

Making Women's Rights and Gender Equality a reality beyond 2015: CARE International's recommendations to member states and UN agencies



CARE believes that the following enabling policies would address the serious lack of progress in gender equality that was not fully addressed or measured within the existing MDGS, namely:

- increasing women's economic opportunities
- combating and preventing violence against women and girls
- promoting gender equity in governance and peace-building efforts
- addressing the disproportionately negative impacts of climate change on women
- ensuring equitable access to quality sexual reproductive and maternal health services for all.

CARE also believes that these enabling policies will increase the **quality, reach, and access** poor women have to essential assets, services and decision making processes:

- Implementing universal **social protection systems that empower** women. E.g. national conditional cash transfer systems should avoid reinforcing inequitable traditional gender roles by involving men in caring duties; and graduation strategies should secure women's equal rights to economic opportunities and access to independent financial services.
- **Valuing the unpaid care economy** by establishing national gender budgets that encourage equitable uptake of unpaid care by men and women, and encouraging equitable and sound maternity and paternity leave policies, and state-funded child care services for the very young.
- Enabling more women to move from the **informal economy into the formal economy** including by recognizing the rights of domestic workers, by improving women's access to savings led finance and bank accounts, and by encouraging states and the private sector to adopt universal living wages and flexible working practices that value women's domestic responsibilities.
- **Overcoming systemic barriers to family planning** by tackling restrictive social and cultural norms and holding health providers accountable for non-

discriminatory, high-quality services

- Increasing the ability of marginalised women to benefit from and participate in the **rule of law and access justice**, thereby increasing accountability for gender based violence E.g. investment in local paralegal systems and community protection groups during conflicts and securing equal access to land, marriage and inheritance rights at all times.
- Ensuring more women voice their views on the quality of services they are entitled to by establishing **strong social accountability** mechanisms at local levels which report to national monitoring of development plans. E.g. community scorecard and citizen monitoring to assess the quality and reach of women's access to health and education and legal services.
- **Delivering gender equitable climate change policies** which ensure a tangible *reduction* rather than a continuation of or increase in gender inequalities in access to and control over resources for adaptation, do not place unfair burdens on vulnerable women or men, and ensure gender balance in climate and disaster-related decision-making processes at all levels.
- Adopting **Sex and Age Disaggregated data collection across all goals**

The enabling factors should be incorporated into a standalone goal and where relevant, be integrated into other goals E.g. the social accountability mechanisms and disaggregated data should be used across the goals and improving women's access to workplace rights should also be a key part of any goal on jobs and growth.

A standalone goal is needed because too little progress has been made in tackling gender inequality over the past 15 years. Gender equality matters because it is a fundamental right and because it has been proven that investing in women brings wider development and economic benefits. E.g. Investing in women's equality could boost the Asian economy by up to \$89 billion per year according to UN Women reports.

Rationale for CARE's recommendations on enabling policies

Social protection systems that empower women:

Conditional Cash Transfers (CCTs) support extremely poor households with a cash grant and have been shown to make a significant difference in reducing poverty and building social capital for future generations. The transfer is usually conditional on children's attendance at school and health checks. CARE's research¹ has shown that whilst CCTs have provided a number of practical gains for women participants including increased decision making powers at home and knowledge of their rights, they have not generally challenged women's traditional maternal roles but reinforced them, generating various opportunity costs for women (e.g. forego income generation activities). CCTs and other social protection systems need to explicitly aim to empower women and engage men in their responsibilities as fathers. E.g. gender ministries must be involved in their design, and there should be greater male participation in fulfilling the conditions.

Valuing the unpaid care economy: Women tend to spend substantially more time than men on both household maintenance and care of persons across all countries. In terms of 'time', women in India with a child under six are found to spend 6-7 hours a day on unpaid care, while men with small children only 1.2 hours². In Ecuador, the government is now exploring paying women for their domestic work and drawing up a national gender budget. The initiative speaks to the idea of valuing and monetizing the domestic sphere and women's reproductive roles in ways that could alter traditional power dynamics between men and women. In addition to unpaid care, globally, one in thirteen female wage workers is a domestic worker. More than half have no established working hours or the legal right to a minimum salary and more than a third have no right to maternity leave. States should commit to ratifying ILO Convention 189 to guarantee workplace rights for domestic workers³.

