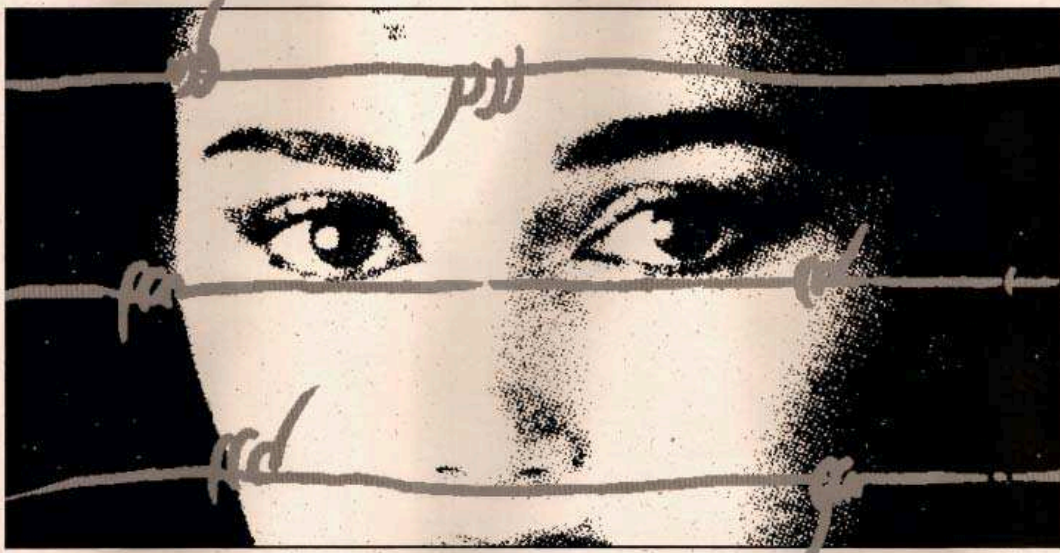


WOMEN'S RIGHTS



ARE HUMAN RIGHTS

UNIFEM Works to Get Women on the Agenda

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Services

Until recently, in Nazlet Fargallah, Egypt, women gathered water up to four times a day, using sewage-contaminated water for washing. Lacking latrines, they waited until dark to relieve themselves, leaving them ill and vulnerable to violence. The situation changed when a local government water and sanitation project introduced female health visitors and enabled women to participate in community and household decisions about how to improve health and livelihoods. The 700 households now have two taps and a latrine each and there is more awareness of how sanitation behaviour can prevent disease. Women spend less time collecting water, and have gained dignity and security.¹

In Honduras, both the public and the government were shocked by a study in 1990 that found maternal mortality was nearly four times what had been previously believed. The problem, it emerged, was that only a small percentage of women were delivering in clinics with skilled birth attendants. A

group of government officials publicised this finding through the media, lobbying donors and health officials on the issue of maternal mortality. These efforts put safe motherhood on the political agenda: a new health minister took up the challenge by raising resources and substantially expanding the health and safe motherhood infrastructure, concentrating on the worst-affected areas. Within seven years, maternal mortality in Honduras dropped by 40 per cent.²

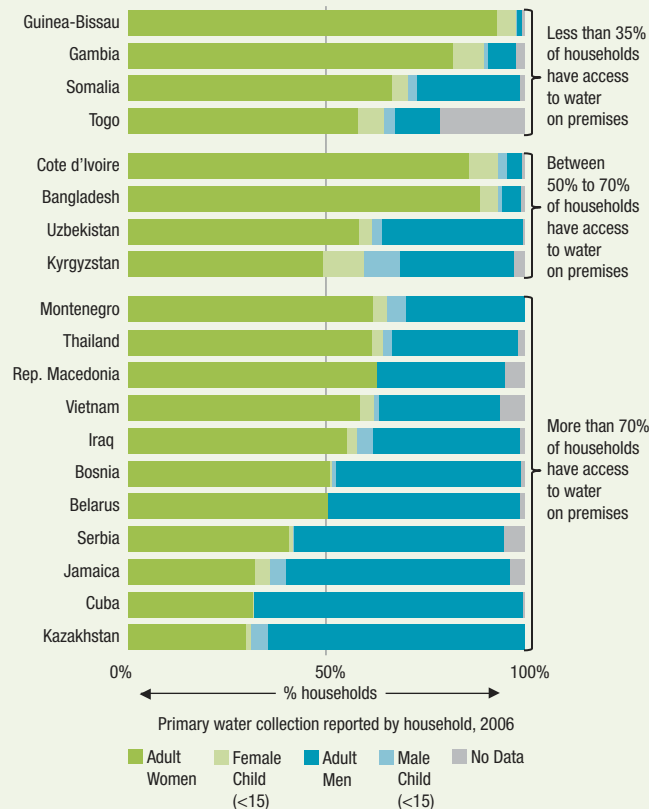
For women, public services are a proof of the effectiveness of accountability systems. If services fail, women's well-being can be seriously at risk. Service delivery failures do not affect women only. But they affect women differently and more acutely than men, particularly if they are poor, because women are often less able to substitute for poor public provision by paying fees for better delivery.

The commitments that countries have made to achieve gender equality and women's empowerment can only be imple-

mented if the requisite services are delivered. While there has been notable progress in passing laws and making policies, budgeting for and delivering the actual services mandated by these laws and policies are the measure of accountability. This chapter examines gender-specific biases in the way services are resourced and designed, and shows how women's physical and social access to services is often constrained. It outlines ways in which better accountability, including performance indicators and new mandates for service providers, can improve service delivery for women and change the lives of entire communities.

FIGURE 3.1 | Women Carry the Buckets

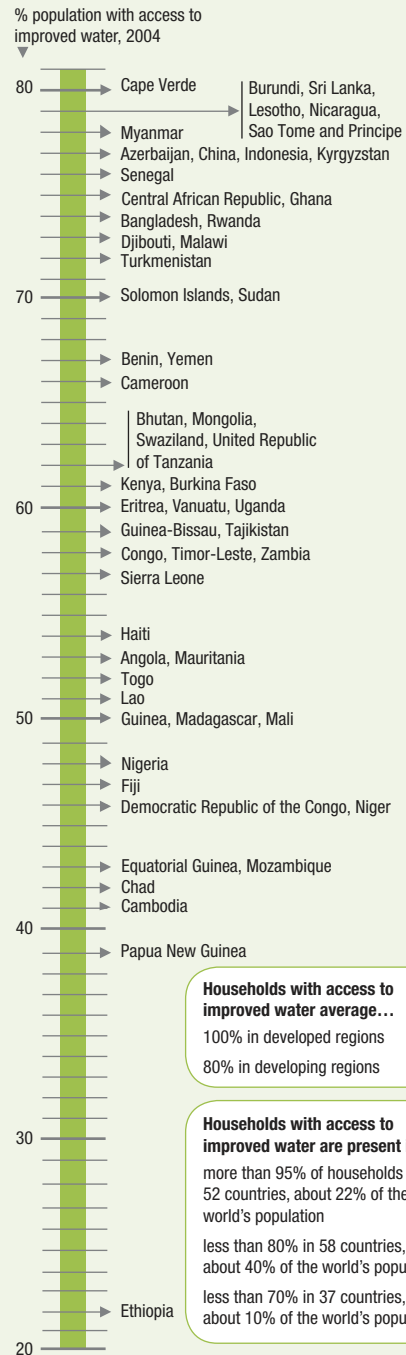
Water collection is a task mainly undertaken by women. Women's responsibility for water collection tends to coincide with poor access to water, thus suggesting a high time burden on women.



