Getting Back on Track

Putting Women at the Heart of the MDGs

Rehema Sameji of the Women's Legal Aid Centre, Tanzania

"Poverty is created by people – it can be eradicated. Ultimately it is a question of political choice. We expect our leaders to be bold in the choices they make at this summit – to commit to the ambitious actions and changes needed to tackle the pervasive inequality and lack of power that keep women and men poor."

Jennifer Albano, Director, Institute of Politics and Governance, Philippines

The United Nations (UN) Millennium Declaration is a powerful vision of international relations which has at its heart a commitment to uphold the principles of human dignity, equality and equity[1]. It was on this basis that the Millennium Development Goals (MDGs) were born. With the UN MDG Review Summit in September 2010, world leaders have a final opportunity to reaffirm this original vision of development, and commit to the ambitious actions needed over the next five years to keep the promises made. This is a chance to change the course of history. It is not too late to bring about tangible differences to the lives of the poorest women and men. But success is only possible if women and girls are at the heart of international efforts to accelerate poverty reduction and step up progress towards the MDGs.

The new Coalition Government has placed a high priority on recognising the role of women in development, with a top-level commitment to putting women

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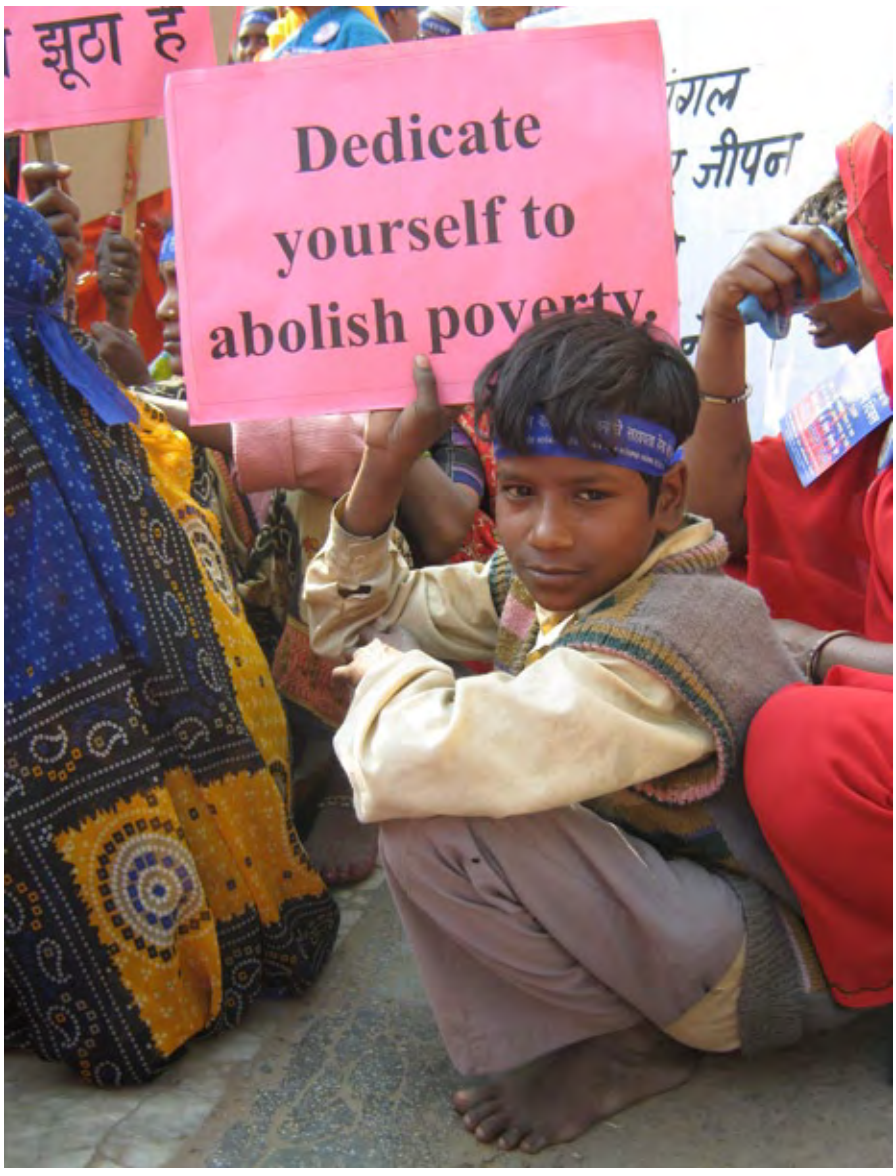
at the 'front and centre of all our efforts'[2]. It has stated its 'determination to erode these vast inequalities of opportunity around the world today[3]'. It has also pledged to help the poorest people in the world and champion justice, freedom, fairness and prosperity[4]. This ambitious and just vision for change – backed by a promise to increase aid levels to 0.7% of national income by 2013 – has the potential to bring about far-reaching changes for the poorest women and girls, their families and communities. It offers an historic opportunity to drive forward progress in the fight against grinding poverty and deprivation.

