding to programmes for girls' education through the education budget.

Figure 6

Additional data under Goal 3



A positive trend - additional data under Goal 3

Poverty

- **Percentage of women-headed households** (Botswana, Cap Verde, Tajikistan)
- **Percentage women below poverty line** (Kazakhstan)

Work/employment

- **Income/earnings/wages** (Ethiopia, Thailand, China, Jordan, Lebanon, Palestine, Bulgaria, Czech Republic, Hungary, Ukraine, Kazakhstan, Slovakia, Georgia, Lithuania, Tajikistan, Brazil, El Salvador)
- **Earnings by level of education/sector of employment/age** (Hungary, Brazil)
- **Labour force participation/Economic activity rate** (Czech Republic, Mauritania, Cameroon, Brazil, Argentina)
- **Employment/unemployment rates by sex/ sector/ age/education/marital status** (Cap Verde, Cote d'Ivoire, Gabon, Bahrain, Bulgaria, Lebanon, Mauritania, Kyrgyzstan, Bosnia & Herzegovina, Turkmenistan, Paraguay)
- **Growth rate of share in wage employment** (Kuwait)
- **Share of women among entrepreneurs/owners of businesses** (Bulgaria, Kosovo, Lithuania, Turkmenistan)
- **Share of women in public sector** (Benin)
- **Time spent at work** (Czech Republic)
- **Access to social services/pensions** (Bulgaria, Slovakia)
- **Access to credit** (Senegal, Vietnam)

Education

- **Enrolment rates by income level/ethnic group/region** (El Salvador, Paraguay, Guatemala)
- **Access to education by proportion in population** (Bolivia)
- **Drop out/repetition/achievement rates at primary level** (Bhutan, Philippines, Bahrain)
- **Attendance/completion rates** (Bosnia & Herzegovina, Chad)
- **Literacy/illiteracy by age/income level** (Lebanon, Czech Republic, Indonesia)
- **Percentage of graduates by sex** (Cap Verde)

Decision-making

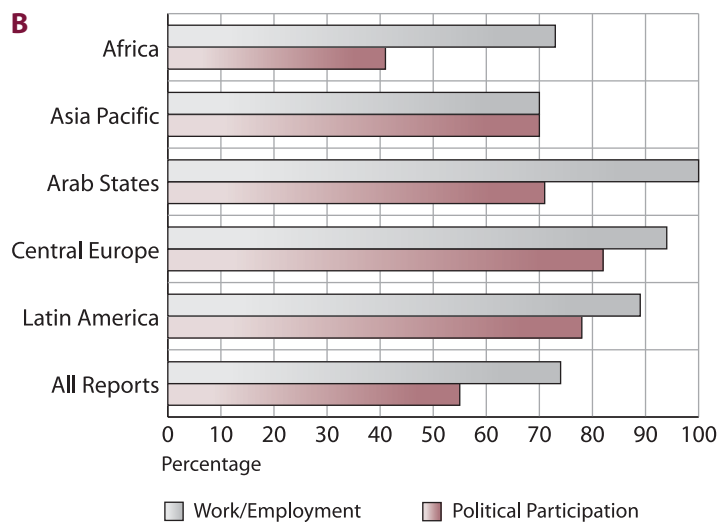
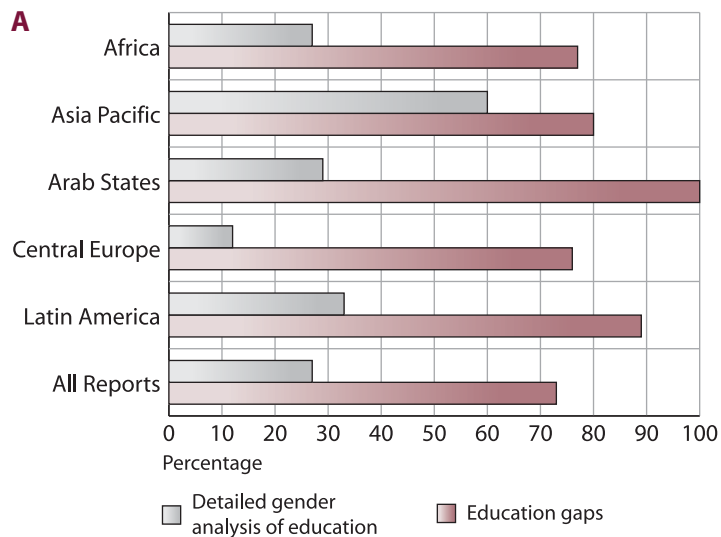
- **Percentage of women in local government** (Botswana, Senegal, Thailand, Lebanon, Palestine, Hungary, Kosovo, Slovenia, Lithuania, Bosnia & Herzegovina, Turkmenistan, Tajikistan, Guatemala, Vietnam)
- **Percentage of graduates among men and women parliamentarians** (Indonesia)
- **Share of women in cabinet** (Botswana, Mongolia)
- **Percentage of women voters** (Bosnia & Herzegovina, Kazakhstan, Guatemala)
- **Percentage of women professors/police officers/health professionals/bankers/judges** (Senegal, Afghanistan, Syria, Kosovo, Tajikistan, Hungary)
- **Percentage of women in civil services/management positions** (Rwanda, Botswana, Congo, Mauritania, Senegal, Palestine, Lebanon, Mongolia, Cambodia, Kyrgyzstan, Bosnia & Herzegovina, Slovakia, Slovenia, Thailand, Tajikistan, Turkmenistan, Honduras, Argentina)
- **Percentage of women's NGOs** (Kazakhstan)
- **Percentage of women voters** (Guatemala)

Security/violence

- **Trafficking cases** (Kyrgyzstan)
- **Suicide rates** (China)

Health/survival

- **Health status** (Bulgaria, Turkmenistan, Senegal)
- **Life expectancy at birth** (Bulgaria, Croatia, Slovakia)
- **Sex ratio** (Sao Tome)

Figure 7 **Issues covered under Goal 3**

The overlap of targets for Goal 2 and Goal 3 has created a situation where reporting under Goal 3 focuses overwhelmingly on education in about a quarter of the reports. **Shifting the primary education target to Goal 2 is therefore strategic in terms of encouraging countries to focus on other issues under Goal 3.**

Trends in reporting under Goal 3 bear out the observation that countries tend to report ‘by the book’, confining discussions to issues connected with parity in education, literacy, non-agricultural employment and political participation. While the majority of countries have addressed these issues under Goal 3, discussion on other issues is somewhat patchy even if data on other indicators is available.

Those of the reviewed reports that have ‘gone outside the box’ have covered a wide range of issues. Apart from gender gaps in education, non-agricultural employment and political participation, the issues most frequently mentioned are traditional roles, stereotypes and discriminatory practices (31 reports), wage gaps and income differentials between women and men (25 reports), violence against women (22 reports), legal barriers to equality (18 reports), domestic work and unpaid work (15 reports), negative impacts of economic policies (11 reports), access to land and assets (12 reports) and gaps in the policy framework (10 reports).

A few of the reports mention additional challenges such as the limited national capacity for gender mainstreaming (seven reports), women’s differential access to social services (seven reports), male attitudes (six reports), lack of resources for gender mainstreaming (six reports), violations of the rights of women workers (five reports) and the need for institutional change and transformation (five reports).

Some reports are notable for raising extremely sensitive issues under the discussion on Goal 3. This is an indication of the depth and rigour of the process adopted in report preparation. Breaking the silence around difficult issues increases the social change potential of the report.

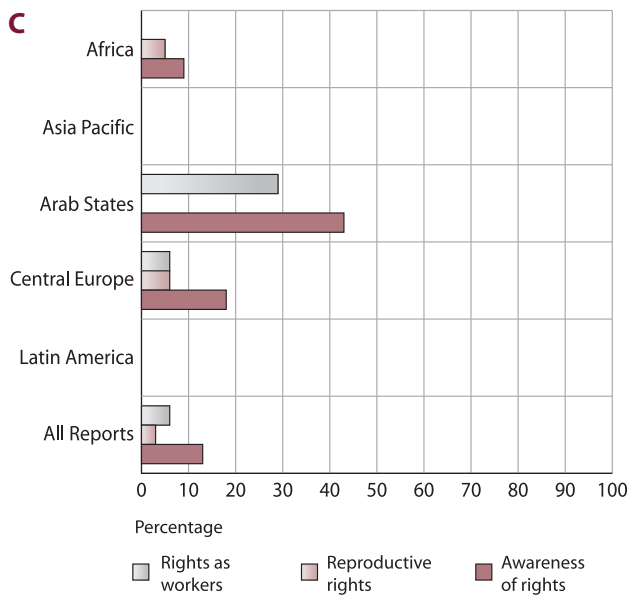
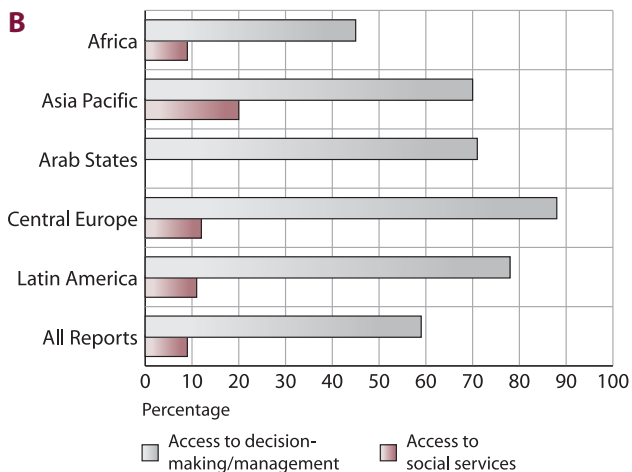
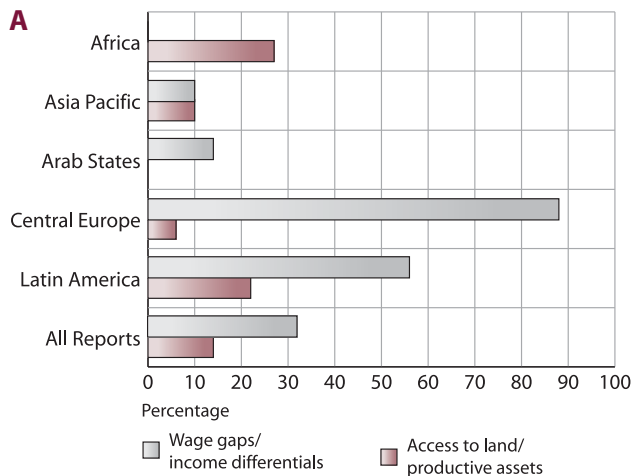
A positive trend - some difficult issues brought into the light

- **Patriarchy and women's subordination** (Brazil, Georgia)
- **Increase in violent crimes against women** (Botswana, Thailand, Jordan)
- **Domestic violence as a cause of suicide** (China)
- **Insensitivity of policy makers to violence against women** (Mongolia)
- **Possible link between violence and women's role in market economy** (Vietnam)
- **Barriers to justice for women facing domestic violence** (Czech Republic)
- **Child sexual abuse** (Congo)
- **Sexual and reproductive rights** (Kosovo, Rwanda)
- **Women's involvement in drug trade** (Kyrgyzstan)
- **Male political culture as a barrier to women's political participation** (Kuwait, Brazil)
- **Patriarchy and women's subordination** (Brazil, Georgia)
- **Sexual and reproductive rights** (Kosovo, Rwanda)
- **Domestic violence as a cause of suicide** (China)
- **Insensitivity of policy makers to violence against women** (Mongolia)
- **Discrimination in citizenship rights** (Lebanon)
- **Recent revival of anti-women traditions** (Yemen)
- **Barriers to justice for women facing domestic violence** (Czech Republic)
- **Women's involvement in drug trade** (Kyrgyzstan)
- **Marginalisation of women in process of democratisation** (Bosnia & Herzegovina)
- **Child sexual abuse** (Congo)
- **Son preference** (China)
- **Gender biases in customary law** (Togo)
- **Recent revival of anti-women traditions** (Yemen)
- **Gender biases in customary law** (Togo)
- **Possible link between violence and women's role in market economy** (Vietnam)

It is a matter of concern that only two of the reports mention the role of the media in creating or countering popular misconceptions and negative stereotypes of women. Negative portrayals of women in the popular media and media insensitivity to women's rights have been identified as major impediments to gender equality in many countries by governments and civil society groups alike. In such a situation the silence on the role of the media in the overwhelming majority of reports reviewed is an unfortunate omission.

HIV/AIDS barely finds mention under Goal 3 in the reviewed reports – only four countries (5 per cent) have any discussions on the implications of the epidemic for women. Once again, the reason for this omission seems to be the fact that this issue has been covered under Goal 6. In the process, the opportunity has been missed of making direct linkages between HIV/AIDS and gender inequality under Goal 3 and reinforcing the argument for a gendered approach to the epidemic.

Figure 8 Coverage of strategic issues



Making the connections

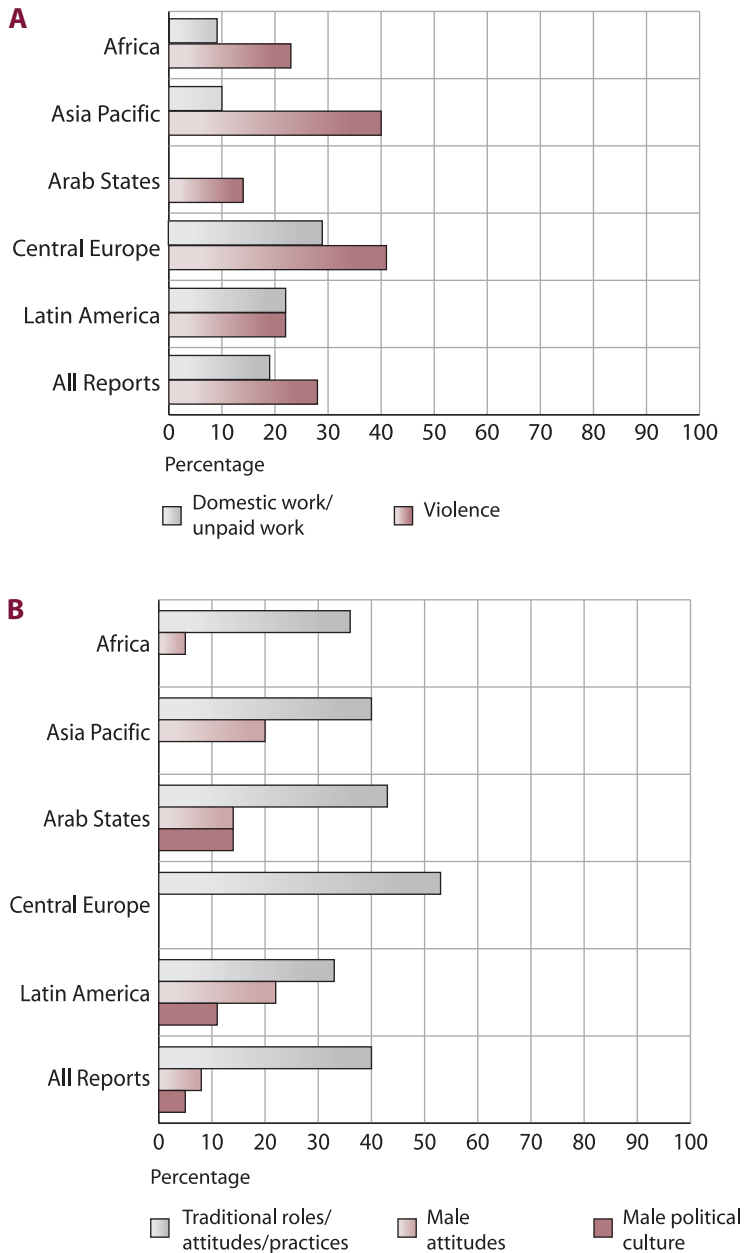
- Introduction of a gender perspective into the medical curriculum identified as essential to address women’s health issues (Afghanistan)
- Cross-cutting gender issues specially highlighted - land ownership, violence, data and political participation (Vietnam)
- Connection between HIV/AIDS and gender inequality (China, Guatemala, Namibia, Rwanda)
- Role of the media (Albania, Gambia)

Women still hold fewer jobs

Women’s access to paid employment is lower than men’s in most of the developing world. Some progress has been made in all regions, but women in Southern Asia, Western Asia and Northern Africa still hold only about 20 per cent of paying jobs in sectors outside of agriculture. After steady improvement in Latin America and the Caribbean, women there now hold well over 40 per cent of these paying jobs. In CIS, near equality in wage employment is offset by a deteriorating job situation for both women and men. Many have lost their jobs and pay and benefits have been eroded.