Notes: Primary water collector by household captures which member of the household is primarily responsible for collecting water (by percentage of households within a country).
Source: UNICEF Multiple Indicator Cluster Survey (2007).

FIGURE 3.2 | Long Way to Go: Universal Access to Improved Water

2.5 billion people live in countries where one fifth or more of the population cannot access drinkable water.



Households with access to improved water average...
100% in developed regions
80% in developing regions

Households with access to improved water are present in...
more than 95% of households in 52 countries, about 22% of the world's population
less than 80% in 58 countries, about 40% of the world's population
less than 70% in 37 countries, about 10% of the world's population

Notes: Population with access to improved water captures the percentage of households that can access drinkable water within each country.

Source: UNDP (2006).

Why services matter for women

Services enable women to realise basic rights

The most obvious way in which services matter to women is that they support their rights to health, education and a decent life. Poor women rely more than men on public services because they often do not have other options. If they have to pay for health or education, girls and women from poorer households are likely to lose out, as poor households commonly reserve their cash for medical care and schooling for men and boys.³

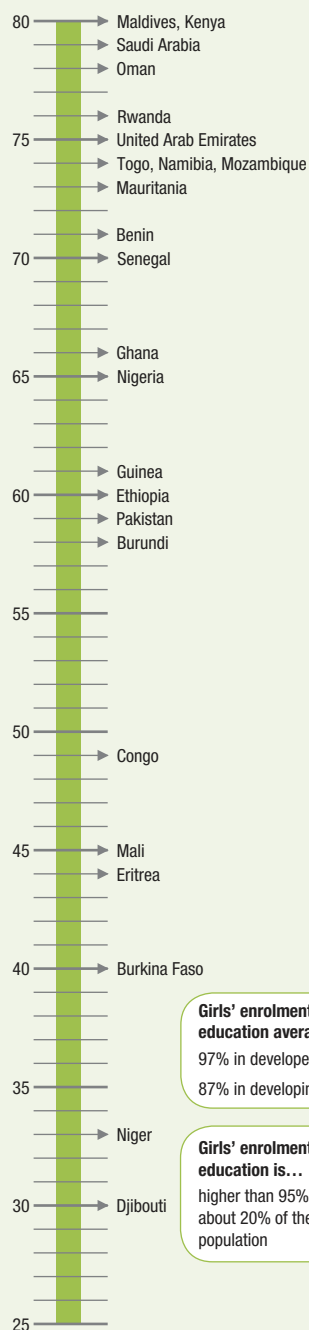
The burden of many domestic tasks that women perform can also be significantly lightened by a better provision of public services, whether through safer roads, cleaner wells, or proper water and sanitation systems.⁴ For instance, if households have no water in or near the premises, it is women's job to do the time-consuming work of fetching and carrying it (see Figure 3.1). Research in sub-Saharan Africa suggests that women spend some 40 billion hours a year collecting water—the equivalent of a year's worth of labor by the entire workforce in France.⁵ Where water is more readily available, men increasingly share in the responsibility of managing household water supplies. This makes an investment in improved water also an investment in freeing women's time, but many countries still have a long way to go in this respect, as seen in Figure 3.2.

When governments make concerted efforts to reach women, they are not only contributing to their welfare, but also recognising women's rights. Policies to increase girls' access to education in many countries, for example, have been boosted by strong signals from governments, political leaders and the international community that girls' education is a matter of vital national importance. As a result, the gap between boys' and girls' primary school completion rates in low-income countries dropped from 18 per cent in 1990 to 13 per cent in 2000. In Gambia, girls' enrolment rates more than doubled between

FIGURE 3.3 | Girl's Access to Education

9 out of 10 girls in the world are going to school, but some countries are still facing challenges

% total net enrollment in primary education, girls 2005



Girls' enrolment in primary education averages...

97% in developed regions

87% in developing regions

Girls' enrolment in primary education is...

higher than 95% in 60 countries, about 20% of the world's population

Notes: The total net enrolment ratio in primary education measures the proportion of children (girls/boys) within the relevant age group who are enrolled in school.

Sources: UN Statistics Division Millennium Indicators database; and UN Statistics Division database.

1980 and 2000, while in Guinea they jumped from 19 per cent to 63 per cent between 1990 and 2001.⁶

Figure 3.3 shows that in a number of low-income countries, rates of girls' enrolment are strong – a signal of government commitment. Figure 3.4, however, shows that a gap remains between girls' and boys' primary education rates in most regions, in spite of improvements. Significant variation within regions can indicate differences in state capacity to deliver education and in the robustness of accountability systems.

This cross-regional variation in the impact of service delivery is even more marked in the case of maternal mortality, which reflects public health investments. Figure 3.5 shows startling lifetime risks of maternal death across countries; Figure 3.6 shows wide variations in chances of maternal death even within regional clusters; and Figure 3.7

shows one important reason for this: disparities in access to skilled health care providers. Given the critical role that public investment in service quality plays in building women's and community well-being, it is not surprising that mobilisation around rights to public services has been a major element of women's collective action.

Access to services is a rallying point for women's collective action

Mobilisation aimed at improving service delivery can have lasting effects on women's participation in civil society and their engagement with the state. In the aftermath of the Chernobyl disaster, for example, Ukrainian women set up MAMA-86 to campaign for environmental rights, with a focus on safe water. MAMA-86 lobbied for rights to official information about the environment, collected information about drinking water