Change is urgently needed. The failure over the last ten years to invest in tackling systemic gender inequality and discrimination that makes and keeps people poor has steadily undermined progress on all the MDGs. This is a major factor why poverty has proven so much more intractable than anticipated. The tendency has been to focus on alleviating the symptoms or consequences of poverty rather than the underlying *causes*. So, for example, attention has focused on girls' low school enrolment and attendance rates, but without adequate investment in challenging the gender inequalities which underpin and perpetuate these adverse trends. Now is time to learn the lessons of the past and put a premium on eliminating the discrimination, inequality and lack of power which condemn people to lives of poverty and put the gains of the MDGs beyond reach for many.



Dalit rights campaigner at Dignity March, World Dignity Day, Delhi, December 2009

Who is being left behind?

Women and girls make up the majority of the world's poorest people – a result of pervasive gender inequality. This is manifested in a lack of access to human, social and financial capital, exclusion from participation in the decision-making processes which shape women's lives, and barriers to accessing the crucial resources and basic services which are theirs by right. Most severely affected are women and girls from discriminated against groups – Dalits (formerly known as 'untouchables'), women living with HIV, disabled women, women migrants, minority and indigenous women, young and older women – who cannot participate equally, realise their potential, nor claim their rights because of discrimination. This discrimination has tangible outcomes and hampers poverty alleviation initiatives.

Dalit women, for example, suffer triple discrimination – as Dalits, as members of an

> "We have the means and the opportunity to put an end to some of the most egregious problems facing the world today. But the only way we will do so is by putting women front and centre of all our efforts."

Andrew Mitchell MP, UK Secretary of State for International Development, in a speech at Carnegie Endowment, Washington DC, 25 June 2010

impoverished underclass, and as women. The majority of the world's 250 million Dalits live in extreme poverty, without land or opportunities for better employment or education, and are amongst the world's poorest and most excluded people. Dalit women face particularly severe economic deprivation, high levels of illiteracy, and are extremely vulnerable to sexual exploitation due to caste violence[5]. Despite this, they are often invisible in policy responses and interventions designed to achieve the MDGs.

Like caste, disability receives no mention in the MDGs nor in the targets and indicators used to monitor progress. Yet disabled people are one of the single largest groups of chronically poor people in the world[6], with women most acutely affected. Despite constituting around 10% of the global population, the World Bank estimates that 20% of the world's poorest people are disabled[7] – a staggering 650 million people, forgotten by the MDGs framework.

Action to achieve the MDGs must therefore go beyond the current focus on off-track regions or countries, to also address the marked inequalities *within* countries, and empower vulnerable groups of *people* not merely vulnerable nations.

In India, for example, while economic growth has been remarkable – the past 25 years have seen one of the greatest spurts of GDP per capita in modern history – the country remains home to 1/3 of the world's undernourished children[8]. In spite of rapid economic growth, increasing disparities *within* states along lines of caste and gender have resulted in highly uneven nutritional performance, undermining progress on MDG1 (eradicate hunger) and MDG4 (reduce child mortality). India is not exceptional – in most societies the gap between the richest and

Women councillors in Oruro, Bolivia

the poorest is widening, and access to resources, livelihood opportunities and basic services remains grossly unequal within, as well as between, countries. The struggle for a world without poverty must therefore also be about creating a fairer world where opportunity and growth are more equally shared and people's prospects in life do not depend merely on an accident of birth.

