

# Women's Economic Empowerment: Meeting the Needs of Impoverished Women



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This report was prepared by Anjali Kaur with inputs by Alex de Sherbinin and Aminata Toure and editing by Lois Jensen



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## Abbreviations and Acronyms

ADB	Asian Development Bank
BRAC	Bangladesh Rural Advancement Committee
CGAP	Consultative Group to Assist the Poor
CIESIN	Center for International Earth Science Information Network
FAO	Food and Agriculture Organization of the United Nations
GDI	Gender-related Development Index
GEM	Gender Empowerment Measure
ICPD	International Conference on Population and Development
ICRW	International Center for Research on Women
ILO	International Labour Organization
IPPF	International Planned Parenthood Federation
MDGs	Millennium Development Goals
NGOs	Non-governmental organizations
PPP	Purchasing power parity
SEWA	Self-Employed Women's Association
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNFIP	United Nations Fund for International Partnerships
UNHABITAT	United Nations Human Settlements Programme
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WIEGO	Women in Informal Employment: Globalizing and Organizing

## Executive Summary

Millennium Development Goal 3, promoting gender equality and the empowerment of women, has given prominence to recent efforts to address 'gendered poverty'. Gendered poverty is the recognition that women and men face poverty for different reasons and both experience and respond to it differently. This report, jointly produced by the United Nations Population Fund (UNFPA) and the Center for International Earth Science Information Network (CIESIN) at Columbia University, provides a summary of current thinking on women's economic empowerment and provides recommendations to UNFPA on strategic interventions to achieve this goal.

Research on gendered poverty has found that impoverished rural and urban women face many of the same constraints. They both suffer from low socio-economic status, lack of property rights, environmental degradation and limited health and educational resources. Poor health can force many households into poverty and destitution, and the growing AIDS pandemic has only exacerbated the situation. Women are disproportionately affected by health problems, both directly – from exposure to pollutants, household wastes, unsafe sex and gender-based violence – and indirectly as caregivers. Caring for ailing family members adds an additional burden to women's already heavy workload inside and outside the household. There is a strong link between women's underemployment and low returns on labour, especially since most employed women are part of the informal economy. This exposes poor women to greater financial risks, lower standards of human development and limited access to resources from social institutions.

Many studies have recognized the importance of economic empowerment in improving the status of impoverished women. This report describes a number of approaches used to date to empower women economically. Among the most prominent is microcredit. Although there are debates about the effectiveness of microcredit in lifting women out of poverty, including concerns that it effectively traps women in low-wage cottage industries, the evidence suggests that it has had a positive effect in many contexts around the world.

Economic activities are not the only vehicle for helping women escape from poverty and advancing gender equality and empowerment. There needs to be a combination of activities in various spheres of a woman's life that address the dynamic and relational nature of poverty. Economic empowerment can, however, provide incentives to change the patterns of traditional behaviour to which a woman is bound as a dependent member of the household. In short, gainful employment empowers impoverished women in various spheres of their lives, influencing sexual and reproductive health choices, education and healthy behaviour.

A series of presentations at a workshop held on 28 July 2005 explored various aspects of gendered poverty and UNFPA's current and potential role in helping to empower women economically. Aslihan Kes, a member of the United Nations Millennium Project Task Force on Promoting Gender Equality, spoke on the task force's findings and major priorities, which reinforce many aspects of the Programme of Action resulting from the International Conference on Population and Development (ICPD). Judith Bruce of the Population Council highlighted the importance of reaching vulnerable girls and

adolescents before they make decisions that could potentially alter the course of their lives. She described the need to create opportunities for girls and adolescent women to meet with one another, to learn life skills and to access information on sexual and reproductive health. Lynn Freedman of Columbia University's Population and Family Health programme emphasized that while access to health systems is important, the systems themselves can be part of the way women experience poverty and social exclusion. Thus health systems must be part of the fundamental building blocks of a democratic and non-discriminatory society, and impoverished women should be encouraged to demand equal treatment. Deborah Balk, a demographer with CIESIN, spoke about data needs and the importance of quality data in answering questions about poverty, where the poor are located and whether programmes are effective in alleviating poverty. Sam Daley-Harris talked about the integration of microcredit and health education, focusing on some innovative UNFPA-funded activities in this area. Grace Okonji of the United Nations Development Fund for Women (UNIFEM) described her agency's collaboration with UNFPA on post-conflict reconstruction, violence against women, gender-based budgeting and policy development.

The workshop concluded with a brainstorming session that focused on UNFPA's strategic advantage in four areas in empowering women economically: through capacity-building, data and research, advocacy and policy development.

# Meeting the Needs of Poor Women

*As women are generally the poorest of the poor ... eliminating social, cultural, political and economic discrimination against women is a prerequisite of eradicating poverty ... in the context of sustainable development.* – International Conference on Population and Development (ICPD) Programme of Action, 1994

## I. Introduction

The third Millennium Development Goal (MDG), promoting gender equality and the empowerment of women, has given prominence to recent efforts to target ‘gendered poverty’. Gendered poverty is the recognition that women and men face poverty for different reasons and both experience and respond to it differently. Studies have revealed that the indicators of education and literacy, the metrics used to measure progress towards MDG 3, do not sufficiently capture gendered poverty or gender disparities. There are many other factors that influence the status of women, such as income, reproductive health and environmental and sociocultural constraints. Bradshaw and Linneker (2003, in Chant, 2003) list three factors that contribute to the relative poverty of women: (1) women generally have fewer opportunities to transform work into income, (2) women still have limited decision-making authority, and (3) when women actually do make decisions, they tend to act for the benefit of others first.

This report is a collaborative effort between the Center for International Earth Science Information Network (CIESIN), a unit of the Earth Institute at Columbia University, and the Culture, Gender and Human Rights Branch of the United Nations Population Fund (UNFPA). It assesses current thinking on the economic empowerment of women and provides recommendations to UNFPA on strategic interventions to achieve this goal.

Section II of the report is a review of the literature that explores the poverty of women in rural and urban areas along with the concept of empowerment and ways to measure it. It looks specifically at economic empowerment as a tool to reduce poverty among women and to enhance their decision-making ability in different spheres of their lives.

Section III summarizes the presentations that were given at a jointly organized workshop held on 28 July 2005 in New York City on Meeting the Needs of Poor Women. This section concludes with a summary of a brainstorming session, held just after the presentations, that developed recommendations for UNFPA.

Finally, Section IV presents economic empowerment activities supported by UNFPA’s country offices.

## II. A Review of the Literature

When considering women in situations of both urban and rural poverty, there are recognizable similarities and differences that should be taken into account. Masika (1997), Satterthwaite (1995) and Perlman (1976) emphasize that, for various reasons, urban poverty does not necessarily have to be conceptualized as separate from rural poverty. The reasons for this include the manner in which 'urban' is defined, household livelihood strategies that have both rural and urban components, and rural-urban migration. There are many structural issues that urban and rural poverty have in common, such as socially constructed constraints to opportunities due to class, gender, macroeconomic conditions and terms of trade (Masika, 1997). There is also an important connection between the two as household livelihoods or survival strategies have both rural and urban components due to rural-urban migration, seasonal labour, remittances and family support networks. All three authors recognize that the urban-rural divide is more of a continuum than a rigid dichotomy.

### A. Impoverished Rural Women

Impoverished rural women face multiple disadvantages. They tend to have limited access to income, land, water, capital, education and other social services, which can lead to illiteracy, malnutrition, disease, high infant mortality and low life expectancy (Akinsanmi, 2005). Despite these disadvantages, rural women shoulder heavy responsibilities, such as growing and processing food, collecting water and firewood, cleaning the home and looking after their children.



And though they work hard, the productivity of these women is diminished by the lack of credit, technology and extension services, which could ease their burdens, and sociocultural constraints.

According to the Food and Agriculture Organization of the United Nations (FAO) (Lambrou, 2005), women rarely have formal title to agricultural land and therefore are deprived of asset-based security. A majority of poor rural households are smallholder farmers, who live in regions of low soil fertility that are highly dependent on rainfall and who survive on subsistence crops and livestock. Even though women work on this land, they have little control over it and are limited in their household decision-making authority. Many rural women are landless, earning an income only through seasonal labour.

In poor rural areas, women have little cash income for buying food. Therefore they not only maintain their own crops, but also face the pressure of collecting food and fuelwood



from forests and common lands that are increasingly degraded. Because many poor rural households are in debt and lack food security, they may be forced to sell household assets during times of famine.



Impoverished rural women are especially vulnerable to environmental health problems. Exposure to indoor air pollution from the burning of biomass fuels can cause respiratory and other ailments. Inadequate access to potable water means that must spend a portion of their day carrying loads of water. Moreover, they are at increased risk of water-borne diseases. This adds yet another burden on women, either through their own illness or caring for dependents who become sick.

Rural women generally have limited means of transportation. Depending on the settlement patterns, rural households can be widely dispersed, and women can also lack the company and support of other women. Moreover, the health care and educational resources that may exist are difficult to access.

Most studies suggest that the greatest need among such women is a decent income. In rural settings the income earned by a woman is influenced by age, family size, health, educational level, land size, hours worked and involvement in cooperatives (Akinsanmi, 2005).