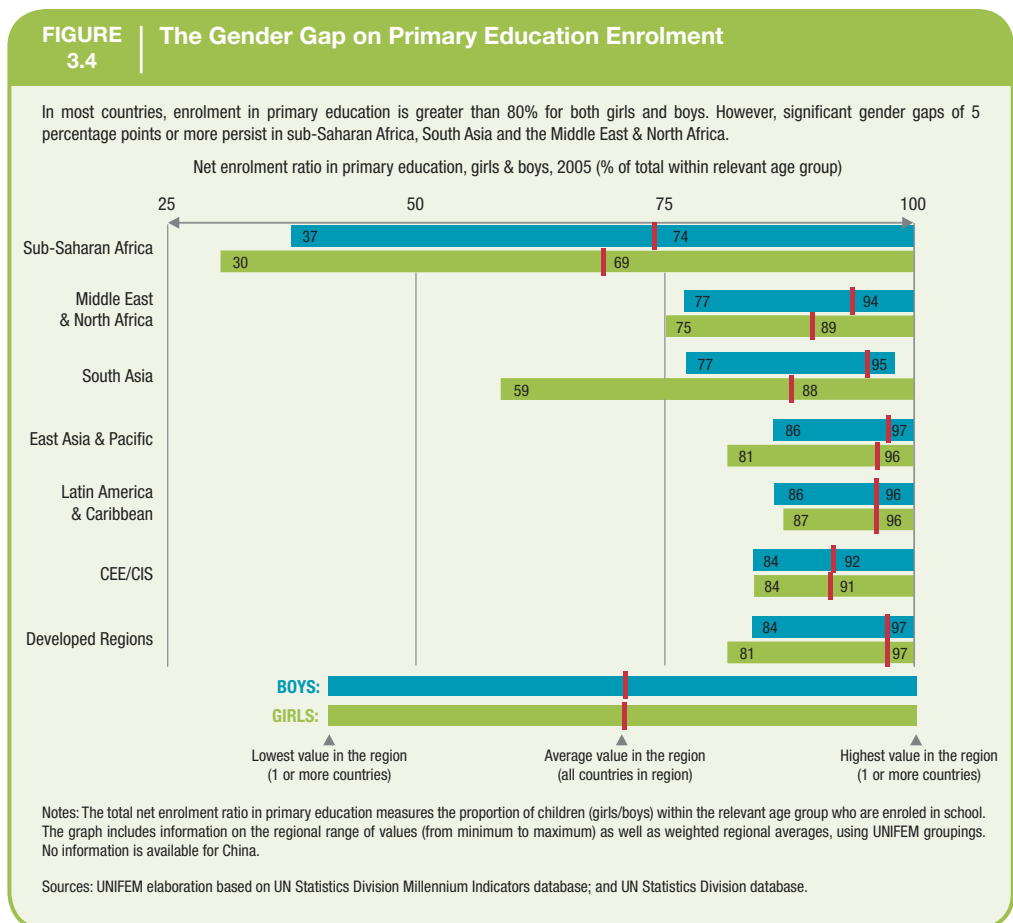
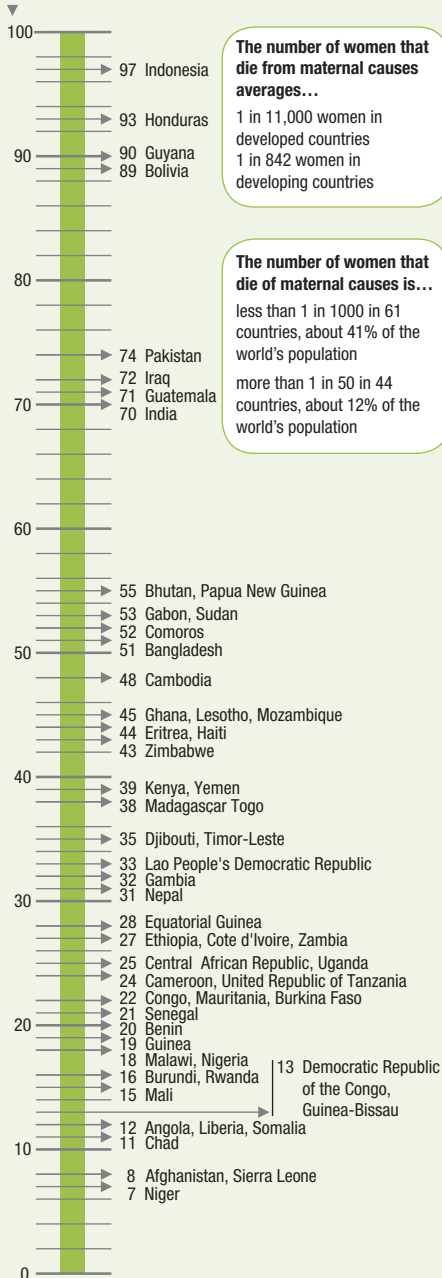


FIGURE 3.5 | **Maternal Mortality: Disparities in Risk**

The lifetime risk of maternal mortality is higher than 1 in 100 women in 59 countries, where more than one third of the world's population lives. In developing regions, women's risk of dying from maternal causes is 13 times higher than in developed countries.

1 in ... women die for maternal causes, 2005



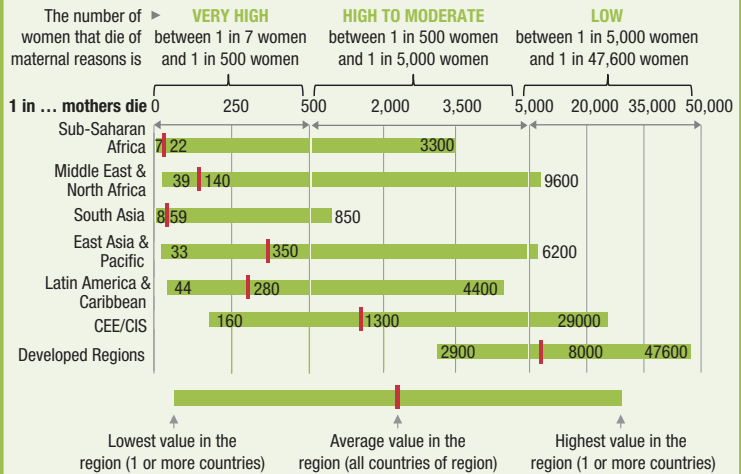
Notes: Lifetime risk of maternal mortality is the probability that a 15-year old female will die eventually from a maternal cause.

Source: WHO, UNICEF, UNFPA, World Bank (2007).

FIGURE 3.6 | **Great Disparities in Risk of Maternal Mortality Across and Within Regions**

The lifetime risk of maternal mortality varies greatly across and within regions – evidence of the differences in the status of women around the world.

Lifetime risk of maternal mortality, 2005: probability of dying during pregnancy or child birth



Notes: lifetime risk of maternal mortality is the probability that a 15 year old female will die eventually from maternal causes. This figure presents estimates using UNICEF regional groupings, which differ from UNIFEM groupings.

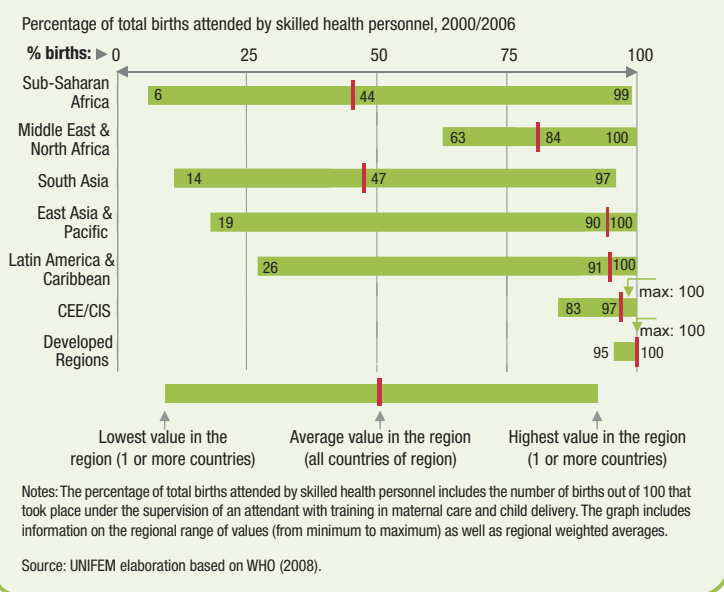
Source: UNIFEM elaboration based on WHO, UNICEF, UNFPA, World Bank (2007).

quality and publicised it widely. This led to participation in policymaking, and through public consultations, MAMA-86 prepared amendments to draft laws that eventually granted citizens access to information about drinking water issues.⁷ Similar examples from countries as diverse as India, Peru and Argentina show how the delivery of services can become a rallying point for women's mobilisation and political engagement.

India provides an especially powerful example. In India, popular mobilisation in the past 10 years has centered on demands for the state to take responsibility for ensuring five critical elements of life with dignity: the rights to food, work, education, health and information (see Panel: Demanding Basic Rights Through Mobilisation in India, on page 42). These campaigns have brought together citizens spanning the rural-urban landscape, across cleavages of class, caste, religion, age and gender, making them broad social movements.

