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A review of national MDG reports from a gender perspective

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* The views expressed in this paper are those of the author and do not necessarily represent those of the United Nations.

Table of Contents

Executive Summary	3
Gender Equality, Women’s Empowerment and the MDGs	4
Gender Mainstreaming Across the MDGs	6
Analyzing National MDG Reports	8
Overall Trends and Findings.....	9
MDG 1: Poverty.....	11
<i>Female-Headed Households</i>	11
<i>Unequal Employment Opportunities</i>	12
<i>General Nutrition, Poverty and Gender</i>	13
MDG 2: Education.....	15
<i>Gender Parity at the Primary Level</i>	15
MDG 3: Gender Equality.....	16
<i>Gender Inequality, Custom and Societal Norms and Practices</i>	16
<i>Gender Equality in Education</i>	17
<i>Gender Equality in Employment and the Labor Force</i>	19
<i>Women’s Political Participation</i>	21
<i>Violence Against Women</i>	21
MDG 4: Child Mortality	22
<i>The Link Between MDG 4 and MDG 5</i>	22
MDG 5: Maternal Mortality.....	24
<i>Reducing Maternal Mortality</i>	24
<i>Obstetric Care and Access to Maternal Services</i>	25
<i>Contraception and Abortion</i>	26
<i>Adolescent Pregnancy</i>	27
MDG 6: HIV, Malaria and Health	27
<i>The Feminization of HIV/AIDS Epidemic</i>	27
<i>Mother-to-Child Transmission</i>	28
<i>Malaria Control and Gender</i>	29
MDG 7: The Environment.....	29
<i>The Impact of the Environment on Women</i>	29
<i>Mainstreaming Gender into National Environmental Responses</i>	30
MDG 8: Development Partnerships.....	31
Remaining Challenges	32
Measuring the MDGS: Data Quality and Availability	32
Intersectional Challenges: Inequalities and Disadvantaged Women	33
Conclusion: The Way Forward	34
Annex 1: The Millennium Development Goals	35
Annex 2: Country Examples of Gender-Sensitive MDG Programming.....	37
References	42

Executive Summary

This report analyzes the national reports documenting progress and constraints in the achievement of the Millennium Development Goals (MDGs) to determine whether, and if yes, how gender equality and women's empowerment have been incorporated as priority issues within the national strategies and programmes that have been established to achieve the MDGs. It first looks at how gender equality and women's rights have been featured in the original MDG targets and indicators. While specific gender issues may not have been included in the original MDG framework, this section also looks at how and why gender equality and women's rights are relevant to each of the MDGs. The second section delves more deeply into an analysis of the national reports. Taking each MDG in turn, it highlights how countries are reporting on and prioritizing gender issues across each of the MDGs. Using examples from across all geographical regions, this section examines the use of innovative data, the implementation of key strategies, policies and programmes that target gender issues, and the way that countries have expanded their MDG obligations to address gender inequality in development. The final section concludes the report and highlights remaining challenges, such as problems of data availability and quality, and intersectional challenges.

Gender Equality, Women's Empowerment and the MDGs

The main objective of this report is to analyze and review how and whether countries have incorporated gender analysis into reporting on their achievements in reaching the Millennium Development Goals (MDGs). This analysis relies primarily on the national MDG reports that are produced by governments to document their own progress. The national MDG reports are an important tool for tracking progress in reaching the MDGs, acting as a 'snapshot' to show where each state stands in achieving these goals. An analysis of the gendered content of these reports can illustrate to what extent gender equality and women's empowerment issues are mainstreamed throughout efforts to achieve these goals and it shows how and when gender issues are included in national strategies and policies for development. This is important because, as this report will show, gender equality and women's empowerment are critical priorities for the achievement of all of the MDGs. A consideration of gender issues must be mainstreamed throughout efforts to achieve each one of the goals. Moreover, the 2014 Commission on the Status of Women (CSW) will consider 'Challenges and achievements in the implementation of the Millennium Development Goals for women and girls' as its priority theme. Thus, this report offers a foundation for understanding how countries address gender equality and women's empowerment in their efforts to reach the MDGs, including the key challenges they face and the achievements that have been made.

Gender equality and women's empowerment are fundamental to the achievement of all of the MDGs. Attempting to meet the MDGs without promoting gender equality throughout all goals will both raise the costs and decrease the likelihood of achieving the other goals (UNDP 2005). Gender equality and women's empowerment has a high 'payoff': studies have shown that a failure to meet the goal of gender equality will lead to economic growth losses, as well as foregone reductions in fertility, child mortality and malnutrition (Abu-Ghaida and Klasen 2004). Thus, the introduction of gender considerations throughout all of the goals promises progress towards these other important development priorities. Tracking these efforts is critically important to understanding progress on the overall successes and limitations of achieving the MDGs.

Gender is often missing from work on the MDGs or is treated as an afterthought (Heyzer 2005). A 2003 UNDP review on gender in national reports found that no report identified gender as a 'cross-cutting' issue (UNDP 2003). A later 2005 UNDP review of 78 MDG reports showed little progress, indicating that the majority of the reports concentrated only on the minimum indicators for MDG 3, failing to think 'outside the MDG box' (UNDP 2005). It found that references to women and gender were 'ghettoized' under Goals 3 and 5, and that Goal 7 on the environment and Goal 8 on partnerships were almost always gender-blind (UNDP 2005; Moser 2007). Feminist scholars have critiqued the MDGs because gender inequalities are only an explicit focus of MDG 3 and 5. As a 'profoundly cross-cutting force', Saith (2006:1174) argues that gender cannot and should not be 'corralled into a single goal or target'. Gender is also implicitly addressed in Goal 2, on universal achievement of primary education, and Goal 1, in indicators of women's employment. Despite the centrality of gender issues to the achievement of each of the goals, gender is not effectively mainstreamed into the goal statements, the indices chosen, nor the methods used for measuring (Moser 2007). Thus, the goals have tended to be gender blind

and the cross-cutting gender concerns have remained relatively invisible in efforts to achieve the MDGs (Jones et al 2010).

Feminist critiques have questioned the limitations of Goals 3 and 5 for targeting the root causes of gender inequality and for addressing many gender-specific risks and vulnerabilities (Chant 2007; Jones et al 2010; Moser 2007). For example, the indicators chosen to monitor MDG 3 do not address key issues such as violence against women (Moser 2007). In countries where MDG 3 has been ‘achieved’, many women still face high levels of violence or may not, for example, have access to reproductive health services, such as abortion (Verdiere 2005). While education for women and girls is necessary to improve the condition of women in society, the focus on enrolment in education as the target of Goal 3 does not address systemic barriers to gender equality (Johnson 2005). Moreover, while enrolment rates measure education inputs, equally important are school completion rates, learning outcomes and the quality of girls’ experiences in schools (Grown et al 2003). As Kabeer (2005) argues, while education, employment and political participation are essential to gender equality and women’s empowerment, it is necessary to target the deeper root causes of inequality and resource allocation and the social relations that govern access to these achievements.

International efforts have attempted to broaden the scope of focus on gender within the MDG framework. The UN Millennium Project Task Force on Education and Gender Equality was tasked with improving the existing indicators for addressing education and gender equality concerns. In 2005, the Task Force recommended that MDG 3 include seven new strategic priorities. These priorities were aligned with existing normative agreements on women’s rights and empowerment such as CEDAW and the Beijing Platform for Action. The strategic priorities are accompanied by 12 proposed indicators to measure progress (Grown et al 2005). These seven priorities are ‘the minimum necessary to empower women and alter the historical legacy of female disadvantage’ that remains in most societies (Grown et al 2005). The following box outlines these strategic priorities:

UN Millennium Project Task Force on Education and Gender Equality Seven Strategic Priorities for Gender Equality and Women’s Empowerment:

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

(Grown et al, 2005)

Gender Mainstreaming Across the MDGs

How and why are gender equality and the empowerment of women relevant to each of the Millennium Development Goals? This section briefly discusses some of the literature that indicates how gender concerns intersect with the MDGs. It highlights, where possible, how a focus on gender equality can not only improve the lives of women, but can assist in the attainment of the goals overall.

MDG 1: Poverty Millions of women around the world are vulnerable to poverty, both in terms of income and/or time poverty. While globalization has opened new opportunities for women to participate in the labour force, women's access to employment is gendered: women continue to earn less, relative to men (Lambrou and Piana 2006), and they are over-represented in casual labour and in the informal sector, characterized by job insecurity and lower wages (Kabeer 2008). Equal access for women to assets and services such as basic transport and energy infrastructure can lead to greater economic activity and can significantly reduce levels of poverty (Grown et al 2005). In terms of time poverty, at all levels of income, women do the majority of house and care work, and spend less time in market work (Berniell and Sánchez-Páramo 2011).

MDG 2: Education Women and girls face multiple barriers to education: patriarchal attitudes may devalue education for girls; girls may be held back from school due to their valuable contributions in the household (Rihani 2006); and there may be concerns of violence that could limit girls' education, considering the distance to schools and physical infrastructure (Sutherland-Addy 2008). Also, even when girls attend school, the quality of the education – in terms of its sensitivity to girls' specific educational needs – may be compromised (Para-Mallam 2010). There are strong social benefits, such as improved health, lower fertility rates and increased life expectancy that are correlated to girls' education (Duryea et al 2007), as well as a delay in sexual activity and greater capacity to make informed decisions about sex (Global Campaign for Education 2011).

MDG 3: Gender Equality Gender equality contributes to advancement in all areas of the MDGs, yet gender equality will not be reached through achievement in these other development domains alone (Seguino 2000; Kabeer and Natali 2013). Dedicated policy action is still necessary to achieve gender equality (Duflo 2012). UN General Assembly Resolution 65/1 of 2010, paragraph 12 states: “achieving gender equality and empowerment of women is both a key development goal and an important means for achieving all of the Millennium Development Goals”. This Resolution emphasizes progress in gender equality through a focus on women's access to education, full and productive employment for all, labor and time-saving technologies to assist women, women's participation in economic and political decision-making processes, and ending violence against women (Resolution 65/1). By building distinct policies to address these issues, transformation in structural inequalities in society is possible, and gender equality will continue to facilitate advancement in other areas of development.

MDG 4: Child Mortality Infant mortality and child survival are closely related to and determined by gender equality. There is an ‘unrealized double dividend’ between women's empowerment and improved child health, nutrition and education (UNICEF 2007). A strong correlation exists between mothers' education and earnings, and child welfare, particularly child

health (Duflo 2012; Chou et al 2010). The children of educated mothers are more likely to have higher birth weights and to be immunized (World Bank 2012). Safe childbirth and healthcare for children are linked to women's access to information and decision-making power. Women who marry as adolescents may not be empowered to make decisions that would provide proper nutrition and health care for their children, which could heighten a child's vulnerability to infectious diseases or death (ICRW 2007).

MDG 5: Maternal Mortality More than half a million women die annually of pregnancy-related complications (UNDP 2005). Many of these deaths are preventable, but continue due to the lack of accessibility and the poor quality of health services. Gender inequality may undermine women's ability to access health care and information about childbirth, contraception, and sexual and reproductive health. In particular, women who bear children at early ages face an even higher risk of maternal health problems (Jensen and Thornton 2003). Fertility is linked to women's education and decision-making power: research shows that a more educated woman will bear fewer children (Breierova and Duflo 2004). Research also shows that a reduction in maternal mortality in Sri Lanka led to a convergence in rates of education for girls and boys, which could subsequently improve economic development (Jayachandran and Ileras-Muney 2009).