### **Box 1. Sexual and Reproductive Health**

Both poor rural and urban women face many barriers in accessing the formal health-care system, such as the absence of health-care facilities in their communities, lack of skilled staff at the primary-care level and the high costs of care. This limited access to information and services in health, and especially sexual and reproductive health, has negatively affected the poor female population in developing countries, particularly women and adolescents of reproductive age.

According to research by Yanda et al. (2003), “poor women face greater maternal mortality and morbidity, suffer continuous violence because they lack access to adequate reproductive health services, and are more likely to resort to unsafe ... abortion services.” Among the poorest women there is a large unmet need for contraception, high rates of adolescent childbearing and rising HIV prevalence rates. An estimated 600,000 women die each year due to the lack of emergency obstetric care and skilled birth attendants.

The lack of sexual and reproductive health information and services can have a severe effect on adolescent girls, resulting in decisions that can affect the rest of their lives. About half of new HIV infections globally are among people below the age of 25 (Alan Guttmacher Institute, 2005).

Sociocultural constraints in rural areas also affect gender disparities in access to resources. Gender differences in well-being are greatly influenced by cultural factors in



many communities, for example, by favouring the development of boys over girls (Basu, 1992, in Thapan, 1997). Studies reveal that girls in rural areas have a much lower rate of primary school completion, especially in Africa (Birdsall et al., 2005).

Another challenge faced by rural women is growing urbanization and rural-urban migration. Typically, husbands leave the home in search of work, leaving women to head the household and even more vulnerable to poverty (Hainard and Verschuur, 2001). Lambrou (2005) recognizes that such a situation raises three

important issues for women: (1) despite their added responsibilities, women still exercise limited decision-making power with regard to family income and resources, (2) women bear the brunt of a declining natural resource base and drought cycles, and (3) women are vulnerable to inconsistent remittance income and desertion by their migrant husbands. Wherever there is a high prevalence of female-headed households, poor women are even more vulnerable to poverty because they take on greater household responsibilities with a reduced family income.

“Custom decrees who gets access to the education that would open job opportunities and make political rights meaningful. Custom decrees who gets to make what sorts of protests against ill-treatment both inside and outside the family, and whose voice of protest is likely to be heard.... Customs, in short, are important causes of women’s misery and death.”

Source: Nussbaum, 1996, in Thapan, 1997

## ***B. Impoverished Urban Women***

While it might be expected that urbanization would improve the status of women, various studies have shown that impoverished urban women face many of the same constraints as their rural counterparts (Fernandes, 1991). Like rural women, they are affected by low socio-economic status, lack of property rights, environmental degradation and limited health and educational resources. Rapid urbanization also leads to increased unemployment and underemployment in urban areas, expanding the informal sector and

intensifying the shortage of urban social services, which can no longer meet the needs of a growing population (Todaro, 1997).

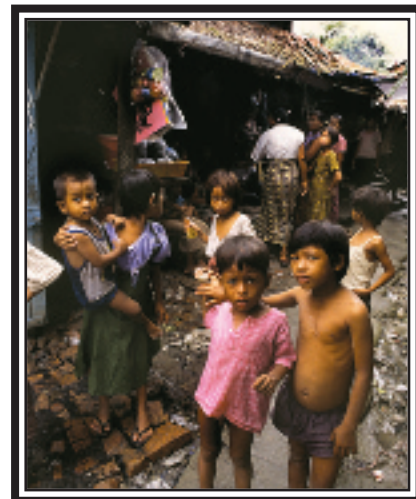


The urban poor are at the interface between underdevelopment and industrialization and their disease patterns reflect the problems of both (Mulgoonker, 1996). Most impoverished urban women face diseases that are transmitted through air, water, soil, food and/or through insect or animal vectors (Satterthwaite, 2003). These environmental hazards arise from low incomes and the inability or refusal of local governments to provide basic services

such as health care, housing, sanitary conditions, water and other resources to sustain a healthy lifestyle. Women are also most vulnerable to environmental hazards because of their biology and their specific social and economic roles. Satterthwaite (2003) highlights quantitative studies of household responsibilities demonstrating that adult women bear a disproportionate environmental health burden within the domestic sphere. Women take on a triple role as producers, reproducers and community organizers in an urban environment, with the gendered division of work placing them at the greatest risk for environmental hazards, such as exposure to smoke from cooking fires, pesticides from home sprays and cross infection from children (Songsore and McGranahan, 1998). Women are also affected by high rates of gender-based violence.

The United Nations Human Settlements Programme (UNHABITAT) and the United Nations Environment Programme (UNEP) have both recognized that many of the gender inequalities in cities are caused by poor urban planning, leaving women vulnerable, marginalized and disempowered (Hainard and Verschuur, 2001). The productive and reproductive roles of urban women are made more difficult by poor transportation and infrastructure and long commutes.

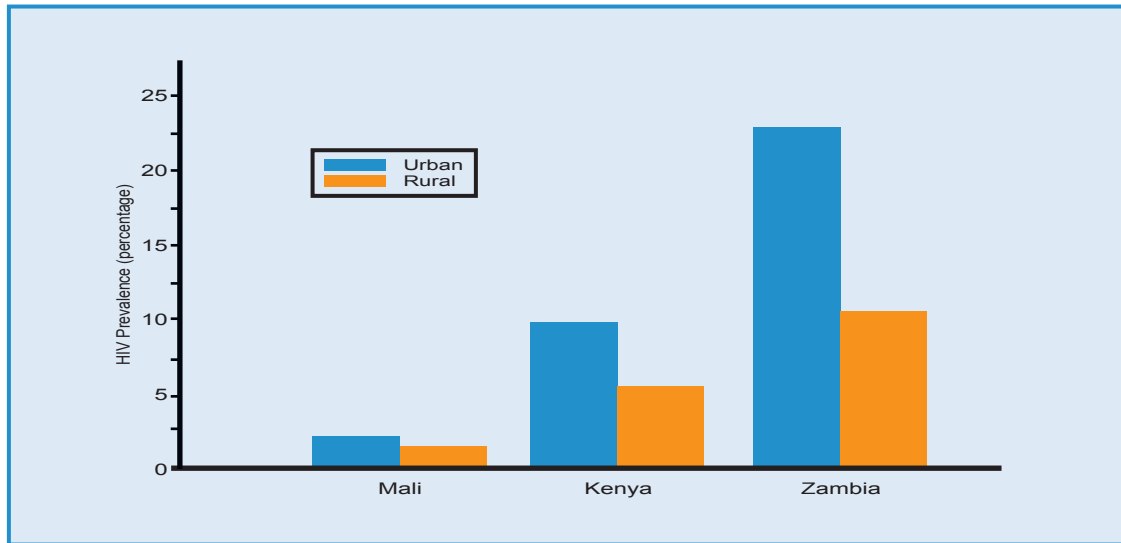
Poor health has also been cited as one of the most important factors pushing households into poverty and destitution (Masika, 1997). Montgomery and Ezeh (2005) write that urban women often face health risks that are far worse than those in rural areas. Montgomery (2004) points to the lack of existing research on urban reproductive health, and also notes that the “...conceptual frameworks that inform programme design and evaluations do not appear to have been thoroughly appraised from an urban perspective.” Montgomery’s findings from several



community-based studies reveal that the HIV prevalence rate is higher in urban than rural

areas, and that poor urban women are more susceptible to sexually transmitted infections, including HIV, than poor urban men. Montgomery and Ezeh (2005) compare the urban and rural prevalence of HIV from Demographic and Health Surveys in three African countries. Their results, illustrated in Figure 1, show that prevalence is far higher in urban settings in these countries.

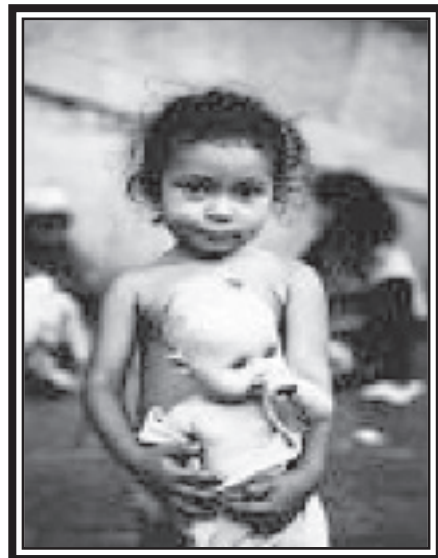
**Figure 1. Urban/Rural HIV Prevalence Rate in Three African Countries**



Source: Montgomery and Ezeh, 2005

Impoverished women carry a disproportionate share of the HIV/AIDS burden, since they are not only responsible for daily household chores but provide care for infected dependents. Women who are subordinate in sexual relationships and are unable to negotiate safer sex also tend to face a greater risk of contracting HIV (Iwere, 2000).

There are many more female-headed households in urban areas than in rural areas, with more than 50 per cent of urban households in developing countries headed by women (Brydon and Chant, 1989; Harpham and Stephens, 1992). Many of these urban women lack the social networks that tend to exist in rural areas (Harpham and Stephens, 1992). They also suffer from the burdens of employment, housework and childcare (Chant, 2003).



In comparing the poverty of rural women with urban women, Hadad et al. (1999) contend that while the poverty in rural areas remains constant, it is increasing in urban areas. Statistics show that the urban population is growing two and a half times faster than the rural population, resulting in greater urban poverty specifically affecting women. But much more research is needed on

impoverished women, especially comparisons of urban and rural households within the same country, to understand the incidence of female hardship in rural areas versus urban areas, which varies by community type (Bradshaw, 1995).