In Peru, the *comedores*, originally community kitchens set up for the urban poor, also became important sites of social mo-

FIGURE 3.7 Disparities in Access to Skilled Health Care Personnel



bilisation, particularly for women. In the late 1980s, with the introduction of a programme of social services for shantytowns, the *comedores* were strengthened and federated. This led to more political demands for welfare services for women outside their membership, and finally to a law recognising them as ‘social base groups’ entitled to public funding and formal access to the state.⁸ More recently, in Argentina, women’s groups have used the right to public information to investigate inadequate service delivery such as missing rape kits in provincial hospitals. *Mujeres en Igualdad*, a women’s NGO supported by UNIFEM and the United Nations Democracy Fund (UNDEF), has been using campaigns focused on citizens’ right to information as the basis of a broader national agenda aimed

BOX 3A Argentinian NGO Translates Information into Action

“During the last presidential election, Argentina reached a new level regarding women’s political participation: we now have a woman President, 40 per cent female representation in the Chamber of Deputies, 39 per cent in the Senate, one governor. It is a right won by several generations of political and social activists. In spite of these achievements, women still lack influence at the highest levels of decision-making.” Monique Altschul, Executive Director, *Mujeres en Igualdad*.

Mujeres en Igualdad (MEI) in Argentina is a women’s NGO that has placed accountability to women at the core of its mandate. Its campaigns for accountability have targeted all aspects of governance, including political parties and local and national government, and have particularly drawn attention to the impact of corruption on women. MEI has identified the lack of access to information as a major source of corruption and therefore has focused on supporting women to exercise this right in areas as diverse as sexual and reproductive rights, legislative transparency, and political participation.

In 2007, during Argentina’s most recent national electoral campaign, MEI and its partners focused on gathering information regarding public and private funding for political parties and drew attention to the unequal funding levels received by male and female candidates. They also conducted an analysis of female candidates’ speeches, examined media and party perceptions regarding gender and corruption, and undertook a comparative study of gender equality issues in the parties’ charters.ⁱ MEI found that few parties addressed gender equality or women’s political participation, and only one discussed gender issues during its training programme.ⁱⁱ

Another key area of work for MEI has been establishing a network of women’s organisations in eight provinces that regularly request information from government offices on vital issues affecting women’s rights. These include trafficking in women and girls, compliance with laws and programmes on domestic violence and reproductive rights, women’s equity in employment, and women’s political participation at the local level. During a 2007 meeting in the province of Jujuy, for example, the women drew attention to issues ranging from free contraceptives gone missing from public hospitals to cases of girls raped as a result of poor street lighting to corruption and gender biases in the judiciary.

Thanks to the advocacy efforts of organisations like MEI, women in Argentina are now at the forefront of efforts to make national and local government more accountable. As one member of MEI summed up, “...as long as we fight gender discrimination, and we fight corruption, we will be able to enforce equality and accountability.”

at fighting corruption and supporting democratic governance (see Box 3A).

Why and how services fail women

A vast amount of research in recent years has looked at the reasons why services fail poor people.⁹ This research suggests that the poor have fewer opportunities than elite and middle-class groups to inform policy-makers of their needs or to organise effectively to demand better provision.¹⁰ What holds for the poor holds for many women too, although, as we shall see, there are also gender-specific ways in which services fail women, particularly poor women.

Restrictions on access to services

Physical distance is a critical factor shaping women's access to services. For example, for women giving birth in Mpwapwa, eastern Tanzania, the nearest hospital is 58 kilometres away and emergency obstetric care is not available locally. If they live near a main road, they can catch a bus or hire a bicycle for Tshs 200 (US \$0.20), but not everyone can afford this. Some women are carried the entire way by stretcher. According to one health worker, "Many cannot afford transport costs, so they sell their food, borrow, use herbs or just wait to die."¹¹ There are many rural societies like Mpwapwa where emergency obstetric care is not provided because there is no money for equipment, no electricity with which to run it, and no doctor to use it.¹²

'Cultural values' are commonly cited to explain why women and girls do not use schools or clinics far from their homes.¹³ The reality is often more mundane: the costs of travel and time, and fear and insecurity around travel, often outweigh the benefits of the services provided. One study in Zomba, Malawi, for example, found that girls had been chased by dogs, men and boys on their four-kilometre walk to school, and that they feared being raped on the way.¹⁴ Some of the successes in boosting access to education and health over the 1990s reflect the recognition by aid agencies and bureaucra-

cies that women and girls tend to be able to use services far more effectively when these are located closer to home.¹⁵

Women's lack of access to land and the insecurity of their property rights pose significant constraints on women's access to agricultural services, including credit, that require formalised ownership of land.¹⁶ In Latin America, a survey of five countries found that only between 11 and 27 per cent of landowners were women.¹⁷ In Uganda, women account for most agricultural production but own only five per cent of the land, and women's tenure is highly insecure.¹⁸ Weaker property rights is one reason women farmers in Ghana were more likely to be subsistence farmers rather than cultivators of more profitable pineapple crops, like their male counterparts.¹⁹ In countries opening up their markets, where farmers are encouraged to formalise their land tenure to enable long-term productive investment, women's persistently low land ownership undermines their voice in claiming property that they have traditionally used.

Public officials may also expect a degree of literacy from clients, as well as a mastery of the national official language (rather than the vernacular or local dialects) and a level of formality and bureaucratic etiquette in the interactions between clients and themselves.²⁰ The basic qualifying conditions to access services may be premised on the assumption that the applicant is an employed, literate or propertied man. Gender biases in service delivery and design are often compounded by class and age biases as well, as illustrated in Box 3B.

Gender-blind services and biases in public spending

Services are often designed and delivered with men rather than women in mind, reinforcing women's dependence on men and limiting the opportunities that services should create for women. These gender biases are not always obvious. A famous example refers to agricultural extension services designed to educate and support farmers, which tend to be targeted towards

men, despite the fact that in many parts of the world a large percentage of farmers are women. Research in Western Kenya in the 1970s showed that the productivity increases expected from the introduction of hybrid maize failed fully to materialise in part because male extension workers exclusively contacted male farmers, even though in many areas women were the primary maize farmers.²¹ Thirty years later, assumptions about the gender of the farmer stubbornly persist, and farmer services continue to be geared towards men.²² Agricultural extension services in Benin, for example, are channeled through farmers' organisations, which do not formally exclude women but whose eligibility criteria favour literate commodity producers, who are more likely to be men.²³

One reason this sort of problem particularly affects women is that public spending tends to be inequitably distributed.²⁴ Gender budget initiatives have taken up the challenge of monitoring government budget allocation and spending. By 2007, more than

90 countries have engaged in some form of gender responsive budgeting (GRB) activities.²⁵ The potential for gender budget initiatives to improve accountability to women in public service delivery is strong because GRB entails an intentional focus on planning, budgeting and monitoring processes, and it aims to ensure that development outcomes are gender equitable. The momentum behind GRB is based on an increasing understanding among policy makers and gender equality advocates that budgeting that seeks to eliminate inequalities in access to education, health, security, justice, training and employment maximizes the effectiveness of development policies and contributes to the achievement of more equitable development outcomes (see Panel: Gender Responsive Budgeting on page 44).