MDG 6: HIV, Malaria and Health Women are differently affected by the HIV/AIDS epidemic. Much of the acceleration in the spread of HIV around the world has occurred among women, and especially adolescents (Clark et al 2006). The prevalence among women aged 15-24 is much higher than the global average, where women are two to eight times more likely to be infected than men in the same age group (UNAIDS 2010). This growing 'feminization' of HIV/AIDS stems from women's greater biological susceptibility to infection and also their subordinate status and relative lack of power to negotiate safe sex (UNFPA 2005). There is a lower prevalence of the disease amongst girls who have a better education: for a girl in Africa, completing basic education makes her three times less likely to contract HIV (Global Campaign for Education 2011).

MDG 7: The Environment Women are critical in securing water, food and fuel for their families and communities, and are disproportionately responsible for reproductive labor, as connected to the access, availability and use of environmental resources (Jones et al 2010; Quisumbing et al 2008). Women are less able to adapt than men to natural disasters and environmental destruction because of lower income-generation, lower education levels, and limited or no access to land rights (Lambrou and Piana 2006). Research shows that in India during droughts, there is an excessive rise in the mortality rate of girls relative to boys (Rose 1999) and in Tanzania, the vulnerability of women increases during droughts and floods (Miguel 2005). Women are also disproportionately affected by a lack of sanitation facilities. Women and girls are often the primary water managers in the family, and research shows that improvements in water and sanitation conditions may be more beneficial to girls than boys (Drevenstedt et al 2008).

MDG 8: Global Partnerships Trade policies and development aid inflows are not gender-neutral. The burden of adjustment for trade liberalization policies, such as the reduction or elimination of tariffs, is often shifted onto women, who must work longer hours in unpaid and

care work, at the expense of their economic productivity, health and well-being (UNDP 2005). If international trade agreements undermine national legislation that protects the rights and interests of the domestic labor force, women often face the brunt of those policies because women disproportionately work in informal and casual employment. The turn to informal production processes also means that women are increasingly accepting low quality employment with little or no protections and security (Jones et al 2010).

What this section shows is that mainstreaming gender priorities into all efforts to ensure the achievement of the MDGs is not only good for the lives of women and girls, but is also prudent to ensure overall MDG success. The incorporation of gender equality and women's empowerment into efforts to achieve each of the MDGs is a crucial strategy for ensuring development success and yet, until now, many countries have not taken efforts to ensure this incorporation. The following section analyzes how countries are currently reporting on their efforts to mainstreaming gender equality and women's rights into their strategies, policies and programmes designed to achieve the MDGs.

Analyzing National MDG Reports

This section analyzes the MDG national reports to determine whether and how countries are mainstreaming gender into their efforts to achieve the MDGs. These reports are produced by national governments, thus the information provided in this analysis is based on what is provided by governments. The extent to which governments engage external experts and civil society in the preparation and verification of these reports varies from country to country. This analysis looks at the content of approximately 85 of the most recent national MDG reports, published between 2008 and 2011, from most available countries.

In 2005, UNDP published a similar analytical report entitled, 'En Route to Equality: A Gender Review of National MDG Reports, 2005', which looked at progress in gender mainstreaming in the first five years of the MDGs. This section builds on the methodology of the UNDP report and advances the analysis to determine the current context. The following questions shaped the process of analyzing these MDG reports:

1. Has gender inequality been identified as a key priority in the fulfillment of the MDGs?
2. Have gender equality or women's rights issues been adequately/effectively highlighted within the text of each MDG's achievements?
3. Have sex-disaggregated data and gender indicators been presented and used effectively?
4. Have strategies, policies or resources for addressing gender inequality been committed to or clearly identified?
5. Have additional gender targets or indicators relevant to a specific country situation been incorporated into the report?
6. Have the strategic priorities for gender equality identified by the Millennium Task Force been discussed and engaged?

Finally, this analysis illustrates general trends in gender mainstreaming throughout the national MDG reports. While efforts have been made to effectively and accurately address progress and constraints from around the world, a large number of reports were analyzed and not every policy, strategy or discussion of gender could be included in this analysis. Every effort was made to

ensure a regional balance.

Overall Trends and Findings

Overall Key Findings:

- Gender is increasingly being cited as an important cross-cutting priority.
- Many reports highlight the critical interconnection between the MDGs.
- Despite this recognition, gender issues are not always comprehensively addressed in the MDG reports. Gender analysis is often missing.
- Some countries have adopted new indicators and targets, ‘localizing’ the MDGs, to meet their particular development goals and needs.

Many of the national MDG reports cite gender as a cross-cutting theme that must be addressed within all eight Goals in order to achieve overall development progress. Development efforts that exclude women are poised to suffer setbacks (e.g. South Africa 2010; Bolivia 2010; Mexico 2010). The specific needs of women and girls are cited as a key priority to many countries and numerous reports explain that, where possible, they try in the report to highlight disparities and inequalities that cause uneven progress in achieving the MDGs (e.g. Nauru 2011; Nepal 2010; Liberia 2010). Many reports additionally explain that gender has been incorporated into their national development strategies as a cross-cutting issue, such as in Suriname (2009), where the Integral Gender Action Plan 2006-2010 was formulated to improve the situation of women and girls in the achievement of the MDGs, and in Cape Verde (2010), where gender is a key theme in the national Growth and Poverty Reduction Strategy. While many reports cite gender as cross-cutting, very few reports comprehensively incorporate gender analysis throughout their entire report.

More than merely a cross-cutting issue, many reports highlight the crucial inter-connection between each of the MDGs and the way that achievement in MDG 3 and MDG 5 is essential for progress to be made in all of the other Goals. The 8 MDGs are inter-dependent and inextricable. As the Sierra Leone (2010) report notes, ‘acceleration of progress in one goal often speeds up progress in the others’. An emphasis was particularly placed on the interconnection between poverty, education and health and between maternal and child mortality (e.g. Sierra Leone 2010; Ethiopia 2010; Uganda 2010). Some reports state that while the MDGs appear as stand-alone goals, the multi-sectoral links between all of the goals, targets and indicators is evidence that gender should be considered a cross-cutting priority (e.g. South Africa 2010).

In describing their commitment to gender equality and women’s empowerment, many national reports refer to the international commitments that shape state obligations towards women’s rights and non-discrimination (e.g. Bolivia 2010). For example, Egypt described its National Strategic Framework, which builds on the linkages between CEDAW, the MDGs and the Beijing Platform for Action (Egypt 2010). The Fijian government recognizes its commitment to addressing gender equality through its Women’s Plan of Action, which addresses the priorities to which Fiji committed itself at the Beijing Conference (Fiji 2009). Others, such as the Solomon Islands, document their commitment to CEDAW and, as a post-independence state, to the UN Security Council Resolution 1325 (Solomon Islands 2010). Thus, these national MDG reports implicitly highlight the important connection between the MDGs and a human rights-based

approach to development that is grounded on international human rights obligations and commitments.

In spite of the recognition that gender equality and the empowerment of women have cross-cutting significance for achieving the MDGs, and considering the acknowledgment that gender equality within the MDGs falls in line with state obligations to women's human rights and non-discrimination, many national reports are still lagging in reporting on their progress in incorporating a gender dimension throughout the MDGs. While the reports explicitly state that gender is a priority issue, many simultaneously explain that effective development strategies in which women play a central role have been lacking (Lesotho 2008); that a projected underinvestment in gender issues suggests a bleak outlook for achieving MDG 3 (Belize 2010); and that to achieve the MDGs, a significant increase in public spending on health and education for women, for example, is necessary (Myanmar 2011). The report from Bolivia (2010) noted that, while gender equality is a significant priority, the lowest share of the MDG spending total is oriented to the goal of promoting gender equality and women's empowerment.

There appears to be a considerable gap between rhetorical commitment to gender equality and actual strategies and funding to achieve this goal. For example, many reports explain that gender equality is a priority issue, while they concurrently explain that funding is not in place to achieve this goal and that gender has not been incorporated into their budgeting priorities (Tonga 2010; Tuvalu 2011). There is often an absence of planning, accountability and reporting mechanisms, and coordination across many levels of government remains weak (Albania 2010). Bahrain (2010) explains that gender equality is a national priority, and yet also explains that gender issues present a significant challenge in the achievement of the MDGs. Many reports cite cultural and customary constraints that limit the ability of the government to implement effective programmes and policies (Egypt 2010; Tuvalu 2011; Fiji 2009). In response to these concerns about the deficit in meeting MDG 3 and broader gender equality priorities, many reports, such as from Indonesia (2010), explain that gender equality and the empowerment of women are a key priority to address in the future.

Not all national MDG reports lament a failure in meeting gender equality obligations. In fact, there are several countries that have met the gender-related MDG targets and have expanded their approach to the MDGs by introducing new targets and indicators related to women's rights and gender equality. For example, Russia (2010) explains that the original formulation of the MDGs is not consistent with the gender situation in Russia today and that "most of the problems addressed by MDG 3 are not relevant in our country". The report explains that there is equality in 'access to all levels of education', there is a small gap between male and female representation in professional employment; and men make up the majority of paid agricultural employees. Instead, the reports explains that the problems that women face in Russia pertain more accurately to the discriminatory division of labor between men and women, the lower salary levels paid to women, and women's under-representation in decision-making (Russia 2010). These expanded issues are not unique to Russia, and throughout the reports, there is abundant evidence that countries are 'localising' the MDGs to meet their specific needs and the needs of their men and women. Many reports do this by proposing additional targets or indicators for achievement. Throughout this analysis, specific text boxes will identify 'MDG+' targets and indicators that have been established by countries that wish to expand their commitments to gender equality by

achieving targets beyond the confines of the original MDGs. Other reports provide data on issues that go beyond the basic requirements of the MDGs. A selection of these ‘innovative’ gender indicators is also provided throughout this analysis.

MDG 1: Poverty

MDG 1 Key Findings:

- Where gender analysis is included, the focus within this Goal is primarily on identifying and explaining the poverty of female-headed households.
- Women’s unemployment is still a major limit on development in many reports.
- A focus on women’s unpaid care work and time poverty could be strengthened.
- Gender analysis of malnutrition focuses primarily on pregnant women.

Female-Headed Households

One of the most frequent descriptions of the relationship between poverty and gender inequality in the national reports is in reference to the poverty of female-headed households. Many reports explain the distinct gender aspect to income poverty through reference to this phenomenon, although no report mentions the intra-household differences in rates of poverty between men and women. Around the world, female-headed households are generally poor compared to male-headed households and more vulnerable to food insecurity. However, the category of ‘female-headed households’ is not very well defined in the reports and few, if any, explicitly account for differences in pathways to female headship. Guatemala (2010) notes that estimates of poverty by gender are imprecise because poverty is measured by the value of household consumption and not consumption specific to each household member. This measurement thus assumes that access to goods and services is equitable between household members. In spite of these measurement challenges, the poverty of many female-headed households is important for a better understanding of gender inequality. For example, female headship implies a higher burden of responsibilities for women, considering they often also assume culturally assigned gender roles that then make them doubly-responsible for productive and reproductive work (Guatemala 2010).

Traditionally, in many societies, men are the breadwinners in the family and the loss of a husband can place a family in a precarious situation (Lesotho 2008). Divorce and an increase in male migration can also cause the disintegration of the family, increasing economic and social pressure on women (Maldives 2010). Some reports highlight the underlying reasons that female-headed households have difficulty emerging from poverty. For example, women can have limited access to wage employment, which increases women’s poverty and impacts the entire family (Liberia 2010). In the Marshall Islands (2009), women who become the primary breadwinners turn to handicraft production as their main source of income, and yet the income generated from handicrafts is only sufficient to purchase basic goods for survival. Women are limited in their ability to take shiftwork-based employment because of the difficulty in organizing day-care (Seychelles 2010). The poverty of female-headed households is also often associated with women’s educational attainment: many girls drop out of school when they become pregnant and are unable to find good employment (Seychelles 2010). The poverty differential between male- and female-headed households can be even more distinct in rural

areas than urban areas (Palau 2008).