This brief outlines the approaches needed to ensure UK aid has the greatest impact on meeting the MDGs and improving the lives of the poorest people. It has four simple messages:

1. Poverty is caused by inequality, discrimination and a lack of power – development interventions must tackle these underlying causes, not only 'mop up' the consequences.
2. Development must be equitable and inclusive of *all* – at present, inequality and discrimination are putting development gains beyond reach for many. In the drive to meet general MDG targets and indicators and deliver results by 2015, the very poorest people must not continue to be pushed to the margins. Meeting the MDGs will require targeted actions to reach those who are discriminated against and to amplify their voice and agency in development processes.
3. 'Quick fixes' – particularly those that focus on the easiest-to-reach groups – do not achieve effective nor equitable results. Longer-term results, including gender equality, must not get squeezed out in efforts to identify easy-to-measure outcomes as quickly as possible. This is not money well-spent.
4. The voices of citizens should be at the heart of development responses. Effective development is only possible when the most excluded people have the voice and agency to influence the decisions which affect their lives. This is essential to creating an environment in which accountability is possible.

Women marching for gender equality in El Salvador

Inequality, Discrimination and the MDGs: Making the Links

As a result of gender inequality and discrimination, development gains and progress on the MDGs remain sluggish, patchy, or are even reversing. This section shows how gender inequality and discrimination are putting the achievement of the MDGs

in jeopardy by keeping people in poverty. It also outlines some of the priorities and approaches needed to change this – to put the Goals back on track.

MDG1: Eradicate Extreme Poverty and Hunger

National-level data across different contexts shows that women are still more likely than men to be poor and at risk of hunger because of the discrimination they face in access to education, healthcare and control of assets[9]. The situation of the most discriminated groups of women is especially perilous. For example, in India, Dalit women are one-and-half times more likely to suffer the consequences of chronic malnutrition compared to other women[10]. This is because of the exclusion of large numbers of Dalit women and their children from access to quality heath services and nutritional schemes. Moreover, a report by the Institute of Development Studies reveals that India is home to more than 1/3 of the world's undernourished children and that the highest prevalence is among girls, Scheduled Castes and Scheduled Tribes[11]. This has huge implications for meeting MDG4, with excluded children having mortality rates that are 33 to 100% higher than children in the rest of Indian society[12]. It also impacts MDG1, which will not be met in India until 2043 at the current rate of decline[13].

The key to halving hunger is to invest in women and girls. In sub-Saharan Africa, women contribute at least 60 to 80% of the labour required for agricultural work, while in Asia they contribute around 50%[14]. Yet billions of people continue to go hungry because discrimination prevents women from owning land and other productive assets – women own only 1% of the world's land[15]. This reduces agricultural productivity and undermines the key role women farmers play in ensuring food security for their families. Where investment *is* targeted at women farmers to improve their access to, and control over, productive resources and inputs, results are impressive, with high economic and social returns. It is estimated that agricultural productivity in Africa would increase by up to 20% if women's access to resources such as land, seed and fertilisers were equal to men's[16].

A similar story exists in relation to the labour market where gender biases mean women's productive potential is less effectively utilised than men's. In low- and middle-

Telagu Dalit Colony, Dhaka, Bangladesh

> “Making sure that girls are able to have access to education – and are able to complete that education – will remain a key priority for the UK’s Department for International Development.”
>
> *Andrew Mitchell MP, UK Secretary of State for International Development, in a speech at Carnegie Endowment, Washington DC, 25 June 2010*

income countries, women's labour force participation is 57 per cent compared to 85 per cent for men, with women workers earning on average only ¾ of what men earn[17]. Even where women access markets, they tend to be concentrated in the informal sector where working conditions are least secure – close to ⅔ of all employed women are estimated to be in vulnerable employment[18]. This reduces women's ability to create their own prosperity and undermines their potential to act as agents of change. Women from discriminated and marginalised groups face particularly severe barriers. For example, women whose HIV positive status is known or suspected within the community often find that people no longer buy their goods, or are sacked by their employers after receiving an HIV positive diagnosis, sometimes after compulsory testing[19].