### **C. Empowering Women**

In order to create more gender equality and alleviate poverty among women in both urban and rural settings, scholars and field practitioners have recognized the importance of empowering women. Mayoux (2000) defines empowerment as a process of change in power relations that is both multidimensional and interlinked. She has laid out a framework that is useful for developing strategies for women's empowerment (see Box 2).

#### **Box 2. Framework for Women's Empowerment in Different Spheres of Life**

**Power Within:** enabling women to articulate their own aspirations and strategies for change

**Power To:** enabling women to develop the necessary skills and access the necessary resources to achieve their aspirations

**Power With:** enabling women to examine and articulate their collective interests, to organize to achieve them and to link with other women's and men's organizations for change

**Power Over:** changing the underlying inequalities in power and resources that constrain women's aspirations and their ability to achieve them.

Source: Mayoux, 2000

Hainard and Verschuur (2001) emphasize that empowerment should be "a process of developing negotiating skills from the bottom up ... to redress unequal power relations and produce new development paradigms." To successfully empower women, both gender and empowerment concerns should be integrated into every service provision area. Moreover, they should be incorporated in the economic, political and social spheres as well as at the individual, household and community levels in order to overcome gender inequality (Mayoux, 2000). Jejeebhoy (2000) identifies social institutions as highly influential in shaping a woman's autonomy. He believes that these institutions should provide comprehensive, direct and context-specific strategies to empower women. These strategies include creating gender consciousness, enabling women to mobilize community resources and public services, providing support to the challenges of traditional norms and providing access to vocational and life skills to increase women's access to and control over economic resources.

But women's empowerment is not an easy outcome to measure. Santillain et al. (2004) stress the need to go beyond standardized indicators; they are proponents of context-specific indicators that refer to social relations. These indicators might include factors such as the distinction between individual and collective awareness, increased self-esteem and an analysis of grass-roots organizations (Hainard and Verschuur, 2001). In addition, Hashemi et al. (1996) point out that the methods used to measure women's empowerment in one society can be deemed completely irrelevant in another. Therefore, cultural factors in each society also need to be taken into account. For more on measurement issues, see Box 3.

#### **D. Economic Empowerment**

The International Labour Organization (ILO) (2002, in Kessides, 2005) sees a strong link between the vulnerability of impoverished women to underemployment and low returns on labour, especially since most employed women are part of the informal economy. In one study conducted in Africa it was found that 92 per cent of job opportunities for women outside of agriculture were in the informal economy (2002, in Kessides, 2005). This exposes poor women to greater financial risks, lower standards of human development and limited access to resources from social institutions (Women in Informal Employment: Globalizing and Organizing – WIEGO, undated). Many studies have recognized the importance of economic empowerment in improving the status of impoverished women.



Buvinic (1996) states that “the most straightforward vehicle to ‘empower’ poor women is to increase their productivity in home and market production and the income they obtain from work.” The ILO (2002, in Kessides, 2005) has proposed various strategies to combat this problem, such as increasing women's access to land and other assets. Mahmud (2003) contends that providing security of tenure will encourage more women to use their domestic space for income-generating activities. Other recommendations include investing in human capital such as training for productive employment, providing financial resources with a focus on credit, expanding wage employment opportunities, improving social protection for female workers and empowering women through greater organization.

Income-generating activities are seen as “entry points for channels of communication and vehicles by which women can meet their needs” (Rogers and Youssef, 1988). They provide effective ways to address inequalities in the areas of health, education and poverty alleviation. Many researchers have recognized that improvements in health care,

nutrition and education can only be sustained with an increase in household income and greater control by women over financial resources (Hashemi, 2004).

Economic empowerment projects usually focus on income-generating activities, which allow women to independently acquire their income. Income-generating activities encompass a wide range of areas, such as small business promotion, cooperatives, job-creation schemes, sewing circles and credit and savings groups (Albee, 1994). Another is microcredit, which is discussed in the following section.

### **Box 3. The Gender Development Index & Gender Empowerment Measure**

The United Nations Development Programme's (UNDP) 1995 *Human Development Report* introduced the gender-related development index (GDI), which reflects gender disparities in basic human capabilities, and the gender empowerment measure (GEM), which measures progress towards gender equity in economic and political power. The GDI measures gender disparities in approximately 144 countries in the areas of life expectancy at birth, education – measured by the adult literacy rate combined with the primary, secondary and tertiary gross enrolment ratio – and the estimated earned income (PPP US\$). These areas of measurement refer to the 'gendered gap' that exists between men and women in their access to economic and social resources and services due to women's disadvantaged position in society (Buvinic, 1996). The GDI estimates have shown that even though gender disparities have decreased over the years, there is still no country in which women have complete equality with men. Even the highest-ranking country, Norway, has a GDI value of .95 out of 1.00 (UNDP, 2004). The GEM measures empowerment through three factors: (1) economic participation and decision-making power, (2) political decision-making and power, and (3) power over economic resources (UNDP, 1995).

While there is widespread appreciation for gender-based indicators, many critics argue against the usefulness of the GDI and GEM. Bardhan and Klasen (1999) believe that "...the GDI is dominated by a conceptually and empirically problematic estimate of gender gaps in earned income, while downplaying the role of the gaps in education and largely ignoring those in mortality, arguably the two most important problems confronting women in many developing countries." They also believe that the GEM is too focused on representation at the national political level and in the formal economy. Pillarisetti and McGillivray (1998) highlight several key shortcomings in the GEM: (1) lack of consideration for different cultural and social norms across nations, (2) insufficient analysis of empirical realities, such as the size of the manufacturing sector and the reliability of national databases, and (3) disregard for other important variables of empowerment and the dualistic nature of many societies.

Bardhan and Klasen (1999) stress that if these indicators were able to capture more gender biases and their impact on human development, they could serve as important indicators of gender equality and women's empowerment. The UNDP *Human Development Report* Office recently conducted an online discussion on the effectiveness of the GDI and GEM.\* Many participants in the discussion recognized both indicators to be highly aggregated, taking into account only a few dimensions of gender inequality and empowerment. It was also underscored that there was a lack of data to measure the participation of women and men in decision-making within their communities, inequalities in the consumption of resources or in personal security and dignity, especially within household relations.

\* *Human Development Report* Office Online Discussion: Revisiting the GDI and GEM. Available at: <http://hdr.undp.org/network/messageview.cfm?catid=8&threadid=100>

## **E. Economic Empowerment Through Credit**

One of the most popular forms of economic empowerment for women is microfinance, which provides credit for impoverished women who are usually excluded from formal credit institutions. Mayoux (2000) highlights the three recognized models of microfinance programmes:

1. **Financial self-sustainability:** This is the most popular model and used by donor agencies such as the United States Agency for International Development (USAID), the World Bank and the United Nations. It provides microfinance services to a large number of poor women, specifically targeting small entrepreneurs by setting interest rates to cover costs, enabling separate accounting from other interventions, expanding programmes to obtain economies of scale and decreasing costs of delivery through the use of groups.
2. **Poverty alleviation:** This model focuses on small savings and loan provisions to aid in consumption and production.
3. **Feminist empowerment:** This model is based on examples of some of the earliest microfinance programmes in Bangladesh and India, focusing on gender equality and women's human rights through microfinance, and empowering women economically and socially.

***Microfinance enables poor women to become economic agents of change by increasing their income and productivity, access to markets and information, and decision-making power.***

Source: World Bank

Offering women a source of credit has been found to be a very successful strategy for alleviating poverty because it enhances the productivity of their own small enterprises and the income-generating activities in which they invest. Results include an increase in women's self-confidence and status within their families as well as income that can be used to improve their families' well-being through improved health and nutrition (Goetz and Gupta, 1996). Hashemi et al. (1996) also argue that credit programmes have been successful in providing "... a cost-effective means of transferring scarce resources to the poor through women." The most successful of these schemes – the Grameen Bank, the Bangladesh Rural Advancement Committee (BRAC) and the Self-Employed Women's Association (SEWA) in India – have served as models for other programmes worldwide.

Nanda's (1999) study of rural microfinance projects in Bangladesh revealed that "...improving women's access and control over resources can potentially alleviate their health problems and enhance their decision-making within the household." Her study indicates that participation in economic activities is more valuable for empowering a woman than household income or socio-economic status. Rogers and Youssef (1988) also recognize the importance of group savings programmes and cooperatives as a catalyst for empowering women. These programmes not only allow impoverished women to interact with one another; they also create an exchange of ideas and information, increasing women's ability to earn a greater income and allowing for a more flexible work



environment where they can rely on other women for support on matters such as childcare.



But there has been a recent re-evaluation in response to the perceived faddishness of microfinance projects. Hulme and Mosley (1996, in Morduch, 2000) believe that the current state of microfinance programming has “...abandoned innovation, and is leading to a growing uniformity in financial interventions.” Many academics also argue that these programmes are not effective in truly empowering women (Cheston and Kuhn, 2002; Goetz and Gupta, 1996; Mayoux, 2000). They believe that there is a lack of substantial

training and support services and a need to provide women with greater ownership and control in the programmes. There is also recognition that employment and education are necessary but insufficient conditions for women’s empowerment (Dunford, undated; Malhotra, 2002; Mayoux, 2000). Critics contend that microfinance programmes only marginally increase access to income and that they have a limited impact on household decision-making. They argue that many of these programmes have not been able to move women into profitable non-traditional forms of entrepreneurship (Goetz and Gupta, 1996) and that most of the women involved in credit savings programmes remain in low-value traditional work in the informal sector. Thus, they have limited involvement in more profitable commercial markets.