Some reports highlight strategies in place to address this form of gendered poverty. Seychelles (2010), explains that the key to breaking the cycle of poverty is to target teenage pregnancy and to find ways to keep girls in school or to encourage them to return to school after giving birth. The Ministry of Education has developed a Teenage Pregnancy Policy that allows girls to return to school after childbirth (Seychelles 2010). Argentina reports that as part of its efforts to achieve this MDG, it has launched an ‘Unemployed Male and Female Heads of Households Program’ (PJyJHD), which transfers income to unemployed household heads with children up to 18 years of age, and which, as of 2010, has reached around 2 million unemployed people (Argentina 2010). A government initiative in Guyana is also attempting to ameliorate the situation of female-headed households: The Single Parent Training Programme provides training in select ‘child-friendly’ professions, such as cosmetology, catering, information technology, and office procedures and had benefited 374 single parents by 2011 (Guyana 2011).

Unequal Employment Opportunities

MDG+: Increase by at least 10% from the 2010 baseline the actual number of Seychellois men and women involved in creating and managing their own medium-sized businesses in all fields of economic activities (Seychelles 2010)

Many reports highlight the unequal employment opportunities available to women compared to men¹. In many countries, men possess noticeably better employment prospects than women and women’s unemployment rates are much higher (e.g. Swaziland 2010; Costa Rica 2010; Dominican Republic 2010). For example, in both Egypt (2010) and Jordan (2010), unemployment is concentrated among women and youth. Women in Kazakhstan are more likely to lose their jobs than men during economic crises (2010). It can be more difficult for women to gain employment compared to men. In Vanuatu (2010), women’s employment opportunities are more limited in urban areas than rural areas, where subsistence activities can be combined with women’s household responsibilities. Women have a lower employment-to-population ratio overall in many countries, and this can be partially explained by the greater likelihood that women stay at home and/or choose not to participate in the labor market (e.g. Guyana 2011). It also may be because women tend to do informal work, which is not often captured by official statistics. In Tonga (2010), women’s participation in fisheries and agriculture are not captured in official statistics, which then do not recognize women’s contribution to these sectors.

Some reports, especially from the Latin American region, comment on women’s unpaid care work and time poverty. The low participation of women in employment must be considered in light of women’s need – and often their inability – to balance work life and family responsibilities (Peru 2009). According to Mexico (2010), the social allocation of domestic responsibilities and caregiving to women is one of the main causes of women’s lower participation in the labor market. Women’s care-work remains largely invisible and is devalued, although it is essential for social reproduction (Guatemala 2010). There is a need to combine

¹ The analysis of MDG 8 below shows how some (although very few) reports highlight the gendered impact of the 2008 economic crisis on employment opportunities and the quality of employment.

family life with productive labor laws that support women's work, because the rigidity of employment leads to un- or under-employment of women, as well as a growth in informal work – an attractive option for working populations with care responsibilities beyond their formal employment (Mexico 2010; Guatemala 2010).

Several national MDG reports highlight the high rates of women in the informal sector, which tends to be characterized by widespread underemployment, vulnerability and insecurity (e.g. Bangladesh 2011; Costa Rica 2010). While progress has been made in increasing female participation in formal employment, many women continue to work in the informal sector or as unpaid family labor. As the report from Kazakhstan (2010) explains, the economic vulnerability of these women is also determined by their lower wages, larger social vulnerability, limited access to financial resources, and lack of liquid collateral for loans. The Malaysia (2010) report also highlights the gender differential in wages amongst own-account female and male workers: women own-account workers have a gross monthly income half that of women employees, whereas own-account work for men offers not much less remuneration than work as an employee.

More broadly, several reports also highlight the problem of the gender wage gap (e.g. Sierra Leone 2010; Vanuatu 2010). Even in countries where there is no legal discrimination against women in employment or economic participation, women tend to earn much less than men. For example, in Kazakhstan (2010), there is a significant wage difference between men and women. The report explains that this is related to the nature of men's and women's concentration in economic sectors and professions (horizontal segregation) and the distribution of men and women within the professional hierarchy (vertical segregation). Even in sectors that are traditionally female-dominated, men have higher wages due to the over-representation of men in management and executive positions within these sectors (Kazakhstan 2010).

General Nutrition, Poverty and Gender

MDG+: Measuring iodine deficiency among pregnant women (%) (Thailand 2009)

Very few reports engage with the damaging impact of gender inequality in nutrition. Poor nutrition can damage a woman's health, limit opportunities for employment and education and undermines gender equality and empowerment goals (e.g. Maldives 2010). Where this connection is made, the reports highlight how malnourished women can have a long-term impact on the economy and human development. The report from Zambia (2013) explains the direct correlation between nutritional levels of the population, especially young women and children, and food prices. It explains that food security requires short- and long-term solutions that focus on vulnerable groups like women and children (Zambia 2013). A few other reports mention the difficulty that women face in accessing healthy and nutritious foods. This could be because of the cost (Zambia 2013); women's lack of control over resources (South Africa 2010); cultural practices where males take a greater share of protein at the expense of women and children (Ghana 2010); or the problems of access facing rural women (Nepal 2010).

Where women's nutrition is highlighted in the national reporting of achievements towards MDG 1, it is primarily focused on pregnant women and the care of their under-5 year old children. The nutrition of pregnant women can be closely linked to maternal and child mortality, and is a product of the interaction of multiple factors that together create situations of food insecurity (Guatemala 2010). As Liberia (2010) explains, well-nourished women face fewer pregnancy risks, have higher birth-weight babies, and their children grow, both physically and mentally, in a healthier way. Some reports also briefly mention the iodine deficiency and anaemia that affects pregnant women (e.g. Kazakhstan 2010; Thailand 2009). In fact, Thailand has adopted a new MDG target that measures the proportion of iodine deficiency among pregnant women (Thailand 2009).

Some programmes have been developed that ensure maternal nutrition. In Mexico (2010), a programme supplies milk endowment grants of fortified milk below market prices to families with pregnant or nursing women. By December 2010, this programme reached more than 3 million families (Mexico 2010). In Ghana, community-based health and nutrition services packages for children under the age of two and for pregnant and lactating women are available and there is a programme that aims to promote vitamin A supplementation of pregnant women and lactating mothers (Ghana 2010). In Chile (2010), the National Food Supplement Programme (PNAC) offers free delivery of different foods to pregnant women, nursing women, and young children to reduce the rates of malnutrition of these vulnerable groups. In Guyana, a programme has been developed that targets the reduction of malnutrition through interventions addressing micro-nutrient deficiencies. High levels of iron deficiency found among pregnant women were addressed by the distribution of an iron supplement (Guyana 2011). Finally, a programme in Kazakhstan (2010) prevents iodine deficiency through universal salt iodisation and free iodine supplementation of all pregnant women.

MDG 1: Innovative Gender Indicators

- Outcomes of Employment and Professional Training Strategy, by gender (Mozambique 2010)
- Male to female breakdown of employed by income bracket, 2007 (Belize 2010)
- Proportion of vulnerable workers to total workers, 1990-2010, disaggregated by sex and urban/rural (Indonesia 2010)
- Employment and unemployment rates in BiH, disaggregated by gender, in % (BiH 2010)
- Poverty rates among the most vulnerable categories disaggregated based on the gender of the household head, 2009 (Moldova 2010)
- Estimated anaemia incidence based on blood haemoglobin concentrations (g/dl) in different gender and age groups (Kazakhstan 2010)
- Food insecurity by geographic and gender status (Bangladesh 2011)
- Malnutrition indicators by gender, domain and income group (Cambodia 2010)
- Nutritional status of children 10-17 years by gender, 1993 and 2004 (Fiji 2009)

MDG 2: Education

MDG 2 Key Findings:

- Gender equality in enrollment in education has been the key achievement of many countries in reaching the MDGs.
- Many reports address the factors that affect the retention of girls in schools.

Gender Parity at the Primary Level

Many of the reports highlighted the gender dimensions of education within their reporting on MDG 3 rather than MDG 2. That said, each of the reports outline progress in achieving this Goal. Several reports note that women are now more likely to be enrolled in schools than boys (Colombia 2011; Bolivia 2010). Some countries point to challenges that they face in achieving the Goal. For example, the report from the Solomon Islands (2010) explains that gender inequality in education remains a matter of concern. This success may be due to some of the targeted strategies that have been put in place to improve gender equality in education. For example, in India, the Government has launched two focused interventions for girls: the National Programme for Education of Girls at Elementary Level (NPEGEL) and the Kasturba Gandhi Balika Vidyalaya (KGBV) to reach out to girls from marginalized social groups (India 2011). There are very few reports that highlight the intersectional challenges that girls from marginalized ethnic groups face in accessing education. Two other examples come from Nepal (2010) describing the challenge in meeting this MDG target for out-of-school children from among Tari Dalit communities, and Macedonia (2009) describing the progress that has been made in eliminating gender disparities in education between Roma boys and girls.

One key problem that many national reports highlight is how to ensure retention rates remain high for girls. A number of critical factors impact whether girls remain enrolled in school, and the reports highlight some of these factors:

- Sexual harassment/abuse in schools, by teachers and peers (Sierra Leone 2010)
- High proportion of un-skilled teachers (Belize 2010)
- Fewer opportunities for girls in rural areas, especially due to large distances between home and schools (Afghanistan 2010; Paraguay 2010)
- Overcrowding in schools (Nepal 2010)
- The financial burden of school and the opportunity cost of lost time (BiH 2010)
- The high costs of education, including tuition, books and uniform (Sudan 2010)
- Early marriage forcing girls to leave school (Somalia 2010)

Some reports highlight strategies to overcome these barriers to education. In Cambodia (2010), a systematic focus on training and deploying female teachers has reduced the regional disparities in the Gender Parity Index. Burkina Faso introduced its BRIGHT (Burkinabe Responses to Improve Girls' Chances to Succeed) program in 2005, which provides daily meals for children and take-home rations for girls, to reduce the time they spend on household chores (Africa report 2010). In the Gambia (2009), improvements in enrolment and retention are attributed to access to schools, following the construction of new school buildings; and the Girls' Scholarship Trust Fund, which encourages parents to enroll their children in school. In Mexico (2010), the *Oportunidades* programme offers scholarships to girls to achieve higher education,

emphasizing the need to remain enrolled in school through primary and secondary education, with the possibility of continuing into higher education.

MDG 2: Innovative Gender Indicators

- Primary school trend of gross enrolment rate and net enrolment rate by sex (Ethiopia 2010)
- Trends in survival rates in basic schools by gender, primary and secondary (Ghana 2010)
- Gender and caste-ethnic gap in primary enrolment for 2005 and 2009 (Nepal 2010)
- Ratio of women in an overall number of pupils/students, in % (university, secondary, masters and doctorate levels) (BiH 2010)

MDG 3: Gender Equality

MDG 3 Key Findings:

- Many countries struggle to address cultural and societal norms and practices that perpetuate gender inequality in society.
- The original MDG 3 target was limited in nature. Many countries have identified new indicators and targets that address the needs and experiences of women and girls. Many report on a wide array of gender issues that go beyond the MDG 3 targets and indicators.
- Some of the broader issues in focus throughout the reports include: girls' retention rates at all levels of schooling; the gendered division in education and employment options; the gender wage gap; women's participation at all levels of politics and in the economy; and violence against women.

Gender Inequality, Custom and Societal Norms and Practices

In response to the fact that many countries are struggling to meet their MDG obligations towards gender equality and women's empowerment, many national reports explain that cultural and social norms constrain their ability to produce sustainable change around the gender target and indicators (e.g. Dominican Republic 2010). Even when countries, strengthen the legal framework to protect women and girls through the implementation of new laws, change on the ground is challenging due to the entrenched cultural and religious practices that perpetuate gender inequality, such as early marriages in Liberia (2010). Jamaica (2009) notes that socialization in the home along rigid gender stereotypical lines produces different educational outcomes for boys and girls, an issue with which they have had some success in strategically addressing. A number of reports explain that it is their priority in the future to accelerate Goal 3 through attention to traditional discriminatory laws and practices (e.g. Sierra Leone 2010). Zambia (2013) identifies a broader pattern where, despite some interventions, countries are not sufficiently addressing the underlying causes of women's marginalization, which are reinforced by cultural norms and discriminatory attitudes.