From **The Millennium Development Goals Report**
United Nations, 2005

Figure 9 Coverage of strategic issues



Localised goals and targets in Vietnam MDGR

Goal 2. Universalise education and improve education quality

- Target 2. Eliminate the gender gap in primary and secondary education by 2005, and the gap between ethnic minorities and others by 2010.
- Increase literacy to 95% of under-40-year-old women by 2005 and 100% by 2010.
- By 2010 have improved the quality of education and increase full-day schooling at primary level.

Goal 3. Promote gender equality and empower women

- Target 3. Ensure that the names of both husband and wife appear on land use certificates by 2005.
- Reduce the vulnerability of women to domestic violence.

Localised indicators in Ethiopia MDGR

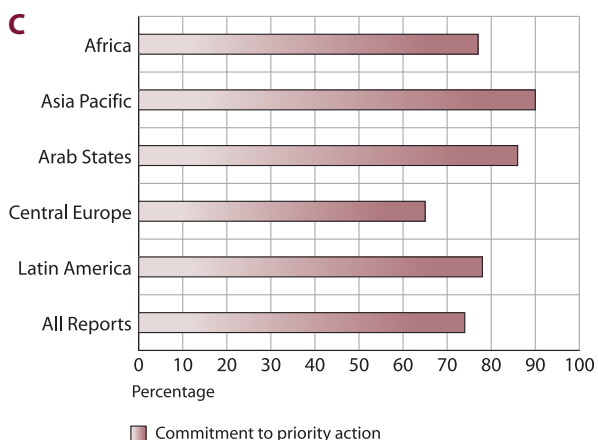
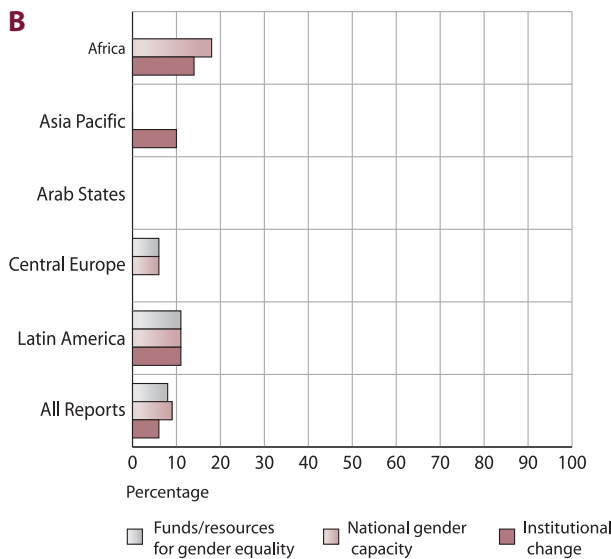
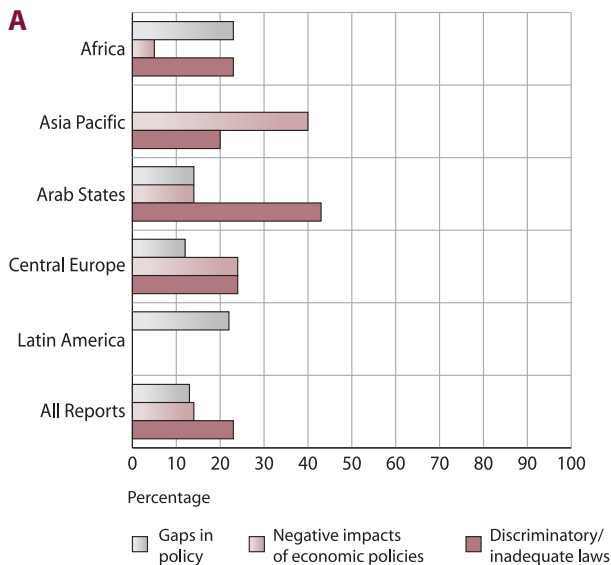
Goal 1

Women's ownership of land and livestock

Goal 3

Proportion of women in police, law-making and policy-making bodies

Figure 10 **Structural issues and commitment to action**



Gender provides the base for a distinct development strategy in Afghanistan. Most of the MDGs relate to the needs of women. Committing to the MDGs thus involves the construction of policies to address the social, political and economic need of women... In this sense, the MDGs can become an instrument as well as a goal.

From Afghanistan MDGR

'... an interesting finding is that reducing social inequity such as gender disparity contributes positively to the growth of the Ethiopian economy. Based on inferences from cross-country studies, it is possible for Ethiopia to register an increase to the tune of 0.4 percentage points in the growth of per capita GDP if gender disparity in primary enrolment was reduced by more than 0.5 percentage points every year.'

From Ethiopia MDGR

Commitments to action

- **Bosnia & Herzegovina:** Support to women's movement and use of gender-neutral language in official documents.
- **Brazil:** Recording of land titles of women farmers.
- **East Timor:** Legislation on domestic violence.
- **Rwanda:** Enactment of a law on succession and matrimonial rights.
- **Vietnam:** Land use certificates to be issued in joint names of husband and wife.

How can reporting on Goal 3 be strengthened?

- **Localising and contextualising targets and indicators** to ensure that they reflect the situations, needs and priorities of women in the country.
- Scanning national databases and **identifying key data sets** that can be included in the report to highlight specific aspects of women's reality and the implications for gender equality.
- Presenting **qualitative data** wherever available, including from micro studies at the community level to illustrate key issues.
- **Disaggregating data by region, class, ethnicity and age** to reveal the special vulnerabilities of different groups of women.
- Wherever possible, presenting data separately on **adolescent girls** in order to highlight the special needs and priorities of this group.
- Reporting on the results of **costing exercises**, focusing particularly on strategic national priorities to highlight the need for adequate resources and demonstrate the economic benefits of gender equality.
- Making the **'money trail'** visible by reporting on budgetary allocations for gender equality, including support to national women's machinery and programmes for empowerment of women.

Gender equality - the price tag

*Translating Goal 3 into operational targets for national planning and programming requires an **assessment of the resources** that would be required.*

The Millennium Project Task Force on Gender Equality recommends a twin-track approach:

1. **Sectoral assessments** to calculate the costs of gender-specific interventions in education, health, agriculture, water and sanitation, environment, rural and urban development, science and technology, and trade.
2. Costing of **specific interventions** needed to meet strategic priorities for gender equality and targets under Goal 3. These could include
 - Sexual and reproductive health education
 - Comprehensive sexuality educations in schools/communities
 - Vocational training and school-to-work transition programmes for girls
 - Care services for children, the elderly, people with disabilities and others who need care
 - Training for women contesting elections and for elected women
 - Interventions to stop violence against women including helplines, public education, campaigns and support groups
 - Services for women facing violence including counselling, shelters, medical services and legal support
 - Building capacities within governments
 - Strengthening national women's machineries
 - Sensitising service providers such a police, health personnel, judges and bureaucrats
 - Strengthening data collection and monitoring systems

*A pilot exercise in **Tajikistan**, carried out in collaboration with the national Working Group on Gender and with the support of the UN Millennium Project, focused on increasing awareness of sexual and reproductive health issues, facilitating the transition of girls from education to work, encouraging political participation, ending violence against women and resolving systemic issues.*

The assessment came up with a figure of US\$112 million, or US\$10.6 per year, for the period 2005-2015.

This amounts to 0.0003 per cent of the GDP over this period. In contrast, debt servicing payments in Tajikistan in 2001 amounted 2001 amounted to 4 per cent of the GDP.

*From **Taking Action: Achieving Gender Equality and Empowering Women** Task Force on Education and Gender Equality. UN Millennium Project 2005*

GOAL
4

THE 'CHILD MORTALITY GOAL'

Goal 4 Reduce child mortality

Target 5 Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Indicators Under five mortality rate

Infant mortality rate

Proportion of one-year old children immunised against measles

Child survival depends on gender equality

It is easy to think of infant mortality and child survival as purely health issues which can be addressed through medical interventions such as prenatal and postnatal health care, safe childbirth, good nutrition and timely immunisation. Such a view would however be a seriously limited one. While medical factors and the state of the health infrastructure in the country are important, infant mortality and child survival are closely dependent on multiple social factors, the most critical of which is gender equality.

- **The basic foundation of child survival and health is determined during pregnancy.** Poor health (particularly anaemia and malnutrition) is a fact of life for millions of women, which is compounded during pregnancy by overwork, under-nutrition and chronic ailments that directly affect the health and survival chances of the foetus.
- **The mere existence of infrastructure and facilities for newborn care is not enough to ensure access.** In many instances, decisions around childbirth are taken by the husband and older women in the family – traditional norms, lack of faith in modern methods, misconceptions about immunisation and most of all, the low value placed on the mother's life and health often operate to deprive infants of emergency care immediately after birth.
- **Women's own understanding about safe childbirth and appropriate child care is inadequate.** Access to information is constrained not only by women's lack of freedom in decision-making, but is clearly linked to their levels of capability. Numerous studies have shown that women with even a few years of education are better equipped to locate and access health information, and have more bargaining power within the family on decisions related to her child's health.

- **Patriarchal traditions and cultural norms sanction the neglect of girl children in infancy.** As a result, baby girls are given less care and fewer months of breastfeeding, are less likely to be taken to a doctor when they are ill and may not even complete a full course of immunisation. In some regions of the world, the bias against girls is even more extreme and goes to the extent of female foeticide and female infanticide. While such practices are shrouded in secrecy, the highly imbalanced sex ratios in these countries reveal the true picture of gender inequality.
- **Women's poverty and lack of access to productive resources are a direct cause of infant mortality.** In many countries, the introduction of user charges in the public health system has reduced the access of poor women and children to basic nutrition and essential medical care.
- **Gender inequality in employment and women's dependence on low-paid and insecure jobs.** Without the assurance of minimum wages or paid leave this factor is directly linked to child survival. For poor women in many countries, taking a day off to care for a sick infant or go to a doctor for help, would mean not only the loss of a day's wage, but would put her at risk of losing her job.
- **Infrastructure is a critical factor.** Often, the distance between the home and a health facility, accessible all-weather roads and cheap transport are the factors that can save a child's life in an emergency. However, these links are not always visible to planners and policy makers who take decisions on investments in infrastructure. The vertical segmentation of government departments, with child survival being the concern of the health department and issues such as rural roads and rural transport being dealt with under other departments, acts as a barrier to gender-responsive investments in infrastructure.

How gendered is reporting on Goal 4?

Sex-disaggregated data can provide compelling evidence of the links between gender inequality and child mortality. Unfortunately, only seven of the 78 reports reviewed present sex-disaggregated data on the indicators of infant mortality and child survival. No single report provides disaggregated data against all three indicators.

The fact that sex-disaggregated data on infant mortality is available in comparatively few countries is a reflection

of the continued prevalence of a bio-medical approach to the issue – particularly unfortunate because the inadequacy of such an approach has been amply demonstrated by studies and researches across the world.

A more encouraging trend is visible in the extent to which women's capabilities have been identified as critical determinants of child survival. Although only seven reports make specific mention of the links between child mortality and gender inequality, as many as 25 mention the mother's health status as a major factor in child survival. The mother's level of education and access to information is mentioned in 16 reports as an important determinant of child survival. This recognition of women's health and education as important issues within the child health discourse is to be welcomed.

A positive trend - sex-disaggregated data

- **Infant mortality and under-5 mortality** (Bahrain, Lebanon, Syria, Slovakia, Paraguay)
- **Age-specific death rates** (Poland)
- **Proportion of children immunised against measles** (Syria)
- **Sex ratio** (Tajikistan)

However, it should be recognised that a purely instrumental concern for women's health and education – simply because they are necessary to ensure child survival - need not necessarily translate into greater gender equality. Indeed, the majority of the references to the need for women's education and access to information are made in the specific context of equipping women to better care for their babies, rather than as a way of empowering women and strengthening their capabilities across the board.

A more positive indication comes from the fact that reproductive health is mentioned as an important determinant of child survival in nearly one fourth of the reports (17 reports out of 78). Although this term is not defined or unpacked in all cases, it signifies a positive trend, since the reproductive health framework implies affirmation of women's right to control over their own body and fertility.

A major missing link in reporting is the connection between poverty and infant mortality - something that would seem to be the most obviously visible issue. Only three countries (Ghana, Cote d'Ivoire and Rwanda) have mentioned poverty and resource constraints as challenges in meeting Goal 4. Needless to add, the issue of infant mortality does not come up for discussion under Goal 1 in any of the reviewed reports.

How can reporting on Goal 4 be strengthened?

- Presenting **sex-disaggregated data** against the mandatory set of indicators.
- Collecting and presenting data on **additional contextual indicators** such as sex ratio and rates of mother-to-child transmission of HIV/AIDS.
- **Underlining the links** between gender inequality and various determinants of child mortality such as mother's education and health status.
- Using the **reproductive health approach** to make visible the linkages between child survival and women's capabilities, voice and agency.
- Making the **'money trail'** visible by reporting on spending on targeted programmes to enhance women's capabilities, make the health system more accessible to women and increase women's access to reproductive choices.