White (1991, in Goetz and Gupta, 1996) suggests that microfinance projects tend to equate women’s poverty with income, not sufficiently emphasizing the inequality in relationships and institutions. This is underscored in the study conducted by Malhotra et al. (2002), which highlights the historical and developmental context of a woman’s place in society and the importance of “fundamental structural matters involving family, social and economic organization.” Thus, critics have drawn attention to the need to focus on the structural factors that perpetuate the economic marginalization of the poor (Goetz and Gupta, 1996).

Khan (1999) stresses the importance of wage employment over credit for women. His findings show that wage employment helps in promoting economic and social empowerment, providing women with more stability, a collective workplace and more control over their income. He also emphasizes its ability to assist in expanding a woman’s mobility by providing her with different life experiences beyond her home environment so that she is able to gain bargaining power, meet her practical needs, improve the quality of her life and address her long-term goals.

There are other important elements, complementary to income-generating activities that are considered essential for women’s economic empowerment (Cheston and Kuhn, 2002; Albee, 1994):

- Business training

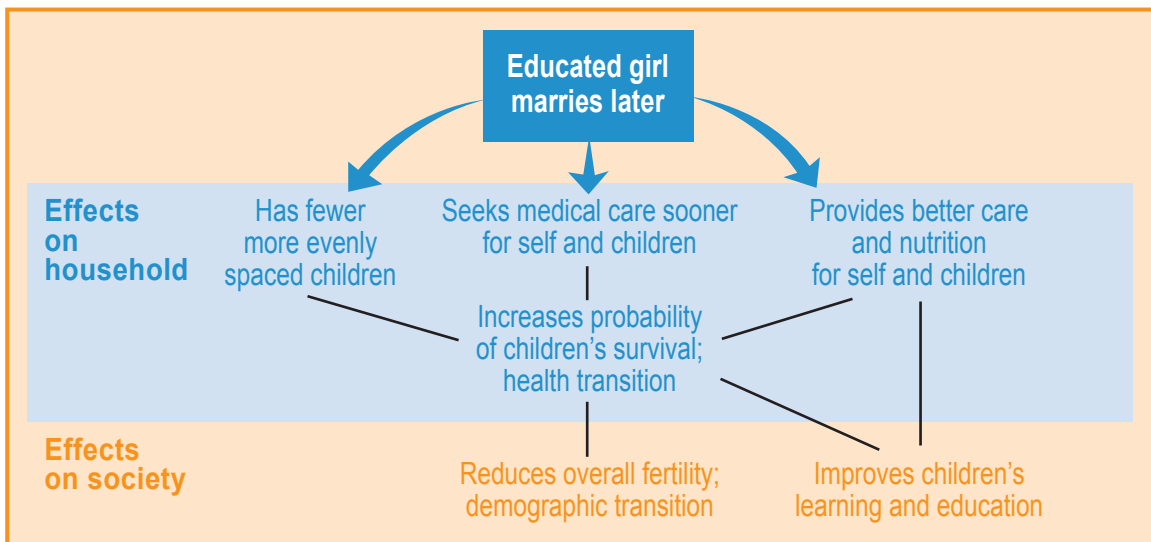
- Investments in women’s general education, including literacy
- Guidance to women on balancing family and work responsibilities
- A forum for dialogue on social and political issues, such as women’s rights and community problems
- Providing experience in decision-making
- Promoting women’s ownership, control and participatory governance.

## F. Integrated Economic Empowerment Programmes

Assessing the various viewpoints regarding women’s economic empowerment, it can be concluded that economic activities are not the only vehicle for helping women lift themselves out of poverty. No one factor alone can lead to gender equality or empowerment. Rather, what is required is a combination of activities in various spheres of a woman’s life that address the dynamic and relational nature of poverty (Hunt and Kasynathan, 2001).

Studies have shown that an increase in a woman’s income has a positive impact on the educational and nutritional status of her children, among other things (Rogers and Youssef, 1988; Consultative Group to Assist the Poor – CGAP, 2004). Figure 2 illustrates how increased education can have a positive impact on various aspects of a girl’s life.

**Figure 2. Educated Girls Lead Different Lives**



Source: UNDP, 2003

Economic empowerment provides incentives to change the patterns of traditional behaviour to which a woman is bound as a dependent member of the household. More and more programming has taken an integrated approach, involving other aspects of

development into microfinance projects in order to increase a women's income and create a positive change in her perception of health and education.

SEWA, the Grameen Bank and BRAC have incorporated this holistic strategy. BRAC's current programming includes a comprehensive project, Challenging the Frontiers of Poverty Reduction: Targeting the Ultra Poor. The project focuses on women from the poorest households and provides them with: (1) employment and enterprise training, (2) investment assistance, (3) social development assistance, and (4) health-care education and services. The programme expects to reach 70,000 extremely poor households in Bangladesh over five years. SEWA has also adopted a broader mandate with a focus on two major goals, full employment and self-reliance, with every economic activity having a health component and the provision of health care run by women.

Dunford (undated) states that effective family planning would reduce the risk involved for microcredit institutions and their clients.

Effective family planning allows microcredit institutions to be more sustainable since their clients have more control over family size, which directly affects the amount of time they are able to invest in income-generating activities, which in turn helps them to pay off loans. He highlights the programmes supported by Pro Mujer, a village banking provider in Bolivia that offers both reproductive health education and clinical screenings and counselling services to clients.



Various microfinance projects and studies have demonstrated that with increased income there is an increase in women's role in reproductive decision-making, a delay in the age of marriage, an increase in contraceptive prevalence rates, smaller desired family size and decreased total fertility rates (Buvinic, 1996; Drolet, 2000).

Drolet (2000) conducted a study of a UNFPA microfinance project in Cameroon, concluding that the project had positively affected the women involved, especially in improving their knowledge and behaviour in the area of reproductive health. These women felt more capable of discussing topics such as family planning and contraceptive use with their partners. Similarly, a study in Oman found that women's unmet contraceptive needs decreased significantly with educational level and paid employment (Riyami et al., 2004). However, these improvements in sexual and reproductive health can only be sustained with an increase in women's household income and access to financial resources (Hashemi, 2004).

This brief review of the literature has shown that the ability to earn a decent income empowers poor women in many aspects of their lives, influencing sexual and reproductive health choices, education and healthy behaviour. The following section summarizes the presentations given by various participants at the workshop.

### III. Summary of Presentations

The following sections summarize the workshop presentations and discussions (see Annex 1 for the agenda and Annex 2 for a list of participants).

#### A. Seven Priorities to Advance Gender Equality

*Aslihan Kes is a programme associate for the Poverty Reduction and Economic Governance Team at the International Center for Research on Women (ICRW), and was a member of the UN Millennium Project Task Force on Promoting Gender Equality. At ICRW she co-authored, with Caren Grown and Geeta Rao Gupta, the Millennium Project Task Force Report, Taking Action: Achieving Gender Equality and Empowering Women (Earthscan Press, 2005).*

In writing its report, the UN Millennium Project Task Force on Promoting Gender Equality adopted an operational framework of gender equality with three dimensions: capabilities, opportunities and security. This framework is particularly important because it enabled us to bring in issues left out of the Millennium Development Goals: sexual and reproductive health and rights and violence against women.



The capabilities domain refers to the areas of health, education and nutrition, which enable women to lead long, healthy lives. The opportunities domain refers primarily to equality in the opportunity to use or apply basic capabilities through economic assets such as land and housing, resources such as income and employment as well as political opportunity such as representation in parliament and other political bodies. The security domain refers to reducing the vulnerability of women to violence and conflict.

Within this operational framework, the Task Force selected seven priorities for action. The strategic priorities and recommendations represent a subset of those outlined in previous documents, including the ICPD Programme of Action and the Beijing Platform for Action. In most cases, they represent first generation development issues. They are interrelated, and empowering women and increasing gender equality entails action on all

of them. These priorities may apply differently to different countries since some countries have made more progress than others in some of these areas.

The first priority is to strengthen opportunities for post-primary education for girls while simultaneously meeting commitments for universal primary education. Post-primary education has the greatest pay-off for women's empowerment in that it increases income-earning opportunities, decision-making autonomy and control over fertility.

Our analysis showed much lower enrolment rates and greater disparities for girls in secondary education. In light of these findings, we developed the following recommendations to increase girls' post-primary enrolment:

- Make schools more affordable by reducing costs and offering targeted scholarships
- Build secondary schools closer to girls' homes
- Make schools 'girl friendly'
- Improve the quality, content and relevance of education.

The second strategic priority is to guarantee sexual and reproductive health and rights. Each year, half a million women die from preventable complications of pregnancy and childbirth, while 18 million are left disabled or chronically ill. Women's contraceptive use has risen to 50 per cent, but there are still 120 million women who have unmet needs for contraception. Every minute of every day, 190 women conceive an unwanted or unplanned pregnancy. Twenty million unsafe abortions occur annually, with an estimated 70,000 deaths – representing 13 per cent of overall maternal mortality.



