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# Gender equality and the MDGs in the Commonwealth: challenges and good practice

**The Millennium Development Goals provide an important foundation upon which to progress gender equality, but the gender dynamics that underpin the root causes of poverty need to be addressed simultaneously. Only two MDGs explicitly consider gender (MDG 3 on Gender Equality and MDG 5 on Maternity Mortality and Reproductive Health). Without a gender-responsive approach to the other Goals this focus is unlikely to lead to women's empowerment and equality; undermining efforts to achieve sustainable poverty reduction and contribute to equitable growth. The Commonwealth Secretariat and many Commonwealth country governments have recognised the gendered dimensions of poverty and are undertaking a range of policy and programming responses. This paper provides a brief overview of gender-specific challenges facing Commonwealth countries and examples of good practice in addressing them according to five broad clusters of Goals. It concludes by providing some key policy recommendations about how best to tackle gender inequalities in international development and promote women's empowerment.**

## Poverty and sustainable development (Goals 1 and 7)

One third of the estimated 1.2 billion people in the world living on less than US\$1 a day are Commonwealth citizens, as are 64 per cent of the 2.8 billion people who live on under US\$2 a day, and over two thirds of these are women. The majority of these people are rural and highly dependent on agriculture. In many parts of the world a large and growing proportion of the agricultural workforce are women, and in most countries women are responsible for household food production and consumption. In an ever-evolving context of opportunities and threats, from globalisation to climate change, links between women's empowerment, natural resource management and food security are vital. Women's ownership of and control over productive

resources – such as land – and higher education levels, lead to greater productivity. Yet many women across the world face significant barriers in owning productive assets, securing equal access to extension services and educational opportunities because of prevailing socio-cultural attitudes and discriminatory laws (see Box 1 below).

## Access to services (Goals 2, 4, 5, 6)

Gender dynamics are also intrinsic to service access. Men and women, boys and girls, face very different challenges in accessing quality services (see Box 2 overleaf). For instance, despite gains in girls' education around the Caribbean, access to schooling for rural girls remains problematic. In Dominica, there are no secondary schools in Carib areas of the country and transportation costs often preclude girls from further education. Similarly, in the Pacific Islands, important

### Box 1. Overcoming gender-based exclusion in Kenya's fishing industry

In Kenya, 70 per cent of those involved in the fishing industry are women. However, even when women own their own boats, they are prohibited from fishing, due to cultural reasons, and are typically relegated to menial tasks such as cleaning. This often leaves women very poor and highly vulnerable to HIV/AIDS, as they are often compelled to engage in risky forms of income generation to ensure a basic livelihood. A local NGO, the Women in the Fishing Industry Programme (WIFIP), is working to improve the lives of women through training in small business management, hygiene, health and gardening. Evaluation findings show that this initiative has resulted in higher incomes, women's election to beach management positions and an increase in kitchen gardening with positive spill-over effects on women's and their children's nutrition.

Source: F Binns, 2004 (<http://www.col.org/pcf3/Papers/PDFs/Binns-Felicity.pdf>).

advances have been made in terms of gender parity at the primary education level, but the geographic isolation of much of the population makes schooling children, and especially girls, challenging.

In the case of healthcare, biological differences may shape disease susceptibility (e.g. pregnant women's greater susceptibility to malaria and men's greater risk of tuberculosis and tobacco-related illnesses), and social factors can affect disease burden (such as the growing feminisation of HIV/AIDS: 60 per cent of the Commonwealth citizens infected by HIV/AIDS are women). Socially constructed gender roles, whereby women often have to shoulder dual care work and productive roles, can also impact on women's time availability and mobility to access services. Similarly, recent research commissioned by the GAVI Alliance, for instance, highlighted that contrary to previous assumptions about the gender neutrality of immunisation services against childhood diseases, important gender differences exist in coverage rates. While girls are often disadvantaged in South Asia due to son preference, boys especially in parts of West Africa are not being immunised out of fear of sterility risks.