Without expanding economic opportunities for women, implementing policies that support informal sector workers, and monitoring and improving the *quality* of employment, the MDG1 target of ensuring productive employment and decent work for all will not be met. Given the crucial contribution of women's employment to poverty and hunger reduction at the household level, the consequences of this for women, their families and communities – and for the achievement of the MDGs – must not be underestimated. This Government's commitment to promoting the economic empowerment of women and girls is therefore desperately needed. This must go beyond microcredit to improve women's access to the whole range of credit, banking and financial services needed to develop their productive assets, land and businesses[20].

Mukta, member of the Self Employed Women's Association and salt worker, Gujarat, India

> "As women we are double Dalit and face discrimination in education, jobs and families. My parents didn't allow me to go to school… Education isn't worthwhile for girls because they will go and live with another family."
>
> *Baby Rani, Member of the Dalit Women's Forum, Dhaka, Bangladesh*

MDG 2: Achieve Universal Primary Education

There have been real improvements in education, with the number of children of primary school age who are out of school dropping by 33 million since 1999[21]. Yet girls are disproportionately losing out from positive advances in universal primary education because of gendered barriers which have received insufficient attention in policy responses. As a result, 5 years after the MDG3 target date for reaching gender parity in education, it has yet to be achieved. This Government's commitment to increase the number of girls completing secondary and primary education by July 2011 is hugely important in this context.

Gender parity in primary and secondary education is a goal within reach, but success will require tackling the gender inequalities which inhibit girls' from completing their education or from achieving positive results[22]. These include factors such as violence against girls in school, the lack of priority given by parents to investing in their daughter's education, girls' heavy domestic workloads, lack of or poor quality sanitary facilities and access to sanitary protection, early marriage and teenage pregnancy, and poor infrastructure and transport which pose a particular threat to girls' physical security.

Success will also require specific investments in tailored programmes designed to tackle the barriers which prevent the most excluded girls from sharing in the positive advances in education – disabled girls, Dalit and indigenous girls, girls affected by HIV/AIDS, migrant girls. Without targeted action, such as making schools accessible to disabled children, discrimination will continue to put these important gains beyond the reach of the most disadvantaged girls, even in countries where progress on girls' education has been made overall. We will be looking to the UK Government to push for concrete commitments at the summit to prioritise the most discriminated and disadvantaged girls, and ensure that UK efforts to increase the number of girls completing education are ambitious in their targeting of the most excluded and 'hard-to-reach' groups.

Who is losing out from the positive advances in education?

- Of the estimated 72 million primary-age children that were not in school in 2005, 57% were girls, and this is believed to be an underestimate[23].
- The school drop out rate for Dalit girls in India is higher at every stage of education than for the general female population and for Dalit boys – over 83% of Dalit girls drop out of school at the secondary stage[24].
- Of the 72 million children still denied their right to primary education in developing countries, *one-third* of them have a disability[25].
- In El Salvador, less than a quarter of disabled children complete the first three years of education, and the figure is much higher for girls in rural areas[26].
- Girls from minority ethnic and indigenous groups often face particularly severe obstacles to accessing education, including discrimination on the part of teachers, lack of access to mother tongue education and lack of investment in areas where minorities and indigenous communities live[27].

> “We’re weary of being asked to attend meetings as an after-thought, to stand up and provide a personal testimony but little else… We want to be included from the outset in deciding agendas, taking decisions and ensuring their implementation.”
>
> *A member of the International Community of Women Living with HIV/AIDS*[28]

MDG 3: Promote Gender Equality and Empower Women

Efforts to empower women and girls have been largely focused in the area of girls’ education, and most recently, reproductive health. Yet realising the true potential of all women and girls will require action to empower women in all spheres of their lives – social, economic and political. Too often women’s potential is neglected, undermining the crucial role they can play as powerful drivers of change in their families, communities and nations.

Investing in women’s leadership has been proven to have a catalytic impact on reducing poverty and inequality and accelerating development for future generations[29]. Promoting women’s participation and leadership in local and national politics enables women to influence decisions on government priorities and spending, and advance issues of importance to women on national agendas[30]. It is also crucial for strengthening political accountability to women and ensuring a more responsive and effective allocation of public financial resources.