Women are softer targets for corruption

One clear symptom of weak accountability in the delivery of services is corruption, or the illegal capture of public resources for private

PANEL | Demanding Basic Rights Through Mobilisation in India

The Right to Information: In 2005, the government of India passed the Right to Information (RTI) Actⁱ, guaranteeing citizens' access to information from government departments and agencies. RTI was a result of sustained advocacy dating back to the early 1990s, when a rural people's organisation, the *Mazdoor Kisan Shakti Sangathan* (Workers and Peasants Power Union) held *jan sunwais* or public hearings in Rajasthan demanding that official records be made public, as well as social audits of government spending and redress mechanisms to ensure just processes of citizenship.ⁱⁱ RTI now mandates that each government department create structures and procedures to enable and monitor this process, with penalties if government officers do not provide information within a month.

The RTI has led to important gains for women. The case of five elderly women from Tilonia, Rajasthan, illustrates the new standards for government accountability. The five women, who had not received their pensions for over four months, approached their district administrator, who discovered that the reason for the delay was the women's missing birth certificates. He immediately ordered the payment of their pensions, and informed the women how they might obtain birth certificates from the village *patwari*, or local revenue officer. In this case, the women's complaint was addressed without even having to file a formal petition.

The Right to Food: In February 2003, Triveni Devi, a resident of Sunder Nagri in Delhi, sparked off a process that led to the reform of the city-wide food distribution system and ensured that thousands of poor women receive their entitlements to food rations.ⁱⁱⁱ Supported by a civil society organisation at the forefront of the RTI movement, Devi demanded to see records from the Department of Food and Civil Supplies, which showed that 25 kilogrammes of rice and 25 kilogrammes of wheat were purportedly being issued to her every month. These were rations that her family could not do without, but which they had never seen.

Following Triveni's application, the Public Grievance Committee, a city government mechanism set up to handle citizens' complaints, asked for the records of all 3,000 food ration shops in Delhi to be made public. When shop owners refused, 109 women from different

In Bolivia, women live longer than men but often have significantly lower incomes. A lifetime of disadvantage, and their role as caretakers into old age, can make it harder for older women, especially in rural areas, to register for services. The fact that 73 per cent of Bolivian women over 60 are illiterate – compared to 28 per cent of older men – also makes it harder for them to access information about their rights.

Bolivia has a strong record in shaping legislation to promote good health into old age. Since 1992, older people have had access to universal health insurance, and in 2006 the health insurance provisions were redrafted to improve access in rural areas.ⁱ The new law includes a monitoring framework consisting of *Comites de Vigilancia* (civil society organisations that monitor the implementation of municipal governments) and organisations of older people, including women, which have a responsibility to identify the principal obstacles to access.

Between 2002 and 2006, HelpAge International led an 'Older Citizens Monitoring' project that trained five older people's organisations to monitor the financing and delivery of services. It identified key shortfalls, helped to improve the quality of medical services, and acted to increase knowledge of insurance among older people, especially women, as well as local government officials and health providers. The projects put an emphasis on training women in leadership. As Doña Catalina from the city of El Alto explained: "I've learned not to be afraid; we can go to offices and coordinate with institutions without any problem."ⁱⁱ

use. When substantial public investments are diverted from services, everyone loses. Corruption, however, can affect women in specific ways. Resources intended for poor women

may be particularly vulnerable to high-level skimming of 'commissions' for procurements and contracts, because poor women may be seen as less aware of their entitlements to

areas across Delhi filed separate applications for the records of rations owed to them and participated in public hearings on the distribution system. As a result, they began to receive their rations more regularly. But the women's struggle was not over. One of the main advocates in the campaign, a young woman who ran a resource centre for information on rationing rules and filing complaints, had her throat slashed by two unidentified assailants (luckily, she survived). In response to the public condemnation that ensued, the city government of Delhi made all ration records available for public scrutiny, and ordered that any complaints against the shops result in their suspension within 24 hours.

The Right to Work: In 2005, the Indian government passed the National Rural Employment Guarantee Act (NREGA), which has resulted in the creation of the world's largest social security system.^{iv} The law guarantees 100 days of employment on rural public works projects to a member of every rural household, and one-third of the workers are intended to be women.^v NREGA reflects the government's commitment to supporting women's employment, including through locally available projects and child care facilities.^{vi} Women's share of employment in the scheme has been over 40 per cent, rising to 82 per cent in Tamil Nadu.^{vii}

NREGA is changing the gendered landscape of rural work. In Dungarpur, Rajasthan, for example, more than two-thirds of the work on NREGA projects – digging, breaking, lifting and depositing stones – is done by women, who claim their work and their wages with pride. In Karauli district, also in Rajasthan, at the initiative of a female *panchayat* leader, a 21-member monitoring committee of women was formed for the NREGA across *panchayats* in the region.^{viii} As a result, government officers have become more responsive to local needs, such as female and youth unemployment.



public resources, or as less likely to challenge corrupt officials (see Chapter 1).

Vulnerability to corruption can affect women even if they are not poor. A survey in Bangladesh, for example, found that government accounts clerks who were charging informal 'speed payments' to process officials' claims for allowances and expenses were more likely to target female education officials and teachers because women were generally assumed to have a male provider in their lives.²⁶ Allowances such as maternity and sickness pay were especially likely to be subject to informal 'speed payments,' as women claiming such allowances were either pregnant or ill and thus in a weak position to protest.²⁷

Sexual extortion as a 'currency' of corruption

Sexual exploitation by officials providing essential services is a form of abuse of

power that affects women specifically, with demands for sexual services sometimes constituting an informal 'currency' in which bribes are paid. Examples range from rape and assault by service providers to sexual harassment and psychological abuse. In India, for example, women in police custody are considered so vulnerable to sexual abuse by security personnel that the criminal law was amended to consider any sexual intercourse involving a woman in custody as rape, unless proven otherwise by the custodian.²⁸ A growing amount of evidence also relates to violence and sexual abuse in schools across developed and developing countries.²⁹ In one case involving several schools in Africa, one observer noted: "The average age that girls begin sexual activity is 15, and their first partner is often their teacher."³⁰

The practice of expelling pregnant girls while the teachers responsible suffer no consequences highlights how accountabil-

PANEL | Gender Responsive Budgeting

The term "Gender Responsive Budgets" (GRB) broadly refers to government budgets that are formulated based on an assessment of the different roles and needs of women and men in society. GRB aims at reflecting women's demands throughout the budget process policy-making stages, with a view to support increased allocation for gender equality. A wide range of organisations, including UN organisations, bilateral donors, and international and national NGOs, have provided technical assistance for GRB. UNIFEM has contributed to building interest, capacity and commitment to incorporating GRB in budgetary processes in over 30 countries.¹

In **Morocco**, for the past three years government departments have been required to prepare a gender report annexed to the annual national budget. In 2007, this analysis covered 17 departments. The gender report is an accountability tool that provides information on budget allocations and sex-disaggregated performance indicators. It also helps to identify areas in need of corrective measures in order to achieve compliance with national commitments to women's rights. An analysis of the budgetary resources allocated to agricultural extension activities, for example, revealed that in 2004 women represented only nine per cent of the beneficiaries of these services even though women make up 39 per cent of the total number of people engaged in rural economic activity. As a result, the 2007 budget increased support for programs benefiting rural women by over 50 per cent compared to 2005.²

In **the Philippines**, in 2004, UNIFEM supported Women's Action Network for Development (WAND), a coalition of women's organisations, to implement local-level GRB projects in two local government units. These women's groups worked closely with the government to produce gender profiles of the health and agriculture sectors and formulate gender responsive plans that would form part of the multi-year plans of the local government. As a result, the health budget of Sorsogon City increased from 25 million pesos in 2005 to 37 million pesos in 2006.³ This increase contributed to larger allocations for reproductive health, family planning and prevention and control programmes for HIV/AIDS and other sexually transmitted infections.