Some reports discuss an era of transition that is occurring for women and for gender equality, in spite of these cultural constraints. The report from Papua New Guinea (2010) highlights their

structure of ‘Village Courts’ to promote gender equality, which draw heavily on custom and tradition to examine how customs need to be changed to protect women and to promote their roles as leaders in the community. The ‘Village Courts’ emphasize the importance of treating women fairly and of considering sexual and domestic violence to be a serious crime (PNG 2010). The report from Vanuatu (2010) also describes a changing situation for women in society, a ‘defining point’, where women live both traditional and modern lifestyles. However, they explain that this equilibrium has placed a larger burden on women who must maintain the traditional role of mother and custodian, while also engaging in modern employment and urban living (Vanuatu 2010). Finally, Botswana describes an evolving shift in practices of land inheritance and ownership, from the traditional patriarchal inequalities to a system of asset ownership based on gender equality (Botswana 2010).

MDG 3+ New ‘Localized’ Targets and Indicators

Thailand (2009)

New National Target: ‘Double the proportion of women in the national parliament, sub-district administrative organizations, and executive positions in the civil service by during 2002-2006.’ With use of the following indicators:

- Female to male students in selected fields in tertiary education
- Ratio of literate women to men over 40 years old (%)
- Proportion of women’s to men’s income from waged non-agricultural employment (%)
- Share of women in sub-district administrative organizations (%)
- Share of women in executive positions in the civil service (%)

Albania 2010

New National Targets:

- Eliminate gender disparities in basic (grade 1-9) education by 2015
- Eliminate gender disparities in elected bodies, in decision-making in central and local government, and in judicial system
- Proportion of budget allocated to gender equality and reduction of violence against women and children increased by 50% between 2009 and 2015
- Eliminate gender inequality in employment by reducing women’s dependence on informal employment, closing gender gaps in earnings and reducing occupational segregation

Gender Equality in Education

Where the discussions of MDG 2 do not always deeply elaborate the gender dimensions in achieving universal education, the discussions of MDG 3 fill that gap. In fact, a high proportion of countries explain that they have succeeded in meeting this target for MDG 3 and that, were it not for the indicators on women’s employment and political participation, their efforts to achieve this goal would be an overall success. Some countries have been so successful at achieving gender parity in education, that they make a point to comment on how girls’ attendance in some

cases is higher than boys (e.g. Cape Verde 2010; Seychelles 2010; Timor Leste 2009; Jordan 2010; Dominican Republic 2010). Even those countries that have not reached the goal of gender parity in education describe the great efforts that have been put into this Goal, which stands out as a priority issue (e.g. Sierra Leone 2010). Quite a number of reports explain the effective strategies and programmes that have been implemented to address this issue. For example, despite a persistent gender gap in education in Sudan (2010), the Girls' Education Policy at the federal and state level is reported to have helped to contribute to major progress in this domain. Also, Costa Rica (2010) and Dominican Republic (2010) both note that in order to truly address gender inequality in education, it is necessary to look at the quality of education and the 'hidden inequality' within the content of learning materials, the attitude of teachers to their students, and the institutional mechanisms that transmit and reinforce gender values and norms.

Public interventions for gender parity in education including stipends and tuition exemption fees for girls (Bangladesh 2011), a scholarship trust fund for girls (Gambia 2009), and free and compulsory education for all children (India 2011), have all contributed to reducing the financial burden of schooling for girls, and thus have increased the number of girls enrolled at primary and secondary levels. Moreover, since 2007, the Chinese Government has earmarked RMB50 million (US \$7.4 million) per year to support literacy projects that focus on ethnic groups and women, including the 'Women's Illiteracy Eradication Campaign' (China 2010).

Within the reports, the description of factors that affect retention and enrolment rates for girls are repeated through both the description of MDG 2 and MDG 3. Without repeating those factors again here, some new strategies and programmes are described, which address these problems and illustrate the commitment of many governments to this target. For example, in Botswana (2010) girls who leave school on account of pregnancy may now return within six months of giving birth. Many interventions focus on targeted funding to girls to ensure their financial ability to attend schools (e.g. Liberia 2010; Yemen 2010). Other interventions focus on strategies to make schools more 'girl-friendly', such as quotas for female teachers (Nepal 2010), an anti-violence curriculum (Tonga 2010), and legislation on ethical and gender-sensitive curricula and programmes, including textbooks (Croatia 2010).

Amongst the countries that have already achieved gender parity in primary education, the reports feature discussion of a new challenge in education: the gendered division in educational fields. These reports explain that, while women are not disadvantaged compared to men in education, there is a distinct division in the subjects that they choose to pursue in secondary and tertiary education (e.g. Costa Rica 2010). As the report from Seychelles (2010) notes, the issue is not linked to performance but rather to cultural perceptions and gender biases that shape ideas about what women should study and what their professions should be. Women tend to dominate in the arts, education and humanities whereas men dominate in engineering and technical sciences (Malaysia 2010; Saudi Arabia 2011). This is true even where women outnumber men in higher education (Montenegro 2010; Belarus 2010). There are some signs of changing trends, especially as governments adopt policies to overcome this disparity, including Girls Science Camps to encourage girls to take science and mathematics subjects (Tanzania 2008) and a Technical Education Law that seeks to incorporate women into information and technology educational environments (Argentina 2010).

Gender Equality in Employment and the Labor Force

Despite progress in women's access to and enrolment in education at all levels in most countries, increasing women's participation in the labor force remains a challenge for many countries. Clear progress is being made in having women enter the formal non-agricultural labor market, but a massive gender disparity remains in many countries (e.g. Sudan 2010; Tonga 2010). Many reports highlight the challenges of achieving this indicator due to the barriers that women face in seeking formal employment:

- There are limited job opportunities available in the fields within which women tend to be educated, such as in the arts and humanities (Jordan 2010).
- Women continue to carry the burden of un-paid, 'invisible' care work in the home, which can be a challenge when women are also responsible to work in formal employment (Belarus 2010; Myanmar 2011; Chile 2010).
- Many countries do not have social support systems, such as childcare and maternity leave, that can help women to balance their employment and childcare responsibilities (Tonga 2010; Kyrgyzstan 2010).
- Even where women are able to enter the workforce, there is vertical gender segregation that limits their ability to work in the higher paid, management positions (Bulgaria 2008; Albania 2010).

In response to these challenges, some national reports explain strategies and programmes that have been established to develop employment opportunities for women, to facilitate skills development, or to support women as they seek to gain employment. The Croatian Government adopted the 'Women's Entrepreneurship Development Strategy' to create the conditions necessary to involve a large number of women in the labor market and to reduce their unemployment (Croatia 2010). To help support women who want to re-enter the labor market, Malaysia (2010) offers a subsidy to civil servants for childcare and grants corporate tax exemptions to employers to establish childcare centers. Amendments to the Labor Code regulating maternity in Bulgaria (2008) advance women's rights by significantly extending maternity leave with pay and by offering childcare leave that can be used by either fathers or mothers. They have also developed a project called 'Child Family Centers', which provides employment for unemployed women to look after the children of working parents (Bulgaria 2008). In terms of training for employment, the Guyana Women's Leadership Institute and Board of Industrial Training offer ongoing training programmes for women, which encourage female entrepreneurship and help single mothers to start businesses (Guyana 2011).

Just as there is a gendered division in educational fields, there is a gendered division in the labor market, with women being more likely to work in certain sectors of the labor market and men in others (e.g. Costa Rica 2010). Even as women exit the agricultural sector to take on wage employment in the formal labor market, several reports note that women dominate the relatively low paying, vulnerable occupations (e.g. Botswana 2010; Bolivia 2010). Female workers are concentrated as service workers, office employees, wholesale and retail trade, where men tend to work in public administration, management and as higher skilled workers (Mongolia 2009; Lebanon 2008). Even when men work in the more traditionally ‘female’ dominated fields, they tend to have higher paid positions in management. The high proportion of women in lower-paid positions and men in better-paid positions creates a persistent male-female wage gap (Belarus 2010; BiH 2010). Across almost all reports that discussed the gendered division of the labor market and the existing wage gap, the average salary of women is lower than that of men (e.g. Bulgaria 2008; Mongolia 2009; Mexico 2010).

MDG 3: Innovative Gender Indicators

On Women in Decision-Making Positions

- Women’s participation at political and administrative levels (State and Non-State) and Senior Positions (Private) (Seychelles 2010)
- Percentage of women in both national parliament and parliament election candidates (Mongolia 2009)
- Percentage of women representation in various leadership positions (including local governance, ministries, diplomatic corps, judges, professional associations, trade unions) (Jordan 2010)

On Women in the Workforce

- Evolution of the gender gap in the average income of salaried workers in 31 urban centers from 2000-2009; and comparison between the salary gap between men and women without standardization, and with standardization as per the number of hours worked, total 31 urban centers, 2000-2009 (Argentina 2010)
- Labor force participation rate by gender; employment status by gender; company legal structure; employment by industry; gender analysis for civil servants by occupational groups, 2008 (Fiji 2009)
- Proportion of individual borrowers from micro-credit funds, holders of securities, owners of land and holders of land possession, by gender (Jordan 2010)
- Proportion of women who have access to the financial system and preschool coverage for children of economically-active women (Chile 2010)

On Violence against Women

- Reported cases of gender-based violence (police data 2000-2005) and number of registered cases of spousal violence at the family tribunal (Seychelles 2010)
- Changes in perceptions of general population about acceptability and illegality of various acts of domestic violence, 2005 and 2009 (Cambodia 2010)
- Non-governmental women’s crisis centers in Kazakhstan and Almaty, 2009, and violence victims by age, education and employment status (Kazakhstan 2010)
- Percentage of ever-married women by age range who have experienced physical violence by their husband or partner (Colombia 2011)

Women's Political Participation

Reporting on this indicator to increase the proportion of seats held by women in national parliament was not characterized by efforts to go 'above and beyond' the formal requirements of the MDG 3 target and indicators. Most country reports explained how well they were doing at achieving women's political participation and provided data. Many explained that there are persistent cultural and traditional practices that hinder women's active participation in politics and in decision-making positions in general (see e.g. Micronesia 2010). But there was very little discussion of the efforts and strategies that have been put in place to expand beyond the indicator requirements.

Several countries commented on their successful (or unsuccessful) efforts to implement legislation and policies to increase women's political participation. For example, Bulgaria (2008) noted that the most decisive factor that increases the participation of women in politics is quotas. However, they subsequently note that both men and women in Bulgaria denounce the principle of quotas, and thus the principle of parity should be adopted in the future to allow Bulgaria to demonstrate their commitment to gender equality (Bulgaria 2008). Macedonia (2009) has made legal amendments to require a 30% gender quota on election lists, which has had a positive impact on the proportion of women in decision-making positions; and yet, in many municipalities, this quota continues to fail. Russia (2010) explains that it has not carried out systematic work on this issue in recent years, and that a draft law to facilitate women's political participation was introduced but has not been carried out.

Where efforts to increase the proportion of women's political participation have been relatively successful, a few countries describe their efforts to work towards this goal and also explain how they have taken it further by targeting women's political participation at all levels: national, provincial and local. For example, South Africa (2010) provides data on women in local government as evidence of their good performance and cites the quota within the ANC as a reason for the increase in women on the party list. Cambodia (2010) cites its progress in achieving women's representation in elected positions at the commune level and in the National Assembly, and explains that women's representation in other top decision-making positions, such as Provincial Governors, Secretaries of State and Ministers, needs to become their next priority. Finally, the Tenth Malaysia Plan stated an increase in the number of women in key decision-making positions as a policy objective and cited progress in meeting this target in public services (Malaysia 2010).