## Care and care-giving (Goals 3, 4, 5, 6)

Although there is a growing recognition of the value of care and the importance of promoting joint society and state responsibility for care work, discussions linking attainment of MDGs 4 and 5 (on infant/child and maternal mortality) and the need for better and more gender-sensitive systems of care have been limited. This is a critical area within the Commonwealth as 40 per cent of the world's infant mortality and 60 per cent of maternal deaths are in Commonwealth countries. Moreover, UNICEF's 2008 State of the World's Children Report warns that failing to improve MDG 5 (maternal and reproductive health) threatens the chances of reaching MDG 4 (child mortality) because of the unrealised double dividend between women's empowerment and improved child health, nutritional and educational outcomes.

Addressing these challenges requires a move beyond a reliance on technology (such as vaccines) and infrastructure (for example, new health clinics) in isolation, and ensuring that policies and programmes are informed by a clear analysis of underlying social determinants, including gender. For instance, there are increasing initiatives to provide training to traditional birth attendants in countries such as Nigeria and Uganda, with whom women often feel more comfortable than modern medical clinics, and NGO initiatives to establish mothers' groups to provide support to one another with regard to breastfeeding and early child nutrition, including a recent Catholic Relief Services' pilot programme in Kenya. Equally importantly, more efforts are required to involve men and boys. World Health Organization reviews have demonstrated that involving men in programmes that encourage them to participate more actively in the support and care of their children led to significantly

## Box 2: Good practice examples in overcoming gender barriers to service access

In order to overcome gender barriers to service access a wide range of innovative programmes can be found throughout the Commonwealth, as the following examples highlight:

**Addressing spatial poverty.** Gender disparities are often heightened in geographically remote or nomadic communities. In Nigeria, the Nomadic Education Programme (NEP) is an example of good practice in overcoming nomadic girls' low educational enrolment rates. NEP focuses on recruiting, training and deploying female teachers with a nomadic background, resulting in significantly higher education participation rates for girls as communities come to realise the relevance and value of education for girls.

**Tackling socio-cultural discrimination.** Gender can also intersect with other forms of socio-cultural discrimination, such as that based on caste, ethnicity or race. In Nepal, where low-caste children and particularly girls are disadvantaged within the education system, a UNICEF–local government partnership project, the 'Welcome to School Campaign' which provides free school supplies and educational scholarships, has seen an increase in 270,000 girls and 200,000 boys in 16,000 primary schools across the country.

**Promoting more open communication.** Young people outside the education system, and especially girls who tend to suffer from higher secondary school drop-out rates, often have very limited access to information. In Guyana, barber shop and beauty salon proprietors are being trained in a UNFPA and UNAIDS project to help stop the spread of HIV/AIDS by providing youth with much-needed information on communication, relationships and sexual health. Following training, proprietors are also disseminating information and condoms, as well as providing testing.

Sources: *Forum on Flexible Education* (2006); *S Lawoti*, (2006); *UNAIDS*, (2009).



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better child and maternal health outcomes. However, such efforts require sensitive framing in order to effectively reorient prevailing notions of masculinity that are often incompatible with caring roles.

### Voice and agency (Goal 3)

Promoting women's abilities to articulate their views in a meaningful way and becoming agents of their own empowerment is vital to overcome engrained socio-cultural conditioning and gender roles. MDG 3 deals with two important tools for empowerment – education and national political representation – but we need a more comprehensive approach. There is a growing realisation that while significant progress in terms of women's quantitative political representation have been made in many Commonwealth countries, gains in terms of women's broader empowerment has been limited. For example, although nearly half a million women were elected to local government (Panchayat Raj institutions) in India's last election, most women still lack decision-making power within their own households. Fostering women's voice and agency requires improving women's access to resources (including credit, entrepreneurial training, inheritance and land rights) and their capacity to make use of them, for example, through anti-discrimination and gender-based violence legislation, gender-aware justice systems and adequately resourced government machineries mandated to improve gender equality. In this regard, gender-responsive budgets, which are being implemented in more than 20 Commonwealth countries, are an important tool to track government commitment to addressing gender inequalities. While many initiatives have been pilot projects, Nepal's recently established Gender-Responsive Budget Committee is a good example of a more institutionalised approach.