1. <http://insights.careinternational.org.uk/publications/do-conditional-cash-transfers-really-empower-women-a-look-at-ccts-in-peru-ecuador-and-bolivia>

2. <http://www.genderanddevelopment.org/page/time-use-studies-review>

3. Forthcoming: Making decent work a reality for domestic workers: civil society's experience of ratifying ILO Convention 189 in the Andes, CARE International UK

Informal economy into the formal economy: The informal sector is the primary source of employment for women in most developing countries. Informal workers typically lack the protection afforded to formal paid workers, such as worker benefits and typically work under irregular and casual contracts. CARE has found that by working with the private sector, governments and communities, it is possible to improve women's ability to become part of the formal economy, thereby affording them greater rights and higher wages. In Bangladesh for example CARE facilitated an overhaul of the dairy sector working across the entire value chain and supported the establishment of 1,100 producer groups (83% of whom were women) that were able to aggregate their milk before selling it, thereby increasing their payments and bargaining power. Similarly CARE has found that increasing women's access to savings led finance (both via savings groups and appropriate mobile bank accounts) significantly boosts their decision making ability and their chances of establishing small and medium sized businesses. CARE research has shown that on average savings group members save 58\$ per year – money that could and should be deposited in banks. If this was multiplied by the 2.5bn unbanked a total of 145bn\$ could be potentially be pumped into developing country economies – boosting chances for domestic resource mobilisation which could be spent on health and education⁴.

Improve access to family planning: Family planning is essential to secure the health and autonomy of women, and the development of their families and communities. To fill the unmet family planning needs of 200 million women, it is necessary to do more than increase supplies of contraception. CARE has found that there are two critical factors necessary for success 1) Challenging and changing the inequitable gender norms that restrict women's ability to influence the decisions that affect the number and spacing of their children and 2) establishing systems of *participatory governance* that help communities, local leaders and health care providers work together to improve family planning services⁵:

Rule of law and access justice: Whilst by no means perfect, many states have made significant progress in

4. <http://insights.careinternational.org.uk/publications/banking-on-change-breaking-the-barriers-to-financial-inclusion>

5. <http://www.care.org/sites/default/files/documents/FP-Summit-Report-2012L.pdf>

adopting legislation that protects women before the law on issues ranging from land ownership to sexual violence. Often the challenge is ensuring that women (particularly rural and extremely poor) understand their rights and are able to access the justice afforded to them. States need to commit to expanding access by investing in oversight mechanisms that reach out to these groups. Paralegal networks and national human rights commissions are examples of bodies that can start to do this. In addition, in situations of conflict and emergencies, community-based protection systems have been shown to make a difference. E.g. When the tsunami struck Sri Lanka in 2004, CARE's Prevention of Gender- Based Violence Project (PGBV) joined with five other organisations in Batticaloa to form the Women's Coalition for Disaster Management. In addition to advocating for women's needs and voices in the disaster response, they worked with women leaders in transitional camps to form Gender Watch Groups to address protection issues amidst rising levels of gender-based violence in the camps⁶.

Strong social accountability mechanisms: To address one of the major failings of the previous MDGs – the inability of services to always reach the poorest members of society, and to be of a high quality, efforts should be made to build on the growing body of research that supports social accountability tools as a means of enhancing collaboration on service provision between citizens, and local authorities.⁷ A body of effective practice has emerged from countries including Peru, Kenya and India, with measurable impacts in the improvement of maternal health services, for example. States should commit to establishing strong local social accountability mechanisms, with equal participation of men and women, to track progress against the gender goal and across all other national MDG goals. In many cases existing NGO/governmental bodies can take on these roles E.g. national Womens Commissions. But

central governments will have to commit to coordinating the information gathered from the different groups.

Gender equitable climate change policies: Climate change exacerbates the inequitable distribution of resources, including food, and denies people their rights. Women in particular are bearing the brunt of climate change and are frequently discriminated against in the distribution of resources that underpin resilience (such as e.g. land, credit and information) and their involvement in decision-making processes that address climate change. It is essential to ensure gender balance in the governance systems of climate-related decision-making processes, and to provide fair access to climate finance.

Sex-Disaggregated data collection across all goals: During emergencies CARE has found that sex and age disaggregated data can save lives. Research with OCHA⁸ revealed that in emergency responses improved data can reveal if women and men actually do receive the food aid allocated to them, can identify what age groups are the most likely to return home after a conflict, and can examine if latrines and infrastructures are gender appropriate. The revealing nature of disaggregated data can be seen in the example of the 2004 Indian Ocean Tsunami. Official data listed 128,645 people dead and 37,063 missing. When sex and age were taken into account, it was discovered that two-thirds of those who had died were female, and that the majority of deaths were among those less than nine years old and more than 60 years old. Since the elderly were traditionally the caretakers for single parent families and young families, there was no one to look after the children. This type of data collection increases accountability to communities, strengthens the efficiency of aid and ultimately results in more lives saved. It should be replicated across the development and humanitarian sectors and should certainly be used to track progress against the MDG targets.

6. http://www.care-international.org/uploaddocument/news/publications/reports%20and%20issue%20briefs/english/international%20womens%20day_gender%20based%20violence_%20issue%20brief_2013.pdf

7. <http://governance.care2share.wikispaces.net/>

8. <http://www.careinternational.org.uk/news-and-press/news-feature-archive-2011/1937-having-the-right-data-at-the-right-time-saves-lives>