Violence Against Women

Violence against women is the most discussed gender-related issue in the national reports that spans beyond the original MDG framework. Multiple reports highlight the deep relationship between gender inequality and gender-based violence (e.g. St Lucia 2008; Tonga 2010), and acknowledge an end to violence as either a priority area or as a cross-cutting issue in addressing all of the MDGs (Jamaica 2009; Guyana 2011). The high levels of violence against women in some societies is noted as a major impediment to achieving the MDGs overall and MDG 3 in particular (e.g. Marshall Islands 2009; Maldives 2010; PNG 2010). Some reports comment on how the problem of violence against women is compounded by under-reporting (Botswana 2010) and that efforts to combat the problem are not comprehensive, consistent, sustained and well-coordinated (Solomon Islands 2010). Many reports include statistical data on violence against

women and efforts to combat violence; and some countries have adopted MDG+ targets that seek to combat violence against women (e.g. Colombia 2011).

Multiple national reports explain the strategies and policies they have adopted to address the problem of gender-based violence. Three broad solutions are offered: legislative, policy and institutional. The following examples are just a few to illustrate the strategies and policies around violence against women in the national MDG reports:

- **Legislative Changes:** Cape Verde passed landmark legislation in 2010 designed to combat gender-based violence (Cape Verde 2010). The Government of Guyana has adopted the Sexual Offences Act in 2010 that strengthens the existing legislative framework for dealing with sexual violence (Guyana 2011). The Criminal Code of Montenegro specifically tackles human trafficking as a criminal offence and has been effective in acting to uphold this law (Montenegro 2010).
- **Policy Changes:** In Micronesia (2010), the Justice Department has adopted a ‘no drop’ policy that requires domestic violence cases reported to authorities to be pursued in court. South Sudan (2010) adopted a National Plan of Action on Combating Gender-Based Violence and a National Strategy on Female Genital Mutilation. The National Strategy on Gender Equality and Eradication of Domestic Violence has significantly strengthened the regulatory framework for addressing this issue in Albania (2010).
- **Institutional Changes:** The Nauru Police Department established a Domestic Violence Unit to address cases of violence against women and children, which also conducts community education programmes (Nauru 2011). The Government of Sudan enhanced its organizational structures to respond to violence against women by establishing a unit within the Ministry of Justice for combating this issue (Sudan 2010). Finally, special units have been established in the system of Internal Affairs authorities, down to the district level in Kazakhstan (2010). These units provide assistance to any woman seeking the police to prevent violence (Kazakhstan 2010).

The efforts that countries have put into addressing violence against women, and the clear recognition within the national reports that this form of violence affects gender equality and women’s empowerment, and will affect the success of the MDGs, is significant. While the original MDGs did not include a target or indicator on violence against women, it is clear from this analysis that countries are incorporating this issue into their efforts to achieve MDG 3 and to promote gender equality in their country.

MDG 4: Child Mortality

MDG 4 Key Findings:

- The reports acknowledge a strong interconnection between MDG 4 and 5.
- Child mortality is linked to gender inequality through a variety of factors, including women’s levels of education, decision-making power, level of poverty and the urban or rural location of residence.

The Link Between MDG 4 and MDG 5

Just as MDG 2 and MDG 3 are inextricably linked, MDG 4 and MDG 5 are interconnected and

are treated as such in the national reports. Some reports highlighted the gender component of the relationship between child and maternal mortality in their write-up of MDG 4 and others discussed this relationship in their write-up on MDG 5. What gender analysis does exist in the MDG 4 primarily focuses on this relationship with MDG 5. Cape Verde (2010) explains that achieving MDG 4 is explicitly linked to meeting the requirements of MDG 5. The report from Guyana (2011) goes further to link this discussion back to its strategies to address child and maternal nutrition under MDG 1. The report from the Dominican Republic (2010) notes that sons and daughters of women with higher education levels have, on average, double the coverage of all vaccines, compared to those whose mothers do not have any education.

Egypt (2010) emphasizes that lowering maternal mortality greatly reduces infant mortality rates and that mothers with infants, or pregnant women, are considered to be ‘one inseparable unit’. For this reason, it endorses policies that can directly impact both child and maternal mortality indicators: the ‘Healthy Mother, Healthy Child (1993-2009)’ initiative sought to reduce the risk factors for maternal and neonatal mortality in Upper Egypt, a region associated with failing health statistics (Egypt 2010). In India, the ‘Integrated Child Development Services’ initiative is the ‘foremost symbol of the country’s commitment to its children and nursing mothers’, and addresses malnutrition, morbidity, reduced learning capacity and maternal and child mortality (India 2011).

Many of the reports highlight socio-economic, cultural and spatial factors that can affect child mortality. The following factors relating to the circumstances of the mother can affect child mortality:

- Low level of women’s empowerment, such as when men make decisions about household healthcare choices and practices to the exclusion of women (Ghana 2010)
- Low literacy and education rates can increase under-five mortality (Liberia 2010)
- Rural/urban divides can significantly impact child mortality, as well as disparities across caste/ethnic groups (Nepal 2010)
- Financial burdens and poverty reduce women’s ability to seek prenatal care and to have a skilled birthing attendant (Syria 2010)

While the gender components within the write-ups on MDG 4 primarily focused on the relationship between child and maternal mortality, a small few also highlighted the inequalities that may exist between boy and girl children. The report from India (2011) noted the disparity between male child mortality and female child mortality and commented on the narrowing mortality differential over the years. The report from China (2010) explained that since 2003, the Government have introduced a social project, ‘Showing Care and Love to Girls’, an initiative aimed at eliminating gender discrimination and addressing the problem of an unequal male to female birth sex ratio. This initiative aims to deter abortions as sex-selection processes; gender selection from embryos for non-medical purposes; and female infanticide (China 2010).

MDG 5: Maternal Mortality

MDG 5 Key Findings:

- Many reports highlight the strong intersections between the achievement of MDG 5 and progress in the other Goals.
- Obstetric care is limited in many regions due to factors such as lack of access to care, lack of financial resources, and lack of knowledge about reproductive health.
- Access to contraception, abortion and family planning knowledge are strongly linked to a decline in rates of maternal mortality in many reports.
- Adolescent pregnancy is a significant issue addressed throughout the reports.

Reducing Maternal Mortality

A reduction in maternal mortality is framed within many reports as vital to the achievement of the other MDGs. Papua New Guinea (2010) stresses that the maternal mortality rate (MMR) is an important indicator of gender disparity and inequity in society. Uganda (2010) further highlights that maternal mortality is not merely a health issue; it is a significant development challenge. As such, it explains how gains made towards other MDGs have the ‘synergistic potential’ to improve trends in maternal mortality in Uganda: for example, the promotion of education for girls is associated with lower fertility rates; electricity and clean water allow for essential service and health; and mobile phones can improve communication to reduce maternal deaths (Uganda 2010). Egypt (2010) also explains that maternal health is strongly linked to child mortality, gender equality and the combat of HIV/AIDS.

More than describing the key interconnections, many reports highlight the massive challenges of achieving a reduction in maternal mortality, perhaps, in part, because it is so linked with the other MDGs. Thus, to reduce the MMR, a number of multi-sectoral strategies are needed. In Kazakhstan (2010), a major challenge are gender stereotypes that force women to give birth to children irrespective of their health status, limiting their ability to choose their birth intervals. The report from Cambodia (2010) also highlights the social factors related to perceptions of women’s health that support the persistence of maternal mortality. Reports highlight the priorities that need to be put in place, such as increasing literacy levels among women and improving access to credit and income-earning opportunities (Liberia 2010). While this issue is seen as a major challenge, several reports noted that there is a lack of effective policy and planning that highlights the inter-sectoral linkages and necessary partnerships (Egypt 2010). Or, when health interventions are in place, it remains for them to be rapidly scaled up to reach all provinces, islands or rural areas (Vanuatu 2010; Maldives 2010).

Some reports do highlight strategies and programmes that have been successfully implemented to reduce the MMR. In Guyana (2011), all pregnant women are now screened for anemia on admission to any Mother and Child facility to ensure its early and appropriate treatment with iron replacement therapy. Ghana (2010) has declared maternal mortality a ‘national emergency’ and offers a programme of free health care for pregnant women, including deliveries through the national health insurance scheme. A project in Moldova (2010), called ‘Health and Social Protection Services’, distributed 60,000 food parcels to pregnant women, breast-feeding women and under-2 children. In Sierra Leone in 2010, the Government launched the Free Health Care

Initiative (FHCI) for all pregnant women, lactating mothers and children under five years old, to ensure the provision of a package of fully subsidized services, free of charge. Finally, in Bolivia (2010), the *Bono Juana Azurday* programme was created to give women access to comprehensive health, to reduce maternal mortality, infant mortality, and chronic malnutrition. Through the programme, all pregnant women and children younger than 2 years old with no short-term social security are eligible for an economic incentive to subsidize obstetric care and early childhood development needs (Bolivia 2010).

MDG 5: Innovative Gender Indicators

- Contraceptive prevalence rate among married women (%) and contraceptive prevalence rate among all women (%) (Lesotho 2008)
- Adolescent fertility rate (births per 100,000 women aged 15-19) (Seychelles 2010)
- Abortions per 1000 live births and per 1000 women in fertile age (Bulgaria 2008)

Obstetric Care and Access to Maternal Services

As one of the two indicators to measure the target for MDG 5, the proportion of births attended by skilled health personnel is addressed in most of the reports. Many reports also make the connection between having skilled health personnel during birth and the importance of antenatal care for pregnant women. Antenatal care is considered by many countries to be a priority of reproductive health services, which includes health education for pregnant women and medical checkups to ensure the health of the mother and child (e.g. see Syria 2010). In many countries, there remains an unmet need for antenatal care and for skilled birth attendants. Numerous reports highlight the challenges in meeting this indicator:

- Urban areas have better access to midwives, antenatal care, and private health facilities, but geographical differences between urban and rural populations affect the availability of these services (Gambia 2009; Ghana 2010; Vanuatu 2010; Timor Leste 2009; Peru 2009).
- Civil conflict has made it almost impossible to ensure health care service to women, on top of the other factors that affect access (Sierra Leone 2010)
- Women may not seek care due to low self-esteem and low literacy, especially in rural areas (Uganda 2010; Jordan 2010)
- There may be a shortage of trained medical personnel and, when available, the costs of medical services may be prohibitively high. The cost of accessing medical services or a medical facility may be doubly high when women are accompanied by a male escort (Afghanistan 2010).
- Growing levels of domestic and international migration result in high numbers of women who are not registered at their place of residence and are therefore unable to register with appropriate medical institutions (Kyrgyzstan 2010).

The reports highlight some programmes that have been established to overcome the challenges of offering antenatal care to pregnant women and skilled birth attendants for delivery. In India (2011), the Ministry of Women and Child Development introduced a 'Conditional Maternity Benefit Scheme' that provides cash benefits to women of 19 years old and older, for the first two

live births, in exchange for certain conditions related to maternal-child health and nutrition. A ‘Safe Delivery Incentives’ programme increases demand for and improves access to maternity services in Nepal, where women who deliver in a health facility receive a payment to offset their travel costs and health workers are provided with a cash incentive to attend home deliveries (Nepal 2010). China (2010) has also implemented a subsidy for rural women delivering in hospitals. Venezuela (2010) has emphasized the implementation of programmes directed at pregnant women, especially adolescents, and new mothers and their children, including a programme responsible to ensure that all pregnant women have a safe delivery, under proper conditions, and a ‘maternal shelter home’ which allows for care and supervision to mothers with difficulties in accessing health services in the days before her birth.