In **Ecuador**, the Free Maternity Health Law was passed in 1998 as a result of demands from women's groups to guarantee the provision of 55 health services relating to free maternal health care. The law is financed from domestic resources and assigned a specific budget line in the national budget. The National Women's Council (CONAMU), in collaboration with a civil society group (Grupo FARO),

ity for sexual violence in schools is actually reversed. Sanctions against wrongdoing are enforced against victims rather than perpetrators, and it is girls that must pay for the abuse through the loss of years of education. To address this accountability failure, the Forum for African Women Educationalists, a civil society network, has successfully campaigned to expose the discriminatory effects of rules against pregnant pupils, prompting several countries in Africa to reverse the practice of expelling pregnant girls.³¹ In Kenya, for example, since 2003 female students who become pregnant have had the opportunity to subsequently apply for re-admission – even at a different school, allowing them to avoid stigmatisation by their former classmates.³²

This specific accountability failure has been found in international peacekeeping and humanitarian operations as well, with cases of staff members in emergency or post-conflict situations exploiting their

control over desperately needed resources such as food to extort sex from women and children.³³ Sexual exploitation and abuse by international security and humanitarian staff members has received a strong accountability response by UN agencies: a code of conduct, investigation of complaints and application of disciplinary measures for UN employees, the appointment of high-level conduct and discipline teams in all UN missions, and in 2008, the introduction of a victim compensation policy (see also Chapter 6).³⁴

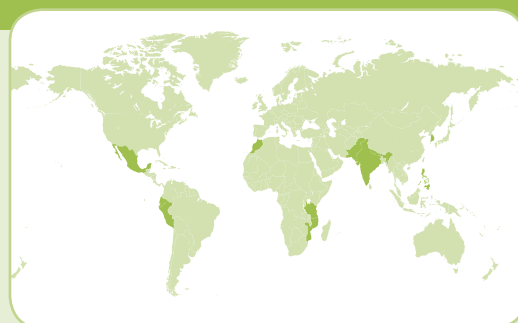
Social distance

In Pakistan in the early 1990s, family planning services were failing because many women could not get access to the contraceptives they needed. In 1994, the initiative known as the Lady Health Workers Programme was started and the situation began to change. Contraceptive use

has been monitoring resource allocation for the law since 2004.^{iv} In addition, users' committees were established to support implementation of this law, and monitor allocations, expenditures and quality of the services provided including regional disparities. The users' committees armed with the data made available by Grupo Faro have become a social oversight mechanism that has exposed delays in transfer of resources, inadequate budget allocation to meet the demand for services, and corruption. The information is publicised and communicated to the Ministry of Finance to encourage the Government to address the issues.

Today, more than 15 countries have systematically introduced gender responsive budgeting guidelines, and built the capacity of planning and budgeting staff to apply a gender perspective to their work. In **South Korea**, according to the 2006 National Finance Act, the submission of a gender budget and gender-balanced reports will be mandatory from the 2010 fiscal year. In anticipation of this, in its budget guidelines for 2007-2008, the Ministry of Strategy and Finance has instructed that every ministry specify gender-related demands and use special formats that incorporate gender.^v

GRB initiatives have placed extensive emphasis on ensuring that the existing national budgetary accountability mechanisms work for women. To achieve this, gender equality advocates have worked closely with members of parliament to ensure that parliamentarians play their budget oversight role by monitoring how budgets address women's priorities and investigate whether government expenditures benefit women and men in an equitable manner. Rosana Sasieta, a Member of Parliament from Peru, captured the growing momentum around GRB in a recent statement: "Gender budgeting makes sense in all walks of life," she said, "because women in our country do more work for lower pay and have been contributing to the economy without due recognition, so what we want is simply that part of the State's financial resources be devoted to overcoming inequalities that are holding women back. That is all – the simplest thing in the world!"^{vi}



rates more than doubled over the 1990s, and immunisation rates and maternal and child health are also improving.³⁵ One reason efforts like the Pakistan Lady Health Workers Programme succeed in bringing health and fertility services closer to women is that they bridge the social gap between women clients and service providers, often by involving educated women from local communities as volunteers or paid workers. Local community health workers are more likely to be available and approachable for women service users, as well as better positioned to understand and respond to their needs.³⁶

Another example of shrinking social distance between providers and clients comes from Enugu State in Nigeria, where HIV/AIDS has taken a heavy toll, with up to 13 per cent of the population in rural areas being seropositive.³⁷ Women, particularly pregnant women, often suffer from discriminatory

practices, ranging from mandatory HIV testing in antenatal clinics and breaches of confidentiality to outright denial of care. As a result, many pregnant women stay away from health facilities, which has contributed to an increase in mother and child mortality. In addition, the lack of adequate medical treatment and health care options has put the burden of looking after sick family members largely on women.³⁸ To address this issue, UNIFEM supported the development of a gender-responsive HIV/AIDS policy for health care facilities in Enugu State, the first of its kind in the country. The policy emphasises the need for intensive counseling and information, and underlines the crucial link between home caregivers and health care providers. It also addresses discriminatory practices, especially where pregnant women are concerned, and specifically asserts that women and men are equally entitled to receiving anti-retroviral drugs.³⁹

BOX 3C | Conditional Cash Transfers

Conditional cash transfer (CCT) programmes aim to redress poverty and gender biases in access to essential services. They offer loans or grants to eligible households, on condition that families send children to school regularly and participate in immunisation programmes and health examinations, especially for pregnant women. Critical in-depth studies assessing the long-term effectiveness of these programs are still pending, but some research has shown immediate demonstrable benefits. This research suggests that many of the benefits are the result of women's capacity to treat service provision as a commercial transaction in which they choose between private providers.

The *Oportunidades* program in Mexico, the *Female Stipend Programme* in Bangladesh and the *Japan Fund for Poverty Reduction* scholarship programme in Cambodia are examples of cash transfer programmes that have contributed to improving girls' educational opportunities by offering higher payments to families who enroll their daughters in school.ⁱ A recent analysis of women who participated in Mexico's *Oportunidades* also found significant improvements in the health of newborns due to better quality prenatal care. The *Oportunidades* programme provided women with education as well as encouragement to be 'informed and active health consumers.'ⁱⁱ It informed women of their entitlements to quality services, clarified their expectations of providers, and gave them skills to negotiate superior care. As a result, women gained self-confidence.ⁱⁱⁱ One doctor noted that "beneficiaries are the ones who request the most from us."^{iv}

However, if quality services are not available, women may not be able to comply with the conditions of the programmes. The *Bolsa Familia* program in Brazil, for example, raised awareness about the importance of regular health examinations and child immunizations, but evaluations found no effect on immunisation rates.^v This was also the case with Paraguay's *Tekoporã* Programme.^{vi} The exact reasons for this have not yet been established, but evidence suggests that services must be conveniently located and available in sufficient quantity for women to take advantage of them. In principle, CCTs should result in better accountability to women because they have the money to choose a service provider and 'take their business elsewhere' if they are not satisfied. In practice, however, women living in remote areas, or areas where there is limited choice, are not always able to hold providers accountable through these means.