A positive trend - making connections visible

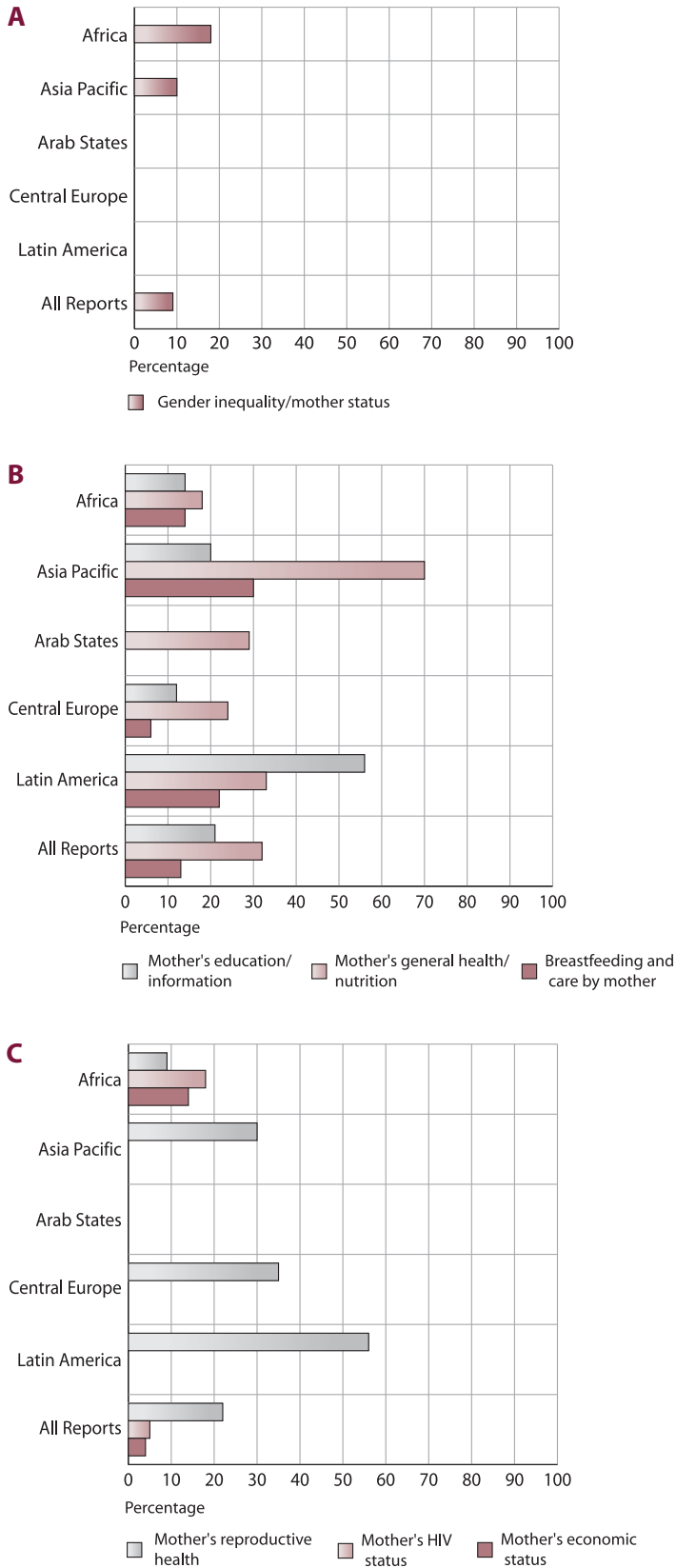
- **Low status of women as a cause of infant mortality** (Kenya)
- **Inability of teenage mothers to overrule husbands and exercise choices** (Botswana)
- **Early pregnancy related to negative male attitude towards condoms** (Uganda)
- **Cultural preference for educating boys rather than girls** (Uganda)
- **Discrimination in health care for baby girls** (Egypt)
- **Interventions for women's empowerment as part of community health programme** (Ghana, Timor)
- **Son preference** (Albania, Egypt)
- **Gender equality identified as priority** (Egypt)

Additional indicators

The Task Force on Child Health and Maternal Health of the UN Millennium Project has recommended that the target for Goal 4 be reworded to underline the fact that efforts to reduce child mortality must accord priority to the poor and other marginalised groups.

The Task Force also suggests the inclusion of two additional indicators to track Goal 4 – neonatal mortality rate and the prevalence of underweight children in the under-5 age group.

Figure 11 Causes of infant mortality



Official data on infant mortality may have inbuilt biases. The Kazakhstan report points out that data collected from women in the course of a survey on fertility history indicated higher rates of infant mortality than the official figures. Official figures are based on registered births. In many countries, a girl infant who dies soon after birth is buried quietly and never enters the statistics.

Ten reports (13 per cent) mention insufficient or inappropriate care by mothers as a leading cause of infant mortality. In the absence of any data to substantiate this assumption and without any explanation of the reasons underlying it, this statement appears in tune with the tendency to place the entire responsibility of child care and child survival on mothers. On the other hand, placing this statement in context by juxtaposing it with the limited resources, support and freedom of choice available to women, would be an effective way to draw attention to the need for a sharper focus on gender equality within strategies for reduction of infant mortality.

The **Botswana** report points out how the policy of restricting the access of pregnant women to information about their HIV positive status prevents them from taking precautions to prevent mother-to-child transmission of the virus.



THE 'MATERNAL MORTALITY GOAL'

Goal 5 Improve maternal health

Target 6 Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

Indicators *Maternal mortality ratio*

Proportion of births attended by skilled health personnel

A matter of life and death

For millions of women in countries across the world, maternity means unnecessary suffering, illness or death. More than half a million women die annually of pregnancy related complications, a vast majority in Sub-Saharan Africa and South Asia.

As in the case of infant mortality, maternal mortality is not a bio-medical phenomenon. The lack of accessibility and poor quality of health services is only one aspect. Far more serious is the impact of gender inequality.

- **The control of women's sexuality is central to patriarchal societies.** Concerns about 'purity' and 'honour' are the most often cited causes for practices such as female seclusion, female genital mutilation, child marriage and other forms of violence. Apart from the direct impacts of these and similar practices, the indirect effects can include denial of access to education, health care and employment leading to undermining of women's capabilities.
- **The high incidence of nutritional deficits, anaemia and chronic ill-health** are visible reflections of women's subordinate social status. Despite the fact that these increase the risks of childbirth, the construction of motherhood as women's destiny underlies the pressure on women to bear children regardless of the consequences. Early and frequent pregnancies, in complete disregard of the consequences to women's health and lives, are a major cause of maternal death.
- **Women's ignorance about their own bodies and biology** increases their vulnerability during pregnancy and childbirth. While some traditional practices are based on sound principles, some are harmful to the health of both mothers and infants.

- **Women usually bear the entire burden of reproductive and care work**, and continue to do so through pregnancy. Women not only do all the work of cooking, cleaning and caring for children and elders, but have to collect water, fuel and fodder and contribute their unpaid labour to the family farm or enterprise, often while working at another full-time job outside the home. Girls share the burden of care work with their mothers from an early age, often performing heavy and hazardous tasks with long-term negative impacts on their health. The physical consequences of years of overwork greatly increase the risks of maternity.
- Women's subordinate status limits their ability to negotiate the terms of sexual relationships, increasing **vulnerability to violence, abuse and unsafe sex**. The consequences are physical and emotional trauma, unwanted pregnancies and higher rates of sexually transmitted infections including HIV/AIDS, all of which contribute to increased maternal mortality.
- **Lack of information and difficulties in accessing safe and reliable contraception** compounds the chances of unwanted pregnancies. In many countries, the non-availability of legal, affordable and safe abortion services forces women to risk their lives with unreliable and unsafe methods in the hands of unskilled practitioners. Even if safe abortion is available as part of public health services the lack of confidentiality and privacy is a deterrent for most women. Fear of the moral condemnation attached to pre-marital or extra-marital sex and religious pronouncements against abortions force women and adolescent girls to rely on risky methods.
- **The secrecy and silence surrounding sex and sexuality** operate to create taboos and distorted notions about this aspect of life. As a consequence, young women (and men) are ill-equipped to deal with these issues in a mature or informed way, thus increasing the likelihood of unwanted pregnancies, HIV/AIDS and sexually transmitted diseases.

The Millennium Project Task Force on Education and Gender Equality has identified ensuring reproductive and sexual health and rights of women and girls as one of the priority actions for gender equality.

Bringing a gendered perspective to reporting on Goal 5 makes these connections visible and can create an enabling environment for achievement of targets for Goals 3,4 and 5.

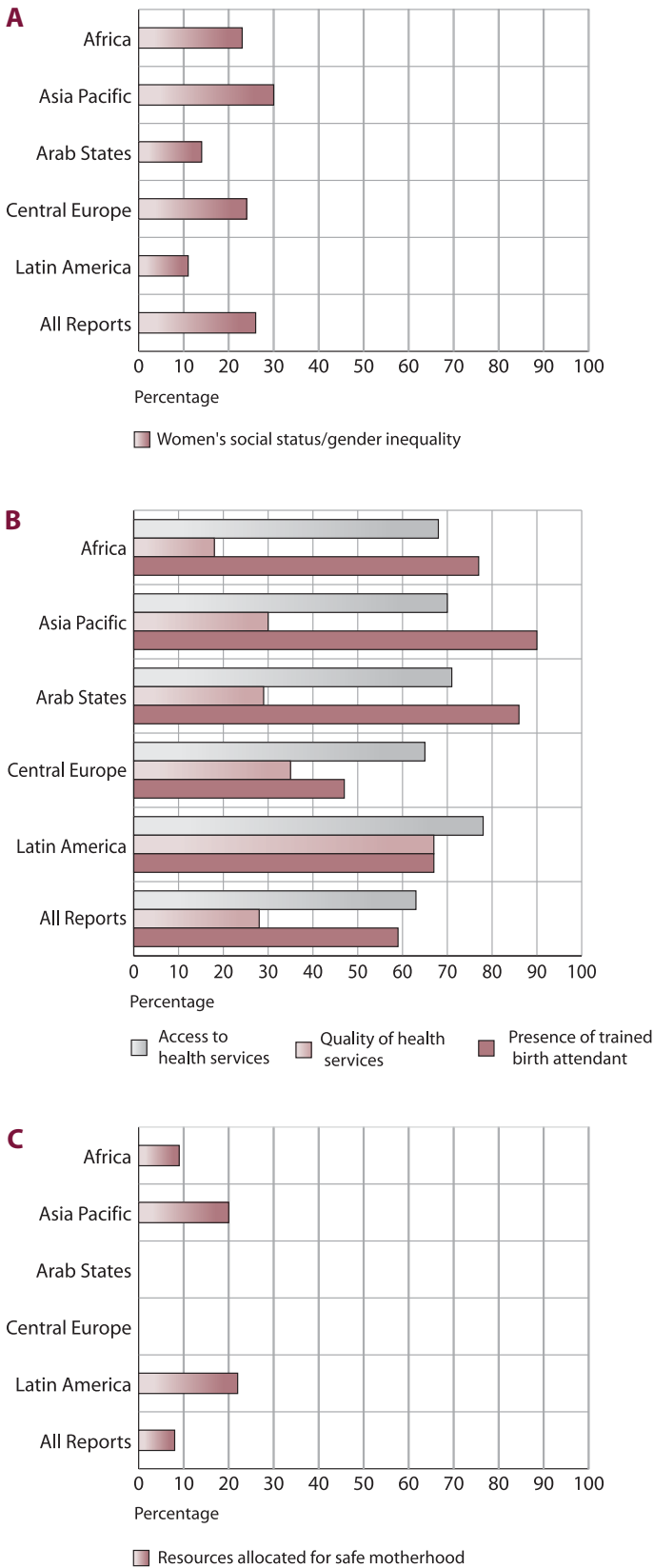
How gendered is reporting on Goal 5?

Other than Goal 3, Goal 5 is the one most directly concerned with women. However, only 20 of the reviewed reports (about a quarter of the sample of 78 reports) mention gender inequality and women's status as causes of maternal death.

The continued dominance of a techno-medical approach to maternal mortality is reflected in the fact that more than three quarters of the reports identify lack of physical access to health services and low coverage of health infrastructure as the main causes of maternal mortality. The quality of health services – in terms of infrastructure, equipment to handle emergencies and trained personnel – is mentioned in 22 reports.

There is wide variation between reports in the extent to which the connections between maternal mortality and the status of women have been made visible. Recognition of the instrumental value of building women's capabilities is indicated by the fact that the mother's health status is highlighted in 24 reports and level of education is highlighted in 29 reports. In contrast, women's inability to take decisions regarding their own health – a factor that reflects women's agency and is a critical marker of gender inequality – is not widely visible in reporting and is mentioned in only six reports, or less than a tenth of the sample.

Figure 12 **Causes of maternal mortality**



In 2000, the average risk of dying during pregnancy or childbirth in the developing world was 450 per 100,000 live births. In countries where women tend to have many children, they face this risk many times. Thus, the chances of dying during pregnancy or childbirth over a lifetime are as high as 1 in 16 in sub-Saharan Africa, compared with 1 in 3,800 in the developed world. This lifetime risk could be substantially reduced if women had the family planning services they desire.

*From The Millennium Development Goals Report
United Nations, 2005*

Two reports (**Brazil and Uganda**) have highlighted the issue of how poor women are treated by health care providers. The reports confirm that insensitive or discriminatory treatment by health providers is among the reasons why poor women choose to deliver at home rather than in a health facility.

The reports underscore the need to build the capacities and sensitivities of health care providers both within and outside the formal system.

According to WHO, US \$3 per person per year is the approximate cost of ensuring universal access for women in low-income countries to health care during pregnancy, delivery and after birth, postpartum family planning, and newborn care.

Adherence to harmful traditional practices is mentioned as contributing to maternal mortality in 10 reports. The uncritical acceptance of traditional practices is again a reflection of women's lack of agency and voice – often, the decisions on management of pregnancy are made by older women in the family rather than by the pregnant woman herself.

The need for births being supervised by trained personnel has been flagged in more than half of the reviewed reports (46 out of 78 reports). These reports stress on the need for building the capacities and skills of traditional birth attendants, and improving the outreach of maternity services to remote and rural areas. However only 20 countries provide data on the number of births attended by trained personnel.

The issue of access to safe abortions is discussed in depth in the overwhelming majority of reports (15 out of 17 reports) from Eastern Europe and the CIS region, where lack of access to cheap and reliable contraceptives pushes women to use abortion as a method of contraception.

Poverty has been identified as a determinant of maternal mortality in 15 reports. However, there is a notable silence on the connections between macroeconomic policies and maternal mortality. Linkages between cuts or stagnation in social sector and health spending, and maternal health, would have enriched the reports and strengthened the case for engendering macroeconomic policies.

A very positive element of reporting under Goal 5 is the shift away from a purely medical approach to the recognition of some key concerns around reproductive health. Early marriage and frequent pregnancies are mentioned as factors contributing to increased maternal mortality in 22 reports. Access to contraceptives is highlighted in 42 reports while the need for access to safe abortions is mentioned in 40 reports. The importance of male involvement and male responsibility for ensuring safe motherhood is underlined in 11 reports. In most cases, the connections between these issues and gender inequality are sharply delineated.

Adolescent girls are identified as a high risk group in 13 reports which also include discussions on issues of vulnerability for girls, including the need for reproductive health education and focused policies for adolescent reproductive health.