There are 40 million people living with HIV, about half of whom are women, and every minute of every day five more women are infected. We know that guaranteeing women's sexual and reproductive health and rights is central to enabling them to enhance their capabilities and take advantage of economic and political opportunities. It is also essential in achieving the MDGs. We worked with the Millennium Project as well as Task Force 4, on Maternal and Child Health, and developed these priorities:

- A special focus on adolescents
- Policies to promote universal access to information and services related to sexual and reproductive health and rights
- Interventions within the health system (integrated services that include quality family planning, safe abortion in countries where it is legal, post-abortion care, emergency obstetric services, prevention and treatment of sexually-transmitted infections, and interventions to reduce malnutrition and anaemia)
- Interventions to involve men as partners

- Interventions outside the health system, including comprehensive sexuality education programmes and an enabling policy and political environment.

The third strategic priority is to invest in infrastructure to reduce time burdens among women and girls. Time-use studies from a variety of countries indicate that women spend a substantial amount of their daily time and energy on household maintenance. This contributes to women's 'time poverty', preventing them from seeking opportunities in the marketplace, limiting their income-earning ability and affecting their health. In many cases, girls are expected to provide help and are pulled out of school.

Calvo (1994), in her study of villages in Ghana, the United Republic of Tanzania and Zambia, finds that domestic travel accounts for the highest frequency and the most time-consuming of trips in all the areas in the study. She also finds that, measured in time, women account for about 65 per cent of all transport activities in the rural household and 71- 96 per cent of domestic travel activities, including fuelwood and water collection.

Adequate infrastructure is essential to reduce these time burdens. Improving infrastructure, especially transportation and water and sanitation services, can have substantial benefits for women's health. Accessible and affordable modes of transportation can increase the use of health services by women and children. Location of water and sanitation services in or near women's homes could reduce head, neck and back injuries caused by carrying heavy water containers. Better planned sanitation projects can also reduce women's vulnerability to violence.

The fourth strategic priority is guaranteeing the property and inheritance rights of women and girls, which are important for their economic and social empowerment. Owning property improves women's income-earning ability and economic security. The lack of property is also strongly linked to development-related problems such as vulnerability to HIV infection and violence. Research in Kerala, India reveals that 49 per cent of women without property reported that they had experienced incidents of violence as opposed to 7 per cent of women with property. Preliminary evidence shows that lack of property may increase risk of infection and also make it harder to cope with disease in the household.

The fifth priority is to eliminate gender inequality in employment. There should be interventions to reduce barriers to entry, interventions to improve the nature and conditions of employment – such as public employment guarantee schemes, social protection, microfinance and legislation – as well as interventions to reduce inequalities in pension and retirement benefits.

The sixth priority is to increase women's representation in political bodies. Women have different priorities than men and these should be reflected in decision-making bodies. Women are



often more active in supporting laws benefiting women, children and families. There is also evidence that women's participation increases the quality of governance, resulting in less corruption.

The last priority is to combat violence against women. In surveys conducted in various countries, between 10 and 69 per cent of women report incidents of domestic violence. Physical and sexual abuse is a factor in unwanted pregnancies, sexually transmitted infections, including HIV, and complications of pregnancy. In a study in the United Republic of Tanzania of women who sought services at a voluntary counselling and testing centre, women who were HIV-positive were 2.6 times more likely to have experienced violence in an intimate relationship than women who were HIV-negative. Moreover, violence appears to increase women's risk of gynaecological disorders, including chronic pelvic pain, irregular vaginal bleeding, vaginal discharge, pelvic inflammatory disease and sexual dysfunction. Around the world, studies have found that one in four women is physically or sexually abused during pregnancy. Violence before and during pregnancy can have serious health consequences for women and their children. Some studies indicate that women who are battered during pregnancy run twice the risk of miscarriage and four times the risk of having a low birth-weight baby compared to women who have not been subjected to physical violence.

**What UNFPA and its partners can do:**

- Use high-profile policy opportunities as they present themselves to influence international discourse and action and highlight the links between the MDGs and the sexual and reproductive health and rights agenda
- Use strong and credible evidence to reaffirm the links among sexual and reproductive health and rights, poverty and development in a way that remains true to the people-centred and rights-centred philosophy of both the ICPD agenda and the MDGs
- Pick a few priority issues to focus on that will help us build new alliances. The convergence of interests between the MDGs and the ICPD agenda provides politically strategic opportunities to build momentum and show results.

## ***B. Reaching Out to Adolescents***

*Judith Bruce is a senior associate at the Population Council and the director of the Council's Gender, Family and Development Programme. Since joining the Council in 1977, she has developed and coordinated programmes and policy-oriented research related to the social and economic development of adolescents (particularly girls), women's roles and status, gender relations, intra-family dynamics and quality of reproductive health care.*

There is a relative absence of well-designed, implemented or observed national-level policies on adolescents. There is a need to develop specific indicators of adolescent poverty – as distinct from childhood poverty (which is often measured through malnutrition rates and levels of immunization and school attendance) and adult poverty. Within adolescent poverty it is also important to define critical moments of vulnerability (such as the time around puberty for girls), as well as subgroups of adolescents who may be especially vulnerable (such as girls 10-14 years old, living apart from parents and not in school).



The available evidence suggests that poverty has a stronger impact on girls' schooling than on boys', and the transitions of adolescence present a tremendous analytic challenge. It is undeniable that lifelong poverty, high and unwanted fertility and poor reproductive health have their common roots in the early adolescence of girls in the poorest countries. Future poverty may be established in this short window, since this is the moment when girls mature sexually, gender norms are consolidated, changes may occur in a girl's family of which she must bear a disproportionate burden, and there is a perceived and increasing need for an independent and disposable income. However, there is no immediate expansion in livelihoods skills or the ability to control earnings safely. It may be that safety and long-term economic security are processes for which the skill sets and opportunities are best established in early adolescence. Girls need comprehensive skills and opportunities to make a safe, productive transition through the second decade of life.

Among the many deficits that girls face, perhaps none is more pivotal than social isolation, which often intensifies around the time of puberty. This social isolation (the absence of peers, mentors and role models and places to meet them) offers a foundation for low self-esteem, leads to a lack of safety and comfort in their communities and also limits their livelihood possibilities. Socially isolated girls, girls living in poverty, girls who are out of school and girls who have lost one or both parents are more likely to succumb to sexual coercion and/or to exchange sex for gifts or money (Hallman, 2004). In order to define poverty for adolescent girls, a primary indicator may be having no place to go and not having sufficient access to other girls.

An 'ecological approach' should be used in areas where high concentrations of girls live in 'reservoirs' of social and economic disadvantage in order to substantially reduce the rates of child marriage and/or HIV infection by offering intensive social support, livelihoods and savings opportunities and appropriate health messages and protocols.

Economic vulnerability leads young girls into – and offers them no exit from – unsafe sexual relations, yet adolescent girls are often underrepresented in or absent from health, social, youth-serving and economic initiatives. Livelihood programmes do not typically incorporate the poorest adolescents, especially girls – but the girls are most certainly



interested. Population Council programmes have found tremendous interest on the part of girls in having savings under their independent control. This is the first step, along with financial literacy, in building up girls' confidence and ability to find safe, decent livelihoods.

Many youth-serving programmes fail to reach vulnerable adolescent girls, particularly younger ones. A study in Ethiopia found that much youth programming is aimed at older males or older, school-going teenagers, leaving out almost entirely those living apart from parents and/or those who are married. UNFPA has begun supporting similar 'coverage exercises' in other countries to find out who is being reached by youth-serving organizations and whether there is a possibility of re-orienting this valuable set of initiatives to increase their power to alleviate poverty among adolescents while laying a foundation for informed reproductive health decision-making.



UNFPA's efforts to assess coverage of its most popular youth programmes is a good first step in a poverty alleviation strategy that is specific to adolescents. UNFPA, with partners including the Population Council, is beginning to make progress in defining and operationalizing the 'safe spaces' concept, inquiring into the specific needs of young adolescents around the time of puberty. UNFPA's Leave No Girl or Woman Behind initiative in Ethiopia is visionary in its efforts to improve reproductive health and literacy.

#### **What UNFPA can do:**

- Reorient existing youth-serving organizations to offer age- and gender-specific spaces to build poor girls' protective assets, health and livelihoods
- Promote girls' schooling and make schools safer by creating girls' spaces or girls-only schools, particularly at the time of puberty
- Actively discourage child marriage through enforcement, and by offering appropriate support to girls, parents and communities
- Give married girls the health, social and economic support they need to negotiate safer marriages and engage their families and partners to support them
- Develop context-, age- and gender-specific financial literacy and livelihood opportunities – especially for highly vulnerable girls.

### C. Gender, Poverty and Achieving the MDGs

There were two presentations during this portion of the agenda, one by Dr. Lynn Freedman of Columbia University's Center for Population and Family Health and the other by Dr. Deborah Balk of CIESIN.

*Lynn Freedman is associate professor of Clinical Population and Family Health at Columbia University's Mailman School of Public Health. She is also director of the Law and Policy Project and has expertise in human rights, particularly health and human rights and international women's rights, including those relating to the UN Convention on the Elimination of All Forms of Discrimination against Women, reproductive rights, women's health and population policy and women's legal status internationally. She was a member of the UN Millennium Project Task Force on Improving Maternal Health.*

Profound isolation is a central fact of adolescent life. In our UN Millennium Project Task Force report there was a single message we wanted to convey: the need to act and invest differently in health systems. Health systems are a good entry point for thinking differently about poverty since they are an essential part of development. Health systems are also a major source of poverty, with financial costs of health care driving millions of people into poverty.