Yet there is a long way to go. Women still comprise only 18.9% of the world’s legislators[31]. At this rate, not only will few countries achieve a critical mass of 30% by 2015, but it will take another 40 years to reach gender parity in

Garment factory, Cambodia

> "The world has failed to invest enough in the health of women, adolescent girls, newborns, infants, and children… Yet we now have an opportunity to achieve real, lasting progress – because global leaders increasingly recognise that the health of women and children is the key to progress on all development goals."
>
> *The UN Secretary General's proposed Global Strategy for Women's and Children's Health, p2*

the world's national legislatures. The voices and solutions of women and girls are largely ignored in decision-making on development priorities, including shaping national development plans. As a result, the decisions taken fail to reflect the needs, priorities and concerns of all citizens, undermining ownership and limiting the potential of aid to deliver results for the poorest people.

Discriminated groups of women face the greatest barriers to participation. For example, organisations or networks of women and girls living with HIV are rarely involved in decision making on HIV/AIDS[32]. Instead, it is often assumed that an HIV positive man can speak on behalf of all HIV-positive people, or that inviting a token HIV-positive woman to give a personal testimony at a meeting constitutes involvement[33]. This is a clear infringement of the Paris Principle of Greater Involvement of People Living with HIV/AIDS (GIPA).

Truly realising this Government's commitment to putting women at the heart of development will require driving forward a programme of change which includes as a central component a political and financial investment in women's participation and leadership at every level of society. This is crucial to enable women to participate as active agents in their own development, and leaders of their communities and countries. It is also essential to ending the pattern that has seen development programmes being designed and rolled out without the meaningful involvement of those they are intended to benefit.

MDG 4: Reduce Child Mortality

Investing in women and girls is one of the most effective ways of accelerating progress in the fight against child mortality, since the *causes* of child mortality, such as disease and malnutrition, are significantly related to women's health, education and economic status[34]. For example, in Africa, children of mothers who have spent 5 years in primary education are 40% more likely to live beyond the age of 5[35], while an educated woman is 50% more likely to have her child immunised[36]. Expanding women's economic opportunities and earning potential yields similarly high returns for children, fuelling improved nutritional, health and educational outcomes. This is because women usually devote a higher proportion of their earnings to meeting basic family needs such as food, healthcare and schooling: typically, women put an average of 90% of their earnings back into the family, compared to the 30 to 40% that men contribute[37].

Driving international action to tackle gender inequality and empower women and girls is therefore one of the most effective ways of stepping up progress towards MDG4. The priority is to improve the status of the most marginalised women, as advocated in the UN Secretary General's proposed Global Strategy for Women's and Children's Health, which calls for 'a focus on the most vulnerable and hardest-to-reach women and children: the poorest, those living with HIV/AIDS, orphans, indigenous populations, and those living furthest from health services'. In India, for example, whilst the 1998–99 National Family Health Survey showed that average infant mortality rates were around 6.76% amongst Dalit populations, rates rose to 8.3% because Dalit women and their children suffer from particularly poor access to public heath services as a result of systemic discrimination.

> "It is clear why reproductive and maternal health is the most off-track of all the Millennium Development Goals. The international community has failed to assist millions of women by ignoring the complexities of why at least a third of a million women in the world's poorest countries die during pregnancy and childbirth each year. For too long we've been trying to tackle the issue with one hand tied behind our backs."

Andrew Mitchell MP, UK Secretary of State for International Development, in a speech at Carnegie Endowment, Washington DC, 25 June 2010

MDG5: Improve Maternal Health

It is no coincidence that MDG5 – the most off-track of the MDGs – is one of the goals which relies most heavily on improving the status of women. This lack of progress is itself a reflection of the low value placed on women's lives, which has translated into weak political will and leadership, and inadequate investment in protecting and promoting women's health and well-being.

The high priority the UK Government has placed on driving international action to improve reproductive and maternal health and increase access to family planning represents a huge opportunity for the UK to lead the world in reversing this scandalous lack of progress. As stated by Andrew Mitchell, UK Secretary of State for International Development, 'a woman's right to make a decision about how many children she wants to have, and when... [is] one of the most fundamental of human freedoms[38]. The UN Secretary General's proposed Global Strategy for Women's and Children's Health offers an unprecedented opportunity for global leaders to commit at the summit to the decisive actions desperately needed to bring about life-changing differences for women and children. We hope the UK Government will lead the way by providing strong political and financial backing to the UN Secretary General's global action plan.