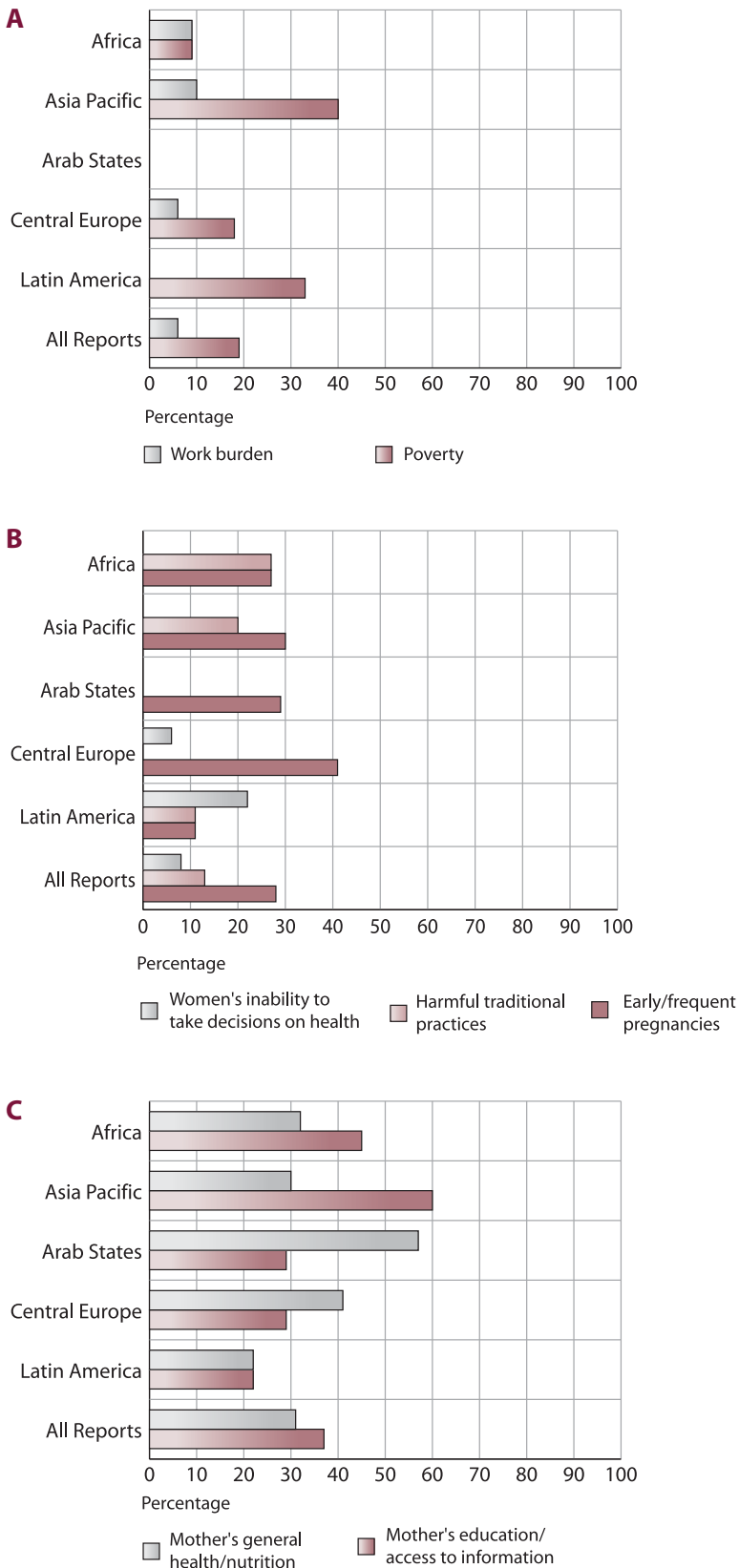
The issue of HIV/AIDS as a factor in maternal mortality has been mentioned in only 10 out of the 78 reports reviewed.

Even less attention is given to the crucial issue of resource allocations for maternal health in national budgets. Only six reports (less than one tenth of the sample) mention resources as a concern – an omission all the more unfortunate because most of the countries covered in the review have yet to achieve desirable levels of spending on health.

Spending on health

- **Low allocations** (Congo, Senegal)
- **Dependence on foreign aid** (Afghanistan)
- **High investments as reasons for progress on targets** (Mauritius, Paraguay)
- **Need for adequate budgets** (Paraguay)

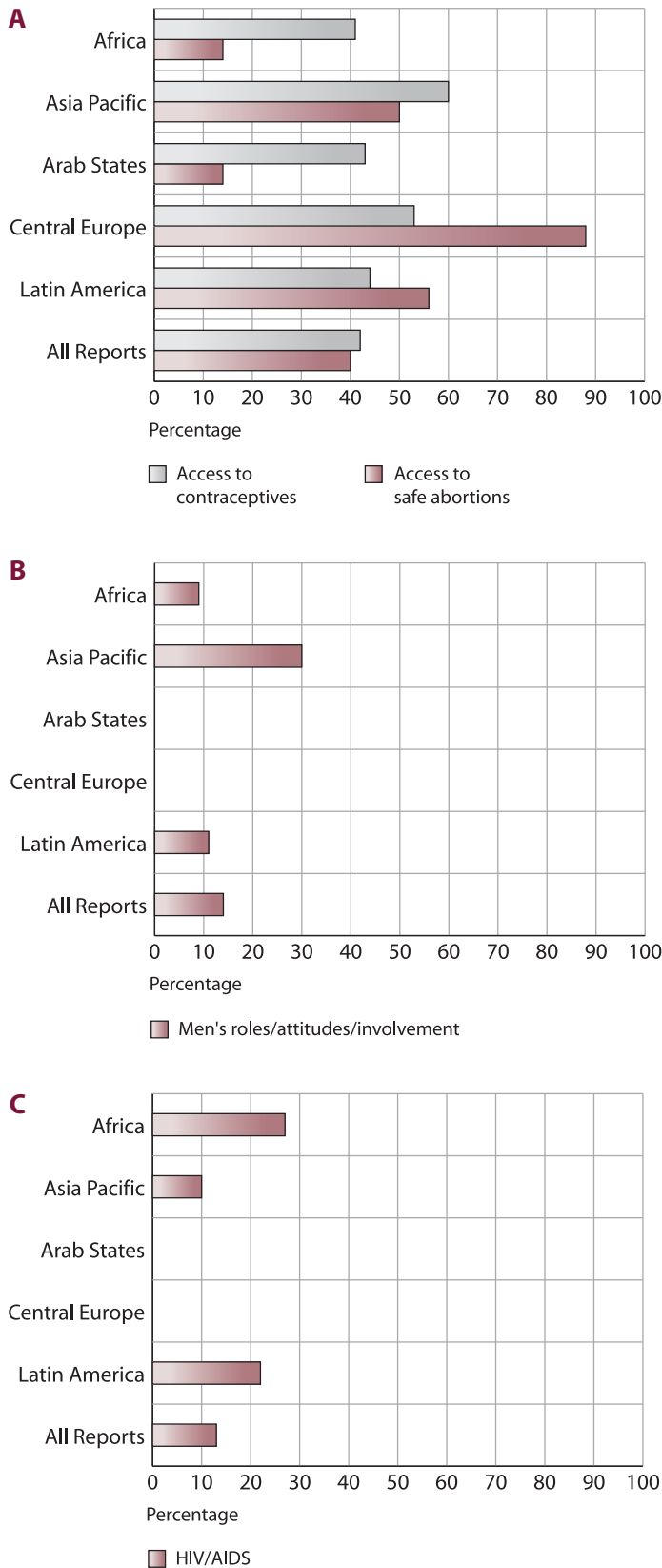
Figure 13 Causes of maternal mortality



A positive trend - unpacking statistics

- **Exposing the essence of the tragedy.** The issue is dramatically underlined in the opening statement of the **Afghanistan** MDGR: ‘Life is a matter of death, as a woman dies every half an hour trying to give birth.’
- **Unpacking statistics.** The **Vietnam** reports points out that poor families cannot afford to register maternal deaths, and statistics are therefore incomplete.
- **Giving space to women’s voices.** The **Uganda** report highlights the connection between rural infrastructure and maternal mortality. A boxed quote from a woman at a village meeting describes how women in labour give birth on the roadside as they are being carried to the nearest hospital which is 10 km away.
- **Putting reproductive health in a wider social context.** The links between reproductive health and a social environment supportive of gender equality are highlighted in the **Chad** report. Social mobilisation through women’s organisations and the passage of a Family Code are specifically mentioned.

Figure 14 Coverage of strategic issues



The UN Millennium Project Task Force on Child and Maternal Health recommends revised Targets and additional indicators for Goal 5.

Targets

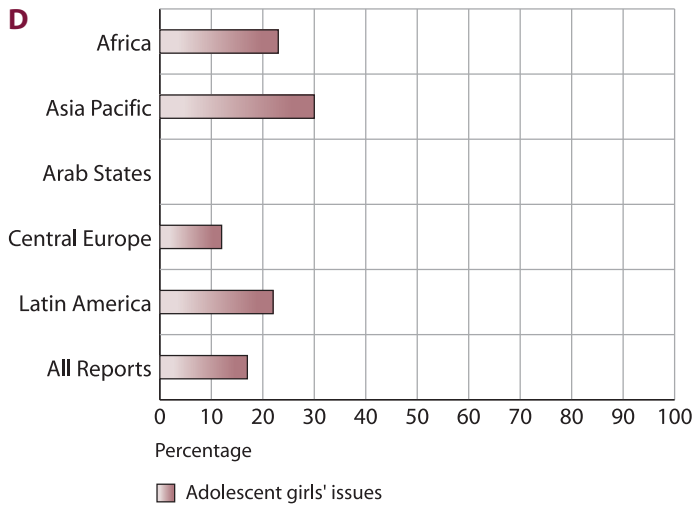
- Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio, ensuring faster progress among the poor and other marginalized groups.
- Universal access to reproductive health services by 2015 through the primary healthcare system, ensuring faster progress among the poor and other marginalized groups.

Additional indicators

- Coverage of emergency obstetric care
- Proportion of desire for family planning satisfied
- Adolescent fertility rate
- Contraceptive prevalence rate
- HIV prevalence among 15- to 24-year-old pregnant women

The Task Force Report emphasises the need for particular attention to disadvantaged groups and geographically constrained areas, with data disaggregated accordingly. Multiple dimensions of inequity can be made visible using data collected in Demographic and Health Surveys and Multiple Indicator Cluster Surveys.

From **Who's got the power? Transforming health systems for women and children**
 Report of the UN Millennium Project Task Force on Child Health and Maternal Health, 2005



Recognition of adolescents' needs

- **Exclusion of teenage girls from reproductive health services** (Tanzania, Philippines, Indonesia, Georgia)
- **Need for policy on adolescent sexual health** (Zambia)
- **Higher rate of abortions for adolescents** (Kenya, Croatia)
- **Priority attention to adolescents in reproductive health programmes** (Benin, Senegal)
- **Need for reproductive health education** (Mongolia, Georgia, Brazil, Honduras)
- **Data on teenage pregnancies** (Uganda, Brazil)

How can reporting on Goal 5 be strengthened?

- Identifying and reporting on **non-medical factors** implicated in maternal mortality.
- Identifying and present **data on additional indicators** suggested by the Millennium Project Task Force on Sexual and Reproductive Health
- Flagging issues such as the burden of care work and its impacts on the health of girls and women, to **highlight connections** between maternal mortality and other aspects of gender equality.
- Using a **reproductive rights framework** to highlight key areas for action including access to contraception, access of adolescents to health information and services and vulnerability to violence.
- Highlighting the situation of **specially vulnerable groups**, such as poor women, women living in remote areas, women belonging to marginalised communities, women living with HIV/AIDS.
- Reporting on **costing exercises** and **budgetary allocations** for safe motherhood and reproductive health programmes.

The WHO's second synthesis report on health in PRSPs found that many do not systematically analyse the health situation of poor people and the barriers that prevent poor women in particular from accessing reproductive health care... although health spending is rising in all countries in nominal terms, projected changes in health spending as a proportion of GDP are typically small and health is not generally increasing in importance within the priority sectors identified for poverty reduction. Although the IMF and World Bank have recently called for scaling up to accelerate progress towards the Goals, their country-level processes are not yet advocating major increases in public health spending (including large increases in donor spending) needed to achieve the Goals.

*From Who's got the power? Transforming health systems for women and children
Report of the UN Millennium Project Task Force on Child Health and Maternal Health, 2005*



THE 'HEALTH GOAL'

Goal 6 Combat HIV/AIDS, malaria and other diseases

Target 7 Have halted by 2015 and begun to reverse the spread of HIV/AIDS and other diseases

Indicators HIV prevalence among pregnant women ages 15–24

Condom use rate of the contraceptive prevalence rate

Condom use at last high-risk sex

Percentage of 15 to 24 year-olds with comprehensive correct knowledge of HIV/AIDS

Ratio of school attendance of orphans to school attendance of non-orphans ages 10–14

Target 8 Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Indicators Prevalence and death rates associated with malaria

Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures

Prevalence and death rates associated with tuberculosis

Proportion of tuberculosis cases detected and cured under directly observed treatment, short course (DOTS)

The 'gender lens' reveals the links between macro policies and health

Like gender equality, health is central to the achievement of the MDGs not only as the subject of Goals 4, 5, and 6 but as a contributor to the achievement of other goals. Bringing a gendered perspective to addressing HIV/AIDS, malaria and tuberculosis can help to unpack these interlinkages and underline the need to develop multi-pronged policy responses to ensure the achievement of targets under Goal 6.

- **Women now constitute the majority of people with HIV/AIDS.** Women's vulnerability to the virus is primarily a consequence of their subordinate status and powerlessness to negotiate safe sex or to resist violence and other violations of sexual and reproductive rights. This is compounded by their lack of access to information and knowledge on how to protect themselves from becoming infected.
- **Women bear the major share of the consequences of HIV/AIDS, even when they are not themselves affected.** They carry the load of caring for affected individuals and coping with income shocks, as well as dealing with shame and stigma, and consequent exclusion from access to resources and opportunities. Lack of inheritance rights can leave women destitute if they lose a father or husband to the disease.

- **Undermining of capabilities and productive power** are consequences of HIV/AIDS, tuberculosis and malaria, as well as chronic ailments such as anaemia and untreated gynaecological infections. These, as much as HIV/AIDS, malaria and tuberculosis all result in increased risks of maternal mortality, and have serious consequences for newborns.

‘... the AIDS epidemic cannot be understood, nor can effective responses be developed, without taking into account the fundamental ways that gender influences the spread of the disease, its impact and the success of prevention efforts....decisive success against the epidemic will require attacking gender inequities themselves’

*From Combating AIDS in the Developing World
UN Millennium Task Force on HIV/AIDS, Malaria and TB and
Access to Essential Medicines. Working Group on HIV/AIDS, 2005*

- **Far more women die of TB than of HIV/AIDS in some countries.** The general neglect of women’s health, the stigma attached to the disease, the costs of treatment and the absence of female doctors are all barriers to accessing treatment – in fact, statistics show that more men are diagnosed than women. Women in their productive years are most affected, and the impacts are felt by their families in terms of increased poverty.
- **Resources and research on women’s health are directed overwhelmingly at reproductive and maternal health,** ignoring the health costs of nutritional insufficiency, overwork and lack of care - all direct consequences of gender inequality and which lower women’s resistance and make them more vulnerable to almost all diseases.
- The ongoing reform of the health sector in many countries involves the **introduction of user charges for primary health services.** The impact is disproportionately felt by women and girls, for whom this is an additional barrier to access.

How gendered is reporting on health?

It is heartening to note that more than half of the 78 reports reviewed present sex-disaggregated data on HIV/AIDS. Sex disaggregated data on TB and malaria is available in far fewer reports – only six countries have presented disaggregated data on TB. Two countries have disaggregated data on malaria.

However, despite the stated emphasis on a gendered approach to the HIV/AIDS epidemic advocated by all the actors involved, only 31 reports identify women’s greater vulnerability to infection as a concern, or discuss the impact of the epidemic from a gendered perspective.

Only three out of the 78 reports reviewed recognise gender inequality and women’s subordination as causes of vulnerability to HIV/AIDS. Women’s inability to negotiate safe sex is listed as a cause of vulnerability in only three reports. Women’s lack of awareness of the need for safe sex and limited access to information on protection from HIV/AIDS is mentioned in only eight reports.