Poverty is usually thought of as a static state of deficit, but we want to argue that poverty is fundamentally relational. It is based on how people interact with institutions and with each other. The World Bank publications, *Voices of the Poor*, illustrate well this relational poverty.

But the notion of poverty is still being neglected, whether it is the deep exclusion and isolation previously described or the impoverished women in the world and

their interactions with health systems and governmental services. We need to think differently about how to deal with power structures.

In order to address the needs of adolescents, it is important to connect them to health systems and realize that sometimes the system itself becomes the way people experience poverty. They need to have a sense of citizenship by being able to submit a claim to entitlement and have that claim respected. Therefore it is essential to see health systems as part of the basic building blocks of a democratic society.

One of the big failings of the Millennium Development Goals is that they do not explicitly address equity. The Task Force recommended that they be reframed so as to look at this. Some countries have addressed the equity dimension as they work with the MDGs, but redistribution has to be a central issue. User fees should be abolished for

basic health services, and certainly for childcare or maternal care, because, in general, user fees tend to exclude people. We suggest that the approach to health sector reform be changed. If you care about equity you have to look at redistribution and restructure the system so as not to exclude people. We need to ask key questions, such as how we change the structures of power within health systems and what this means.

**What UNFPA can do:**

- Advocate that health systems be seen as part of the basic building blocks of a democratic society
- Develop the capacity of clients to demand their rights, helping to keep health systems more balanced and encouraging poor consumers to have expectations of high-quality services.

*Deborah Balk is an associate research scientist at Columbia University's Center for International Earth Science Information Network, a unit of the Earth Institute. Dr. Balk is also the lead project scientist for NASA's Socioeconomic Data and Applications Center, which is developing population data products that can be integrated with other data sets in novel ways within geographic information systems Dr. Balk served as a liaison to UN Millennium Project Task Forces 3 and 4 on data and mapping issues.*

Our ability to monitor the MDGs depends critically on the information and data infrastructure we have. What is empowerment? What do we mean by 'urban'? What is poverty? Do you have the data to monitor and evaluate your targets? All of this depends critically on the type of data that are available. The data infrastructure is increasingly strong, but not as strong as it could be.

New methods have recently been developed to measure empowerment, and we are no longer limited to education as the only indicator. Other indicators such as autonomy, decision-making authority, mobility and place-based (culture-specific) aspects of status are also being taken into account, with a majority of this information being measurable through surveys that can be coupled with census and other data. There are also new approaches to understanding the concept of 'urban' through the use of urban footprints and population relationships between and within cities and other geographic locations. A major constraint, however, is that a majority of the data relies on 30- to 40-year-old data structures.

The issue of equity is another area essential to achieving the MDGs. One of the biggest failings of the MDGs is that they do not address equity. If equity is not taken into account, a national-level population may become less poor without improving the poverty status of women. An equity perspective highlights the importance of gender and urban residence and interactions between them. At present, there is a lack of information on inequality between men and women. Health sector reform is primarily about the 'commodification' of health care. However, to effectively address equity there should be a focus on redistribution when looking at the way health systems are structured and how they include and exclude the population.

There are also many data gaps that can be filled by increasing knowledge and methods to understand the meanings of poverty, gender and urban. This needs to be done in a systematic manner through an increase in data, specifically spatially delimited data with all the major objectives in mind. This will be easier to achieve on the scale of a single city or country. In addition, there is the need to develop capacity among clients to demand their rights. There is a multidimensionality to looking at poverty. It is not just about *numbers*, but also *experiences* of poverty.

#### **What UNFPA can do:**

- Focus on the development of a few indicators relating to target populations, such as young girls between the ages of 10 and 14
- Collect data on programme interventions and make this data available to others. To make successes known, it is important to have hard data and allow them to be tested by other agencies.

*Sam Daley-Harris is the founder of RESULTS and RESULTS Educational Fund, as well as director of the Educational Fund's largest project, the Microcredit Summit, a nine-year campaign which reached 100 million of the world's poorest families – especially the women of those families – with credit for self-employment and other financial and business services by the end of 2005.*



The core themes of the Microcredit Summit are to reach the poorest, empower women, build financially self-sufficient institutions and ensure a positive measurable impact on the lives of clients and their families. To forward our goals of empowering women and ensuring impact, we have begun conducting training on integrating microfinance with education in HIV prevention, reproductive health and child survival.

There are three-day and five-day trainings that integrate microfinance with health education. The training has been held in eight locations in Africa and Asia with 241 participants, 206 microfinance institutions and 117 community-based organizations.

#### **Next steps:**

- UNFPA provided the Microcredit Summit with \$100,000 from July to December 2005 to create an advocacy and fund-raising document that synthesizes evaluations in Asia and Africa with two case studies in Latin America and focus groups on all three continents.

- Omidyar Network is providing \$55,000 a year for the period of 2005-2007 for two-hour workshops in Latin America.
- The International Fund for Agricultural Development (IFAD) is considering an additional \$65,000 a year for three-day and five-day training sessions in Latin America.
- Johnson and Johnson has asked for a proposal to deepen the work that is currently being conducted in eight countries over the next 12 months before expanding into new countries.

**What UNFPA can do:**

- Recognize the potential power of sustainable microfinance for the very poor to empower women
- Recognize the dynamic growth of this sector
- Recognize that too many development programmes overlook those living below \$1 a day
- Recognize the power of cost-effectively integrating microfinance with education in HIV prevention, reproductive health and child survival
- Increase support to the Microcredit Summit in bringing microfinance together with health education and reaching tens of millions of families.

## ***E. Addressing the Feminization of Poverty***

*Grace Okonji is a programme specialist for Africa at UNIFEM, the UN Development Fund for Women. UNIFEM provides financial and technical assistance to innovative programmes and strategies to foster women's empowerment and gender equality.*

There is a need to build capacity in implementation and accountability. UNIFEM's strategic results framework has the objectives of reducing poverty among women, ending violence against women, reducing the rate of HIV infection among women and girls and creating gender equality in democratic governance. This will be achieved by building national capacity and ownership and activating the use of human rights



instruments, national plans, data/statistics, media and communications. The projected outcomes are strengthening of policies and laws, increased capacity of mainstream institutions, increased capacity of gender equality networks and a reversal of discriminatory attitudes and practices. This tight framework is established to ensure that UNIFEM remains focused and selective in its work. The core strategies that are used to achieve these key results are advocacy, knowledge and action networks, capacity-building, the dissemination of innovative approaches, and experimentation on 'how-to'.



There are certain opportunities that need to be sought to achieve coherence in support of gender equality. It is important to recognize how aid is given, what types of packages are offered, if aid is focused on poverty, determining what percentage is going to women and children and ensuring that all generations are included. Opportunities should be taken as they arise. It is essential to focus on capacity and national ownership to enhance implementation and accountability. The move towards greater coherence and national ownership offers important opportunities for advancing gender equality. At the same time, it relies on high-level political commitment and steadily increasing gender equality expertise at all levels – in countries, in institutions and in policy frameworks. One of our priorities is to ensure that high-quality technical expertise in the area of gender equality and women's rights is available to ensure that opportunities can be seized.

There are three major entry points for addressing the feminization of poverty. The first is influencing macroeconomic policies and frameworks such as gender-responsive budgets linked to the MDGs. For example, in Kenya, UNIFEM advocated the Government to remove taxes on sanitary pads and basic food items, such as milk. At the policy level, we are also carrying out advocacy to create awareness on issues and to request more data. It is important to influence legislation and the rights of women in the area of land rights, for example; on laws and policies related to violence against women and trafficking; and on women's human rights in areas such as female genital mutilation/cutting, AIDS, and poverty.

The second major entry point is wealth creation for women. An example of this can be found in Rwanda, where women's groups are weaving baskets while discussing issues related to peace. The 'peace baskets' have proved to be an important source of income for these women.

The third major entry point is the prioritization of specific groups of women, based on their level of exclusion and poverty. There is a relatively higher incidence, greater severity and more changes in the dimensions of poverty over time for women than men. Therefore, there should be more focus on women infected and affected by HIV, migrant women workers and home-based workers, women affected by violence – both in conflict countries and in so-called peaceful countries – and women entrepreneurs.

There is already a strong collaboration between UNIFEM and UNFPA in post-conflict reconstruction, violence against women, gender-responsive budgeting and policy development. There are five key areas for strengthening and institutionalizing this partnership. The first is deepening the understanding and analysis among women, communities and their networks on wealth creation and the feminization of poverty to enable them to effectively engage and act. They need to be empowered and facilitated to advocate for and engage in actions to promote wealth creation and eradicate the feminization of poverty. The Angola model of community-based cooperatives integrates business skills training and information about human rights, violence against women and AIDS.

The second area is advocacy around discriminatory practices (including cultural practices) and policy development and dialogue. An example is the Angola UNDP/UNFPA/UNIFEM Joint Programme on Gender, which is working towards a national gender policy and to ensure that gender and human rights are mainstreamed into the AIDS policy and strategic framework influencing policy and legislation.