The Committee was permanently established within the Ministry of Finance in 2007 and requires that all monies be accounted for in terms of whether they support gender equality (directly or indirectly).

### International partnerships and accountability (Goal 8)

MDG 8, which focuses on improved international aid and co-operation in the fields of science and technology, private sector development, trade and employment rights for youth, could also offer an important window of opportunity for supporting gender equality. Only by recognising the ways in which global macro-economic and political issues are gendered, are we likely to find effective and sustainable solutions to achieving the other goals. On the aid front, for example, the recognition of gender equality as a cross-cutting issue in the Paris Declaration and DAC ODA gender marker are important first steps, but will have to be closely monitored in the current global economic context, given that aid budgets received by Commonwealth countries are expected to face significant declines.

### Policy recommendations

In short, tackling MDG gender gaps requires a fundamental reworking of international aid architecture and modalities so that future development efforts will not repeat past mistakes. There are, however, considerable achievements and momentum which can be harnessed. To conclude, four key areas are identified to consolidate and advance progress:

- ◆ First, building on MDG achievements (although limited) to date, and harnessing momentum from other global rights-based initiatives such as CEDAW and the Beijing Platform for Action (BPfA) to promote



more fundamental change across the policy and programme cycle, is essential. CEDAW and the BPfA spotlight gender-specific risks and barriers that are largely invisible in the MDGs but critical to their achievement – such as gender-based violence, harmful traditional practices (e.g. female genital mutilation and early marriage), and the particular challenges facing female youth in finding decent employment. Equally importantly, they underscore the accountability of national governments and the international community to ensure that the necessary resources and institutional mechanisms are in place to achieve gender-based rights. For instance, legislation on gender discrimination needs to be seen as a first step rather than the end of the road, and backed by capacity building support for judicial and police personnel as well as resources to undertake necessary community mobilisation and awareness work.

- ❖ Second, given the institutional weaknesses faced by UNIFEM and its partner UN agencies, the UN General Assembly's September 2009 approval of the new gender 'super-agency' is a welcome advance. The challenge now is to ensure that this agency is well-resourced and independent, with operational and oversight capacity to not only promote effective gender mainstreaming across the UN system, but to also monitor the effective implementation of gender goals and commitments within broader development efforts.
- ❖ Third, institutionalising gender budgeting and gender-responsive aid effectiveness approaches will constitute an important tool to help minimise policy evaporation. Alongside this we need to strengthen the development of gender-sensitive indicators, data collection, reporting and analytical capacities more generally, in order to hold both donors and partner governments to account for their responsibilities to reduce gender inequalities and empower women.
- ❖ Finally, the promotion of gender-sensitive social protection is an increasingly recognised approach to tackle gender-specific experiences of poverty and vulnerability. Social protection – including cash transfers targeted at care-givers so as to promote investments in children's human capital development, girls' scholarship programmes, public works programmes that are sensitive to men and women's differential time demands and work capacities, and social health insurance – has the potential to maximise synergies across the MDGs. Core social protection objectives include reducing poverty and inequality through strengthening access to and demand for quality basic and social services, supporting economic productivity, and facilitating a better balance between care-giving and productive work responsibilities. Taking a gender-sensitive approach to social protection will not only require re-focusing programme design but also encouraging agencies responsible for livelihood promotion and protection, basic and social services and the



Mother and children, Pentecost Island.  
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enforcement of anti-discrimination legislation to work together to achieve the MDGs and longer-term gender equality.

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