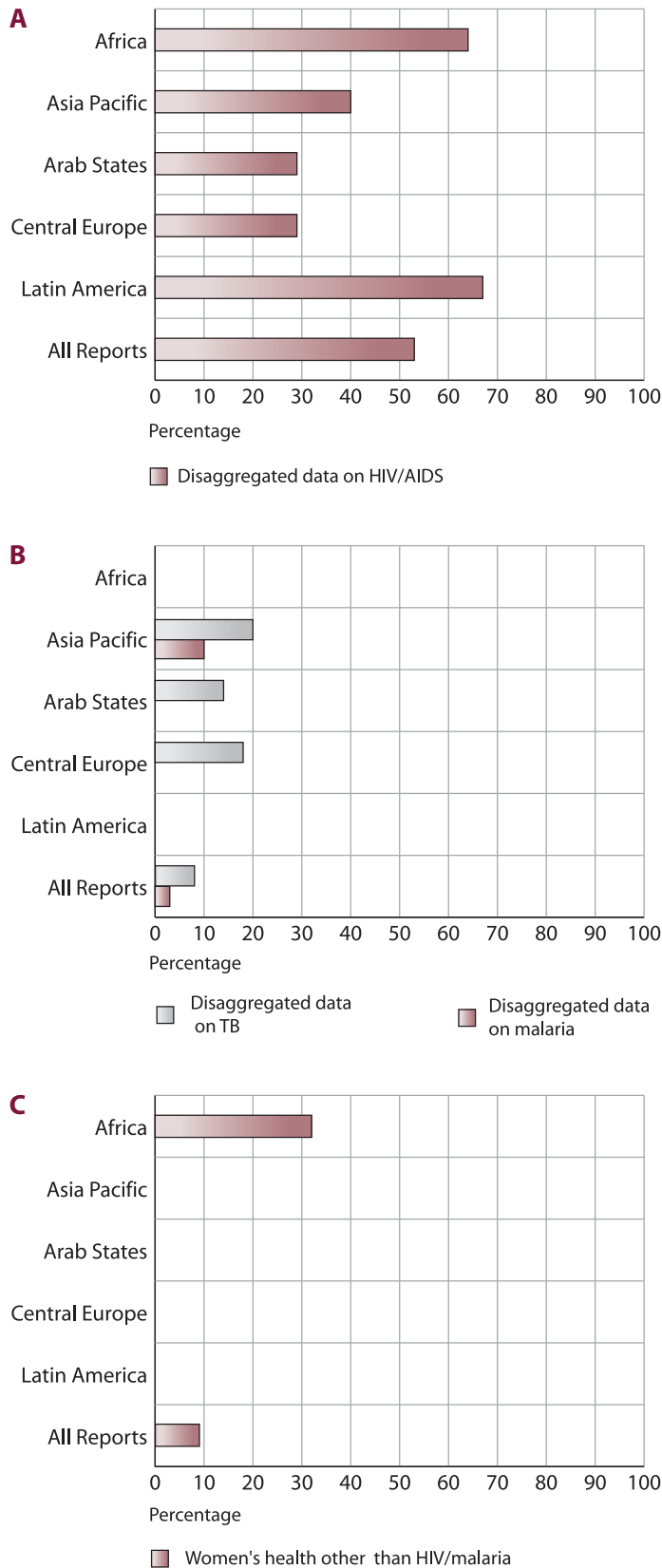
An understanding of the enhanced vulnerabilities of women routinely exposed to unprotected sex (such as sex workers, rape victims and women in regions affected by war and conflict) is reflected to a greater extent and finds mention in 21 out of 78 reports.

According to the report of the Working Group on HIV/AIDS of the UN Millennium Task Force on HIV/AIDS, Malaria, TB and Access to Essential Medicines, violence against women plays a major role in fuelling the pandemic.

A positive trend - sex disaggregated data

- **On TB** (Afghanistan, Philippines, Lebanon, Czech Republic, Lithuania)
- **On malaria** (Kenya, Indonesia)

Figure 15 **Sex-disaggregated data**



Figures on HIV incidence among pregnant women in the reproductive age group are likely to be underestimations.

From a gendered perspective, this indicator has a built-in sampling bias. Not all pregnant women in developing countries attend maternity clinics. Those who are excluded are likely to be from poor families, marginalised communities or remote rural areas.

In many countries, human rights activists and women's groups have voiced misgivings about the extent to which HIV tests in maternity clinics are voluntary and based on informed consent.

The response of the health system in case of a positive test is equally gendered, and is an area of concern for rights advocates.

A positive trend - coverage of additional issues

- **STDs and RTIs** (Bolivia)
- **Chagas' disease** (Argentina)
- **Diabetes and hypertension** (Mauritius)
- **Breast cancer** (Jordan)
- **Mental and emotional health** (Bosnia)
- **Cancer** (Croatia, Czech Republic)
- **'Lifestyle' diseases, link with socio-economic status** (Hungary)
- **Cardiovascular diseases** (Czech Republic, Lithuania, Hungary)
- **Suicide data and reasons for suicide** (Lithuania)
- **Crime against women** (Lithuania)

Apart from the direct role of coerced sex inside and outside marriage and in conflict situations, the threat and fear of violence is used for domination and control that underpins women's subordination.

Unfortunately, recognition of violence against women as a health issue is nearly invisible – it is flagged in only two of the reports reviewed. Action against violence is one of the seven strategic priorities identified by the Millennium Project Task Force on Education and Gender Equality. The silence on violence in reporting on Goal 6 should therefore be taken to indicate the need for greater advocacy on this issue.

Reporting under Goal 6 also fails to make the connections between the gendered impact of HIV/AIDS and achievement of other Goals. The silence on this issue is particularly unfortunate. Raising it here would have underlined the importance of going beyond a purely health-focused approach to the epidemic to address the need for change in policies in the poverty, education and environment sectors.

In yet another instance of the tendency of countries to stick to 'reporting by the book' against the minimum set of recommended indicators, only seven reports make any mention of health issues other than HIV/AIDS, malaria and TB. Given the serious issues around women's health in most of the countries in question, such a limited focus will have serious consequences if it is the basis for policy-making and resource allocation in the health sector.

How can reporting on Goal 6 be strengthened?

- **Localising** issues and indicators – identifying and reporting on the most serious and widespread challenges to women's health in the country.
- Collecting and presenting **sex disaggregated data** on all key indicators.
- Presenting sex-disaggregated data on the incidence of **diseases associated with poverty**, such as anaemia, nutritional deficiencies and water-borne infections.
- Identifying the factors that increase **women's vulnerability to ill-health** and making the links with gender inequality and poverty visible.
- Reporting on actions being taken to address **priorities for change** identified by the Global Coalition on Women and AIDS in 2004.
- Making the **'money trail'** visible by reporting on budgetary allocations for targeted programmes on women's health and increasing women's access to health services.

Figure 16 **HIV/AIDS and gender inequality**

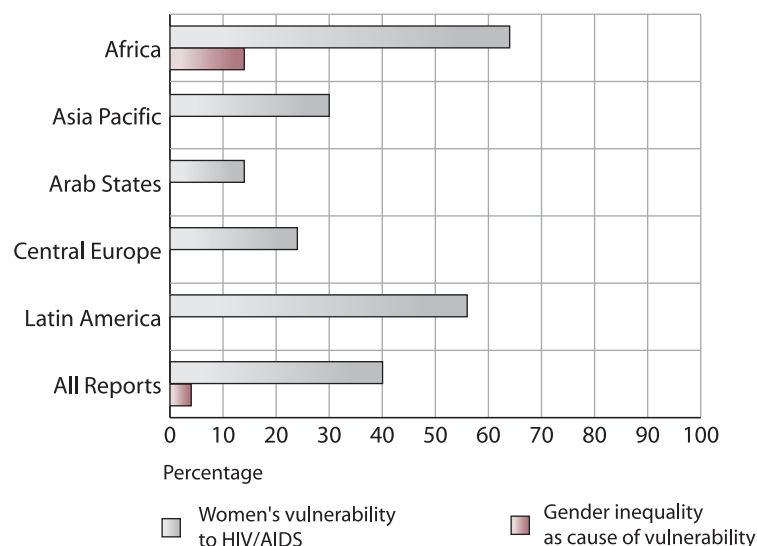
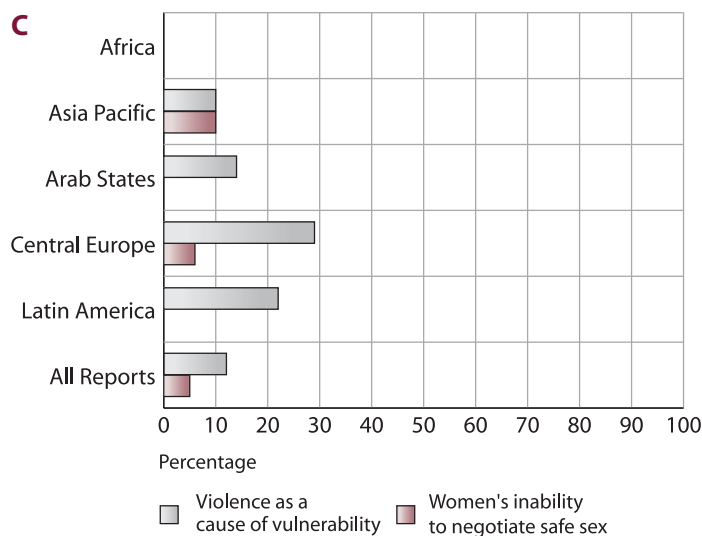
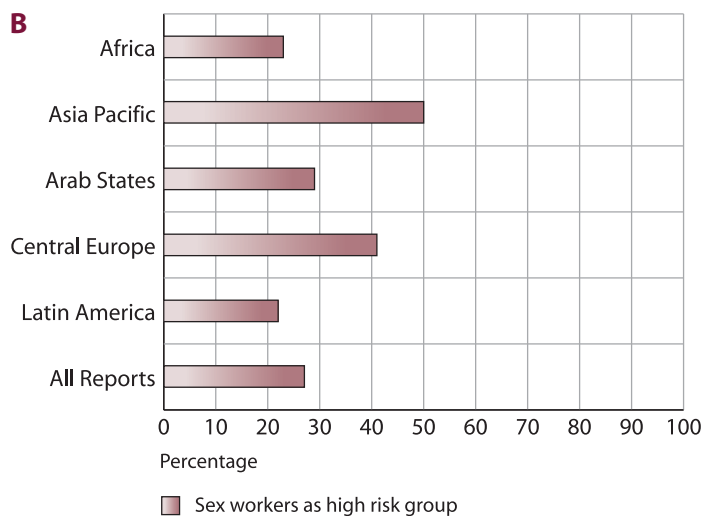
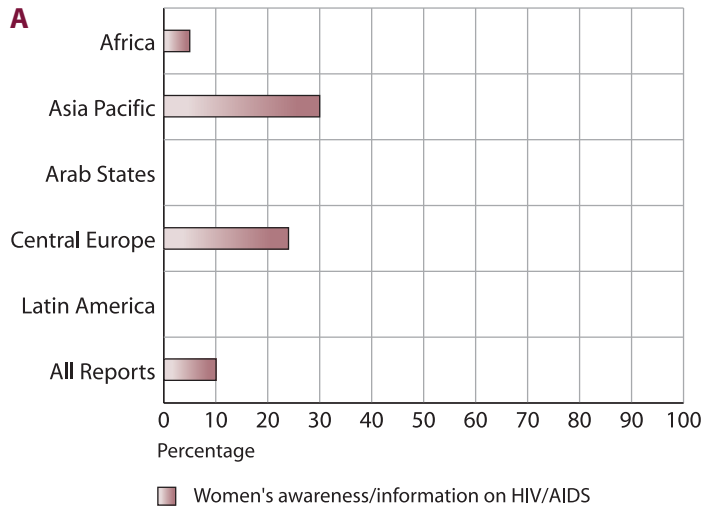


Figure 17 **Women's vulnerability to HIV/AIDS**



HIV/AIDS through a gendered lens

- **Women's inability to negotiate safe sex inside and outside marriage** (Kenya, Indonesia, Bosnia)
- **Need for gender equality** (Zambia, Botswana)
- **Need for change in sexual behaviour** (Botswana)
- **Gender inequality and vulnerability of young girls** (Burkina Faso)
- **Burden of care borne by young girls, link with school drop-out** (Kenya)
- **Care burdens for women** (Burkina Faso)

Strategic priorities

- *Prevent infections among girls and young women*
- *Stop violence against women and girls*
- *Protect women's property and inheritance rights*
- *Ensure equal access to care and treatment for women and girls*
- *Support improved community-based care*
- *Promote access to new prevention options for women (including microbicides)*
- *Support ongoing efforts for universal education for girls.*

*From Combating AIDS in the Developing World
UN Millennium Task Force on HIV/AIDS, Malaria and TB and
Access to Essential Medicines Working Group on HIV/AIDS, 2005*

Recognition of violence as a health issue

- **Effect of violence on physical and mental health** (Bosnia)
- **Action on domestic violence prioritised as a health policy goal** (Czech Republic)



THE 'ENVIRONMENT GOAL'

Goal 7 Ensure environmental sustainability

Target 9 Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Indicators *Proportion of land area covered by forest*
Ratio of area protected to maintain biological diversity to surface area
Energy use (kilograms of oil equivalent) per \$1 GDP (PPP)
Carbon dioxide emissions per capita and consumption of ozone-depleting chlorofluorocarbons (ODP tons)
Proportion of population using solid fuels

Target 10 Halve by 2015 the proportion of people without sustainable access to safe drinking water and sanitation

Indicators *Proportion of population with sustainable access to an improved water source, urban and rural*
Proportion of population with access to improved sanitation, urban and rural

Target 11 By 2020 to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Indicators *Proportion of households with access to secure tenure*

Environmental sustainability is inextricably linked to gender equality

Understanding and taking account of the linkages between environmental sustainability and gender inequality is not only essential to the achievement of Goals 3 and 7, it is essential to reducing poverty.

- **Poor households are dependent for survival on common property resources.** Fallow lands and grazing grounds, forests, water bodies and wetlands are the main sources of food, water, fuel, fodder, building materials and livelihood for the poor. Even comparatively well-off households rely on these resources during lean seasons or in times of crisis. Women are the main users of these resources, and are often custodians of a rich store of traditional knowledge on their sustainable use. Women's access and control of environmental resources is therefore central both to environmental sustainability and poverty reduction.

- **Women have customarily engaged in survival agriculture on common lands since they do not have access to other land.** Women are therefore disproportionately impacted by environmental degradation, as well as by measures such as restrictions of access to forests, leasing or sale of common lands to private entrepreneurs and conversion of common lands to other uses.
- **The need for daily collection of fuel, fodder and water** is a factor forcing girls to drop out of school in many developing countries, thus contributing to undermining the capabilities of the next generation of women.
- **Women are the primary managers of domestic energy resources.** Collection of fuel takes up a major share of the time of poor women. The non-availability of cheap and clean fuels forces women to rely on wood, dung and biomass fuels, with adverse impacts on their health and the health of their children.
- **Women bear the brunt of natural disasters.** They carry the primary responsibility for enabling the family to deal with and survive the trauma and impoverishment that may follow a crisis. Gender inequality places limits on women's capabilities, reduces their agency and excludes them from decision-making in the aftermath of a disaster. Gender equality is therefore essential for vulnerability reduction.
- **Recent moves towards introducing pricing and cost recovery as measures for water conservation have contributed to women's poverty.** Women, who are responsible for supplying and managing the family's water needs, either deprive themselves of other essential goods and services to pay for water, or walk for miles to get water from unsafe but free sources.
- **Women are disproportionately impacted by the lack of sanitation facilities.** Poor sanitation is a major cause of water-borne diseases, which are directly responsible for most infant deaths in developing countries. In the absence of sanitation close to their homes, women are forced to forego privacy and security and are often rendered vulnerable to infections, harassment and abuse. Lack of separate toilets in schools has been identified as a cause of girls dropping out when they reach puberty.
- **Women in urban settlements have different priorities for services and infrastructure** such as transport, water supply, sanitation and housing. An increasing number of urban households in most developing countries are sustained exclusively or primarily by women's labour. Women's vulnerability to sexual and physical harassment in urban environments constrains their freedom of mobility and limits their work opportunities. The low representation of women in urban governance in many countries contributes to their invisibility in urban planning.