The third area is HIV/AIDS and reducing the burden of care by women and girls and reducing vulnerability to infection. The fourth area is eliminating gender-based violence. UNIFEM is leading this process with its Violence against Women trust fund (building on initiatives with UNFPA in Angola, Mozambique and Sudan). The last area of collaboration is to promote the accountability and responsiveness of States, the private sector and multi- and bilateral institutions to effectively create wealth and eradicate the feminization of poverty.

#### **What UNFPA and UNIFEM can do:**

- Deepen the understanding and analysis among women, communities and their networks on wealth creation and the feminization of poverty to enable them to effectively engage and act. Recognize the dynamic growth of this sector.
- Advocate to eliminate discriminatory practices (including cultural practices) through policy development and dialogue.
- Reduce the burden of care by women and girls and reduce vulnerability to HIV infection.
- Advocate for the elimination of gender-based violence. UNIFEM is leading this process with its Violence against Women trust fund (building on initiatives with UNFPA).
- Promote the accountability and responsiveness of States, the private sector and multi- and bilateral institutions to effectively create wealth and eradicate the feminization of poverty.

## ***F. Brainstorming Session***

Following the individual presentations, all participants were invited to participate in a brainstorming session to produce further recommendations for UNFPA in the area of women's economic empowerment.

Foremost among the ideas discussed was the importance of model projects within the UNFPA system that could be replicated. Compiling a list of such projects would require research on what has – and has not – worked and possibly the development of a database of best practices. However, it was also recognized that there was insufficient monitoring and evaluation mechanisms within UNFPA's programming that would allow best practices to be identified. Participants recommended that more data and indicators be developed to support programme monitoring and evaluation, and that data be analysed internally and made available to outside researchers.

It was also recommended that studies focus even more on vulnerable women, such as women in conflict and emergency situations, migrants, refugees and the elderly, who are often overlooked. Participants emphasized the difficulty in assessing empowerment in the short term; it was also mentioned that it is difficult to make direct links between economic empowerment and violence.

The support of the community was identified as a key for programme success. Therefore, the importance of joining forces with organizations that had the capacity to address issues that UNFPA could not address was highlighted. Participants also suggested that UNFPA promote an emphasis on gender dimensions within the poverty reduction strategies of individual countries.

Box 4 presents a matrix of opportunities for UNFPA involvement in empowering women economically. This matrix was developed during the brainstorming session. The recommendations are divided according to UNFPA's role and mandate in the following areas: capacity-building; data, analysis and research; advocacy; and policy development.

Studies have shown that integrated economic empowerment programmes improve the quality of life of impoverished women, especially in the areas of reproductive health. This is demonstrated through increased communication with partners on sexual behaviour, greater decision-making ability on reproductive choices, higher contraceptive prevalence rates and lower total fertility rates. These recommendations provide areas of expansion and improvement so that the UNFPA can play an even more effective role in enhancing the lives of women through economic empowerment.



#### Box 4. Opportunities for UNFPA Involvement in Empowering Women Economically

Capacity-building/Training	Data/Analysis/Research
<ul style="list-style-type: none"> <li>• Train microcredit extension agents in reproductive health/AIDS education and referral</li> <li>• Provide ‘sensitivity’ training for reproductive health service providers</li> <li>• Support skills development for adolescent girls</li> <li>• Develop models that can be replicated of safe spaces for adolescent girls</li> <li>• Put in place culturally and gender-sensitive tools for capacity-building in all areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure collection of data disaggregated by gender, urban/rural status, poverty levels</li> <li>• Ensure such data are disseminated at the lowest level possible of spatial aggregation</li> <li>• Conduct both quantitative and qualitative monitoring and evaluation of projects, and ensure that these are documented in a common database</li> <li>• Research lessons learned from UNFPA’s own projects that focus on women’s economic empowerment</li> <li>• Collect coverage data – exit surveys of users of reproductive health services and youth programmes to obtain information such as age, sex, location of residence, etc.</li> <li>• Replicate systems in India and Zimbabwe for collecting data on gender-based violence</li> <li>• Ensure that all 2010 censuses are disaggregated by age and sex</li> <li>• Support comprehensive and operational research on the feminization of poverty – focusing on UNFPA’s mandate</li> <li>• Indicators development – such as the GDI, GEM – but also qualitative indicators</li> <li>• Demonstrate through research what it costs <i>not</i> to have reproductive health programmes</li> <li>• Demonstrate the mutually reinforcing nature of health services and microfinance (health and poverty reduction).</li> </ul>

**Box 4. Opportunities for UNFPA Involvement in Empowering Women Economically (continued)**

Advocacy	Policy Development
<ul style="list-style-type: none"> <li>• Impress on decision-makers the vital need to reach adolescent girls as early as possible with programmes that can positively alter the course of their lives</li> <li>• Advocate for better conditions for health-care workers, since this has an impact on their attitudes towards impoverished female clients</li> <li>• Promote policies for the provision of identification cards to girls 12 years and older</li> <li>• Promote personal savings programmes for adolescents</li> <li>• Communicate to men how empowering women (and adolescents in particular) can benefit them, through improved economics and family welfare</li> <li>• Advocate for microcredit for poor women</li> <li>• Don't forget health/reproductive health needs of older and migrant women, refugees and the internally displaced (who are particularly vulnerable to gender-based violence)</li> <li>• Advocate gender budgeting (ministries for women tend to receive the least funding)</li> <li>• Advocate for free primary education and health services for girls and adolescents.</li> </ul>	<ul style="list-style-type: none"> <li>• Create safe spaces for girls/adolescents – begin with spaces for sports or recreational activities, then move into health issues, life skills development, functional literacy</li> <li>• Help create gender-sensitive laws. Legislative and policy barriers need to be removed since these are the structural and systemic issues that affect women's status</li> <li>• Enforce legal frameworks that already exist that support women's rights (such as Family Courts in Egypt)</li> <li>• Prioritize comprehensive approaches to reproductive health and gender-based analysis in poverty reduction strategies (focusing particularly on HIV prevention, violence against women and the needs of adolescents)</li> <li>• Define ways to measure women's empowerment in poverty reduction programmes</li> <li>• Engage the private sector.</li> </ul>

## IV. UNFPA Survey and Preliminary Matrix on Economic Empowerment

The Country Office Survey on Population, the Urban Poor and Sustainable Development (Annex 3) was distributed by UNFPA's Population and Development Branch to approximately 151 UNFPA country representatives. Thirty-three responses were received – 12 from Africa, 9 from Asia and the Pacific, 5 from Latin America, 5 from Eastern Europe and Central Asia and 2 from the Arab States. The survey instrument requested information on field activities focused on population, poverty and sustainable development and elaborated on the incorporation of urban, rural, gender and HIV/AIDS components in programming as well as recommendations for the country office. Collaboration between UNFPA's Culture, Gender and Human Rights Branch and CIESIN focused on responses to the question addressing the gender component in field activities.

Based on the survey response, we concluded that most country offices are incorporating some type of gender mainstreaming<sup>1</sup> in their programming, though it appears to be a very recent initiative. Some country offices indicated that the gender component was visible through the disaggregation of data or through female participation in household surveys or other forms of collected data. Other country offices commented on programming that increased gender equality within the country. Box 5 presents a preliminary matrix created from material drawn from the country office survey responses, the UNFPA Global Survey and country office reports to highlight some of the current UNFPA economic empowerment projects. Only countries from each of the four regions who had information available at the time and/or are integrating gender considerations into their programming are included. These countries are not necessarily the most gender equitable, nor do they necessarily represent model programming. However, they are making strides towards creating more gender equality and, for this reason, they serve as examples for other country offices. A more comprehensive matrix will be created incorporating more details and programming from all of the geographic divisions.

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<sup>1</sup> Mainstreaming refers to a process whereby the implications of every planned action are assessed for both men and women, with the objective of achieving gender equality by transforming the mainstream (UN Social and Economic Council, 1997).