Contraception and Abortion

Access to contraception and knowledge of sexual and reproductive health, as well as family planning, is discussed in a number of the national reports. Very few reports discuss sexual and reproductive health in the language of ‘rights’, but contraception, abortion, and sexual and reproductive knowledge are prioritized in some reports as important ‘health’ issue areas. Several reports frame this issue as an unmet need for ‘family planning’ (e.g. Dominican Republic 2010). Multiple reports offer data on the number of women who use contraceptive methods and especially on the proportion of men and women who have knowledge about contraception and family planning (see e.g. Mongolia 2009). Measuring this information can be challenging: the report from Kazakhstan (2010) explains that only use of contraceptives by women registered with obstetrician-gynecologists is accounted for in their data.

Many women are still not using contraceptives. For example, in Tonga (2010), there is a lack of choice in terms of methods available and in Sierra Leone (2010), a survey was carried out that explained that the most common reasons for not using a contraceptive method include opposition to family planning by spouse, desire for more children, lack of knowledge and fear of side effects. The Gambia has adopted an initiative called the ‘Participatory Health, Population and Nutrition Project’ to sensitize and promote the use of, as well as increase access to modern contraceptives (Gambia 2009). Guatemala (2010) notes that there is a marked difference in the kinds of contraceptives that are most often used by women, by rural or urban location, and that cultural elements can affect the types of contraceptives that women choose to use.

There are a few reports that highlight the risks of abortion and the requirements of ensuring healthy abortions for women. In Belarus (2010) and Moldova (2010), abortion remains one of the most common methods of birth control among women, because modern contraceptives have not historically been available. Unsafe abortions account for a huge number of maternal deaths. In Zambia (2013), even with progressive abortion laws, there are barriers to access, including cultural prejudices that increase the risk of unsafe abortion. Argentina (2010) has created a ‘National Sexual Health and Responsible Procreation Program’ that guarantees the right to ‘sexual health-sensitive’ healthcare. Considering that one of the main causes of maternal mortality in Argentina is abortion, the Government seeks to ensure humane and timely abortion services, together with counseling to avoid repeated abortions (Argentina 2010).

Adolescent Pregnancy

A few reports highlight the importance of focusing on adolescent pregnancy, which is often linked to early marriage and can increase the risk of maternal mortality. Births by adolescents have important health consequences since children born to younger mothers are usually more prone to illness and higher mortality rates, plus adolescent mothers have a higher risk of complications during childbirth (e.g. Gambia 2009).

Adolescent pregnancy not only increases the risk to the health of mothers and children, but can limit the chances that these young women and their children will receive education and professional training, due to the interconnection between these factors (Kyrgyzstan 2010). Colombia (2011) notes that adolescent pregnancy is much higher amongst women with no education and Bolivia (2010) notes that the prevention of early age pregnancy is important because if adolescent girls do not finish their education, they also truncate their chances of economic advancement. The report from Syria (2010) explains that investing in the health of adolescents is of 'utmost importance' in order to achieving the MDGs and Egypt (2010) reports that implementing the 'Child Law' that increased female age of marriage to 18 years old has helped to reduce the rates of teenage marriage, and thus adolescent pregnancy.

MDG 6: HIV, Malaria and Health

MDG 6 Key Findings:

- Many reports identify the feminization of the HIV/AIDS epidemic as a symptom and consequence of gender inequality in society.
- Mother-to-child transmission of HIV infection is a priority issue in the reports.

The Feminization of HIV/AIDS Epidemic

The key gender dimension that is noted within the national reports on this Goal is regarding the feminization of the HIV/AIDS epidemic and the high rates of infection amongst females. HIV and AIDS have a strong gender dimension around the world, and in many national reports, HIV incidence is skewed towards women (e.g. Botswana 2010), and especially women in rural areas (Nepal 2010; Sierra Leone 2010). Part of the reason for this, as the report from Moldova (2010) explains, is that female vulnerability is biologically determined due to the risk factors of penile-vaginal intercourse. However, a number of reports also highlight the socio-cultural factors that impact this feminization of HIV/AIDS. As the report from Papua New Guinea (2010) notes, reversing the course of the epidemic will depend, to a significant degree, on the empowerment of women. Many reports make the explicit link between this phenomenon and factors affecting gender inequality:

- Women's low levels of economic empowerment can heighten her chances of becoming infected (Ghana 2010; Lesotho 2008; Zambia 2013).
- Women's low decision-making power can also reduce women's ability to negotiate condom-usage (Tanzania 2008; Kyrgyzstan 2010; Peru 2009).
- Women's low levels of education and knowledge about sexual health can inhibit her decision-making capabilities (Indonesia 2010).
- Women are at a greater risk of gender-based violence, including rape and domestic violence, which spreads the virus (PNG 2010, Moldova 2010).

One gendered issue that appeared in very few reports was the burden of care that falls on women and children as a result of HIV infection. The report from Papua New Guinea (2010) is one of the only to address this issue. Children, and especially girls, may drop out of school to look after their relatives suffering from HIV/AIDS. Women may be additionally burdened by this disease due to the way that their economic security decreases due to the infection of income earners, which leads to a decline in nutritional status of all, but especially women. Meanwhile, a heavier burden is placed on women to support the family and care for infected persons (PNG 2010).

Mother-to-Child Transmission

The prevention of mother-to-child transmission of HIV during pregnancy, labor, delivery and breastfeeding is a critical concern of many countries that are dealing with the HIV epidemic and it has a huge potential to significantly reduce new HIV infections and to improve child mortality (e.g. Zambia 2013; Botswana 2010). Several national reports describe the massive efforts that are being put into the prevention of this form of HIV transmission, such as Cape Verde (2010). Belarus (2010) explains that they are one of the few countries that have achieved the goal of preventing mother-to-child transmission, having made efforts at expanding coverage of HIV-positive pregnant women to antiretroviral therapy. Pregnant women are the largest single group of patients being tested for HIV in Belarus (2010).

A number of strategies to address this form of transmission are documented in the reports. In Mongolia (2009), a project has been established that provides a one-stop service for pregnant mothers and high-risk women. Counseling and testing services have been scaled up significantly in a number of countries, including India (2011) and Botswana (2010). In Kazakhstan (2010), the Ministry of Health approved a healthcare standard, 'Prevention of Mother-to-Child Transmission of HIV', which allows all obstetric facilities to provide free rapid HIV tests and rapid diagnostics for pregnant women admitted to maternity hospitals without examinations. Access to medicated prevention of mother-to-child HIV is provided to all HIV-infected pregnant women and in 2009, 3,582 doctors were trained according to the vertical HIV transmission prevention action plan (Kazakhstan 2010). In Guyana (2011), HIV rapid testing is also being conducted as part of the routine antenatal clinic blood screening process to ensure that necessary treatment can be given to infected women. In Peru (2009), the Ministry of Health has been working to promote free universal HIV screening for pregnant women and women of childbearing age. Colombia (2011) and Paraguay (2010) also offer free HIV diagnostic tests for as part of prenatal care for all pregnant women.

MDG 6: Innovative Gender Indicators

- Prevalence of HIV 1 and 2 among pregnant women 15-49; % of women aged 15-24 years with non-marital, non-cohabiting partner in the last 12 months, who used condom at last sex with such a partner; % of women aged 15-49 years with comprehensive knowledge of HIV/AIDS (Gambia 2009)
- HIV prevalence among pregnant women attending antenatal clinics (%) and women (15-49) using condoms (%) (Lesotho 2008)
- Prevalence of HIV among adults aged 15-49 years, by area of residence and sex in Mozambique, 2009 (Urban/Rural) (Mozambique 2010)
- Epidemiological data on tuberculosis cases by gender (Lebanon 2008)

Malaria Control and Gender

Beyond the HIV/AIDS epidemic, the national reports make little mention of gender considerations within this Goal. The exception is that some reports discuss the importance of targeting pregnant women in efforts to combat the spread of malaria. As the reports from the Gambia (2009) and Liberia (2010) explain, while the whole population is at risk of malaria, children under 5 and pregnant women are especially vulnerable. A number of interventions have been designed to address this problem. Funding for malaria control has increased in recent years in the Gambia, leading to increased coverage for key interventions like insecticide-treated nets (ITNs) and intermittent preventive treatment for pregnant women (Gambia 2009). In Nepal (2010), free distribution of long-lasting ITNs started in 2005 and the country distributes ITNs to pregnant women through clinics in high-risk districts.

MDG 7: The Environment

MDG 7 Key Findings:

- Gender analysis does not feature strongly within this Goal.
- Where there is gender-sensitive analysis, some reports identify the negative impact of climate change and environmental degradation on women.
- Some reports also identify the significance of water management for women, especially the time saving aspects for women of access to clean water.

The Impact of the Environment on Women

Overall, there are very few examples where women's empowerment or gender equality issues are raised in the national reporting on MDG 7. A few of the reports highlight how the environment can impact women. However, women or gender issues receive only cursory mention. For example, the reference to women may be as superficial as:

- Fisheries are highly vulnerable to climatic variations and women's livelihoods can be at risk due to their significant participation in the fisheries sector (Cambodia 2010; Vanuatu 2010).
- Women and children are at a greater risk of abuse and violence after natural disasters (Myanmar 2011)
- Flooding can impact sectors of vulnerable employment, which affects women and has implications for women's empowerment (Ghana 2010; Yemen 2010).
- Violence against women may result from densely populated urban areas (Maldives 2010)
- Climate change and outbreaks of Avian influenza and H1N1 pandemic could influence maternal health (Egypt 2010)

However, not all mention of women and gender issues within MDG 7 are superficial. A few reports explain more fully the relationship between environmental sustainability and gender issues. For example, the report from Kyrgyzstan (2010) explains that natural disasters increase the burden on poor households and especially women and children who must work to ensure minimum household conditions. This is especially the case because land degradation has led to mostly-male migration in search of agricultural employment (Kyrgyzstan 2010).

While there is very little written on gender issues within the report sections on MDG 7, some reports highlight environmental issues within their write-ups on MDG 3. For example, the report from Egypt (2010) explains that in examining the potential challenges of climate change, the Government should account for differences between men and women, especially because of the close connection between climate change, gender, type of work and overall demographic status. Both the MDG 3 reporting from Nigeria (2010) and Ethiopia (2010) briefly mention the need to consider how climate change has indirect consequences for gender equality and how it may exacerbate the position of women as a result of water scarcity and agricultural productivity. Finally, Vietnam is one of the few countries to discuss women's land-use rights in its reporting on MDG 3, which is relevant to MDG 7. For women, land is important because of their agricultural activities, and Vietnam passed a Land Law in 2003 that specifies that land must be a shared asset between husband and wife (Vietnam 2010). This has important implications for the treatment of land as an environmental asset and also for gender equality and the empowerment of women. While these mentions of the relationship between gender and the environment within MDG 3 are important, they indicate that many countries are still not treating gender as a cross-cutting issue, but rather that gender issues are seen as relevant to MDG 3 alone.

Some mention of gender issues can also be found in the MDG 7 reporting on water management and sanitation. Some reports highlight that clean water and good sanitation are of particular importance to women, especially for its time saving benefits (Zambia 2013; Jamaica 2009; Sudan 2010; Vanuatu 2010; Dominican Republic 2010). The report from Guatemala (2010) also notes that reducing the time necessary to collect safe water would probably also increase health and improve school performance and access to education for girls. This report highlights that water is linked to women's lack of time, and that this decreases women's revenues, minimizes the time available to participate in income generation, and impedes the ability of women to take advantage of market opportunities (Guatemala 2010). A few other reports highlighted the importance of consulting with women's groups in community decisions about water management (Marshall Islands 2009; India 2011) because of the disproportionately negative impact on women of low water quality (Nepal 2010). One of the only comprehensive gender-sensitive strategies highlighted in the reporting of MDG 7 comes from Nepal, where the Government has introduced school- and community-led sanitation programmes that focus on child-friendly, gender-sensitive and disability-friendly water, hygiene and sanitation facilities (Nepal 2010).