‘Voice’ and ‘choice’ in service delivery

There is no quick fix to the complex problems of biases against women in public services. Women around the world have engaged in a wide variety of activities along a spectrum of ‘voice’-based (demand) to ‘choice’-based (supply) initiatives to improve the accountability of public-service providers. ‘Voice’-based efforts focus upon the long-term political solution to the accountability problem: women engage with service planners, organising around their interests to build political leverage and ensure that officials answer for deficiencies in the performance of public services. ‘Choice’-based initiatives often seek to introduce market principles to substitute consumer power for more formal in-

centives to improve service delivery. This is what the World Bank labels the ‘short route’ of accountability, which can complement and sometimes by-pass the longer ‘voice’-based route of articulating policy preferences and mandating public decision-makers to implement them.⁴⁰

The choice-based route to service delivery

Privatisation has been a major way in which governments and donors have sought to advance the choice-based route to accountability (see Box 3C). For women, this approach has had mixed results, and in some cases the impact has been clearly negative (see Box 3D). One of the main reasons the privatisation of services tends to have negative consequences for women is that they

BOX 3D | Water Privatisation

Every day, millions of women and young girls are vested with the responsibility of collecting water for their families. With a growing list of governments choosing to vest responsibility for providing a life-sustaining service, such as water, in the hands of large companies, how do citizens, especially women, ensure that they receive access to affordable, high-quality and reliable water services?

Like many countries in Latin America, Uruguay encouraged private sector participation in its water and sanitation sectors in order to improve efficiency and service quality. One example of a city where private companies took over the responsibility of water provision is Maldonado. In Maldonado, the majority of residents are workers and their main concern was maintaining community standpipes in the city. The standpipes were the result of efforts made by the public water and sanitation ministry to ensure potable water reached those households that lacked piped water. The municipalities had assumed the cost of these standpipes and they were particularly vital for the poor — especially poor women — who relied on this source to meet their household needs. However, after the private companies assumed responsibility for water provision in Maldonado, they pursued a policy of systematically eliminating community standpipes. Instead, the private companies encouraged people to install household connections, even when this required paying hefty fees.ⁱ

The situation was particularly tense in the district of San Antonio III, an area located slightly to the North of the city of Maldonado, where corporate takeover of water provision was almost immediately followed by the cessation of water to community standpipes. This was in turn followed by water connection cut-offs as a result of people’s inability to pay the high water rates. With approximately 90 families in the area, 60 per cent of which were headed by women, the community standpipes were a crucial source of water for many households — particularly in the face of connection cut-offs.ⁱⁱ In protest, the neighbourhood commission of San Antonio III, which was primarily run by women, mounted a successful campaign to maintain the community taps.

As a result of these and other campaigns, as well as a private sector track record of raising water tariffs and poor service quality, the government of Uruguay passed a constitutional amendment in October 2004 prohibiting private sector participation in the water sector, thus making it mandatory for all corporations in the water sector to be state-owned. This resulted in the withdrawal of the concession to major private companies that same year, followed in 2005 by legislation to ensure the participation of users and civil society in the planning, management and control of activities in the water sector.ⁱⁱⁱ

have a harder time exercising purchasing power than men because women often have fewer resources.⁴¹ Furthermore, privatisation may not reduce the social and physical distance or gender biases in service design that affect women. Finally, relationships within the family may constrain their capacity to exercise full choice in purchasing services for themselves. In other words, privatisation may increase the number of choices but it does not change the conditions of inequality and dependency that constrain women's access to services in the first place.

As noted in Chapter 1, women's choices are often 'mediated' by men. Women may have to depend on men to act as intermediaries between themselves, service providers or state officials – whether it is husbands applying for marriage, birth or death certificates on behalf of their wives, or a male relative brought along to provide 'respectability' when traveling to a government office. Male 'intermediation' contributes, for example, to the fact that more than a quarter of women do not have a say in decisions about their own health care, as shown in Figure 3.8.

Thus, even where there are mechanisms for registering complaints or giving feedback, it is likely to be men rather than women who make the choice about desired services, and who communicate and negotiate with service-providers. The introduction of market principles to the delivery of services will not, therefore, overcome the gender biases that often result in inappropriately designed or delivered services which do not fully respond to women's needs. In effect, by 'shortening' the service delivery route and by-passing the political process, women may lose the opportunity to turn improved service delivery for women into an issue that is recognised as being in the broad public interest (see Chapter 2).

The challenge of making 'voice' work

'Voice'-based initiatives to build accountability also suffer from drawbacks. Different groups of women may not share common interests. They may not be able to express their needs effectively when it comes to

service provision because they view themselves, and their needs, as less important than those of their children or husbands. Women may also be unable or unwilling to express their own needs, particularly when this runs counter to the perceived interests of male community leaders.⁴² As a group of village men in Afghanistan recently remarked in the context of a research project on gender and decision-making at the local level, "Women don't have any problems."⁴³

User groups are a well-known approach that development agencies have been active in promoting in developing countries to broaden women's participation in setting priorities and monitoring the delivery of services. User groups include forest or watershed management committees, school management committees, patient representative groups and groups focused on monitoring budgets. They can sometimes make a significant difference at the community level, but often they are dominated by men and can emphasise consensus, thus masking dominance by powerful community members.⁴⁴ In addition, formal user groups and consultative processes frequently involve sacrifices of time that make it costly for women to participate.

Decentralisation of service delivery is another classic means of building women's 'voice' by making it easier to engage in local priority-setting and resource allocation. In the Indian state of Kerala, for example, 10 per cent of local planning funds are earmarked for women to allocate, which they do in all-female consultations organised by elected councillors, and which has resulted in increased local spending on services women want.⁴⁵ However, for women, decentralisation can also sometimes have the opposite effect. In South Africa, for example, where women at the community level frequently mobilise around issues related to service delivery, decentralised services are now delivered in part via traditional councils.⁴⁶ These government-sponsored 'traditional development centres' primarily appoint men as the gatekeepers to local service for women.⁴⁷ Although the

Traditional Leadership Act specifies that at least one-third of the ‘traditional community’ leaders must be women, enforcing this provision has been challenging.⁴⁸

In short, improvements in services for women can neither depend exclusively on choice and privatisation of services, nor on women raising their voices at the point of delivery. ‘Choice’-based approaches inevitably privilege those with market power, and do not deal with the way gender relations affect women’s purchasing power. ‘Voice’-based approaches must give expression to the diversity of women’s interests, and even when women organise effectively to represent their concerns and to engage in direct oversight of providers, the result can be frustration and alienation if traditional interests control service delivery or if states lack the capacity to respond.

What needs to happen to improve accountability to women in services?

Common points of emphasis from the many examples in this chapter add up to a gender-sensitive approach to the reform of public service institutions. This approach includes both ‘voice’ and ‘choice’-based efforts, but favours the more wide-ranging ‘voice’-based initiatives because these build on collective action and, in the process, strengthen women’s rights and their capacities to shape the broader public interest and political agenda.