Woman refugee and child in Kasulu, Tanzania

If done right, such a focus will have a profoundly positive impact on the lives of millions of women and girls around the world. Yet this will only be possible if a commitment to tackling gender inequality and bringing about improvements in women's social, political and economic status are at the heart of these efforts. Poor maternal health is rooted in gender inequality and other forms of social exclusion, lack of economic opportunity, and conservative social norms and practices. These barriers inhibit women from exercising autonomy over their bodies and negotiating

> "Achieving MDG 5 is more than a matter of health services. Women's lack of control over their own sexuality and fertility and their poor access to reproductive health services is closely linked to a general lack of respect for women's rights."

The UK Department for International Development's 'Choice for Women' Consultation powerpoint

the use of contraception with partners; instead, decisions about women's reproductive lives are often made for them by their husband, father, in-laws or health care staff. Women and girls also face obstacles to accessing essential reproductive healthcare education, information and services because of gender ideologies claiming that women should be virgins until marriage[39].

Increasing the availability of modern contraception will therefore only yield returns if coupled with interventions that are explicitly women-centred and women-controlled, such as female condoms and free access to the contraceptive pill, and which seek to improve women's *control* over their reproductive lives by promoting gender equality in the longer-term. Women's organisations must be supported in their work to encourage shared responsibilities between women and men in matters of sexual and reproductive health, especially with regard to regulating fertility, prevention of sexually transmitted infections including HIV/AIDS, childrearing and family health care. In two indigenous communities in La Paz, Bolivia, for example, maternal mortality has fallen by 75% because women's groups have implemented women's education and empowerment programmes, educated men about gender equality and reproductive health, and trained community health workers[40].

Any comprehensive strategy to improve maternal health must also include efforts to promote women's access to safe, legal, accessible and affordable abortion services. As Andrew Mitchell noted in his first overseas speech, every year 20 million women seek unsafe abortions and 70,000 of them die as a result[41]. In other cases, maternal mortality can stem directly from women being too scared to go to hospital in countries where abortion is completely illegal in case they get put in prison for supposedly having had an abortion even when they have not – for example, in cases of haemorrhaging and miscarriages. We hope the UK will continue to demonstrate bold global leadership on this sensitive issue by committing political and financial support, both to improve access to safe abortion services, and to promote the full legalisation of abortion in countries where abortion is currently restricted or illegal.

We further urge the UK to push at the Summit and beyond for a specific focus on empowering the most vulnerable and hard-to-reach women and children to control their reproductive lives, including disabled women, Dalit women, women living with HIV/AIDS, and young women and adolescents. This is crucial to reduce the marked inequities among women: in many developing countries, women in the top income bracket are twice as likely as the poorest women to use modern contraceptives[42]. The poorest women are almost three times less likely to have skilled care at delivery and up to six times more likely to die during pregnancy and childbirth than richer women[43]. Discriminatory attitudes among health workers and medical professionals contribute to these poor reproductive health outcomes among women from excluded groups by deterring them from using clinics and other healthcare services and limiting their reproductive choices. The hostility that pregnant HIV-positive women often experience from health workers with regards to having children is well-documented, with women often put under intense pressure to have an abortion or be sterilised[44]:

'When I went to give birth, a guy there spoke badly. He said that I should be sterilised. Actually, I was fearful and confused... He said there was no reason why I should keep it and I should get an abortion... I couldn't respond then, all I could do was shake my head and feel really bad.'

A Thai woman living with HIV[45]

> "HIV and AIDS is not just a health issue. It is a gender, development, human rights, and socio-economic issue"
>
> *Emily Sikazwe, Executive Director, Women for Change, Zambia*

MDG6: Combat HIV/AIDS, TB and Malaria

Women make up 59% of people infected with HIV and AIDS in sub-Saharan Africa and 64% of 15 to 24 year-olds living with HIV in developing countries[46]. Gender inequality continues to drive the HIV pandemic due to a host of social, cultural, biological and economic reasons, including women's and girls' entrenched social and economic inequality within sexual relationships and marriage. In marriage, it is often difficult for a women to refuse to have sex with her husband, even if she knows that he has other sexual partners. It can also be difficult for a woman to ask or convince her husband or sexual partner to use a condom. Another factor driving high levels of HIV prevalence among young women is their lack of knowledge and understanding of HIV compared to young men[47].