Putting women at the centre of environmental policies increases sustainability

Environmental sustainability, like gender equality, is a cross-cutting issue. Integrating gender equality concerns into environmental policy and planning has been identified as a key priority by the Millennium Project Task Force on Environmental Sustainability. Taking women's needs and priorities into account and involving women in environmental policy-making has multiple benefits in terms of better targeting and increased efficiency of policies and programmes.

Making the links between environmental sustainability and gender equality visible in the national MDG report can contribute to increasing coordination and integration of environmental policies into other

sectoral policies. Moreover, it can enhance public awareness of women's roles and create space for women to directly engage in actions for environmental sustainability at the community level.

The report of the Millennium Task Force on Environmental Sustainability lists these, and underlines their relationship of Goal 7 with other Goals.

1. Eradicate extreme poverty and hunger

- *Livelihood strategies and food security of the poor often depend directly on functioning ecosystems and the diversity of goods and ecological services they provide.*
- *Insecure rights of the poor to environmental resources, as well as inadequate access to environmental information, markets, and decision making, limit their capacity to protect the environment and improve their livelihoods and well-being.*

2. Achieve universal primary education

- *Time that children, especially girls, spend collecting water and fuelwood can reduce study time.*

3. Promote gender equality and empower women

- *Time that women spend collecting water and fuelwood reduces their opportunity for income-generating activities.*
- *Women's often unequal rights and insecure access to land and other natural resources limit opportunities for accessing other productive assets.*

4. Reduce child mortality

- *Water and sanitation-related diseases and acute respiratory infections, primarily caused by indoor air pollution, are leading causes of mortality in children under the age of five.*

5. Improve maternal health

- *Indoor air pollution and carrying heavy loads during late stages of pregnancy put women's health at risk before childbirth.*

6. Combat major diseases

- *Environmental risk factors account for up to one-fifth of the total burden of disease in developing countries.*
- *Preventive environmental health measures are as important, and at times more cost-effective, than health treatment.*

7. Develop a global partnership for development

- *Since rich countries consume far more environmental resources and produce more waste than poor countries, many environmental problems (such as climate change, loss of species diversity, and management of global fisheries) must be solved through a global partnership of developed and developing countries.*

*From Environment and Human Well-being: A Practical Strategy
Report of the Task Force on Environmental Sustainability. UN Millennium Project 2005
The Earth Institute at Columbia University, New York, USA*

How gendered is reporting on Goal 7?

Given the amount of research and advocacy on gender issues and concerns in environment and urban development in the past decades, it is disturbing to see the almost total invisibility of gender concerns in reporting under Goal 7. **Only eight of 78 reports reviewed make any mention of women as stakeholders in environmental issues.**

This situation is both a reflection of and a contributor to the gap between environmental policies and gender equality concerns. Despite the visible evidence of women's involvement in management of natural resources like water and forests, they are not recognised either as significant actors in conserving and sustaining these resources, or as stakeholders in planning.

Over the last decade, even mainstream economists have begun to validate feminist analyses of the interlinkages between gender inequality, poverty and degradation of common property resources. The silence on this issue in the reviewed reports is disappointing. The implications of environmental degradation for girls' education, maternal health and child survival have been completely ignored – instead, practically all the reports approach the issue of environmental sustainability from a technical perspective.

Gender issues in reporting on Goal 7

- **Need to involve women for sustainable management of water** (Gambia, Kenya, Indonesia)
- **Time spent in fetching water** (Kenya)
- **Safe water linked with reduction in IMR and MMR** (Ethiopia)
- **Discrimination against female-headed households in urban areas** (Uganda)
- **Tenure/land rights for women in municipal housing projects** (Brazil)
- **Women as stakeholders in National Environment Action Plan** (China, Guinea)
- **Access to water supply for male-headed and female-headed households** (Guatemala)

Strengthening reporting on Goal 7

- Providing **sex-disaggregated data** and information on access to water, sanitation and housing
- Gendered reporting on **regional environmental issues** identified by the Millennium Project Task Force on Environmental Sustainability, all of which have significant implications for women's poverty and gender equality.
- Even where there is no data, **highlighting the connections** between Goal 7 and the other MDGs with qualitative information on key gender issues such as women's access to water and sanitation, urban safety and participation in planning and implementing environmental programmes.
- **Identifying and using alternative data sources** such as reports on urban conditions by UN agencies, civil society organisations and citizen's groups.

Regional issues have gender dimensions

- **Latin America** - deforestation, pollution, and damage to coastal and marine ecosystems. Direct impact on women's livelihoods.
- **Small island developing states including Caribbean and Pacific islands** - climate change, marine ecosystem health, alien invasive species, and pollution. Direct impact on women's livelihoods.
- **Sub-Saharan Africa** - soil and land degradation, depletion of forests and freshwater resources, and poor indoor air quality. Direct impact on women's health and livelihoods.
- **Middle East and North Africa** - declining per capita water resources, loss of arable land, pollution-related health problems, and weak environmental institutions and legal frameworks. Direct impact on women's health and livelihoods. Increased pressure of unpaid care work. Lack of means to claim entitlements increases vulnerability.
- **South Asia** - freshwater scarcity and pollution, and soil and land degradation. Direct impact on women's health and livelihoods.
- **Central Asia** - land cover change and freshwater degradation. Direct impact on women's livelihoods.
- **East and Southeast Asia** - soil and land degradation, deforestation, and poor urban air quality. Direct impact on women's health and livelihoods.

*From Environment and Human Well-being: A Practical Strategy
Report of the Task Force on Environmental Sustainability. UN Millennium Project 2005
The Earth Institute at Columbia University, New York, USA*



THE 'PARTNERSHIP GOAL'

Goal 8 Develop a global partnership for development

- Target 12** Develop further an open, rule-based, predictable, non-discriminatory trading and financial system, includes a commitment to good governance, development and poverty reduction both nationally and internationally
- Target 13** Address the special needs of the least developed countries. Includes: tariff and quota-free access for least-developed countries' exports; enhanced programme of debt relief for HIPC and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction
- Target 14** Address the special needs of landlocked countries and small island developing States
- Target 15** Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

Indicators Net ODA, total and to least developed countries, as a percentage of OECD/DAC donors' gross national income
Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)
Proportion of bilateral ODA of OECD/DAC donors that is untied ODA received in landlocked countries as proportion of their gross national incomes
ODA received in small island developing States as proportion of their gross national incomes

Market access

Proportion of total developed country imports (by value and excluding arms) from developing countries and from the least developed countries, admitted free of duties
Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries
Agricultural support estimate for OECD countries as a percentage of their gross domestic product. Proportion of ODA provided to help build trade capacity

Debt sustainability

Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)
Debt relief committed under HIPC Debt Initiative 14
Debt service as a percentage of exports of goods and services 18

- Target 16** In cooperation with developing countries, develop and implement strategies for decent and productive work for youth

Indicators Unemployment rate of 15- to 24-year-olds, male and female and total

Target 17 In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Indicators Proportion of population with access to affordable essential drugs on a sustainable basis

Target 18 In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Indicators Telephone lines and cellular subscribers per 100 people

Personal computers in use per 100 people

Internet users per 100 people

Trade and aid are not gender neutral

In the last few years, more and more evidence has been emerging to contest the assumption that trade policies and development aid inflows are gender neutral and always have the same impacts and implications for women and men.

In fact, both trade liberalisation and aid policies have serious implications for gender equality.

- Trade liberalisation involves **reduction or elimination of tariffs** and licensing fees resulting in significant decreases in revenue. Governments usually seek to make up the gap by **increasing taxes, cutting social sector spending** and introducing or increasing **user fees for public services** such as health and transport. The burden of adjustment to these measures is shifted onto women, who have to put more time and energy into unpaid and care work at the expense of their economic productivity, health and well-being.
- International trade agreements may **challenge national legislation** that works to protect the **rights and interests of the domestic labour force**. Many countries have dismantled or diluted protective legislation, or set up **export processing zones** where national legislation does not apply. Women constitute the bulk of the labour force in export processing zones, and are generally **overworked, underpaid** and **vulnerable** to violations of their rights.
- Trade liberalisation and the pressure to keep costs low has fuelled a process of **'informalisation'**, with production processes moving out of factories and into homes through subcontracting, part-time work and home-based work. Women are ready to accept **low quality employment**, with little or no labour protection and social security, because these give them the flexibility they need to fulfil their domestic responsibilities. Often, this is accompanied by an increase in **child labour**, with girls being pulled out of school to take on domestic chores and both girls and boys joining the production process.
- Trade liberalisation in **agriculture** has had enormous impacts on women in many developing countries. The shift to **export-oriented high-input crops** has depleted water resources and increased the load of chemicals and pollutants in the environment, increasing **women's time poverty** and affecting their health. At the same time, the pressure on land has curtailed women's involvement in traditional low-input **'survival agriculture'** which contributes to meeting a major share of the family's food needs, particularly in lean seasons.

- **Development aid**, whether in the form of grants or technical assistance, does not always take into account **gender biases** within development institutions and is not necessarily targeted to addressing women's needs and priorities. Benefits and **opportunities for capacity-building and income enhancement** are therefore not equally accessible to women and men. In some cases, development programmes have actually exacerbated gender inequality.
- Analyses of **global aid flows** reveals that they are skewed in favour of large projects in 'hard' sectors such as infrastructure and industry, with social sector projects at low priority.
- Despite the evidence that debt relief is a far more effective strategy for poverty alleviation than development grants or loans, **debt cancellation initiatives** are moving very slowly. Most highly indebted countries have been forced to make drastic **cuts in social sector spending**, with the inevitable impacts on women's and girls' health, education and well-being.

OECD-DAC analysis of aid in support of gender equality

Key findings

- *Two thirds of aid focused on support for gender equality and empowerment of women was in the social sectors, especially basic education and basic health (including population and reproductive health).*
- *About one half of aid to basic education and basic health targeted gender-specific concerns. A tenth of aid in these sectors was for the main purpose of promoting gender equality. Improvements in basic education and basic health are critical to achieving the MDGs.*
- *While several DAC members are implementing a mainstreaming strategy, several others promote gender equality through a relatively small number of activities targeted to women and girls.*
- *While aid for transport, communications and energy infrastructure accounted for a third of bilateral aid, little was reported as focused on gender equality. Nevertheless, well-designed infrastructure projects can bring significant positive benefits for women and girls by improving access to markets, schools and health services or by increasing women's safety.*
- *Aid to agriculture is currently down to a tenth of all aid. Gender equality focused aid to this sector may indicate donors' recognition of the high level of women's participation in food production and agriculture in many countries, particularly in sub-Saharan Africa.*

From OECD-DAC Creditor Reporting System on Aid Activities: Aid Activities in Support of Gender Equality 1999-2003

How gendered is reporting on Goal 8?

It is ironic that Goal 8, which has the most wide-ranging targets and has serious implications for the ability of aid-dependent countries to achieve any of the MDGs, should receive the least attention in terms of gender. **Only eight of the reviewed reports make any mention of gender issues or concerns in reporting under Goal 8.**

Interestingly, MDG reports produced by some of the donor countries underline their commitment and support to gender equality in their own countries as well as in development aid.

Gender concerns reported under Goal 8

- **Land and housing rights for women** (Brazil)
- **Partnerships with women's groups for gender equality** (Gambia)
- **Unemployment and its consequences for young women** (Panama, Paraguay, Honduras, Syria, Slovakia)
- **Male domination in international agencies** (Bosnia)
- **Stereotypical perceptions of women's roles in peace process** (Bosnia)
- **Resources for gender under HIPC** (Burkina Faso)

Donor countries and the MDGs

Finland

- Highlights the role of gender equality and equal participation of men and women in all spheres as factors contributing to high levels of human development in Finland.
- Gender equality identified as cross-cutting theme in Finnish development aid. Acknowledges that despite this, the number of projects with gender equality as a primary objective is low.
- Focus of aid is on sexual and reproductive health and rights for young people and women.
- Points out that there are data and classification problems related to projects for gender equality.
- Prioritises the development of mechanisms to monitor aid for gender equality.

Denmark

- Underlines obligation of donor countries to report on progress.
- Aid is closely aligned to MDGs with a high priority for HIV/AIDS and women's reproductive health.
- Notes that apart from being a human rights objective, gender equality can lead to development benefits in all sectors.
- New aid strategy focuses on women's rights, political participation and gender equality in access to and control of resources.
- Notes that Denmark attempts to ensure that all its financial allocations to different bodies are supportive of Goal 3 and inclusion of gender into all MDGs.

A gender perspective would add value to reporting on Goal 8

Some countries have taken the view that reporting on Goal 8 should be the responsibility of donor countries rather than of aid recipients. While it is true that developing countries have limited say in allocation of resources by donors, they can nevertheless use the opportunity provided by reporting on Goal 8 to put some non-negotiable principles on the table.

Gendered reporting on the implications of trade and aid measures for gender equality, and information on measures being taken to protect human rights and women's rights will make a strong statement about the political commitment of the national government to human development.

How can reporting on Goal 8 be strengthened?

- Providing **sex-disaggregated data** on recommended indicators such as youth unemployment, internet use and access to medicines.
- Reporting on the **impacts of trade liberalisation** on key indicators of gender equality, women's access to economic and technical resources, labour force participation rates, patterns of labour market discrimination and access to education, health and other public services.
- Reporting on the **amount of ODA allocated to women-specific projects and projects for women's empowerment.**
- Making the **'money trail'** visible by reporting on the **quantum of development aid** that is allocated to gender equality and empowerment of women.

Women at the centre of Goal 8 in the Afghanistan MDGR

'Focusing too narrowly on meeting the MDG targets can defeat the purpose of the exercise. The point is to make a serious and concerted effort towards meeting the Goals. What, however, constitutes 'serious effort'? In the Afghan context, it is plausible to argue that public spending priorities around the needs of poor women would be an excellent indicator. This implies monitoring health and education spending patterns.'

From Afghanistan MDGR

CONCLUSIONS AND RECOMMENDATIONS

The Millennium Project Task Force on Education and Gender Equality has proposed four key interventions to maximise the potential of the MDGs as vehicles for gender equality. These interventions have direct implications for MDG reporting at the national level.

This review has identified three areas of concern that will need to be addressed to align MDG reporting with strategic priorities for gender equality.

Range and scope of reporting

- Sex disaggregated data is the exception rather than the rule.
- Reporting tends to be ‘by the book’ and remains limited to the minimum set of indicators.
- Qualitative data is not used to the extent it could be.
- Data is rarely disaggregated along other axes of inequality such as class and ethnicity.
- Data is not appropriately backed up with gendered analysis.

Linkages across Goals

- The way in which Goals are defined tends to force reporting into a mode where cross-linkages become invisible.
- Targets and indicators overlap across Goals but cross-referencing between Goals is infrequent.
- Localisation of Goals, targets and indicators is limited.

Task Force recommendations

- Address the gaps and weaknesses in the current Goal 3 target and indicators by identification of new targets and indicators to augment the existing ones.
- Improving the availability and quality of sex-disaggregated data.
- Campaigns for policy intervention to strengthen women’s ‘capabilities’ through existing initiatives in health, education, and other sectors; expand ‘opportunities’ through fundamental changes in the economic order; and enhance ‘agency’ through measures such as electoral quotas and legislation on violence against women.
- Building on existing frameworks such as CEDAW and the ILO Decent Work Agenda for achieving gender equality. These should be complemented by a new international campaign for zero tolerance for violence against women.
- Increasing financial and technical resources for agencies dedicated to promoting the status of women, and enhancing political commitment to gender equality.