Mainstreaming Gender into National Environmental Responses

While most national reports make no mention of how gender should be mainstreamed into a development response that targets environmental sustainability, some reports highlight the need to mainstream gender in future efforts to address the environment. For example, Ethiopia's future strategy for achieving this Goal includes 'mainstreaming gender equality aspects' (Ethiopia 2010) and Nauru (2011) explains that in the draft for the future 'Republic of Nauru Framework for Climate Change Adaptation' report, one of the criteria is 'equitability in gender access to resources'. Tuvalu (2011) consulted with women's organizations in the development of its National Adaptation Plan of Action, and Jordan (2010) identified women as some of the main beneficiaries of a Joint Programme to increase their capacity to respond to the impact of climate change. Finally, South Africa (2010) identifies that while women are 'key players' in the achievement of Goal 7, gender equality perspectives are poorly reflected across the current

formulation of the MDGs, and that without adequate gender-sensitive targets and indicators, it is hard to make progress on achieving this Goal in a gender-sensitive manner.

MDG 8: Development Partnerships

MDG 8 Key Findings:

- Gender analysis for this Goal is very weak across the reports.
- Some reports highlight the negative impact on women of the financial crisis.

Similar to the lack of comprehensive gender mainstreaming efforts in the achievement of MDG 7, the national MDG reports also lack analysis of gender issues in their reporting of achievements for MDG 8. Very few reports mention gender issues as relevant to this Goal. The exception is that some of the Eastern European reports highlight the impact of the recent economic crisis on women. The report from Albania (2010) explains that, while no data are available, the global financial crisis may have an impact on the achievement of gender goals, especially related to a rise in domestic violence and a lack of employment opportunities. Due to economic and financial uncertainties in the region, especially in terms of trade with Greece and Italy, considerable job loss amongst low-paid and low-skilled migrant workers may also lead to an influx of return migrants to Albania, which could put families under stress (Albania 2010). Moreover, the main export of textiles, which employs primarily low-skilled women, has decreased due to reduced demand from Europe (Albania 2010).

Kyrgyzstan (2010) notes that the global financial crisis has meant that public sector workers, who are primarily women, are not receiving the annual increases in their salaries. Moldova (2010) notes that the lack of professional opportunities for youth has led to a rise in the number of young women who fall prey to trafficking. The report from Bosnia noted that the global financial crisis has had a negative impact on women and thus measures taken to mitigate the effects of crisis should be gender sensitive (BiH 2010). Besides these few reports from Eastern Europe, the reports from the Seychelles (2010) and Egypt (2010) also commented on the impact of the financial crisis. In the Seychelles, in response to the economic crisis, there was a significant reduction of labor in the public sector and the most affected individuals were females (Seychelles 2010). Finally, the report from Dominican Republic (2010) also commented that there have been quite a large number of layoffs in the past few years that have more greatly impacted women, who hold the majority of jobs in the textile enterprises.

A select few reports commented on the need to ‘gender’ national development plans. For example, in developing the tourism industry, the Maldives (2010) commented on the need to raise awareness among women and youth about the benefits of tourism. The report from Kazakhstan (2010) commented that future domestic partnerships with civil society should focus on essential development issues like the employment of youth and women. In the new National Development Plan of the Seychelles (2010), the report noted the need to consider cross-cutting issues such as gender.

Finally, three reports mention the need to understand access to information through a gendered lens. Timor Leste (2009) commented that it is necessary to promote gender equality in access to information, due to the significant gap between sexes. Palestine (2009) provided data on Internet access per 100 people by region, gender and locality type and a programme has been implemented in India (2011) called 'IT for Masses', which seeks to promote inclusive growth through skill development, capacity building exercises, and creating IT infrastructure for empowering women.

In conclusion, this section has analyzed the way that countries report on their incorporation of gender equality and women's empowerment issues across the MDGs. Within most of the MDGs, with the exception of MDG 7 and MDG 8, gender issues are frequently reported as relevant to the achievement of the goals. However, while the reports commonly mention gender issues as important, they also acknowledge the challenge in addressing them, including impeding social, economic and cultural factors.

Remaining Challenges

Measuring the MDGS: Data Quality and Availability

One of the serious challenges that remains in advancing gender equality and the empowerment of women through the MDGs relates to the availability and quality of gender data. Better monitoring and data collection are vital to improve the design of timely policy interventions. However, as the report from the Maldives (2010) explains, the task of developing effective policies can be particularly challenging in the absence of household-level data that can better reveal the intricacies and complex factors that contribute to gender inequality. The availability of certain forms of data, such as time-use surveys, which could help to better illustrate the type and intensity of work that men and women do, and could help to devise better policies, are often lacking, as the report from Fiji (2009) explains.

Despite improvements over time in the measurement tools of many countries, the availability of reliable statistics for monitoring progress remains inadequate in many less developed countries (e.g. Solomon Islands 2010). A lot of the data needed for the measurement of additional gender indicators, such as those proposed, for example, by the Millennium Task Force on gender equality, do not yet exist (Chant 2007). One concern with this lack of availability of data is that encouraging additional measurement and 'adding to the basket' might impose undue demands on already over-extended national capacities (World Bank 2007). Moreover, even when data is available, it is not always being effectively used. There are significant bodies of statistical information that are not being used. Yet, in spite of the availability of data, it is not always reported and used by national authorities in their measurement, evaluation and policy-making processes.

Another problem that pervades the national MDG reports is the lack of sex-disaggregated data available across the MDG targets. Many reports cite the difficulties in gathering sex-disaggregated data on education, poverty, employment, empowerment and health (e.g. see Afghanistan 2010; Solomon Islands 2010). Policies for gender mainstreaming cannot be implemented effectively or monitored without disaggregated data collection and analysis.

Several countries highlight the need to prioritize the gathering of sex-disaggregated statistics, including Croatia (2010), and Fiji (2009), which has recently endorsed the mandatory incorporation of sex-disaggregated data into all government documents. A comprehensive national strategy for gathering sex-disaggregated data is necessary to ensure that all stakeholders address these data priorities.

Sex-disaggregated data and gender statistics in general need to be improved. Even when statistical offices report on gender equality through sex-disaggregation, there is a need to review the types of indicators and targets that are used to measure and monitor the full complexities of gender inequalities including issues such as unpaid work and violence against women. Inadequate data leads to sub-optimal reporting on gender issues and does not reflect the best indicators of gender inequality (e.g. Tanzania 2008). The report from Tongo (2010) explains that while the census provides basic gender disaggregation, overall statistics could be better disaggregated to mainstream a gender perspective into data and policy decisions. The improvement in how data is disaggregated can better reflect how men and women access resources, health services and employment (Tonga 2010). In addition, while data may be sex-disaggregated, inconsistency in reporting formats can make data difficult to compare over time, with the use of incompatible sources leading to a data gap. For example, the Global Africa Report (2010) explains that it is very difficult to measure the maternal mortality ratio because the data that are available are not comparable across time because of frequent revisions of the methodology.

Intersectional Challenges: Inequalities and Disadvantaged Women

Through the analysis of the national MDG reports, it is clear that countries report on certain intersectional experiences more than others. For example, many of the reports highlight the disparities between women who live in urban and rural areas. In fact, this is one of the key challenges that is addressed throughout the reports – especially related to the achievement of maternal and child health goals. Clear divides between rural and urban locations are noted in multiple reports, especially in countries where there is a significant amount of regional variation in development that results from this urban/rural divide (e.g. South Africa 2010; Solomon Islands 2010). The reports also adequately report on the experiences of poverty that many women face and that differently affect how they experience development. This is especially the case when the reports highlight the poverty experienced by female-headed households, and also the economic barriers that certain women face in accessing education and health services.

A great deal fewer reports highlight the specific intersectional experiences of ethnic/caste divisions. The Nepal (2010) report highlights some of the challenges that particularly face Dalit women, and the Bosnia and Herzegovina (2010) and Montenegro (2010) report both highlight the specific plight of Roma women. The position of Roma women in Eastern Europe is ‘extremely difficult’ and they face double discrimination and high barriers to education and learning (Montenegro 2010; BiH 2010). Several of the reports from the Latin American region document the particular hardships faced by indigenous women, for example, in their efforts to gain access to the labor market (Bolivia 2010; Guatemala 2010) and to maternal care (Colombia 2011).

Another inequality – the insecurity of migrant women in certain societies – is also mentioned very infrequently. While some reports highlight the high levels of migration of their citizens to elsewhere, few reports highlight the situation of migrant workers within their own societies. The report from Kazakhstan (2010) highlights the particular vulnerabilities faced by female labor migrants, including poverty and economic vulnerability. Additionally, very few reports mention the particular challenges of women or men with disability. Two reports, from Lebanon (2008) and Bosnia and Herzegovina (2010), both comment that women with disabilities face daily double discrimination; that they lack adequate healthcare, access to services and education. Finally, there is virtually no mention of the experiences of inequality faced by lesbian, bisexual and transgendered women.

While these forms of intersectional inequality are not explicitly addressed in the framework of the MDGs, these women are particularly disadvantaged by their sex and by these other factors that can affect their ability to live empowered and equal lives. Thus, for the MDG targets to be sustainably and effectively achieved, states must consider how their policies and practices differently affect different groups of women and men across the country.

Conclusion: The Way Forward

In conclusion, important progress is being made in mainstreaming gender across efforts to achieve the MDGs, but there is still a long way to go. The national reports are going above and beyond the requirements of the original MDG framework, to address some of the key priorities to achieve gender equality such as ending violence against women, addressing inequality in wages and employment, and creating opportunities for women's post-primary education. And yet, in spite of this progress, there are still major absences. A gender perspective has not been effectively incorporated into reporting on MDG 7 and MDG8. Also, while progress is being made across all Goals, the focus on gender equality and women's empowerment is still largely constrained to discussions of MDG 3. It remains for gender equality to be fully and comprehensively mainstreamed, not only into the discourses but also into the strategies for action, across all of the Goals.

Because gender equality and women's empowerment are crucial issues across all of the MDGs, there is a need for countries to develop systematic and coordinated approaches to address this issue. This should include dedicated funding and policies to ensure that gender issues are not overlooked in the attainment of any of the goals. The national reports are increasingly recognizing the need to prioritize gender as a cross-cutting issue, which significantly affects what can be accomplished overall, and the reports emphasize the root causes and conditions that lead to gender inequality. These need to be addressed in order for progress to be made. The key challenge now is for countries to turn their recognition of the priority of gender issues into reality through programming, development strategies and adequate funding.

Annex 1: The Millennium Development Goals

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

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

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

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

Goal 4: Reduce child mortality

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

Goal 5: Improve maternal health

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

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

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

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

Goal 7: Ensure environmental sustainability

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

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

Target 11: Have achieved by 2020 a significant improvement in the lives of at least 100 million slum dwellers

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 program of debt relief for heavily indebted poor countries [HIPC] and cancellation of official bilateral debt, and more generous official development assistance for countries committed to poverty reduction)

Target 14: Address the special needs of landlocked developing countries and small island developing states (through the Program for Action for the Sustainable Development of Small Island Developing States and 22nd General Assembly provisions)

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

Target 16: In cooperation with development countries, develop and implement strategies for decent and productive work for youth

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

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

Annex 2: Country Examples of Gender-Sensitive MDG Programming

In 2010, the UN Development Group published a compendium of good practices for achieving the MDGs. This compendium is separate and distinct from the national MDG reports. It offers a selection of gender-sensitive policies and programmes that have been implemented at the national-level to achieve the MDGs. These examples have not been included in the body of this analysis because they were not included in the national reports that were analyzed here. However, this annex offers these additional examples of interventions, which have contributed to addressing the relevant MDG goals, while including a significant gender component or targeting women as beneficiaries. Many of these programmes also provide measurable results and evaluations.