New mandates to serve women

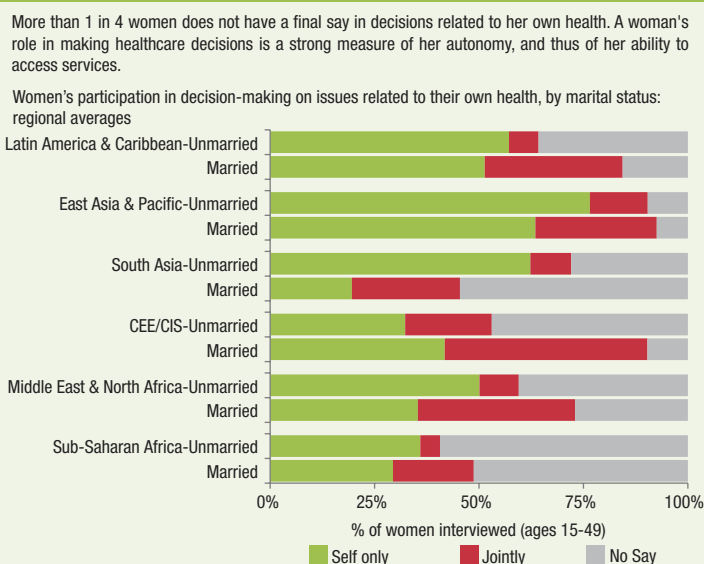
Public-sector organisations need to have a specific mandate to ensure they promote women’s rights and gender equality goals. Two elements should be in place for a gender-sensitive mandate to be established: First, service providers must recognise that women have specific needs regarding service delivery. Second, this recognition must be supported by commitment to action.

Mandates to serve women are often the result of women’s citizen action, based on research or information that has brought to

light new and startling evidence about gender inequalities or service failures or abuses. Alternatively they can be the result of external pressures by aid donors or global civil society mobilising around women’s rights. For instance, targets regarding service improvements that emerged out of the Education For All and Millennium Development Goal initiatives have been significant means of ensuring that governments formally recognise and address problems of gender inequality.⁴⁹ Mandated reform to make gender equality central to the remit of institutions works best when all institutional actors recognise that gender equality is ‘mission critical’ – that it makes a central contribution to the effectiveness of the institution.

Mandates to serve women must be supported by commitment to action. This may take the form of policy and legislative changes, new programmes or projects, or establishing incentives for service-providers to listen and respond to, women’s needs. In Timor-Leste and South Africa, for example, women’s groups organised to develop Women’s Charters – published statements about

FIGURE 3.8 | Women’s Role in Health Decisions, 1999–2005



Notes: Regional averages (unweighted) were calculated using available DHS country information and classified according to regional groupings. Original information included a fourth category where information was not available for some countries. These percentages were recomputed to add 100% considering only these three categories.

Source: UNIFEM elaboration based on DHS database.

government responsibilities to women — to promote gender equality across the public sector during periods of national reconstruction.⁵⁰ In India, police forces have developed charters that specify their responsibilities and practices towards ensuring women can access justice.⁵¹ Similarly, in Georgia, new laws against domestic violence recently marked a new mandate for public action to address violence against women in the private sphere.⁵²

New incentives

Improving material incentives (such as civil servants' pay) may improve service-provider performance, particularly in contexts where public servants receive low salaries.⁵³ Material incentives, including performance-related compensation, have not often been used to improve responsiveness to women service clients, in part because of a lack of resources. However, non-material incentives to orient public sector ethos or organisational cultures towards more gender-sensitive service delivery demonstrate considerable promise in bringing more accountability to women. For example, efforts to bring service-providers into closer, more regular contact with the women using the services may enable dialogue about which services are valued, help to create a sense of mission or purpose, and re-orient service provider values in a way that raises the moral cost of misconduct.⁵⁴

Innovative public health programmes to reduce infant mortality in Ceara in Brazil in the 1980s and 1990s demonstrated the value of non-material incentives. Local women grassroots health workers took enormous pride in their work in spite of low salaries because of substantial investment in non-material rewards such as public recognition. Media coverage and distinctive uniforms helped to build an *esprit de corps*. As a result, health workers felt motivated to expand their own roles in response to the needs of poor households, contributing to a leap in preventive health coverage from 30 per cent to 65 per cent of the state's population, and a 36 per cent drop in infant mortality rates.⁵⁵

Monitoring performance and assessing results

Regular performance monitoring of the day-to-day aspects of service delivery is a crucial element of stronger incentives for frontline service providers. Performance accountability is about enabling improvement in services and assessing both successes and failures. Meaningful gender-sensitive indicators for performance monitoring, however, are not easy to find. Indeed, in many cases, gender-disaggregated data is not routinely collected even at national, let alone local, levels. One estimate for Andhra Pradesh in India, for example, suggested that as many as 66 per cent of maternal deaths went unrecorded, making it impossible to track progress — or deterioration — in the provision of safe motherhood services.⁵⁶

Even if better basic data is available, it is still often difficult to use this to monitor the quality of services. For example, while the performance of public health and sanitation officials may be judged against how many latrines have been installed, it is typically harder to assess whether these work, do not leak, are located in places that women can access safely, and are being used. In most obstetric programmes, while there may be some monitoring of early registration of pregnant women, tetanus injections and distribution of iron supplements, there is far less emphasis on post-natal home visits or on continuity of care.⁵⁷

Conclusion

This chapter finds that gender biases affect the design, delivery, and accountability systems of public services in many countries. Resource scarcity is often blamed for poor quality services. Making services work for women is challenging in countries where abundant resources exist; there is no doubt that under conditions of illiteracy, remoteness, under-resourcing, corruption, and patriarchal social conditions it is even more difficult. But as the case of girls' improved access to education in poor countries shows, it is possible to improve service delivery even in resource-scarce contexts. This chapter shows that mechanisms of accountability that

“ In oppressive social relations, those who hold power are too often able to close off alternatives, even the very thought of alternatives, so that the status quo seems inevitable and impossible to change. The great power of women’s movements has been their ability to challenge such thinking and to argue not only that things must change but also that things can change. We must never doubt for a moment that each and every one of us when we work together can meet injustice head on and create a climate for change. Women have always drawn on the power of collective action to change the world. Indeed women’s struggles for gender equality and justice add up to some of history’s most dramatic revolutions in social relations. Ours is an unfinished revolution, but we have challenged injustice and oppression in social relations the world over in a way that is key to building sustainable democracy, development, and peace. This volume of *Progress of the World’s Women* shows what is at the heart of this revolution: women fighting to hold both public and private authorities accountable for meeting standards of gender justice, as we increasingly demand an end to injustice. When accountability and justice finally prevent gender bias, systems of power will as well and expand, not limit, alternative approaches to human relationships. ”



Jody Williams
Nobel Peace Prize Winner, 1997

enable women service clients to participate in monitoring and review of service quality can generate information that providers need to improve delivery. This engagement can also build the leverage of women service users to generate social and political pressure for change to service delivery systems.

- *Gender, class and urban biases shape public services, but ‘voice’-based initiatives that enable women to interact with service providers, improve delivery methods, provide feedback about service quality, and monitor and review performance can create the conditions to get services right for women.* Improving public services has been an important focus of women’s collective action or ‘voice’. Voice-based initiatives are a point of interaction between citizens and the state in which women have developed a distinctive political position.
- *Accountable, gender-responsive service delivery reflects a system of governance that is sensitive to the need to answer to women.*

Good services for women are also the litmus test of government commitment to the national and international agreements they have made to gender equality and women’s rights.

- *‘Voice’ and ‘choice’- based approaches can complement each other, but ‘choice’ is sometimes not an option for women when their purchasing power is limited.*
- *Practical means for accountability in service delivery include gender-sensitive mandates that bring gender equality into the remit of every public service and its agents; incentives to reward responsive performance and to impose sanctions for neglect of women’s needs, performance measurements; and monitoring to ensure that outputs benefit women – all accompanied by systems to gather feedback from women service clients and to engage women directly in oversight functions.* A citizen’s right to information is an essential tool supporting women’s efforts to monitor service improvement.