Ownership and buy-in

- There is a wide variation between countries in the extent to which actors outside government and the UN System are involved in producing national MDG reports.
- Reports produced exclusively or largely by government bodies do not always reflect the realities on the ground, or address the priorities and concerns of significant non-State actors in development.

Action is needed on several fronts to address these issues if national MDGRs are to become effective instruments for gender equality.

1. Range and scope of reporting

Considerations of data availability, reliability, national capacity and the need to keep MDG reports as simple as possible have so far been cited as reasons for not expanding the list of MDG indicators.

However, the findings of this review indicate that several countries have in fact expanded the scope and potential of MDG reporting by including data on a variety of local and contextual indicators against each goal.

There is thus a strong case for **mandatory reporting on the additional indicators for Goal 3** proposed by the Millennium Project Task Force on Education and Gender Equality.

Proposed menu of indicators for Goal 3

Education

- *The ratio of female to male gross enrolment rates in primary, secondary, and tertiary education.*
- *The ratio of female to male completion rates in primary, secondary, and tertiary education.*

Sexual and reproductive health and rights

- *Proportion of contraceptive demand satisfied.*
- *Adolescent fertility rate.*

Infrastructure

- *Hours per day (or year) women and men spend fetching water and collecting fuel.*

Property rights

- *Land ownership by male, female, or jointly held.*
- *Housing title, disaggregated by male, female, or jointly held.*

Employment

- *Share of women in employment, both wage and self-employment, by type.*
- *Gender gaps in earnings in wage and self-employment.*

Participation in national parliaments and local government bodies

- *Percentage of seats held by women in national parliament.*
- *Percentage of seats held by women in local government bodies.*

Violence against women

- *Prevalence of domestic violence.*

Improving the **availability and quality of sex-disaggregated data** should be given a high priority. In most countries, UN organisations are involved in building the capacities of National Statistical Systems, which provide the data for inclusion in MDGRs. UN support could be

specifically focused towards **gender sensitization for statisticians** involved in collating and processing data for the MDGRs to enable them to identify and use additional data that can supplement and bring a gender dimension to the mandatory indicators under each goal.

Promoting and supporting the **collection of sex-disaggregated data** on key indicators is an urgent necessity. UN Country Teams in UNDAF countries are already committed to the development of a common country database with disaggregated data on key national indicators. This process requires coordination between ongoing data-related interventions by various organisations to ensure that data needed for MDG reporting is included in the common database. Technical support could be accessed from a range of organisations including UN agencies who themselves collect statistical data.

National MDG reports can draw on the growing pool of **qualitative data on gender issues** available with civil society groups and women's rights advocates. Qualitative data could be used to supplement quantitative data, highlight data gaps, or focus on the situation of specially disadvantaged groups. The CEDAW reporting process in particular is a rich source of data.

The last section of reporting under each goal in the MDGRs is an assessment of monitoring and evaluation capacities. A query on **national capacity to collect and use sex disaggregated data** could be included in this section and would have a significant impact in terms of attention to and accountability for providing disaggregated data in the MDGR.

2. Linkages across Goals

Women's rights advocates in several countries have expressed apprehensions that the MDGs are 'lowering the bar' on gender equality commitments made earlier. Existing instruments such as the **Beijing Platform for Action, CEDAW and the ILO Convention on Decent Work** provide overarching frameworks for gender equality with as much, if not more, relevance for women's rights and gender equality than the MDGs.

The **strategic priorities** suggested by the Millennium Project Task Force on Gender Equality are aligned with commitments under the Beijing Platform of Action and CEDAW, to which most countries are signatories.

Flagging data gaps for future research

'Some preliminary evidence appears to indicate a relationship between domestic violence and the changing role of women in the transition to a market economy. A national scale survey is required to gain deeper understanding of domestic violence in Vietnam so as to improve the national policy framework.'

From Vietnam MDGR

'The Convention on the Elimination of all Forms Discrimination against Women (CEDAW), and the Beijing Fourth World Conference on Women must be our touchstones for realizing the potential held out by the MDGs. The wealth of understanding and experience of the nature of gender-based discrimination and the steps needed to achieve gender equality that has been generated through the CEDAW and Beijing processes stands waiting to be tapped.'

By using CEDAW and Beijing as the lens through which the gender equality dimensions of the MDGs are understood and addressed, principled conviction and development effectiveness can be brought together in powerful way.'

From Pathway to Gender Equality: CEDAW, Beijing and the MDGs

UNIFEM 2005

As this review demonstrates, a key element of success in achieving Goal 3 is the extent to which actions across different domains of gender equality can feed into each other to fuel the change process. **‘Going outside the MDG box’** and incorporating elements of other right-based frameworks is a way to make these connections and synergies visible. Aligning MDG reporting with other gender equality instruments adds value to MDGRs by enhancing their usefulness as policy instruments.

The **overlap between gender equality targets and indicators** – for instance between Goals 2, 3, 4, 5 and 8 – need not be a barrier to making connections between Goals. Instead, it can be turned into an opportunity to **reiterate and highlight key messages** and commitments under one or more of the international instruments endorsed by the country.

Flagging relevant gender issues at appropriate points throughout the text would enrich reporting under each Goal. Moreover, it would also create space under Goal 3 for reporting on strategic gender issues that cut across issues, such as traditional gender roles and values, constructions of masculinity, the role of the media and the importance of women’s organisations.

Localisation and redefinition of Goals and targets can create opportunities for highlighting linkages between Goals and the need for action on multiple fronts to make progress on gender equality.

Cross-linkages between Goals can be captured through bringing **women’s voices** into reporting. The lives and experiences of people are not neatly organised around conceptual frameworks. Women’s narratives of their own experiences reflect the complexity of issues and introduce a new perspective for understanding key dimensions of gender equality.

3. Ownership and buy-in

The MDGs cannot be achieved through atomised actions by any one group of society, no matter how committed. The fact remains that these development challenges – articulated in different ways over the last several decades – cannot be addressed through technical or managerial interventions alone. More than all the other Goals, gender equality demands the political will for social transformation.

Women experience the connections

‘For us in Lwitamakooli we are supposed to get sick only during the day but not at night. This is because there will be no one to attend to you. Because of this many of our women have given birth by the roadside at night when we are trying to take them to Bwenge 10km away. In fact one woman gave birth in that swamp 3km from here and they used a sugar cane peeling to cut the umbilical cord.’

From Uganda MDGR

Highlighting cross-cutting linkages

Vietnam

- A section on ‘Cross-cutting gender issues’ including violence, traditional attitudes, access to resources and lack of data, and how they affect achievement of all MDGs.
- A section on ‘Provincial and social disparities’ included under each Goal.

Bosnia Herzegovina

- Section on ‘Civil society, democracy and human rights’ foregrounds gender inequality as a violation of women’s human rights.

Ethiopia

- Section on ‘Costing the MDGs’ addresses the challenge of costing cross-cutting issues like gender equality and environmental sustainability.

Collective and concerted actions by a range of actors outside the government and development agencies – people’s organisations, formal and informal community organisations, women’s groups, citizens’ groups, local authorities, the media, the intellectual community and all others concerned with building a fair and just society – can catalyse change on the ground. Equally, collective action can create pressure for accountability and put social change onto the political agenda.

The MDGs are intended to catalyse a collective commitment to social transformation. The national MDG report and the process of its preparation should ideally be congruent with this larger objective of mobilising and energising action by diverse constituencies towards these common objectives. Since gender equality is the thread that connects all the Goals, it can be an effective entry-point for such a collective process.

UNDP-UNIFEM project engendering MDGRs

This ‘Gender and the Millennium Development Goals’ focuses on piloting innovative approaches that highlight gender equality and women’s empowerment in MDG processes in Peru, Cambodia, Kyrgyzstan, Kenya and Morocco.

Cambodia

- Focus on feminisation of poverty and HIV/AIDS in the context of globalisation
- Capacity-building of a range of stakeholders
- Involving women’s groups in policy dialogues
- Establishment of a national women’s network

Kenya

- Bringing women into the policy process
- Building a coalition for action on gender equality
- Capacity-building for stakeholder groups
- District-level poverty dialogues with women
- Women’s voices reflected in MDG Media pack

Kyrgyzstan

- Focus on issues of violence and access to land
- Capacity-building for stakeholders
- Expanding and harmonising the indicators for CEDAW, PRSPs and MDGs
- Studies underway and advocacy materials being developed

Morocco

- Focus on education
- Mobilising multiple constituencies into a mass campaign for equality in education

Peru

- Focus on poverty, discrimination and sexual/reproductive rights
- Capacity-building for key stakeholders
- Media campaigns and communication materials developed

The **involvement of women’s groups, gender equality advocates and gender experts** in consultations should go beyond Goal 3 – ideally, they should be represented in working groups and drafting committees across Goals.

An **open process** has multiple benefits. The involvement of groups who are already working on gender equality would sharpen the focus of reporting on Goal 3 and make the MDGR a more **accurate reflection of ground realities**.

Gender advocates and women’s groups would not only bring a gendered perspective to discussions on other Goals, but would be able to contribute **qualitative data and first-hand information** on women’s situation, particularly key indicators of women’s status such as their vulnerability to violence.

Participation in the process of MDG reporting and ownership of the MDG report will increase the chances of women’s groups and gender equality advocates using the report and its key messages in their own **grassroots campaigns and mobilisation** for gender equality at the community level.

Albania MDGR - building national ownership

- Intensive grassroots consultations before preparation of first draft.
- Discussions and feedback on draft through regional consultations.
- Validation by stakeholders – more than 650 people directly involved through website, TV hotline, local meetings and advocacy campaign.

Costing exercises offer women's and gender equality advocates another opportunity for policy influencing. It has been the experience in most countries that gender-responsive policies and programmes fail to have an impact because they are not backed up by adequate resources. Gendered

interventions are possible and necessary at each stage of the costing process in order to ensure accuracy in resource estimation and funding for strategic priorities.

Over the last decade, feminist economists, women's movements and gender equality advocates have built up a comprehensive set of methodologies and tools for **gendered analysis of public spending**. These tools can be creatively used to supplement official costing exercises at the national and sub-national levels, in order to highlight the gaps between resource commitments and actual impacts on gender equality and bring public attention to bear on gender biases in the development machinery.

Costing the MDGs - some gender implications

The UN Millennium Project recommends a five-step procedure to costing the MDGs. Gender concerns must be incorporated at each stage.

- A **list of basic interventions** is developed for each country, based on best available data and/or national consultations.
 - Accurate data on key indicators of gender equality must be incorporated into the process.
- **Concrete targets** are identified for each intervention, based on the MDGs and other national/international commitments and targets.
 - Targets derived from commitments under CEDAW and the Beijing PFA must be adequately reflected.
- An **investment model** is developed and **resource requirements** estimated to meet targets by 2015.
 - Additional resources required to secure women's economic, social and political rights must be factored in.
- Potential **cost savings** resulting from **synergies** across interventions are calculated.
 - Women's contributions in terms of care work and unpaid work must be recognised and made visible in economic terms.
- A national **financing strategy** is developed and **sources of funds** identified, taking into account household out-of-pocket expenditures, domestic resources and external financing.
 - The implications for women of transferring costs from the public budget to the household economy must be taken into account.

CONSOLIDATED SCAN DATA

Goal 1 Eradicate extreme poverty and hunger

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
Sex disaggregated data	Lithuania	Benin Botswana Cap Verde Congo Cote d'Ivoire Rwanda	Cambodia	Jordan	Albania Azerbaijan Bosnia & Herzegovina Hungary Kazakhstan Kosovo	Guatemala Paraguay
Women mentioned as a group specially vulnerable to poverty and/or hunger	Albania Cameroon Egypt Mauritius Mozambique Tanzania	Botswana Benin Burkina Faso Cap Verde Chad Congo Cote d'Ivoire Gambia Ghana Kenya Mauritania Rwanda Togo	Afghanistan Bhutan Cambodia China Indonesia	Jordan Lebanon Yemen	Albania Azerbaijan Bosnia & Herzegovina Czech Republic Georgia Hungary Kazakhstan Kosovo Kyrgyzstan Slovakia Slovenia Tajikistan	Bolivia Brazil Guatemala
Intra-family issues (discrimination in food distribution, violence)				Jordan	Bosnia & Herzegovina	

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
Gender inequality and/or women's low social status as cause of poverty	Bolivia Vietnam	Benin Cameroon Congo Togo Uganda	Cambodia	Jordan	Bosnia & Herzegovina Kazakhstan	
Women's lack of access to land and/or lack of property rights as cause of poverty		Burkina Faso			Bosnia & Herzegovina	
Women's employment identified as a strategy for reducing poverty	Bolivia	Ghana	Mauritius Philippines	Jordan	Azerbaijan Bosnia & Herzegovina Czech Republic	Bolivia Guatemala
Equal wages identified as a strategy for reducing poverty				Jordan		

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
Women's empowerment identified as a strategy for reducing poverty	Mozambique	Benin	Mauritius			
Promoting gender equality and/or women's rights as a strategy for reducing poverty	Bolivia Cameroon Egypt Mozambique Vietnam	Benin Ghana Sao Tome	Cambodia	Jordan	Albania	Bolivia
National poverty plans/projects include targeted support for women	Albania Cameroon Vietnam	Gabon Namibia	Indonesia Mauritius Mongolia Philippines		Azerbaijan Tajikistan Turkmenistan	Brazil El Salvador Guatemala

Goal 2 Achieve universal primary education

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
Disaggregated data	Albania Bolivia Egypt Lithuania Mozambique Poland Saudi Arabia Vietnam	Benin Burkina Faso Cap Verde Ethiopia Gabon Ghana Rwanda Sao Tome Senegal Togo Zambia	Afghanistan Bhutan	Jordan Lebanon Syria Yemen	Azerbaijan Bosnia & Herzegovina Kazakhstan Kosovo Kyrgyzstan Slovakia Tajikistan	Brazil
No gender gap/reverse gender gap	Albania Poland	Botswana Cap Verde	Bhutan Indonesia Philippines	Lebanon	Azerbaijan Kazakhstan Kyrgyzstan Lithuania Slovakia	Bolivia Brazil Guyana Paraguay
Factors identified as causes of gender gaps in enrolment						
Stereotypes about women's roles		Guinea Sao Tome			Tajikistan	
Domestic work burden		Ghana		Yemen		
Physical access (distance, location)		Gambia		Yemen		

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
Poverty/cost of schooling	Albania	Ghana Gambia	Mauritius		Tajikistan	
Facilities and infrastructure (classrooms, toilets, female teachers)	Egypt			Yemen		
School environment and classroom transactions				Jordan		El Salvador Paraguay
Preferences (bias) at home		Chad Guinea Sao Tome		Yemen	Tajikistan	
Early marriage and/or pregnancy		Sao Tome				
HIV/AIDS						
Closing gender gap in education identified as a priority	Bolivia Cameroon Egypt Lithuania Mozambique	Benin Burkina Faso Chad Cote d'Ivoire Congo Ethiopia Gambia Ghana Rwanda Senegal Togo Zambia	Afghanistan Cambodia	Jordan Yemen	Kyrgyzstan	

Goal 3 Promote gender equality and empower women

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
Data other than standard set¹	Albania Bolivia Lithuania Tanzania	Benin Botswana Burkina Faso Cameroon Cap Verde Congo Cote d'Ivoire Ethiopia Gabon Kenya Mauritania Rwanda Senegal	Afghanistan Bhutan Cambodia China Indonesia Mauritius Mongolia Philippines Thailand	Bahrain Jordan Kuwait Lebanon Palestine Syria	Bosnia & Herzegovina Bulgaria Croatia Czech Republic Georgia Hungary Kosovo Kazakhstan Kyrgyzstan Lithuania Slovakia Slovenia Tajikistan Turkmenistan Ukraine	Argentina Bolivia Brazil El Salvador Guatemala Honduras Paraguay
Detailed gender analysis of education sector	Mozambique Nepal	Botswana Gambia Ghana Guinea Uganda Zambia	Bhutan Indonesia Mauritius Philippines Thailand Timor	Syria Yemen	Georgia Tajikistan	Bolivia Guatemala Honduras

¹ The 'standard set' is comprised of data on school enrolment rates, adult literacy rates, women's workforce participation rate in the non-agricultural sector and women's representation in Parliament.