Goal 1: Eradicate extreme poverty and hunger

In Argentina, 'Actions for Poverty Reduction for Improving Mothers' and Children's Living Condition Programme' aims to facilitate pro-poor growth by promoting microcredit for small-scale entrepreneurs. This programme overcomes the lack of enterprise development services for women, such as inadequate credit and technical knowledge, which can hinder women's access to financial services. It develops and strengthens local microcredit organizations in impoverished regions of Argentina to increase the coverage of financial services to poor people, particularly women. One component has been the granting of low-interest loans to 5,000 new micro-borrowers, with an emphasis on female-headed households.

The Palestinian Territory's 'Employment Generation for Women's Associations in the West Bank and Gaza Strip' programme seeks to invest in women's capacity development and agricultural knowledge to generate income and to supply nutritious food to women and their families. This rural income generation opportunity for women builds on local capacities by providing agricultural training for women, facilitating the formation of women's cooperatives, and organizing marketing fairs for women's associations. By 2009, 427 women farmers were trained in various agricultural techniques; 7 new women's cooperatives were formed and legalized with the help of FAO; and 2 marketing fairs were organized. Female beneficiaries improved their skills in food processing and preserving, which helped them to improve their household food security and income.

Goal 2: Achieve universal primary education

In Rwanda, the 'Enhancing girls' right to education through a sector-wide approach process (SWAP)' offers a sector-wide approach to advocating, strategizing and budgeting for girls' education. The process aims to increase the enrolment, retention and achievement rates of girls, in partnership with the Government of Rwanda. Two critical components are the leveraging of resources and the development of norms and standards for girls' education. Since the beginning of the project, policy frameworks and a budget have been established and are being monitored, plus all 30 Districts of Rwanda have established their own district-level girls' education taskforce to oversee policy implementation. This initiative has also raised awareness about the importance of girls' education. The national encouragement for this issue can improve girls' retention and completion rates. The new Girls' Education Policy targets teachers, communities and focuses on the quality of learning materials to empower rural girls in particular.

The Iraqi ‘Literacy and Life Skills Development Project’ targets the neglected learning needs of girls and women in crisis areas by equipping them with income-generation and life skills that can lead to employment and empowerment. Through this initiative, more than 2,000 illiterate and semi-literate people were able to obtain an official certificate of completion of primary education, and more than 1,400 life skills and income-generation classes are currently provided annually. This programme illustrates the important crossover between MDG 2 and MDG 3, as the targets are interlinked. The achievement of both is crucial to overall development.

Goal 3: Promote gender equality and the empowerment of women

‘Gender Equity Model Egypt (GEME)’, aims to promote gender equity in the private sector, including recruiting practices, human resource management and everyday firm practices and policies. Through this initiative, over 550 employees and managers were trained in gender-related issues in the workplace and five companies are introducing communication skills courses and anti-harassment and discrimination tools for their employees. Two companies have created an Equal Opportunities Training module and another two companies have reformulated their HR policies to be gender-sensitive. The Government of Egypt plans to scale-up this initiative, by creating a Gender Equity Certification Unit. Because the full economic participation of women is crucial for overall economic growth and development, it is necessary to foster a culture of gender equality in private organizations.

In Tajikistan, the ‘Land Rights and Economic Security of Rural Women’ initiative seeks to provide opportunities for rural women to access land, for the improvement of family livelihoods. Gender is often not adequately considered in land policies and there is a need to protect and fulfil women’s right to land in Tajikistan. Between 2002 and 2008, the percentage of family-style farms registered to females rose from 2 percent to 14 percent. Moreover, in 2004, gender amendments were adopted in the Land Code of Tajikistan, followed by the provision of free legal advice to women through district-level task forces to increase women’s knowledge about how to claim their rights. The focus on increasing rural women’s knowledge of the principles and procedures of land reform prepared women to participate in community decision-making during collective farm reorganization meetings.

China has developed a ‘Re-employment for Laid-Off Women Workers’ project that facilitates job-creation and re-employment for women by means of employment information, trainings and skills development and new venture creation services. As part of the project, a business incubator for women in Tianjin has been developed, which has incubated 50 women-owned businesses that employ around 2,744 people, of whom 80 percent are women. This incubator has accelerated the growth of new enterprises and improved the re-employment possibilities for women.

Kyrgyzstan’s ‘Promotion of Women in Parliament’ programme builds the capacity of political representatives to address gender issues and builds partnerships to support female parliamentarians. In 2007, as part of this initiative, a 30 percent gender quota was introduced into the Elections Code, which made Kyrgyzstan a leader among Central Asian countries in women’s parliamentary representation. Moreover, gender issues have become central to the parliamentary functioning: gender became a primary issue for one of the Parliamentary Committees and three special hearings on gender issues have been held, including on the subject of international and national commitments on gender equality, leading to an agreement to improve the national

legislation on gender and to reform in the institutional mechanism for gender policy implementation. Finally, this initiative seeks to create dialogue and establish a network between women parliamentarians and women's rights NGOs.

Goal 4: Reduce child mortality

In Cambodia, the 'Improving Local Service and Infrastructure Delivery for the MDGs' initiative identifies institutional and policy bottlenecks in the delivery of local health services that prevent the effective delivery of maternal and child health services at the local level. This initiative promotes coordination to ensure no overlap or gaps in support for delivery of health services. As a result of this initiative, 135 communes, village chiefs and UNICEF staff have worked to identify pregnant mothers in need of support and 224 communes have contributed to raising awareness through workshops on infant and maternal health care, hygiene, nutrition and sanitation. By improving the health care and nutrition of mothers, this initiative also benefits children in the early stages of life.

In Mexico, the *Oportunidades* programme, is a cash transfer programme that provides monthly stipends to families, conditional on children's school attendance and regular visits to health care centers. By providing a cash incentive for using education and health services, this programme helps to alleviate some of the costs of education and health. The programme includes the provision of nutritional supplements for young children and pregnant and lactating women. Payments are given to the female head of the family and are expected to be spent on nutrition, and on the needs of mothers and children. By giving the subsidy directly to mothers, women's role in the household may be enhanced and there is a higher likelihood that the transfer will be spent on the children and on the nutrition of the family. Higher subsidies are also given for the education of girls and women at secondary school and high school. Results show that the programme has increased household income by 20-30 percent; has increased school enrollment, with the elimination of the gender gap in education; and has lowered maternal and infant mortality by 11 percent and 2 percent, respectively.

Goal 5: Improve maternal health

Malawi developed a Campaign on Acceleration of Reduction of Maternal Mortality (CARMAA), which aims to raise awareness about sexual and reproductive health and rights and support the creation of a comprehensive strategy at the national, district and service delivery levels. As a result of this campaign, a national Sexual and Reproductive Health and Rights Strategy was developed. The campaign also led to a notable increase in media coverage on issues related to reproductive health, endorsed by private sector actors, the media, and across the Government of Malawi.

India's innovative model of public-private partnership for reduction of maternal mortality in Gujarat aims to ensure deliveries by trained birth attendants as a response to the prevalent practice of home deliveries by untrained birth attendants in rural areas and limited medical services for post-delivery women. This model offers free maternity services at private hospitals for pregnant women belonging to socially excluded families living below the poverty line. More than 384,920 pregnant women have benefited from the project, with 817 private practitioners. Due to the success of this initiative, the government is now scaling it up to a greater number of

districts and to provide paediatric care to newborns as well. This initiative has significantly affected both maternal and child mortality rates in this province.

In Haiti, a ‘Nurse-Midwives Programme’ has been developed to address the shortage in skilled birth attendants for maternal and newborn health, to assist deliveries by increasing the number of midwives and ensuring the retention of those who graduate from midwifery training schools. As a result of this programme, there has been an improvement in the midwife training curricula and greater support for certification and accreditation processes through midwifery associations and councils. Nurse-midwife interns, on average, manage two hundred childbirths with no maternal deaths. This approach endorses sustainable capacity development so that this maternal health service remains available to Haitian women.

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

In Indonesia, an initiative has been developed that integrates malaria treatment and prevention into maternal and child health services. In this programme, routine and outreach antenatal and immunization services for pregnant women and families with young children in malaria-endemic areas include bed net distribution and the diagnosis and treatment of malaria by midwives. While midwives and immunization staff reported minimal extra burden, a high proportion of pregnant women and families received the bed nets. Moreover, the provision of bed nets as incentive also improved the overall coverage of first antenatal visits, encouraged earlier presentation of antenatal care and increased childhood immunization completion. UNICEF and the Ministry of Health have been able to scale up the initiative from an initial 11 pilot districts to over 200 malaria-endemic areas in Indonesia.

Somalia has adopted an initiative, ‘Mainstreaming Gender in the Coordination of the Somali AIDS Response’, which aims to ensure that gender is mainstreamed into the strategic framework to guide the Somali response to the HIV/AIDS epidemic. The initiative takes a multi-sectoral approach that highlights the specific vulnerabilities of women and girls to the epidemic. Gender experts were involved in developing the plan of action and gender was highlighted as an important cross-cutting issue, that otherwise is often downplayed or neglected because of the stigma around HIV.

Goal 7: Ensure environmental sustainability

Tanzania’s ‘Forest Resources Management’ programme facilitates the conservation of biodiversity by granting communities, and especially women, greater rights and responsibilities in managing forests and land. A national land policy, the Land Act and Village Land Act, was adopted in 1999 and it has secured land rights for women to acquire title and registration of land, has promoted women’s representation in decision-making bodies around land issues, addressed issues of customary land rights, and upheld the principle of non-discrimination. This initiative depends on the idea that communities, and often women, have a greater incentive to protect forest resources upon which they depend for their livelihoods.

Burkina Faso’s ‘Communal Program of Improvement of Basic Urban Services’ takes gender equity into account in the management of urban water and sanitation services, with women and youth targeted as the primary beneficiaries. Bringing together private and public partners to improve the availability of financing mechanisms for water and sanitation improvements, the

programme resulted in easier access to safe drinking water and adequate sanitation, decreasing the incidence of malnutrition and disease. It also resulted in increased incomes for women, whose businesses rely on water supply, increasing livelihood stability for their families.

Goal 8: Global partnership for development

In Kenya, the ‘Strengthening export competitiveness of women bead workers’ initiative aims to build the capacity of women-owned bead-making enterprises by improving their business management skills, linking entrepreneurs with international markets and improving product quality. This initiative overcomes the lack of capacity and services to promote traditional products on international markets. As of 2009, it has provided services to enhance the entrepreneurial skills of 900 Maasai women from Kajiado District, and over 20 new beadwork products have been adopted and developed by 29 women’s groups. The beadwork produced through this initiative has been displayed and sold in international trade fairs in Germany, Rwanda and Nairobi. This initiative highlights the need to invest in women as a strategy for overall development and for women’s economic empowerment, and the need to adopt market- and export-oriented approaches to enterprises for low-income women producers.

In Pakistan, the ‘Gender Promotion in the Garment Sector through Skills Development and Skill Upgrade’ programme trains female workers to meet the labor demands of the export-oriented apparel sector, through skills development and employment generation. The programme generates employment for women in the garment sector through training and skill upgrades. The satellite training system has led to the employment and training of over 6,000 women workers in the garment industry. The garment industry has also been strengthened by its ability to now offer internationally certified training curricula. This standardized curriculum has set a benchmark for training quality. The initiative has contributed to breaking down social barriers about women’s employment and it has partnered with factories to provide a positive work environment for women.

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