**Box 5. Preliminary Country Office Economic Empowerment Programme Matrix**

Country Office	Project/Activity	Key Components	Partners
<i>Africa</i>			
Cameroon	<ul style="list-style-type: none"> <li>Integrated Approach for Improving Women's Economic and Reproductive Health Status</li> </ul>	<ul style="list-style-type: none"> <li>Demonstration pilot project</li> <li>Training and marketing assistance linked to social development activities in reproductive health</li> <li>Reasserts the value of the role and status of Cameroonian women</li> <li>Contributes to improving women's socio-economic status for self-development</li> <li>Improves women's reproductive health</li> </ul>	<ul style="list-style-type: none"> <li>Ministry of Women's Affairs</li> <li>Government of Cameroon</li> </ul>
Equatorial Guinea	<ul style="list-style-type: none"> <li>Multisectoral Plan of Action for the Promotion of Women</li> </ul>	<ul style="list-style-type: none"> <li>Provides strategies for the economic empowerment of women and access to basic social services and decision-making</li> </ul>	
Ethiopia	<ul style="list-style-type: none"> <li>No Woman Left Behind</li> <li>Improving Social and Economic Opportunities for Adolescent Girls in Ethiopia</li> </ul>	<ul style="list-style-type: none"> <li>Empowers women through literacy and life skills components</li> <li>Inter-agency collaborative initiative to target unmarried girls, in particular those between the ages of 10 and 20 years, from poor marginalized communities</li> <li>Finds feasible alternatives to early marriage</li> </ul>	<ul style="list-style-type: none"> <li>Women's Affairs Office</li> <li>UNIFEM</li> <li>Population Council</li> <li>International Planned Parenthood Federation (IPPF)</li> </ul>
Namibia	<ul style="list-style-type: none"> <li>Integrated Women and Youth Development and Skills Training</li> </ul>	<ul style="list-style-type: none"> <li>Supports interventions by Government towards employment creation</li> <li>Promotes women's and youth needs</li> </ul>	<ul style="list-style-type: none"> <li>Ministry of Higher Education and Technology</li> </ul>
South Africa	<ul style="list-style-type: none"> <li>Development Programme for Unemployed Women with Children under Five Years of Age</li> </ul>	<ul style="list-style-type: none"> <li>Provides economic opportunities and services to unemployed women living in deep rural areas and previously disadvantaged informal settlements</li> <li>Creates income that is distributed among participating women</li> </ul>	
Uganda	<ul style="list-style-type: none"> <li>Policy Development</li> </ul>	<ul style="list-style-type: none"> <li>Promotes policy aimed at empowering women</li> <li>Raises women's profile at the economic and social level</li> </ul>	<ul style="list-style-type: none"> <li>Ministry of Gender, Labour and Social Development</li> </ul>

<i>Latin America and the Caribbean</i>			
Guatemala	<ul style="list-style-type: none"> <li>Integrated Rural Women's Development and Skills Training</li> </ul>	<ul style="list-style-type: none"> <li>Elaborates rural development policy illustrating the relationship with gender and poverty</li> <li>Assists in the development of agriculture programmes for woman</li> </ul>	<ul style="list-style-type: none"> <li>Ministry of Women's Affairs</li> </ul>
Haiti	<ul style="list-style-type: none"> <li>Social Reinsertion Initiative</li> </ul>	<ul style="list-style-type: none"> <li>Provides young girls on the street with financial opportunities to help them improve their condition</li> <li>Educates on the notion that gender-based constructs make girls more economically vulnerable</li> </ul>	<ul style="list-style-type: none"> <li>UNAIDS (Joint United Nations Programme on HIV/AIDS)</li> </ul>
Mexico	<ul style="list-style-type: none"> <li>Integral Community Development Project</li> </ul>	<ul style="list-style-type: none"> <li>Focuses on the most marginalized mestizo and indigenous populations in the states of Chiapas and Hidalgo</li> <li>Supports school-based programmes on life skills, children's rights and health</li> <li>Promotes knowledge and development of psychosocial skills so that women can increase their productivity and healthful behaviours</li> </ul>	<ul style="list-style-type: none"> <li>National Population Council</li> <li>Institute for Family and Population</li> <li>UN Fund for International Partnerships (UNFIP)</li> <li>Chiapas Radio and TV</li> </ul>
Panama	<ul style="list-style-type: none"> <li>Empowerment of Impoverished Indigenous Men and Women</li> </ul>	<ul style="list-style-type: none"> <li>Promotes access to quality reproductive health services and supplies</li> <li>Promotes education for young girls</li> <li>Improves the quality of services to better meet the needs of indigenous women</li> <li>Includes gender equity issues in legislation</li> </ul>	
<i>Asia</i>			
Azerbaijan	<ul style="list-style-type: none"> <li>Integrated Women's Development and Skills Training</li> </ul>	<ul style="list-style-type: none"> <li>Works with Scientific-Research and Training Centre on labour and social problems of women</li> </ul>	<ul style="list-style-type: none"> <li>Ministry of Labour</li> </ul>
Bangladesh	<ul style="list-style-type: none"> <li>Integrated Women's Development and Skills Training</li> </ul>	<ul style="list-style-type: none"> <li>Supports projects that link rural women to cooperative societies that address the connection between reproductive health/family planning and livelihood activities</li> <li>Inter-agency collaboration on education and training of women, specifically focusing on vocational and skills training</li> </ul>	<ul style="list-style-type: none"> <li>Asian Development Bank</li> <li>UNDP</li> <li>ILO</li> <li>UNICEF</li> <li>USAID</li> </ul>

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## Annex 1. Workshop Agenda

9:00 – 9:30	Welcome and introductions – <i>Aminata Toure (UNFPA) and Alex de Sherbinin (CIESIN, Columbia University)</i>
9:30 – 10:00	Presentation of Millennium Project Gender Task Force results – <i>Aslihan Kes (International Center for Research on Women and UN Millennium Project Gender and Education Task Force)</i>
10:00 – 10:30	Presentation on addressing the needs of impoverished rural women – <i>Judith Bruce (Population Council)</i>
10:30 – 10:45	Coffee
10:45 – 11:15	Discussion
11:15 – 11:45	Overview of gender and a rights-based approach to population, poverty and achievement of the MDGs – <i>Lynn Freedman (Columbia University Center for Population and Family Health) and Deborah Balk (CIESIN, Columbia University)</i>
11:45 – 12:15	Discussion
12:15 – 1:15	Lunch
1:15 – 1:30	Brief presentation of UNFPA country office gender-related activities – <i>Anjali Kaur (CIESIN, Columbia University)</i>
1:30 – 1:45	Presentation: Results of Microfinance Projects for Empowering Women, Achieving Gender Equality and Combating HIV/AIDS and Poverty – <i>Sam Daley-Harris (Microcredit Summit Campaign)</i>
1:45 – 2:00	Presentation: UNIFEM's Experiences and Plans in Helping Poor Women – <i>Grace Okonji (UNIFEM)</i>
2:00 – 2:30	Question-and-answer session
2:30 – 3:30	Brainstorming session/discussion on UNFPA's strategic programme interventions/specific recommendations
3:30 – 3:45	Coffee
3:45 – 5:15	Continuation: Recommendations
5:15 – 5:30	Wrap up and thanks ( <i>UNFPA</i> )

## Annex 2. Participants

### Technical Support Division, UNFPA

1. François Farah – Population and Development Branch
2. Aminata Toure – Culture, Gender and Human Rights Branch
3. Rene Desiderio – Culture, Gender and Human Rights Branch
4. Luz Melo – Culture, Gender and Human Rights Branch
5. Susanne Axmacher – Culture, Gender and Human Rights Branch
6. Kaori Ishikawa – Culture, Gender and Human Rights Branch
7. Lynn Collins – HIV/AIDS Branch
8. Ann Pawliczko – Population and Development Branch
9. Laura Laski – Adolescent Cluster Group
10. Delia Barcelona – Reproductive Health Branch

### Geographic Divisions of UNFPA

11. Miriam Jato – Africa Division
12. Prosper Poukouta – Africa Division
13. Shana Ward – Latin America and Caribbean Division
14. Sonia Martinelli-Heckadon – Latin America and Caribbean Division
15. Zubaida Rasul – Division for Arab States and Europe
16. Sherin Saadallah – Division for Arab States and Europe
17. Neela Jayaratnam – Asia and Pacific Division
18. Connie Hsu – Asia and Pacific Division

### Other UNFPA Divisions/Offices

19. Ann Erb Leoncavallo – Office of the Executive Director
20. Francesca Taylor – Strategic Planning Office
21. Lydia Leon – Humanitarian Response Unit
22. Abubakar Dungus – Information, Executive Board and Resource Mobilization Division

### UNIFEM

23. Grace Okonji

### Microcredit Summit Campaign

24. Sam Daley-Harris

### CIESIN/Columbia University

25. Alex de Sherbinin
26. Anjali Kaur
27. Deborah Balk

**International Center for Research on Women (ICRW)**

- 28. Aslihan Kes

**Columbia University Center for Population and Family Health/Mailman School of Public Health**

- 29. Lynn Freedman

**Population Council**

- 30. Judith Bruce

**Observers**

- 31. Lettie Rose – UNFPA
- 32. Hisae Kawamori - UNFPA
- 33. Radha Patel – CIESIN/Columbia University
- 34. Janina Franco - CIESIN/Columbia University

## Annex 3. Survey of UNFPA Country Offices

1. Please provide a bulleted list with a brief description of projects/activities being supported by UNFPA in your country that address population, poverty, the environment and sustainable development (i.e., responding to Chapter 3 of the ICPD Programme of Action). For each activity, please specify programme component.
2. Do any of the aforementioned activities have a strong *urban* focus, and if so, in what way do they address the needs of urban residents?
3. Do any of the aforementioned activities have a strong *rural* focus, and if so, in what way do they address the needs of rural residents?
4. Do any of the aforementioned activities have a strong *gender* component, and if so, how? (Please describe how gender is mainstreamed in these activities.)
5. Do any of the aforementioned activities address the impact of *HIV/AIDS*, and if so, how?
5. Do you consider any of the above listed activities to be particularly successful or worthy of replication in other countries/regions? (Please list, if any, documentation on lessons learned or best practices).
6. Do you have any thoughts or recommendations concerning UNFPA's role in addressing environment and sustainable development issues, including the needs of the urban poor or in achieving broader sustainable development?
7. Related to #6, are there any initiatives addressing urban areas or sustainable development that the country might be interested in? What resources and/or technical support would be required in order to do so?









**United Nations Population Fund**  
220 East 42nd Street  
New York, New York 10017  
[www.unfpa.org](http://www.unfpa.org)