Pervasive violence against women and girls is also directly responsible for increasing women's risk of infection by reducing women's power to refuse sex or negotiate the terms of sex within their relationships[48]. In some countries, 30% of women report that their first sexual experience was forced[49]. Violence is also a major barrier to accessing treatment, most markedly in contexts where women have little or no legal or financial standing, and where they have to ask their husband's permission to make or pay for the journey to medical centres.

These multiple gender barriers, including women's lack of income, assets, education and low social status, also leave women

Dalit woman, Pongue Sweeper Colony, Dhaka, Bangladesh

and girls disproportionately vulnerable to the impact of HIV and AIDS. AIDS-related illnesses are the leading cause of death and disease among women of reproductive age[50]. Women and girls also bear the primary physical and psychological burden of HIV and AIDS care. In addition to lost opportunities and income which deepen poverty, many carers – who are often older women or grandparents – experience high levels of stress and exhaustion which significantly impact upon their well-being, especially if they are HIV positive.

Tackling gender inequality is therefore a fundamental cornerstone for achieving MDG6. Effective responses must start from the premise that HIV/AIDS cannot be approached only as a health or medical problem, but must be recognised as a complex social and economic challenge which will only be met through tackling gender inequalities and grinding poverty. In particular, increased commitment from multi-lateral and bi-lateral donors and national governments to provide more effective leadership and coordination in the area of community care and support for people living with HIV/AIDS is crucial if we are to reverse the crippling lack of investment to date. More attention to tackling gendered barriers – such as violence, lack of economic opportunity, and stigma and discrimination by medical and health care staff – is also crucial if we are to achieve the MDG6 target of universal access to treatment for HIV/AIDS for all who need it.

Most importantly, the meaningful participation and leadership of people living with HIV/AIDS, including those providing home and community based care, is a pre-requisite to designing, delivering and monitoring effective programmes and services which are relevant, evidence-based and able to deliver concrete results for people most affected by the disease.

MDG7: Ensure Environmental Sustainability

It is generally recognised that people who are already poor and marginalised experience the impacts of environmental degradation and climate change most acutely[51]. They often lack the assets, social networks, mobility and political power that are critical for adaptation[52]. Where women and girls have less access to and control over resources, this undermines their capacity to adapt to existing and predicted impacts of environmental degradation, and to contribute important knowledge and insights to climate change adaptation and mitigation decision-making processes.

MDG7 targets, on halving the proportion of people without sustainable access to safe drinking water and basic sanitation, and achieving a significant improvement in the lives of slum dwellers, are particularly critical for the poorest women and girls, including disabled women, minority and indigenous women, and Dalit women.

For example, Dalit women and men have historically been forced to live on the least desirable land, often in slum conditions. As the world makes progress towards achieving MDG 7, Dalit populations have been forced by exclusion to start from a significantly lower baseline. Studies in India showed that, whilst 45.2% of households among the general population had a drinking water source, only 27% of Dalit households had this facility[53]. Similarly, 42.3% of general households had a latrine facility in 2001, compared with only 23.7% of Dalit households[54]. Women are most adversely affected – a 2010 joint UN Report describes, for instance, how one Dalit slum in Bangladesh had only two water points to serve 12,000 people, with the result that the women and girls had to carry the water up several flights of stairs, posing a serious threat to their physical well-being[55]. In addition, the women's toilets had a hole in the ceiling where boys and men watched the girls, depriving them of all privacy.

"It is very noisy and dirty here – when we have our periods there is no where to throw our rags and napkins – we have to shower with the men and then just throw them outside when no one is looking – this is very embarrassing and shameful for us. We use old saris and rags for napkins."