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
Issues mentioned as reflecting gender discrimination						
Gap in access to education, sex segmentation of subjects	Armenia Bolivia Mozambique Nepal	Benin Botswana Burkina Faso Cameroon Cap Verde Chad Congo Ethiopia Gabon Gambia Ghana Guinea Kenya Mauritania Senegal Togo Zambia	Afghanistan Bhutan Indonesia Mauritius Mongolia Philippines Thailand Timor	Bahrain Jordan Kuwait Lebanon Palestine Syria Yemen	Albania Bosnia & Herzegovina Croatia Czech Republic Georgia Hungary Kosovo Kazakhstan Lithuania Slovakia Slovenia Tajikistan Turkmenistan	Argentina Bolivia Brazil El Salvador Guatemala Honduras Panama Paraguay
Work and access to employment	Armenia Egypt Lithuania Poland	Botswana Cameroon Cap Verde Chad Congo Ethiopia Kenya Gabon Guinea Mauritania Namibia Rwanda Sao Tome Senegal Togo Zambia	Afghanistan China Indonesia Mauritius Mongolia Philippines Thailand	Bahrain Jordan Kuwait Lebanon Palestine Syria Yemen	Albania Bosnia & Herzegovina Bulgaria Croatia Czech Republic Georgia Hungary Kazakhstan Kosovo Kyrgyzstan Lithuania Slovakia Slovenia Tajikistan Turkmenistan Ukraine	Argentina Bolivia Brazil El Salvador Guatemala Honduras Panama Paraguay

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
Wage gaps and/or income differentials	Lithuania Mauritius Poland		Thailand	Lebanon	Bosnia & Herzegovina Bulgaria Croatia Czech Republic Georgia Hungary Kazakhstan Kosovo Kyrgyzstan Lithuania Slovakia Slovenia Tajikistan Turkmenistan Ukraine	Argentina Brazil Honduras Panama Paraguay
Violations of workers' rights	Armenia Poland			Jordan Palestine	Kazakhstan	
Gaps in access to land and productive assets	Bolivia	Botswana Chad Guinea Mauritania Togo Uganda	Timor Vietnam		Kosovo	Bolivia El Salvador
Gaps in access to social services and public goods		Cameroon Gabon	Afghanistan Timor		Kazakhstan Kosovo	El Salvador
Domestic work and unpaid work	Albania Armenia Bolivia Egypt Poland	Cameroon Uganda		Lebanon	Bosnia & Herzegovina Georgia Hungary Slovakia Turkmenistan	Bolivia Guatemala

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
Traditional roles, attitudes and practices	Albania Cameroon Mozambique Nepal	Benin Botswana Congo Guinea Namibia Sao Tome Togo Zambia	China Indonesia Mongolia Timor	Bahrain Jordan Kuwait	Albania Bosnia & Herzegovina Georgia Kazakhstan Kosovo Kyrgyzstan Slovakia Tajikistan Turkmenistan	Brazil Honduras Paraguay
Legal frameworks	Armenia Egypt Mauritius Poland	Chad Gabon Guinea Mauritania Uganda	Timor Thailand	Jordan Kuwait Lebanon	Bosnia & Herzegovina Czech Republic Georgia Kyrgyzstan	
Women's low awareness of rights and acceptance of discrimination	Egypt Poland	Cap Verde Namibia		Bahrain Jordan Lebanon	Georgia Kosovo Tajikistan	
Policy frameworks		Cap Verde Gabon Rwanda Sao Tome Uganda		Kuwait	Albania Kosovo	Bolivia El Salvador
Violence	Egypt Lithuania Mozambique	Botswana Cap Verde Congo Togo Zambia	China Timor Thailand Mongolia	Jordan	Bosnia & Herzegovina Czech Republic Georgia Lithuania Kyrgyzstan Kosovo Slovakia	Bolivia Brazil

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
Role in decision-making	Armenia Poland	Benin Botswana Cap Verde Congo Gabon Guinea Kenya Mauritania Rwanda Senegal	Bhutan Cambodia China Mongolia Philippines Timor Thailand	Bahrain Jordan Lebanon Syria Yemen	Bosnia & Herzegovina Bulgaria Croatia Czech Republic Georgia Hungary Kazakhstan Kosovo Kyrgyzstan Lithuania Slovakia Slovenia Tajikistan Turkmenistan Ukraine	Argentina Bolivia Brazil El Salvador Guatemala Honduras Paraguay
Political participation	Lithuania	Botswana Cameroon Cap Verde Congo Guinea Mauritania Sao Tome Uganda Zambia	Afghanistan Bhutan Cambodia China Mauritius Mongolia Thailand	Jordan Kuwait Lebanon Syria Yemen	Bosnia & Herzegovina Bulgaria Croatia Georgia Hungary Kazakhstan Kosovo Kyrgyzstan Lithuania Slovakia Slovenia Tajikistan Turkmenistan Ukraine	Argentina Bolivia Brazil El Salvador Honduras Panama Paraguay
Reproductive rights		Rwanda			Kosovo	

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
Male attitudes		Rwanda	Mongolia Timor	Yemen		Honduras Paraguay
Need for institutional change		Botswana Mauritania Rwanda	Timor			Brazil
National capacity for gender mainstreaming	Bolivia	Cap Verde Namibia Sao Tome Zambia			Georgia	Bolivia
Lack of funds/resources	Armenia Bolivia Egypt Mauritius				Albania	Bolivia
Male political culture	Albania Egypt			Kuwait		Brazil
Media representations	Albania	Gambia				
HIV/AIDS		Namibia Rwanda	China			Guatemala
Negative impact of recent economic changes	Egypt	Ethiopia	Cambodia China Indonesia Mongolia	Palestine	Czech Republic Georgia Kyrgyzstan Tajikistan	

Goal 4 Reduce child mortality

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
Disaggregated data	Poland			Bahrain Lebanon Syria	Slovakia Slovenia Tajikistan	Paraguay
Gender inequality and mother's social status as a factor	Albania Egypt	Botswana Ghana Kenya Uganda	Timor			
Mother's education and/or access to information as a factor	Albania Bolivia Cameroon Egypt	Cote d'Ivoire Gambia Ghana	Mongolia Timor		Georgia Kosovo	Argentina Brazil Guatemala Honduras Paraguay
Mother's health and/or nutrition as a factor	Cameroon Mauritius Mozambique Poland Tanzania	Benin Guinea Uganda Zambia	Bhutan Cambodia China Indonesia Mauritius Philippines Timor	Jordan Yemen	Croatia Czech Republic Kazakhstan Kyrgyzstan	Argentina Brazil Paraguay
Mother's reproductive health status	Egypt	Botswana Uganda	Bhutan Indonesia Mongolia		Bosnia & Herzegovina Croatia Georgia Kyrgyzstan Tajikistan Turkmenistan	Brazil El Salvador Guatemala Honduras Paraguay

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
Breastfeeding and care by mother	Bolivia	Cap Verde Guinea Namibia	Bhutan Cambodia Mongolia		Kosovo	Brazil Honduras
HIV as a factor		Botswana Ghana Uganda Zambia				
Mother's poverty as a factor		Cote d'Ivoire Ghana Rwanda				

Goal 5 Improve maternal health

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
FACTORS DISCUSSED						
Women's status and/or gender inequality	Albania Armenia Mozambique Nepal Poland Tanzania	Burkina Faso Chad Gambia Namibia Sao Tome	Indonesia Mongolia Thailand	Bahrain	Kazakhstan Slovenia Turkmenistan Ukraine	Argentina
Women's work burden	Poland	Congo Chad	Mongolia		Kyrgyzstan	
Poverty as a factor	Armenia Mauritius Mozambique	Benin Mauritania	China Indonesia Mongolia Philippines		Georgia Kosovo Tajikistan	Argentina Guyana Honduras
Resources allocated to the issue		Congo Senegal	Afghanistan Mauritius			Guatemala Paraguay
Health services as factor (access, drugs, equipment, emergency care, trained staff, female staff)	Armenia Bolivia Egypt Vietnam	Benin Botswana Burkina Faso Ethiopia Gambia Ghana Uganda Zambia	Cambodia China Indonesia Mauritius Mongolia Philippines Timor	Bahrain Lebanon Palestine Syria Yemen	Albania Croatia Czech Republic Kazakhstan Kosovo Kyrgyzstan Slovakia Ukraine	Argentina Bolivia Brazil El Salvador Guatemala Honduras Panama

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
		Cameroon Cap Verde Congo Cote d'Ivoire Mauritania Senegal Togo			Georgia Slovenia Tajikistan	
Quality of health services	Bolivia	Benin Cote d'Ivoire Uganda Zambia	Bhutan Cambodia Mongolia	Palestine Yemen	Albania Kazakhstan Kosovo Kyrgyzstan Slovakia Ukraine	Bolivia El Salvador Guatemala Guyana Honduras Panama
Births attended by trained personnel		Benin Botswana Burkina Faso Cameroon Cap Verde Congo Cote d'Ivoire Ethiopia Gambia Kenya Mauritania Namibia Rwanda Senegal Togo Uganda Zambia	Bhutan Cambodia China Indonesia Mauritius Mongolia Philippines Timor Thailand	Kuwait Lebanon Palestine Syria Yemen	Albania Bulgaria Kazakhstan Kosovo Kyrgyzstan Slovenia Turkmenistan Ukraine	Bolivia El Salvador Guyana Honduras Panama Paraguay

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
Women's general nutritional and health status	Albania	Gabon Gambia Ghana Kenya Mauritania Togo Uganda	Afghanistan Indonesia Mauritius	Bahrain Jordan Syria Yemen	Albania Croatia Kazakhstan Kosovo Kyrgyzstan Slovenia Tajikistan	Argentina El Salvador
Mother's education and/or access to information as a factor	Egypt Mauritius Saudi Tanzania	Benin Burkina Faso Chad Congo Gabon Gambia Ghana Guinea Mauritania Sao Tome	Afghanistan Bhutan Indonesia Mongolia Philippines Timor	Jordan Lebanon	Bulgaria Georgia Kazakhstan Tajikistan Ukraine	Argentina Guatemala
Women's inability to take decisions on health care	Armenia Egypt Vietnam				Slovenia	Bolivia Honduras
Violence as a factor	Albania	Cameroon Sao Tome Togo	Philippines			
Early and/or frequent pregnancy	Mozambique Nepal Poland	Botswana Burkina Faso Cap Verde Ghana Rwanda Uganda	Bhutan Mongolia Philippines	Jordan Palestine	Azerbaijan Czech Republic Kosovo Kyrgyzstan Slovakia Slovenia Turkmenistan	Brazil

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
Adolescent girls' issues	Tanzania	Benin Kenya Senegal Uganda Zambia	Indonesia Mongolia Philippines		Croatia Georgia	Brazil Honduras
Access to contraceptives	Cameroon Nepal	Botswana Burkina Faso Cameroon Cap Verde Cote d'Ivoire Mauritania Rwanda Senegal Zambia	Bhutan China Indonesia Mongolia Philippines Timor	Jordan Lebanon Syria	Albania Czech Republic Kazakhstan Kosovo Kyrgyzstan Slovenia Tajikistan Turkmenistan Ukraine	Guatemala Honduras Panama Paraguay
Access to safe abortions	Albania Mauritius	Botswana Cameroon Kenya	Bhutan China Mongolia Mauritius Philippines	Palestine	Albania Azerbaijan Bulgaria Croatia Czech Republic Georgia Hungary Kazakhstan Kosovo Kyrgyzstan Slovakia Slovenia Tajikistan Turkmenistan Ukraine	Argentina Bolivia Guatemala Panama Paraguay

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
Traditional practices as factor	Nepal	Cameroon Chad Congo Mauritania Togo Zambia	Philippines Thailand			Honduras
HIV/AIDS	Mozambique	Congo Cote d'Ivoire Ethiopia Ghana Namibia Zambia	China			Brazil Guyana
Men's roles, attitudes and involvement as issues	Albania Armenia Cameroon Mozambique Vietnam	Chad Sao Tome	Indonesia Philippines Thailand			Honduras

Goal 6 Combat HIV/AIDS, malaria and other diseases

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
Sex disaggregated data on HIV		Botswana Burkina Faso Cap Verde Congo Ethiopia Gabon Ghana Guinea Kenya Mauritania Namibia Togo Senegal Zambia	China Indonesia Mauritius Thailand	Lebanon Yemen	Albania Croatia Kazakhstan Kyrgyzstan Lithuania	Argentina Brazil El Salvador Honduras Panama Paraguay
Sex disaggregated data on TB			Afghanistan Philippines	Lebanon	Albania Czech Republic Lithuania	
Sex disaggregated data on malaria		Kenya	Indonesia			
Women as more vulnerable to HIV/AIDS ²	Mauritius Nepal Tanzania Vietnam	Burkina Faso Cote d'Ivoire Ghana Guinea	Indonesia Mongolia Thailand	Lebanon Yemen	Albania Azerbaijan Bosnia & Herzegovina Croatia	Argentina Brazil El Salvador Honduras Paraguay

² This does not include mention of sex workers as a vulnerable group

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
Women as more vulnerable to HIV/AIDS <i>(contd.)</i>		Botswana Chad Congo Gabon Mauritania Namibia Senegal Rwanda Togo Zambia				
Gender inequality linked to vulnerability		Botswana Burkina Faso Zambia				
Women's awareness and/or access to information on HIV/AIDS		Gambia	Mauritius Mongolia Timor		Albania Azerbaijan Kazakhstan Tajikistan	
Commercial sex workers and/or trafficking as high risk		Cameroon Chad Cote d'Ivoire Rwanda Senegal	Bhutan China Mauritius Mongolia Thailand	Lebanon Syria	Albania Azerbaijan Bulgaria Czech Republic Georgia Kyrgyzstan Tajikistan	Bolivia Honduras

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
Women's lack of power to negotiate safe sex as a factor in spread of HIV/AIDS	Nepal Tanzania	Kenya	Indonesia		Bosnia & Herzegovina	
Women's health issues other than HIV/AIDS malaria and TB			Mauritius	Jordan	Bosnia & Herzegovina Croatia Czech Republic Hungary Lithuania	Argentina Bolivia
Discussion on malaria		Cameroon Congo Gambia Senegal Togo Uganda				
Discussion on TB					Czech Republic Lithuania	
Health and poverty link						Argentina
Violence as a health issue					Bosnia & Herzegovina Czech Republic	

Goal 7 Ensure environmental sustainability

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
Disaggregated data					Albania	Guatemala
Recognition of gender issues		Gambia Guinea Uganda	China Timor		Albania	Brazil
Gender issues in water sector		Ethiopia Gambia Kenya	Indonesia			

Goal 8 Develop a global partnership for development

PARAMETER	2003 STUDY	AFRICA	ASIA-PACIFIC	ARAB STATES	CENTRAL EUROPE & CIS	LATIN AMERICA & CARIBBEAN
Mention of gender issues		Burkina Faso Gambia		Syria	Albania Bosnia & Herzegovina Slovakia	Honduras Panama Paraguay
Disaggregated data					Albania	