Young Dalit Leader,
Member of the Dalit Women's Forum, Dhaka, Bangladesh

MDG 8: Develop a Global Partnership for Development

The UN Summit offers a crucial opportunity to put the world back on track towards meeting the MDGs. Yet efforts to strengthen the effectiveness and impact of aid and achieve the MDGs must have women's equality and empowerment at their centre if they are to achieve enduring results in all aspects of development processes. Developing stronger accountability systems and rigorous indicators – to track resources spent on gender equality and their impact in tackling inequalities – must be integral to the assessment of development performance. Addressing the lack of policy coherence which continues to stall the advancement of gender equality in development and national and international women's human right commitments – such as the non-integration of gender equality obligations in bilateral and multilateral free trade agreement negotiations, or the exclusion of women's voices from security and reconstruction debates – is a further priority if we are to achieve results which are both effective and equitable.

3. How to accelerate progress?

Inequality and discrimination are continuing to put the MDGs beyond reach, yet this is not inevitable. Small steps can add up to big differences. Below are 4 affordable and realistic actions to catalyse results for those who need them the most.

1. Deliver on the UK Government's pledge to put women at the front and centre of aid by tracking performance on gender equality and monitoring the delivery of equitable development outcomes through:

- establishing gender equality objectives and indicators at all levels – organisational, in-country and project – and scrutinising results, including the use of gender responsive budgeting tools
- scaling up funding to women's organisations by channelling money through women's funds and through development organisations working with women's organisations. This is one of the most effective ways of ensuring aid has the greatest impact on the poorest and most marginalised people.

2. Target aid so that it reaches the poorest and most discriminated

Members of the Self Employed Women's Association, Bikaner, India

> "Study after study has taught us that there is no tool for development more effective than the empowerment of women. No other policy is likely to raise economic productivity, or to reduce infant and maternal mortality. No other policy is as sure to improve nutrition and promote health – including the prevention of HIV/AIDS. No other policy is as powerful in increasing the chances of education for the next generation."
>
> *Kofi Annan, UN Secretary General, in a speech to CSW, 2005*

groups of women, particularly Dalit women and disabled women, who are almost entirely invisible in policy responses and interventions designed to achieve the MDGs, by:

- prioritising investment in the most excluded and 'hard-to-reach' groups who live in deep and chronic poverty, far below the poverty line, rather than channelling resources to the 'easiest-to-reach' groups
- championing and building capacity for improved coverage, quality, frequency and use of disaggregated data and indicators in statistical, monitoring and evaluation systems in UK partner countries
- setting innovative indicators to motivate and monitor progress for specific, discriminated-against groups of women – this will help identify those who are falling behind in the achievement of the MDGs, allowing policies and resources to be designed and channelled accordingly.

3. Empower women and girls to be active agents of their own development and to participate in decisions about aid spending and hold elected representatives to account for promises made by:

- increasing DFID's political and financial investments in programmes to strengthen women's leadership and participation, particularly of grassroots women, to meet the new departmental commitment to recognise the role of women in development and promote gender equality
- creating political spaces for policy dialogue with women's organisations
- building capacity of partner governments, particularly ministries of finance, and civil society, particularly women's organisations, to undertake budget monitoring and apply gender responsive budgeting tools.

4. Increase the long-term impact of aid on women and girls by tackling the underlying drivers of poverty by:

- investing in efforts to bring about attitudinal and behaviour change and challenge inequitable social and cultural norms through supporting women's organisations and other CSOs working at the grassroots to bring about long-term societal change
- strengthening implementation of the commitment to ending violence against women and girls internationally by appointing a Minister for International Violence Against Women whose brief covers DFID, the Foreign and Commonwealth Office (FCO) and Ministry of Defence (MoD)
- recognising that attitudinal change is a gradual, long and complex process, and one which produces results that are often hard to quantify. A combination of quantitative and qualitative data should be used to enable a more in-depth examination of gender relations and other issues not easily 'counted'.

Now is no time for timidity – we won't get this chance again. We hope the UK Government will use the crucial and historic opportunity to be bold and ambitious. This means tackling the gender inequalities and other forms of systemic discrimination which make and keep certain people poor while others prosper. This approach defies quick fixes and easy wins, but is the only option if we are to achieve the MDGs.

Notes

1 The Millennium Declaration of the UN General Assembly – resolution 55/2, 1.2, 8 September 2000

2 Andrew Mitchell MP, Secretary of State for International Development, in a speech at Carnegie Endowment, Washington DC, 25 June 2010

3 Ibid

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